09/18/2009).

Hannes Vogel, M.D. – Forensic Neuropathologist – Pathology # SHS-13-27335 – Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses regarding his Neuropathologic analysis pertaining to victim KHAYDEN QUISANO (DOB: 09/18/2009) under Coroner's Case # 13-05465. In addition, Dr. Vogel is expected to provide expert testimony concerning injury patterns, mechanisms of injury and causes of injury in general, as well as those specifically pertaining to KHAYDEN QUISANO as derived from his analysis.

Meena P. Vohra, M.D. – Treating Physician - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Jimmy Wang, M.D. – Radiologist - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Lisa Wong, M.D. – Radiologist - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

These witnesses are in addition to those witnesses endorsed on the Information or Indictment and any other witnesses for which a separate Notice of Witnesses and/or Expert Witnesses has been filed

The substance of each expert witness' testimony and a copy of all reports made by or at the direction of the expert witness has been provided in discovery.

The substance of each expert witness' testimony and a copy of all reports made by or at the direction of the expert witness has been provided in discovery. A copy of each expert witness' curriculum vitae, <u>if available</u>, is attached hereto.

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In addition, to the witnesses listed in this notice or in any previously filed State notice, the State specifically endorses any and all witnesses and/or experts disclosed in any notice filed by the defense or disclosed by the defense in this case. The State specifically reserves the right to call any or all said defense witnesses and/or experts in its case in chief.

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

BY _____
MICHELLE Y. JOBE
Deputy District Attorney
Nevada Bar #010575

CERTIFICATE OF ELECTRONIC MAIL

I hereby certify that service of Second Supplemental Notice of Expert Witnesses, was made this 20th day of May, 2014, by e-mail to:

NANCY L. LEMCKE, Deputy Public Defender
E-Mail: LamckeNL@clarkcountynv.gov

pdclerk@clarkcountynv.gov

BY: _____
J. Robertson
Employee of the District Attorney's Office

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CURRICULUM VITAE

HANNES VOGEL, MD

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BUSINESS ADDRESS:

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Stanford University Medical Center, R241
300 Pasteur Drive
Palo Alto, CA 94305
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EDUCATION:

1975	BA (Biology), Rice University, Houston, TX
1980	MD, Baylor College of Medicine, Houston, TX

INTERNSHIPS AND RESIDENCIES:

1980-82	Resident in Pediatrics, Baylor Affiliated Hospitals, Houston, TX
1982-83	Resident in Pediatrics, University of California, San Francisco, CA
1983-84	Chief Resident, Pediatrics, University of California, San Francisco, CA
1984-87	Resident in Anatomic Pathology, Beth Israel Hospital/Harvard Medical School, Boston, MA
1987-89	Resident in Neuropathology, Stanford University Hospital/Stanford University School of Medicine, Stanford, CA
2000-2001	Resident in Pediatric Pathology, Texas Children's Hospital, Houston, TX

LICENSURE AND CERTIFICATIONS:

1980	Texas License Registration No. F7269. Expiration 8-31-2002
1982	California License Registration No. C040662. Expiration 5-31-2014
1986	American Board of Pediatrics
1989	American Board of Pathology: Combined Anatomic and Neuropathology Board Eligible: Pediatric Pathology

PROFESSIONAL MEMBERSHIPS:

United States and Canadian Academy of Pathology
American Association of Neuropathologists
Associate, American Academy of Neurology
German Association of Neuropathology and Neuroanatomy
California Society of Pathologists
South Bay Pathology Society
Baltic Association of Neuropathology

ACADEMIC APPOINTMENTS:

1985-87	Affiliate Staff Member, Department of Pediatrics, Carney Hospital/Tufts University School of Medicine, Boston, MA
1988-90	Clinical Associate, Department of Pediatrics, University of California, San Francisco, CA
1989-90	Physician Specialist and Clinical Instructor, Department of Pathology, Stanford University Hospital, Stanford, CA
1991-92	Assistant Professor, Departments of Medical and Surgical Neurology, and Pathology, and Pediatrics, Texas Tech University - Health Sciences Center, Lubbock, TX
1992-99	Assistant Professor, Departments of Pathology and Pediatrics, Baylor College of Medicine, Houston, TX
1997-2002	Assistant Professor, Department of Pathology and Laboratory Medicine, Texas A&M University Health Science Center, Houston, TX

1999-2002	Associate Professor, Departments of Pathology and Pediatrics, Baylor College of Medicine, Houston, TX
2001-2002	Director of Neuropathology, Texas Children's Hospital, Houston, TX
5/8/02 – 5/31/02	Acting Associate Professor of Pathology, Stanford University School of Medicine, Stanford, CA
6/1/02 – 4/30/07	Associate Professor of Pathology and Pediatrics (Medical Genetics) Stanford University School of Medicine, Stanford, CA
6/1/02 –	Director of Neuropathology, Stanford University Medical Center, Stanford, CA
2005-	Associate Chair of Neuropathology, as Member of the Department of Pathology Leadership Group, Stanford University, Stanford, CA
9/1/05- 4/30/07	Associate Professor of Neurosurgery (by courtesy), Stanford University School of Medicine, Stanford, CA
5/1/07-	Professor of Pathology and Pediatrics (Medical Genetics) and Neurosurgery (by courtesy), Stanford University School of Medicine, Stanford, CA
2008-	Member, Stanford Cancer Center, Stanford University Hospital, Stanford, CA

EDITORIAL BOARDS:

Executive Advisory Board, Clinical Neuropathology
Czeho-Slovak Pathology and Forensic Medicine

AD HOC REVIEW:

Acta Neuropathologica
Archives of Pathology and Laboratory Medicine
Brain Pathology
Human Pathology
Journal of Neuropathology and Experimental Neurology
Plos One

AWARDS AND HONORS:

June 11, 2005	Henry J. Kaiser Family Foundation Award for Excellence in Preclinical Teaching

MAJOR COMMITTEE ASSIGNMENTS:

2003-2006	Awards Committee, American Association of Neuropathologists
2005-	American Academy of Neurology Residency Inservice Training Examination (RITE) Committee, Neuropathology section
2002-2006	Alternate member, Stanford University Institutional Review Board
2006-2007	Voting member, Stanford University Institutional Review Board
2006-2009	Alternate member, Stanford School of Medicine Faculty Senate
2006-2007	Admissions Committee, Stanford University School of Medicine
Oct 2-4, 2013	Co-Chair, Fundamentals of Cancer Biology Banbury Conference Center, Cold Springs Harbor Laboratory

RESEARCH GRANTS:

Past:

1988-90	Collaborative research with Drs. Eugene Butcher and Louis Picker, Stanford University Medical School and Palo Alto Veteran's Administration Hospital: Expression of CD44 (HCAM) by human astrocytes, supported by American Heart Association, NIH grant AI19957, and an award from the Weingart Foundation.
1992-1993	Role of CD44 in astrocyte neoplasia, immunolocalization of CD44 in the central and peripheral nervous systems, CD44 as a astrocytic hyaluronate receptor. Supported by Baylor College of Medicine, Department of Pathology institutional grants, and the Moran Foundation.
1992-1994	Collaboration with Drs. Phillip Soriano and Paul Stein: characterization of renal pathology in transgenic mice homozygous for deletion of tyrosine kinases fyn and yes, supported by the Howard Hughes Medical Institute.
1992-1994	Pilot project investigator in the role of astrocytic adhesion molecules in Alzheimer's disease. Alzheimer Disease Research Center, Baylor College of Medicine. NIH-AG08664.

1993-1995	Collaboration with Lawrence Donehower: characterization of neoplasia arising in p53- and Rb-deficient mice, supported by National Cancer Institute CA 54897.
1993-1997	Collaboration with Mark Perin: Immunohistochemical analysis of novel synaptic proteins, supported by National Institutes of Health. RO1 NS-30541.
1993-1997	Collaboration with Dr. Donald M. Marcus, Baylor College of Medicine, in the histopathological analysis of rat tissues in the study of an animal model of autoimmune neuropathy.
1995-1997	Collaboration with Dr. Russell Lebovitz, Department of Pathology, Baylor College of Medicine, in the analysis of the neuropathological abnormalities in mice deficient in superoxide dismutase 2.
1995-2002	Collaboration with Dr. Allan Bradley, Department of Molecular Genetics, in the analysis of tumorigenesis in transgenic mice lacking p53, mdm, blm.
1998-2003	Pathologist, NIH Program Project: Genetic Analysis of Mouse Chromosome 11. PI: Allan Bradley, Ph.D.
	Co-investigator, Pediatric Brain Tumor Clinical Trials Consortium. Granting agency: National Cancer Institute.
1999-2002	Consultant pathologist, Lexicon Genetics Inc.
1999-2002	Pathologist: "Inactivated p53 Gene in Mice" R01 CA54897-07/10 09/30/99 - 07/31/03.
2000-2002	New Investigator, Center for AIDS Research, Baylor College of Medicine.
2005-2007	Principal Investigator – Immunohistochemistry of mitochondrial respiratory chain complexes. Pediatric Health Research Fund Award.

Present:

2002-	Collaborator – Role of p63 in development and neoplasia. PI Alea Mills, Cold Spring Harbor Laboratory, NY.
2002-	Collaborator – Neural Stem Cell Research. PI Theo Palmer, Department of Neurosurgery, Stanford University.

2002-	Collaborator – Mouse model of spongiform degeneration. PI Greg Barsh, Stanford University.
2004-	Collaborator – Role of defective chromosome repair in neoplasia. PI Guangbin Luo, Case Western University.
2004-	Collaborator – Parkinson disease-related genes in genetically engineered drosophila. PI Bingwei Lu, Stanford University.
2004-	Collaborator – Role of gigaxonin and other cytoskeletal proteins in axonal function. PI Yanmin Yang, Stanford University.
2005-	Collaborator – Role of chromosome 1p in neoplasia, PI Alea Mills, Cold Spring Harbor Laboratory, NY.
2006-	Collaborator – Role of Ku80 in medulloblastoma and senescence. PI Paul, D.V.M., Department of Molecular Medicine, University of Texas Health Science Center at San Antonio.
2007-	Other Investigator – Pathophysiology of lysosomal free sialic acid storage disorders. NIH.
2007-	Other Investigator – Immunology of neural stem cell fate and function. California Institute of Regenerative Medicine.
2008-	Collaborator – Role of Beta-receptor signaling in cardiomyopathy. PI Daniel Bernstein, Cardiovascular Institute, Stanford School of Medicine.
2008-	Principal Investigator – Genetic dissection of mitochondria and muscle maintenance. Palo Alto Institute for Research Education.
2008-	Collaborator – Prognostic value of MRI and biomarker in comatose post-cardiac arrest patients. PI Christine Wijman, Stanford Stroke Center, Stanford School of Medicine.

TEACHING EXPERIENCE:

1983-84	Organization and presentation of clinical conferences, ward rounds, and grand rounds in general pediatrics, San Francisco General Hospital.
1985-87	Laboratory instructor general pathology, Harvard Medical School.
1987-90	Lecturer in medical school core curriculum neuropathology lectures; organization and presentation of monthly surgical and autopsy neuropathology conference, Department of Pathology, Stanford University School of Medicine.

1991-92	Organized comprehensive neuropathology training for neurology residents and core neuropathology curriculum Texas Tech University - Health Sciences Center medical students.
1992-	Lecturer in general and neuropathology for Baylor College of Medicine students, pathology residents, neurology residents, neuropathology fellows, neurosurgical conferences, monthly pediatric nerve and muscle pathology conference.
1994	Invited speaker First Annual J. Edward Stern, M.D. Neuroscience Symposium, Providence Memorial Hospital, El Paso, Texas. "Neuropathology of common neurological disorders: An update".
1995	Invited speaker, Annual meeting of the Texas Society for Histotechnology, Inc., Houston Texas. "Current concepts in processing nerve and muscle biopsies". Half-day Wet Workshop. April 9.
1995-2001	Invited lecturer. Topics in neuropathology, core curriculum in pathology. Texas A&M School of Medicine.
1995-1999	Invited lecturer. Topics in neuropathology. Texas Tech University School of Medicine.
2001	Faculty, After Dinner Seminar: "Pediatric Neuropathology". Annual meeting, American Academy of Neurology, Philadelphia, PA, May 7.
	Pathology department representative, selected to lecture to entering medical school class, Core Concepts Curriculum, Baylor College of Medicine.
2002-	Lecturer in neuropathology and pediatric neoplasia, Stanford University School of Medicine.

BIBLIOGRAPHY:

Peer-Reviewed Articles:

1. Eidelberg D, Sotrel A, **Vogel H**, Walker P, Kleefield J & Crumpacker CS, 3rd. Progressive polyradiculopathy in acquired immune deficiency syndrome. *Neurology* 36, 912-916, (1986). PMID 3012412.

2. Schnitt SJ & **Vogel H**. Meningiomas. Diagnostic value of immunoperoxidase staining for epithelial membrane antigen. *Am J Surg Pathol* 10, 640-649, (1986). PMID 2428264.

3. Shiurba RA, Eng LF, **Vogel H**, Lee YL, Horoupian DS & Urich H. Epidermal growth factor receptor in meningiomas is expressed predominantly on endothelial cells. *Cancer* 62, 2139-2144, (1988). PMID 3052782.

4. **Vogel H**, Horoupian DS & Silverberg G. Do folliculo-stellate adenomas of the pituitary gland exist or are they intrasellar meningiomas? *Acta Neuropathol* 77, 219-223, (1988). PMID 2465659.

5. **Vogel H**, Halpert D & Horoupian DS. Hypoplasia of posterior spinal roots and dorsal spinal tracts with arthrogryposis multiplex congenita. *Acta Neuropathol* 79, 692-696, (1990). PMID 2360413.

6. **Vogel H**, Gessaga EC, Horoupian DS & Urich H. Aqueductal atresia as a feature of arhinencephalic syndromes. *Clin Neuropathol* 9, 191-195, (1990). PMID 2225595.

7. **Vogel H**, Urich H, Horoupian DS & Wertelecki W. The brain in the 18q-syndrome. *Dev Med Child Neurol* 32, 732-737, (1990). PMID 2210088.

8. Raisanen J, **Vogel H** & Horoupian DS. Primitive pineal tumor with retinoblastomatous and retinal/ciliary epithelial differentiation: an immunohistochemical study. *J Neurooncol* 9, 165-170, (1990). PMID 2262801.

9. Honig LS, Snipes GJ, **Vogel H** & Horoupian DS. Sensorimotor neuropathy in hemophagocytosis syndrome. *Acta Neurol Scand* 84, 316-320, (1991). PMID 1663307.

10. Page KA, **Vogel H** & Horoupian DS. Intracerebral (parenchymal) infusion of methotrexate: report of a case. *J Neurooncol* 12, 181-186, (1992). PMID 1560265.

11. **Vogel H**, Butcher EC & Picker LJ. H-CAM expression in the human nervous system: evidence for a role in diverse glial interactions. *J Neurocytol* 21, 363-373, (1992). PMID 1607880.

12. **Vogel H** & Horoupian DS. Filamentous degeneration of neurons. A possible feature of cytosine arabinoside neurotoxicity. *Cancer* 71, 1303-1308, (1993). PMID 8435808.

13. Stein PL, **Vogel H** & Soriano P. Combined deficiencies of Src, Fyn, and Yes tyrosine kinases in mutant mice. *Genes Dev* 8, 1999-2007, (1994). PMID 7958873.

14. Galasso PJ, Stanton MS & **Vogel H**. Propafenone-induced peripheral neuropathy. *Mayo Clin Proc* 70, 469-472, (1995). PMID 7731257.

15. Schlimgen AK, Helms JA, **Vogel H** & Perin MS. Neuronal pentraxin, a secreted protein with homology to acute phase proteins of the immune system. *Neuron* 14, 519-526, (1995). PMID 7695898.

16. Tan TQ, **Vogel H**, Tharp BR, Carrol CL & Kaplan SL. Presumed central nervous system Whipple's disease in a child: case report. *Clin Infect Dis* 20, 883-889, (1995). PMID 7540874.

17. Matzuk MM, Lu N, **Vogel H**, Sellheyer K, Roop DR & Bradley A. Multiple defects and perinatal death in mice deficient in follistatin. *Nature* 374, 360-363, (1995). PMID 7885475.

18. Harvey M, Vogel H, Lee EY, Bradley A & Donehower LA. Mice deficient in both p53 and Rb develop tumors primarily of endocrine origin. *Cancer Res* 55, 1146-1151, (1995). PMID 7867001.

19. Harvey M, **Vogel H**, Morris D, Bradley A, Bernstein A & Donehower LA. A mutant p53 transgene accelerates tumour development in heterozygous but not nullizygous p53-deficient mice. *Nat Genet* 9, 305-311, (1995). PMID 7773294.

20. Rowen JL, Doerr CA, **Vogel H** & Baker CJ. Balamuthia mandrillaris: a newly recognized agent for amebic meningoencephalitis. *Pediatr Infect Dis J* 14, 705-710, (1995). PMID 8532431.

21. Donehower LA, Harvey M, **Vogel H**, McArthur MJ, Montgomery CA, Jr., Park SH, Thompson T, Ford RJ & Bradley A. Effects of genetic background on tumorigenesis in p53-deficient mice. *Mol Carcinog* 14, 16-22, (1995). PMID 7546219.

22. Lebovitz RM, Zhang H, **Vogel H**, Cartwright J, Jr., Dionne L, Lu N, Huang S & Matzuk MM. Neurodegeneration, myocardial injury, and perinatal death in mitochondrial superoxide dismutase-deficient mice. *Proc Natl Acad Sci U S A* 93, 9782-9787, (1996). PMID 8790408. PMCID 38506.

23. Jones SN, Sands AT, Hancock AR, **Vogel H**, Donehower LA, Linke SP, Wahl GM & Bradley A. The tumorigenic potential and cell growth characteristics of p53-deficient cells are equivalent in the presence or absence of Mdm2. *Proc Natl Acad Sci U S A* 93, 14106-14111, (1996). PMID 8943068. PMCID 19502.

24. Bhattacharjee MB, Armstrong DD, **Vogel H** & Cooley LD. Cytogenetic analysis of 120 primary pediatric brain tumors and literature review. *Cancer Genet Cytogenet* 97, 39-53, (1997). PMID 9242217.

25. Bhattacharjee M, Hicks J, Langford L, Dauser R, Strother D, Chintagumpala M, Horowitz M, Cooley L & **Vogel H**. Central nervous system atypical teratoid/rhabdoid tumors of infancy and childhood. *Ultrastruct Pathol* 21, 369-378, (1997). PMID 9206002.

26. **Vogel H**, Kornman M, Ledet SC, Rajagopalan L, Taber L & McClain K. Congenital parvovirus infection. *Pediatr Pathol Lab Med* 17, 903-912, (1997). PMID 9353830.

27. Weiss RS, Gold MO, **Vogel H** & Javier RT. Mutant adenovirus type 9 E4 ORF1 genes define three protein regions required for transformation of CREF cells. *J Virol* 71, 4385-4394, (1997). PMID 9151828. PMCID 191656.

28. Bhattacharjee M, Hicks J, Dauser R, Strother D, Chintagumpala M, Horowitz M, Cooley L & **Vogel H**. Primary malignant rhabdoid tumor of the central nervous system. *Ultrastruct Pathol* 21, 361-368, (1997). PMID 9206001.

29. Venkatachalam S, Shi YP, Jones SN, **Vogel H**, Bradley A, Pinkel D & Donehower LA. Retention of wild-type p53 in tumors from p53 heterozygous mice: reduction of p53 dosage can promote cancer formation. *EMBO J* 17, 4657-4667, (1998). PMID 9707425. PMCID 1170795.

30. Jones SN, Hancock AR, **Vogel H**, Donehower LA & Bradley A. Overexpression of Mdm2 in mice reveals a p53-independent role for Mdm2 in tumorigenesis. *Proc Natl Acad Sci U S A* 95, 15608-15612, (1998). PMID 9861017. PMCID 28091.

31. Liu P, Zhang H, McLellan A, **Vogel H** & Bradley A. Embryonic lethality and tumorigenesis caused by segmental aneuploidy on mouse chromosome 11. *Genetics* 150, 1155-1168, (1998). PMID 9799267. PMCID 1460401.

32. Mills AA, Zheng B, Wang XJ, **Vogel H**, Roop DR & Bradley A. p63 is a p53 homologue required for limb and epidermal morphogenesis. *Nature* 398, 708-713, (1999). PMID 10227293.

33. **Vogel H**, Lim DS, Karsenty G, Finegold M & Hasty P. Deletion of Ku86 causes early onset of senescence in mice. *Proc Natl Acad Sci U S A* 96, 10770-10775, (1999). PMID 10485901. PMCID 17958.

34. **Vogel H.** Pathologic findings in nerve and muscle biopsies from 47 women with silicone breast implants. *Neurology* 53, 293-297, (1999). PMID 10430416.

35. Thomas DL, Shin S, Jiang BH, **Vogel H**, Ross MA, Kaplitt M, Shenk TE & Javier RT. Early region 1 transforming functions are dispensable for mammary tumorigenesis by human adenovirus type 9. *J Virol* 73, 3071-3079, (1999). PMID 10074157. PMCID 104067.

36. Chang H, Zwijsen A, **Vogel H**, Huylebroeck D & Matzuk MM. Smad5 is essential for left-right asymmetry in mice. *Dev Biol* 219, 71-78, (2000). PMID 10677256.

37. Lim DS, **Vogel H**, Willerford DM, Sands AT, Platt KA & Hasty P. Analysis of ku80-mutant mice and cells with deficient levels of p53. *Mol Cell Biol* 20, 3772-3780, (2000). PMID 10805721. PMCID 85695.

38. Varga AW, Anderson AE, Adams JP, **Vogel H** & Sweatt JD. Input-specific immunolocalization of differentially phosphorylated Kv4.2 in the mouse brain. *Learn Mem* 7, 321-332, (2000). PMID 11040264. PMCID 311342.

39. Luo G, Santoro IM, McDaniel LD, Nishijima I, Mills M, Youssoufian H, **Vogel H,** Schultz RA & Bradley A. Cancer predisposition caused by elevated mitotic recombination in Bloom mice. *Nat Genet* 26, 424-429, (2000). PMID 11101838.

40. Wu YQ, Badano JL, McCaskill C, **Vogel H**, Potocki L & Shaffer LG. Haploinsufficiency of ALX4 as a potential cause of parietal foramina in the 11p11.2 contiguous gene-deletion syndrome. *Am J Hum Genet* 67, 1327-1332, (2000). PMID 11017806. PMCID 1288575.

41. Thomas DL, Schaack J, **Vogel H** & Javier R. Several E4 region functions influence mammary tumorigenesis by human adenovirus type 9. *J Virol* 75, 557-568, (2001). PMID 11134268. PMCID 113951.

42. Davis RJ, Shen W, Sandler YI, Amoui M, Purcell P, Maas R, Ou CN, **Vogel H,** Beaudet AL & Mardon G. Dach1 mutant mice bear no gross abnormalities in eye, limb, and brain development and exhibit postnatal lethality. *Mol Cell Biol* 21, 1484-1490, (2001). PMID 11238885. PMCID 86694.

43. Scaglia F, Sutton VR, Bodamer OA, **Vogel H,** Shapira SK, Naviaux RK & Vladutiu GD. Mitochondrial DNA depletion associated with partial complex II and IV deficiencies and 3-methylglutaconic aciduria. *J Child Neurol* 16, 136-138, (2001). PMID 11292221.

44. Donoviel DB, Freed DD, **Vogel H**, Potter DG, Hawkins E, Barrish JP, Mathur BN, Turner CA, Geske R, Montgomery CA, Starbuck M, Brandt M, Gupta A, Ramirez-Solis R, Zambrowicz BP & Powell DR. Proteinuria and perinatal lethality in mice lacking NEPH1, a novel protein with homology to NEPHRIN. *Mol Cell Biol* 21, 4829-4836, (2001). PMID 11416156. PMCID 87176.

45. Parker JR, Lopez-Terrada D, Gresik MV, **Vogel H**, Baumgartner JE & Finegold MJ. Neutrophil-rich anaplastic large cell lymphoma of the skull presenting after head trauma. *Pediatr Dev Pathol* 4, 397-401, (2001). PMID 11441342.

46. Purandare SM, Ware SM, Kwan KM, Gebbia M, Bassi MT, Deng JM, **Vogel H,** Behringer RR, Belmont JW & Casey B. A complex syndrome of left-right axis, central nervous system and axial skeleton defects in Zic3 mutant mice. *Development* 129, 2293-2302, (2002). PMID 11959836.

47. Zheng B, **Vogel H,** Donehower LA & Bradley A. Visual genotyping of a coat color tagged p53 mutant mouse line. *Cancer Biol Ther* 1, 433-435, (2002). PMID 12432262.

48. Biggs PJ, **Vogel H**, Sage M, Martin LA, Donehower LA & Bradley A. Allelic phasing of a mouse chromosome 11 deficiency influences p53 tumorigenicity. *Oncogene* 22, 3288-3296, (2003). PMID 12761499.

49. Walz K, Caratini-Rivera S, Bi W, Fonseca P, Mansouri DL, Lynch J, **Vogel H**, Noebels JL, Bradley A & Lupski JR. Modeling del(17)(p11.2p11.2) and dup(17)(p11.2p11.2) contiguous gene syndromes by chromosome engineering in mice: phenotypic consequences of gene dosage imbalance. *Mol Cell Biol* 23, 3646-3655, (2003). PMID 12724422. PMCID 154242.

50. Donoho G, Brenneman MA, Cui TX, Donoviel D, **Vogel H,** Goodwin EH, Chen DJ & Hasty P. Deletion of Brca2 exon 27 causes hypersensitivity to DNA crosslinks, chromosomal instability, and reduced life span in mice. *Genes Chromosomes Cancer* 36, 317-331, (2003). PMID 12619154.

51. Wong LJ, Lueth M, Li XN, Lau CC & **Vogel H**. Detection of mitochondrial DNA mutations in the tumor and cerebrospinal fluid of medulloblastoma patients. *Cancer Res* 63, 3866-3871, (2003). PMID 12873974.

52. Wong LJ, Perng CL, Hsu CH, Bai RK, Schelley S, Vladutiu GD, **Vogel H** & Enns GM. Compensatory amplification of mtDNA in a patient with a novel deletion/duplication and high mutant load. *J Med Genet* 40, e125, (2003). PMID 14627692. PMCID 1735312.

53. Scaglia F, **Vogel H**, Hawkins EP, Vladutiu GD, Liu LL & Wong LJ. Novel homoplasmic mutation in the mitochondrial tRNATyr gene associated with atypical mitochondrial cytopathy presenting with focal segmental glomerulosclerosis. *Am J Med Genet A* 123A, 172-178, (2003). PMID 14598342.

54. Moore L, Venkatachalam S, **Vogel H**, Watt JC, Wu CL, Steinman H, Jones SN & Donehower LA. Cooperativity of p19ARF, Mdm2, and p53 in murine tumorigenesis. *Oncogene* 22, 7831-7837, (2003). PMID 14586409.

55. Yan J, Walz K, Nakamura H, Carattini-Rivera S, Zhao Q, **Vogel H**, Wei N, Justice MJ, Bradley A & Lupski JR. COP9 signalosome subunit 3 is essential for maintenance of cell proliferation in the mouse embryonic epiblast. *Mol Cell Biol* 23, 6798-6808, (2003). PMID 12972600. PMCID 193933.

56. Lorenzetti D, Antalffy B, **Vogel H**, Noveroske J, Armstrong D & Justice M. The neurological mutant quaking(viable) is Parkin deficient. *Mamm Genome* 15, 210-217, (2004). PMID 15014970.

57. Scaglia F, Towbin JA, Craigen WJ, Belmont JW, Smith EO, Neish SR, Ware SM, Hunter JV, Fernbach SD, Vladutiu GD, Wong LJ & **Vogel H**. Clinical spectrum, morbidity, and mortality in 113 pediatric patients with mitochondrial disease. *Pediatrics* 114, 925-931, (2004). PMID 15466086.

58. Lehman TD, Morgan TK, Lehman NL, **Vogel H** & McGuire JS. Recessive dystrophic epidermolysis bullosa associated with mesangioproliferative glomerulonephritis and multifocal necrotizing leucoencephalopathy of the pons. *Br J Dermatol* 151, 1266-1269, (2004). PMID 15606525.

59. Offley SC, Guo TZ, Wei T, Clark JD, **Vogel H**, Lindsey DP, Jacobs CR, Yao W, Lane NE & Kingery WS. Capsaicin-sensitive sensory neurons contribute to the maintenance of trabecular bone integrity. *J Bone Miner Res* 20, 257-267, (2005). PMID 15647820.

60. Shi L, Zhao G, Qiu D, Godfrey WR, **Vogel H**, Rando TA, Hu H & Kao PN. NF90 regulates cell cycle exit and terminal myogenic differentiation by direct binding to the 3'-untranslated region of MyoD and p21WAF1/CIP1 mRNAs. *J Biol Chem* 280, 18981-18989, (2005). PMID 15746098.

61. Mann MB, Hodges CA, Barnes E, **Vogel H**, Hassold TJ & Luo G. Defective sister-chromatid cohesion, aneuploidy and cancer predisposition in a mouse model of type II Rothmund-Thomson syndrome. *Hum Mol Genet* 14, 813-825, (2005). PMID 15703196.

62. Massengale M, Wagers AJ, **Vogel H** & Weissman IL. Hematopoietic cells maintain hematopoietic fates upon entering the brain. *J Exp Med* 201, 1579-1589, (2005). PMID 15897275. PMCID 2212913.

63. Lim M, Haddix T, Harsh GR, **Vogel H**, Steinberg GK & Guccione S. Characterization of the integrin alpha v beta3 in arteriovenous malformations and cavernous malformations. *Cerebrovasc Dis* 20, 23-27, (2005). PMID 15925879.

64. Grogan PM, Tanner SM, Orstavik KH, Knudsen GP, Saperstein DS, **Vogel H**, Barohn RJ, Herbelin LL, McVey AL & Katz JS. Myopathy with skeletal asymmetry and hemidiaphragm elevation is caused by myotubularin mutations. *Neurology* 64, 1638-1640, (2005). PMID 15883335.

65. Bredel M, Bredel C, Juric D, Harsh GR, **Vogel H**, Recht LD & Sikic BI. High-resolution genome-wide mapping of genetic alterations in human glial brain tumors. *Cancer Res* 65, 4088-4096, (2005). PMID 15899798.

66. Bredel M, Bredel C, Juric D, Kim Y, **Vogel H**, Harsh GR, Recht LD, Pollack JR & Sikic BI. Amplification of whole tumor genomes and gene-by-gene mapping of genomic aberrations from limited sources of fresh-frozen and paraffin-embedded DNA. *J Mol Diagn* 7, 171-182, (2005). PMID 15858140. PMCID 1867518.

67. Lim M, Guccione S, Haddix T, Sims L, Cheshier S, Chu P, **Vogel H** & Harsh G. alpha(v)beta(3) Integrin in central nervous system tumors. *Hum Pathol* 36, 665-669, (2005). PMID 16021573.

68. Swijnenburg RJ, Tanaka M, **Vogel H**, Baker J, Kofidis T, Gunawan F, Lebl DR, Caffarelli AD, de Bruin JL, Fedoseyeva EV & Robbins RC. Embryonic stem cell immunogenicity increases upon differentiation after transplantation into ischemic myocardium. *Circulation* 112, I166-172, (2005). PMID 16159810.

69. Keyes WM, Wu Y, **Vogel H**, Guo X, Lowe SW & Mills AA. p63 deficiency activates a program of cellular senescence and leads to accelerated aging. *Genes Dev* 19, 1986-1999, (2005). PMID 16107615. PMCID 1199570.

70. Wang W, Ding J, Allen E, Zhu P, Zhang L, **Vogel H** & Yang Y. Gigaxonin interacts with tubulin folding cofactor B and controls its degradation through the ubiquitin-proteasome pathway. *Curr Biol* 15, 2050-2055, (2005). PMID 16303566.

71. Huhn SL, Yung Y, Cheshier S, Harsh G, Ailles L, Weissman I, **Vogel H** & Tse V. Identification of phenotypic neural stem cells in a pediatric astroblastoma. *J Neurosurg* 103, 446-450, (2005). PMID 16302618.

72. Noveroske JK, Hardy R, Dapper JD, **Vogel H** & Justice MJ. A new ENU-induced allele of mouse quaking causes severe CNS dysmyelination. *Mamm Genome* 16, 672-682, (2005). PMID 16245024.

73. Adam MP, Chueh J, El-Sayed YY, Stenzel A, **Vogel H**, Weaver DD & Hoyme HE. Vascular-type disruptive defects in fetuses with homozygous alpha-thalassemia: report of two cases and review of the literature. *Prenat Diagn* 25, 1088-1096, (2005). PMID 16231329.

74. Jang T, Savarese T, Low HP, Kim S, **Vogel H**, Lapointe D, Duong T, Litofsky NS, Weimann JM, Ross AH & Recht L. Osteopontin expression in intratumoral astrocytes marks tumor progression in gliomas induced by prenatal exposure to N-ethyl-N-nitrosourea. *Am J Pathol* 168, 1676-1685, (2006). PMID 16651633. PMCID 1606608.

75. Ding J, Allen E, Wang W, Valle A, Wu C, Nardine T, Cui B, Yi J, Taylor A, Jeon NL, Chu S, So Y, **Vogel H**, Tolwani R, Mobley W & Yang Y. Gene targeting of GAN in mouse causes a toxic accumulation of microtubule-associated protein 8 and impaired retrograde axonal transport. *Hum Mol Genet* 15, 1451-1463, (2006). PMID 16565160.

76. Bredel M, Bredel C, Juric D, Duran GE, Yu RX, Harsh GR, **Vogel H**, Recht LD, Scheck AC & Sikic BI. Tumor necrosis factor-alpha-induced protein 3 as a putative regulator of nuclear factor-kappaB-mediated resistance to O6-alkylating agents in human glioblastomas. *J Clin Oncol* 24, 274-287, (2006). PMID 16365179.

77. Holcomb VB, **Vogel H**, Marple T, Kornegay RW & Hasty P. Ku80 and p53 suppress medulloblastoma that arise independent of Rag-1-induced DSBs. *Oncogene* 25, 7159-7165, (2006). PMID 16751807.

78. Keyes WM, **Vogel H**, Koster MI, Guo X, Qi Y, Petherbridge KM, Roop DR, Bradley A & Mills AA. p63 heterozygous mutant mice are not prone to spontaneous or chemically induced tumors. *Proc Natl Acad Sci U S A* 103, 8435-8440, (2006). PMID 16714381. PMCID 1482510.

79. Zahn JM, Sonu R, **Vogel H**, Crane E, Mazan-Mamczarz K, Rabkin R, Davis RW, Becker KG, Owen AB & Kim SK. Transcriptional profiling of aging in human muscle reveals a common aging signature. *PLoS Genet* 2, e115, (2006). PMID 16789832. PMCID 1513263.

80. Yang Y, Gehrke S, Imai Y, Huang Z, Ouyang Y, Wang JW, Yang L, Beal MF, **Vogel H** & Lu B. Mitochondrial pathology and muscle and dopaminergic neuron degeneration caused by inactivation of Drosophila Pink1 is rescued by Parkin. *Proc Natl Acad Sci U S A* 103, 10793-10798, (2006). PMID 16818890. PMCID 1502310.

81. Hsu AR, Hou LC, Veeravagu A, Greve JM, **Vogel H**, Tse V & Chen X. In vivo near-infrared fluorescence imaging of integrin alphavbeta3 in an orthotopic glioblastoma model. *Mol Imaging Biol* 8, 315-323, (2006). PMID 17053862.

82. Bagchi A, Papazoglu C, Wu Y, Capurso D, Brodt M, Francis D, Bredel M, **Vogel H** & Mills AA. CHD5 is a tumor suppressor at human 1p36. *Cell* 128, 459-475, (2007). PMID 17289567.

83. Hsu AR, Cai W, Veeravagu A, Mohamedali KA, Chen K, Kim S, **Vogel H**, Hou LC, Tse V, Rosenblum MG & Chen X. Multimodality molecular imaging of glioblastoma growth inhibition with vasculature-targeting fusion toxin VEGF121/rGel. *J Nucl Med* 48, 445-454, (2007). PMID 17332623.

84. Hu Y, Raynard S, Sehorn MG, Lu X, Bussen W, Zheng L, Stark JM, Barnes EL, Chi P, Janscak P, Jasin M, **Vogel H**, Sung P & Luo G. RECQL5/Recql5 helicase regulates homologous recombination and suppresses tumor formation via disruption of Rad51 presynaptic filaments. *Genes Dev* 21, 3073-3084, (2007). PMID 18003859. PMCID 2081974.

85. Haddix T, Chang S & **Vogel H**. A 35-year-old woman with a dural-based mass. *Brain Pathol* 17, 331-332, (2007). PMID 17598829.

86. Zamecnik J, Vesely D, Jakubicka B, Simkova L, Pitha J, Schutzner J, Mazanec R & **Vogel H**. Muscle lymphocytic infiltrates in thymoma-associated myasthenia gravis are phenotypically different from those in polymyositis. *Neuromuscul Disord* 17, 935-942, (2007). PMID 17651972.

87. Holcomb VB, **Vogel** H, **Hasty P**, Deletion of Ku80 causes early aging independent of chronic inflammation and Rag-1-induced DSBs. *Mech Ageing* 128, 601-608 (2007). Epub, (2007). PMID 17928034.

88. Li H, **Vogel** H, Holcomb VB, Gu Y, **Hasty P**. Deletion of Ku70, Ku80, or both causes early aging without substantially increased cancer. *Mol Cell Biol.* 27, 8205-8214 (2007). Epub (2007). PMID 17875923.

89. Dulai MS, Park CY, Howell WD, Smyth LT, Desai M, Carter DM & **Vogel H**. CNS T-cell lymphoma: an under-recognized entity? *Acta Neuropathol* 115, 345-356, (2008). PMID 18196250.

90. Yang Y, Ouyang Y, Yang L, Beal MF, McQuibban A, **Vogel H** & Lu B. Pink1 regulates mitochondrial dynamics through interaction with the fission/fusion machinery. *Proc Natl Acad Sci U S A* 105, 7070-7075, (2008). PMID 18443288. PMCID 2383971.

91. Schule B, Armstrong DD, **Vogel H,** Oviedo A & Francke U. Severe congenital encephalopathy caused by MECP2 null mutations in males: central hypoxia and reduced neuronal dendritic structure. *Clin Genet* 74, 116-126, (2008). PMID 18477000.

92. Hou LC, Bababeygy SR, Sarkissian V, Fisher PG, **Vogel H**, Barnes P & Huhn SL. Congenital glioblastoma multiforme: case report and review of the literature. *Pediatr Neurosurg* 44, 304-312, (2008). PMID 18504417.

93. Sangoi AR, Lim M, Dulai M, **Vogel H** & Chang S. Suprasellar giant cell ependymoma: a rare neoplasm in a unique location. *Hum Pathol* 39, 1396-1401, (2008). PMID 18602668.

94. Mast JD, Tomalty KM, **Vogel H** & Clandinin TR. Reactive oxygen species act remotely to cause synapse loss in a Drosophila model of developmental mitochondrial encephalopathy. *Development* 135, 2669-2679, (2008). PMID 18599508. PMCID 2892278.

95. Kalani MY, Cheshier SH, Cord BJ, Bababeygy SR, **Vogel H**, Weissman IL, Palmer TD & Nusse R. Wnt-mediated self-renewal of neural stem/progenitor cells. *Proc Natl Acad Sci U S A* 105, 16970-16975, (2008). PMID 18957545. PMCID 2575225.

96. Longo N, Schrijver I, **Vogel H**, Pique LM, Cowan TM, Pasquali M, Steinberg GK, Hedlund GL, Ernst SL, Gallagher RC & Enns GM. Progressive cerebral vascular degeneration with mitochondrial encephalopathy. *Am J Med Genet A* 146, 361-367, (2008). PMID 18203188.

97. Holcomb VB, Rodier F , Choi Y, Busuttil RA, **Vogel** H , Vijg J, Campisi J , **Hasty P.** Ku 80 deletion suppresses spontaneous tumors and induces a p53-mediated DNA damage response. *Cancer Res.* 68, 9497-9502. (2008). PMID 19010925.

98. Campbell, DM, Bruins S, **Vogel H**, Shuer LM, Wijman CAC. Intracerebral hemorrhage caused by cerebral amyloid angiopathy in a 53-year-old man. *Journal of Neurology.* 255, 597-598 . (2008). PMID 18227992.

99. Gratzinger D, Zhao S, West R, Rouse RV, **Vogel H**, Gil EC, Levy R, Lossos IS & Natkunam Y. The transcription factor LMO2 is a robust marker of vascular endothelium and vascular neoplasms and selected other entities. *Am J Clin Pathol* 131, 264-278, (2009). PMID 19141387.

100. Mobley BC, Enns GM, Wong LJ & **Vogel H.** A novel homozygous SCO2 mutation, p.G193S, causing fatal infantile cardioencephalomyopathy. *Clin Neuropathol* 28, 143-149, (2009). PMID 19353847.

101. Sangoi AR, Dulai MS, Beck AH, Brat DJ & **Vogel H**. Distinguishing chordoid meningiomas from their histologic mimics: an immunohistochemical evaluation. *Am J Surg Pathol* 33, 669-681, (2009). PMID 19194275.

102. Dulai MS, Khan AM, Edwards MS & **Vogel H**. Intraventricular metaplastic meningioma in a child: case report and review of the literature. *Neuropathology* 29, 708-712, (2009). PMID 19389075.

103. Mobley B, Kalani MY, Harsh GRt, Edwards MS & **Vogel H**. Papillary tumor of the spinal cord: report of 2 cases. *Am J Surg Pathol* 33, 1191-1197, (2009). PMID 19417584.

104. Yadav AK, Renfrow JJ, Scholtens DM, Xie H, Duran GE, Bredel C, **Vogel H**, Chandler JP, Chakravarti A, Robe PA, Das S, Scheck AC, Kessler JA, Soares MB, Sikic BI, Harsh GR & Bredel M. Monosomy of chromosome 10 associated with dysregulation of epidermal growth factor signaling in glioblastomas. *JAMA* 302, 276-289, (2009). PMID 19602687. PMCID 3089898.

105. Bredel M, Scholtens DM, Harsh GR, Bredel C, Chandler JP, Renfrow JJ, Yadav AK, **Vogel H**, Scheck AC, Tibshirani R & Sikic BI. A network model of a cooperative genetic landscape in brain tumors. *JAMA* 302, 261-275, (2009). PMID 19602686.

106. Prolo LM, **Vogel H** & Reimer RJ. The lysosomal sialic acid transporter sialin is required for normal CNS myelination. *J Neurosci* 29, 15355-15365, (2009). PMID 20007460. PMCID 2820501.

107. Holcomb VB, **Vogel H, Hasty P**. Unlike p53, p27 failed to exhibit an anti-tumor genetic interaction with Ku80. *Cell Cycle* 8, 2463-2466. Epub (2009). PMID 19597334.

108. Li H, Choi YJ, Hanes MA, Marple T, **Vogel** H, **Hasty P**. Deleting Ku70 is milder than deleting Ku80 in p53-mutant mice and cells. *Oncogene*. 28, 1875-18788. Epub, (2009). PMID 19330025.

109. Bredel M., Scholtens DM, Harsh GR, Bredel C, Chandler JP, Renfrow JJ, Yadav AK, **Vogel H**, Scheck AC, Tibshirani R, Sikic BI. A network model of a cooperative genetic landscape in brain tumors. *Jama-Journal of The American Medical Association,* 302, 261-275. *(2009)*. PMID 19602686.

110. Yadav AK, Renfrow JJ, Scholtens DM, Xie H, Duran GE, Bredel C, **Vogel H**, Chandler JP, Chakravarti A, Robe PA, Das S, Scheck AC, Kessler JA, Soares MB, Sikic BI, Harsh GR, Bredel M. Monosomy of chromosome 10 associated with dysregulation of epidermal growth factor signaling in glioblastomas. *Jama-Journal of The Medical Association,* 302, 276-289. (2009). PMID 19602687.

111. Renier C, **Vogel H**, Offor O, Yao C & Wapnir I. Breast cancer brain metastases express the sodium iodide symporter. *J Neurooncol* 96, 331-336, (2010). PMID 19618116.

112. Swijnenburg RJ, Govaert JA, van der Bogt KE, Pearl JI, Huang M, Stein W, Hoyt G, **Vogel H**, Contag CH, Robbins RC & Wu JC. Timing of bone marrow cell delivery has minimal effects on cell viability and cardiac recovery after myocardial infarction. *Circ Cardiovasc Imaging* 3, 77-85, (2010). PMID 19920031. PMCID 3075469.

113. Kioi M, **Vogel H**, Schultz G, Hoffman RM, Harsh GR & Brown JM. Inhibition of vasculogenesis, but not angiogenesis, prevents the recurrence of glioblastoma after irradiation in mice. *J Clin Invest* 120, 694-705, (2010). PMID 20179352. PMCID 2827954.

114. Katzberg H, Karamchandani J, So YT, **Vogel H** & Wang CH. End-stage cardiac disease as an initial presentation of systemic myopathies: case series and literature review. *J Child Neurol* 25, 1382-1388, (2010). PMID 20445193.

115. Beaudry VG, Jiang D, Dusek RL, Park EJ, Knezevich S, Ridd K, **Vogel H**, Bastian BC & Attardi LD. Loss of the p53/p63 regulated desmosomal protein Perp promotes tumorigenesis. *PLoS Genet* 6, e1001168, (2010). PMID 20975948. PMCID 2958815.

116. Pricola KL, Karamchandani J, **Vogel H**, Dahl GV, Yeom KW, Edwards MS & Guzman R. Langerhans cell histiocytosis in a 5-month-old presenting with biparietal masses. *J Neurosurg Pediatr* 6, 393-397, (2010). PMID 20887116.

117. Karamchandani J, Fischbein N, Harsh G, Katznelson L & **Vogel H**. Retrosellar intracranial extracerebral glioneuronal heterotopion: case report. *Clin Neuropathol* 29, 297-300, (2010). PMID 20860892.

118. Partap S, Murphy PA, **Vogel H**, Barnes PD, Edwards MS & Fisher PG. Liposomal cytarabine for central nervous system embryonal tumors in children and young adults. *J Neurooncol* 103, 561-566, (2011). PMID 20859651.

119. Mobley BC, McKenney JK, Bangs CD, Callahan K, Yeom KW, Schneppenheim R, Hayden MG, Cherry AM, Gokden M, Edwards MS, Fisher PG & **Vogel H.** Loss of SMARCB1/INI1 expression in poorly differentiated chordomas. *Acta Neuropathol* 120, 745-753, (2010). PMID 21057957.

120. Wirt SE, Adler AS, Gebala V, Weimann JM, Schaffer BE, Saddic LA, Viatour P, **Vogel H**, Chang HY, Meissner A & Sage J. G1 arrest and differentiation can occur independently of Rb family function. *J Cell Biol* 191, 809-825, (2010). PMID 21059851. PMCID 2983066.

121. Weiss DE, **Vogel H**, Lopes MB, Chang SD & Katznelson L. Ectopic acromegaly due to a pancreatic neuroendocrine tumor producing growth hormone-releasing hormone. *Endocr Pract* 17, 79-84, (2011). PMID 20713338.

122. McNeil CJ, Luo RF, **Vogel H**, Banaei N & Ho DY. Brain abscess caused by Phaeoacremonium parasiticum in an immunocompromised patient. *J Clin Microbiol* 49, 1171-1174, (2011). PMID 21191052. PMCID 3067714.

123. Mills AM, Karamchandani JR, **Vogel H** & Longacre TA. Endocervical fibroblastic malignant peripheral nerve sheath tumor (neurofibrosarcoma): report of a novel entity possibly related to endocervical CD34 fibrocytes. *Am J Surg Pathol* 35, 404-412, (2011). PMID 21317712.

124. Saddic LA, Wirt S, **Vogel H**, Felsher DW & Sage J. Functional interactions between retinoblastoma and c-MYC in a mouse model of hepatocellular carcinoma. *PLoS One* 6, e19758, (2011). PMID 21573126. PMCID 3089631.

125. Renfrow JJ, Scheck AC, Dhawan NS, Lukac PJ, **Vogel H**, Chandler JP, Raizer JJ, Harsh GR, Chakravarti A & Bredel M. Gene-protein correlation in single cells. *Neuro Oncol* 13, 880-885, (2011). PMID 21798849. PMCID 3145472.

126. Monje M, Mitra SS, Freret ME, Raveh TB, Kim J, Masek M, Attema JL, Li G, Haddix T, Edwards MS, Fisher PG, Weissman IL, Rowitch DH, **Vogel H**, Wong AJ & Beachy PA. Hedgehog-responsive candidate cell of origin for diffuse intrinsic pontine glioma. *Proc Natl Acad Sci U S A* 108, 4453-4458, (2011). PMID 21368213. PMCID 3060250.

127. Viatour P, Ehmer U, Saddic LA, Dorrell C, Andersen JB, Lin C, Zmoos AF, Mazur PK, Schaffer BE, Ostermeier A, **Vogel H,** Sylvester KG, Thorgeirsson SS, Grompe M & Sage J. Notch signaling inhibits hepatocellular carcinoma following inactivation of the RB pathway. *J Exp Med*, 208, 1963-76, (2011). PMID 21875955.

128. Karamchandani J, **Vogel H**, Fischbein N, Gibbs I, Edwards MS & Harsh G. Extravascular papillary endothelial hyperplasia mimicking neoplasm following radiosurgery. *Neurosurgery.* Epub 20 September, (2011). PMID 21937944.

129. Bredel M, Scholtens DM, Yadav AK, Alvarez AA, Renfrow JJ, Chandler JP, Yu IL, Carro MS, Dai F, Tagge MJ, Ferrarese R, Bredel C, Phillips HS, Lukac PJ, Robe PA, Weyerbrock A, Vogel H, Dubner S, Mobley B, He X, Scheck AC, Sikic BI, Aldape KD, Chakravarti A, Harsh GR. NFKBIA deletion in glioblastomas. *N Engl J Med.* 2011; 364 (7): 627-37.

130. Renault VM, Thekkat PU, Hoang KL, White JL, Brady CA, Broz KD , Venturelli OS, Johnson TM, Oskoui PR, Xuan Z, Santo EE, Zhang MQ, **Vogel H**, Attardi LD, Brunet A . The pro-longevity gene FoxO3 is a direct target of the p53 tumor suppressor. *Oncogene.* 30, 3207-3221. (2011). PMID 21423206.

131. Hayden Gephart MG, Colglazier E, Paulk KL, **Vogel H,** Guzman R, Edwards MS. Primary pediatric skull tumors. *Pediatr Neurosurg*, 47(3):198-203. Epub 31 January (2012). PMID 22301489.

132. Karamchandani J, **Vogel H**, Fischbein N, Gibbs I, Edwards MS & Harsh G 4th. Extravascular papillary endothelial hyperplasia mimicking neoplasm following radiosurgery. *Neurosurgery,* 70(4):E1043-8. Epub 20 April (2012). PMID 22426048.

133. Dusek RL, Bascom JL, **Vogel H**, Baron S, Borowsky AD, Bissell MJ, Attardi LD. Deficiency of the p53/p63 target Perp alters mammary gland homeostasis and promotes cancer. *Breast Ca Res.* 14(2):R65. Epub 20 April (2012). PMID 22515648.

134. Del Vecchio CA, Giacomini CP, **Vogel H**, Jensen KC, Florio T, Merlo A, Pollack JR, Wong AJ. EGFRvIII gene rearrangement is an early event in glioblastoma

tumorigenesis and expression defines a hierarchy modulated by epigenetic mechnanisms. *Oncogene*. Epub 16 July, (2012). PMID 22797070.

135. Hong WC, Murovic JA, Gibbs I, **Vogel H**, Chang SD. Pituitary stalk Langerhans cell histiocytosis treated with CyberKnife radiosurgery. *Clin Neurol Neurosurg*. Epub 24 July, (2012). PMID 22835714.

136. Yeom KW, Lober RM, Mobley BC, Harsh G, **Vogel H**, Allagio R, Pearson M, Edwards MS, Fischbein NJ. Diffusion-weighted MRI: Distinction of skull base chordoma from chondrosarcoma. *Am J Nuroradiol*. Epub 1 Nov, (2012). PMID 23124635.

137. Baron S, Hoang A, **Vogel H**, Attardi LD. Unimpaired skin carcinogenesis in Desmoglein 3 knockout mice. *PLoS One*.7(11):e50024. Epub Nov 21.(2012). PMID 23185521.

138. Van Der Starre P, Deuse T, Pritts C, Brun C, **Vogel H**, Oyer P. Late profound muscle weakness following heart transplantation due to Danon disease. *Muscle Nerve*. 47, 135-7. (2013). Epub 21 November (2012). PMID 23168931.

139. Perreault S, Lober RM, Carret AS, Zhang G, Hershon L, Décarie JC, Yeom K, **Vogel H**, Fisher PG, Partap S. Relapse patterns in pediatric embryonal central nervous system tumors. *J Neurooncol*. Epub Aug 7. (2013). [Epub ahead of print] PMID 23921420.

140. Yeom KW, Mitchell LA, Lober RM, Barnes PD, **Vogel H**, Fisher PG, Edwards MS. Arterial spin-labeled perfusion of pediatric brain tumors. *Am J Neuroradiol*. Epub Aug 1. (2013). [Epub ahead of print] PMID 23907239.

141. Yeom KW, Mobley BC, Lober RM, Andre JB, Partap S, **Vogel H**, Barnes PD. Distinctive MRI features of pediatric medulloblastoma subtypes. *Am J Roentgenol*. 200, 895-903, (2013). PMID 231855214.

142. Karamchandani J, Wu M, Yi J, Das S, **Vogel H**, Muller P, Cusimano M, Montanera W, Kovacs K. Highly proliferative sellar chordoma with unusually rapid recurrence. *Neuropathology*. 33, 424-430. (2013). PMID 23082799.

143. Rienhoff H Y Jr, Yeo CY, Morissette R, Khrebtukova I, Melnick J, Luo S, Leng N, Kim YJ, Schroth G, Westwick J, **Vogel H**, McDonnell N, Hall JG, Whitman M. A mutation in TGFB3 associated with a syndrome of low muscle grow, growth retardation, distal arthrogryposis and clinical features overlapping with marfan and

loeys-dietz syndrome. *American Journal of Medical Genetics-A.* 161, 2040-204. (2013). PMID 23824657.

144. Harraher CD, **Vogel H**, Steinberg GK. Spinal pilocytic astrocytoma in an elderly patient. *World Neurosurg.* 79(5-6) November, (2013). PMID 22120566.

145. Plowey ED, **Vogel H**, Salmi D, Shuer LM. Occult pigmented ganglioglioma in an adult male with chronic posttraumatic epilepsy. *Clinical Neuropathology.* 32(3): 192-195, (2013). PMID 23254137.

146. Perrault, S, Lober RM, Carret A, Zhang G, Hershon L, Decarie J, Yeom K, **Vogel H**, Fisher PG, Partap S. Relapse patterns in pediatric embryonal central nervous system tumors. *Journal Of Neuro-Oncology.* 115 (2):209-215. (2013). PMID 23921420.

147. Lober RM, Cho Y, Tang Y, Barnes, PD, Edwards MS, **Vogel H**, Fisher PG, Monje M, Yeom KW. Diffusion-weighted MRI derived apparent diffusion coefficient identifies prognostically distant subgroups of pediatric diffuse intrinsic pontine glioma. *Journal of Neuro-Oncology.* 117(1):175-182. (2014). PMID 24522717.

148. Do J, Foster D, Renier C, **Vogel H**, Rosenblum S, Doyle TC, Tse V, Wapnir I. Ex vivo blue assessement of the blood brain barrier in three breast cancer brain metastasis models. *Breast Cancer research and treatment.* 144(1):93-101. (2014). PMID 24510011.

149. Plowey ED, **Vogel H**, Yeom KW, Jung H, Chao K, Edwards MS. Tectal pineal cyst in a 1-year-old girl. *Human Pathology.* 45(3):653-656. (2014). PMID 24411061.

150. Emlet DR, Gupta P, Holgado-Madruga M, Del Vecchio CA, Mitra SS, Han SY, Li G, Jensen KC, **Vogel H**, Xu LW, Skirboll SS, Wong AJ.Targeting a glioblastoma cancer stem-cell population defined by EGF receptor variant III. *Cancer Res.* 74(4):1238-1249. (2014). Epub 23 December (2013). PMID 24366881.

151. Couthouis J, Raphael AR, Siskind C, Findlay AR, Buenrostro JD, Greenleaf WJ, **Vogel H**, Day JW, Flanigan KM, Gitler AD. Exome sequencing identifies a DNAJB6 mutation in a family with dominantly-inherited limb-girdle muscular dystrophy. *Neuromuscul Disord.* Epub 14 January (2014). PMID 24594375.

152. Aisner DL, Newell KL, Pollack AG, Kleinschmidt-Demasters BK, Steinberg GK, Smyth LT, **Vogel H**. Composite pleomorphic xanthoastrocytomaepithelioid glioneuronal tumor with BRAF V600E mutation- report of three cases. *Clin Neuropathol.* 33(2):112-121. (2014). PMID 24321241.

INVITED REVIEWS:

1. **Vogel H.** Inclusion body myositis. A review. *Adv Anatomic Path.* 5: 164-169, (1998).

2. **Vogel H.** Mitochondrial myopathies and the role of the pathologist in the molecular era. *J Neuropath Exp Neur.* 60: 217-227, (2001).

3. **Vogel H,** Fuller GN. Primitive neuroectodermal tumors, embryonal tumors, and other small cell and poorly differentiated malignant neoplasms of the central and peripheral nervous systems. *Annu Diag Path.* 7: 387-398, (2003).

4. **Vogel H.** Burden of proof in the postmortem diagnosis of mitochondrial disease: Leigh disease. *Pediatr Dev Pathol.* 7: 615-619, (2004).

5. **Vogel H,** Zamecnik J. Diagnostic immunohistology of muscle diseases. *J Neuropath Exp Neurol.* 64(3): 181-193, (2005).

6. **Vogel H.** "Polymicrogyria" for Neurology Medlink – Online information resource for clinical neurology. (2003-2006).

7. Lu B., **Vogel H.** Drosophila Models of Neurodegenerative Diseases. *Annu Rev Path.* 4: 315-42, (2009).

8. **Vogel H.** Chordoma: An Ongoing Challenge. Path Case Reviews. 17: 31Y38, (2012).

BOOKS:

Vogel H. "Nervous System". *Cambridge Illustrated Surgical Pathology Series.* Cambridge University Press. (2009).

BOOK CHAPTERS:

1. **Vogel H.** "Low Grade Gliomas". In <u>*Neuro-Oncology*</u> in the series Practical Neurology, Eds E Dropcho and J Rees. Butterworth-Heinemann, Boston MA. (2010).

OTHER PUBLICATIONS:

1. **Vogel H.** Wagnerian genetics [Comment. Letter]. *Science.* 267:437, (1995).

2. Miller G and **Vogel H**. Structural evidence of injury or malformation in the brains of children with congenital heart disease. *Seminars in Ped Neuro*. 6: 20-26. (1999).

3. **Vogel H**. Medullo-what? Invited commentary on: Medullocytoma (lipidized medulloblastoma): A cerebellar neoplasm with favorable prognosis. *Adv in Anatomic Path*. 4: 287-292, (1997).

ABSTRACTS/PRESENTATIONS:

1986 **Vogel H**, Schnitt S. "Meningiomas: diagnostic value of immunoperoxidase staining for epithelial membrane antigen." Platform presentation/abstract at the Annual Meeting of the International Academy of Pathology. *Lab Invest* . 54: 67 (1986).

1988 Shiurba RA, **Vogel H**, Eng LF, Urich H, Horoupian DS. "The epidermal growth factor receptor in meningiomas: an immunohistochemical study." Annual Meeting Abstracts, American Association of Neuropathologist. *J Neuropath Exp Neurol*. 47: 376, (1988).

1989 Honig LS, **Vogel H**, Horoupian DS. "Chronic myelopathy as a presenting syndrome in HIV infection." Annual Meeting Abstracts. American Academy of Neurology. *Neurology*. 39: 419, (1989).

Vogel H, Picker LJ, Butcher EC. "Anti-lymphocyte homing receptor antibodies identify a molecule of glial origin." Annual meeting Abstracts, American Association of Neuropathologists. *J Neuropath Exp Neurol*. 48: 344, (1989).

Horoupian DS, **Vogel H**, Honig LS. "Peripheral neuropathy in virus associated hemophagocytosis (VAH)." Annual Meeting Abstracts, American Association of Neuropathologists. *J. Neuropath Exp Neurol*. 48: 371, (1989).

1990 **Vogel H**, Horoupian DS, Urich H. "Brainstem neurotoxicity of cytosine arabinoside. A case report." Oral presentation at the Annual Meeting of the Swiss Society of Neuropathology, March, (1990).

1990 **Vogel H** and DS Horoupian. "Neuronal lipopigment storage disorder in association with systemic lipodystrophy. A case report." Abstract for the

Annual Meeting of the American Association of Neuropathologists, June, (1990).

1991 **Vogel H** and Horoupian DS. "Filamentous degeneration of neurons: a feature of cytosine arabinoside neurotoxicity." Platform presentation at the Annual Meeting of the American Association of Neuropathologists, June, (1991).

1993 **Vogel H**. "Silver impregnation distinguishes muscle fiber types in fixed tissues." Platform presentation at the Annual Meeting of the American Association of Neuropathologists, June, (1993).

1993 Matzuk MM, Lu H, Sellheyer K, **Vogel H**, Bradley A. "Mice with a targeted deletion of the activin binding protein (follistatin) gene die at birth." Presented at Meeting on Mouse Molecular Genetics, European Molecular Biology Laboratory, Heidelberg, Germany. August, (1993).

1994 **Vogel H**. "Patterns of CD44 expression in Alzheimer's disease. and Bhattacharjee M and Vogel H. CD44 is expressed in primitive neuroectodermal tumors." Presentaion at the XIIth International Congress of Neuropathology, Toronto, Canada. September, (1994).

1995 Bhattacharjee M, Armstrong D, **Vogel H**, and Cooley L. "Cytogenetic studies of pediatric brain and spinal cord tumors." Poster presentation at the Annual Meeting of the American Association of Neuropathologists. June, (1995).

Vogel H, Armstrong D, and Bhattacharjee M. "Brainstem encephalitis as an incidental finding in pediatric autopsies. Report of 5 cases", and, Bhattacharjee M, Armstrong D, Vogel H, and Cooley L. "Cytogenetics of primitive neuroectodermal tumors in children." Poster presentations at the Interim Meeting of the Society for Pediatric Pathology. Baltimore, MD. October, (1995).

1996 **Vogel H**, Zhang H, Cartwright J, Dionne L, Lu N, Huang S, Matzuk M, Lebovitz R. "Neuronal degeneration in mice lacking superoxide dismutase." Platform presentations; 1) Swiss Society of Neuropathology XVI International Winter Meeting, St. Moritz, Switzerland on March 22, 1996. 2) American Academy of Neurology 48th Annual Meeting, San Francisco, CA. March, (1996).

1997 Bhattacharjee M, Hicks J, Armstrong D, Langford L, Dauser R, **Vogel H.** "Central nervous system atypical teratoid/rhabdoid tumors of infancy and childhood. Report of four cases." Annual Meeting Abstracts, International Academy of Pathology. *Lab Invest.* 76: 149A, (1997).

Vogel H, Beaudet AL, Bullard D. "Experimental allergic encephalomyelitis in ICAM-1 deficient mice." Annual Meeting Abstracts, American Association of Neuropathologists, June 1997. *Journal of Neuropathology and Experimental Neurology*. 56:600, (1997).

1998 **Vogel H**, Edmondson E. "Pathological findings in nerve and muscle biopsies from 55 women with silicone breast implants." American Academy of Neurology. 50th Annual Meeting, Minneapolis, MN. April, (1998).

Fuller GN, Goodman JC, **Vogel H**, Ghorbani R. "Epithelioid glioblastoma: a distinct clinico-pathologic entity." Annual Meeting Abstracts, American Association of Neuropathologists, June, (1998).

1999 **Vogel H**, Dauser R, Powell S. "Biphasic pilocytic ganglion cell tumor of the cerebellum." Annual Meeting Abstracts, American Association of Neuropathologists, June, (1999).

2000 Harris CP, Lu XY, Li N, **Vogel H**, Cooley L, Rao P, Lau CC. "Multicolor spectral karyotyping identifies a novel translocation t(12;15) (p13;q25q26) in a primitive neuroectodermal tumor." Presented at The Eighth International Workshop on Chromosomes in Solid Tumors, Tucson, AZ. January, (2000).

Leung HE, Li XL, Armstrong D, **Vogel H**, Dauser R, Strother D, Horowitz M, Stuart S, Lau C. "Genome-wide transcriptional analysis of medulloblastoma by cDNA microarrays." Presented at the 18th Annual Houston Conference on Biomedical Engineering Research. February, (2000).

Urich H, and **Vogel H**. "What is lobar holoprosencephaly?" Presented at the Leipzig 2000 International Symposium, and the 45th Meeting of the German Society for Neuropathology and Neuroanatomy. Leipzig, Germany. March, (2000).

Vogel H, Chapman K, and Benke T. "An analysis of 47 muscle biopsies for suspected mitochondrial myopathy". Platform presentation." American Academy of Neurology. 52nd Annual Meeting, San Diego, CA. May, (2000).

Vogel H, Lau C, Dauser R, and Strother D. "CD44 expression in medulloblastoma. A study of 23 cases." Platform presentation, 9th International Symposium on Pediatric Neuro-oncology. San Francisco, CA. June, (2000).

2001 Scaglia F, **Vogel H**. "An analysis of pediatric patients with histological evidence of mitochondrial proliferation." Abstract, European Meeting on Mitochondrial Pathology, Venice, Italy. September, (2001).

2003 **Vogel H**. "Diagnostic utility of the muscle pathology. Emerging concepts." Invited lecture at "Contemporary Neuropathology" University Medical Center, Nijmegen, Netherlands. October, (2003).

2004 Haddix T, Prichard J, Warnke R, **Vogel H**. "Primary Hodgkin's disease in the brain of an HIV-positive adult." Annual Meeting Abstracts, American Association of Neuropathologists. June, (2004).

2005 Pate LL, Haddix TL, **Vogel H**. "Glioblastoma with remote subcutaneous metastases." October, (2005).

Haddix TL, Recht LD, Myles T, Leung L, **Vogel H**. "Overexpression of osteopontin in glioblastoma multiforme." September, (2005).

D'Apuzzo MM, **Vogel H**. "Rosetted glioneuronal tumors of the spinal Cord." Annual Meeting Abstracts, 81st Annual Meeting, American Association of Neuropathologists, Arlington, VA. June, (2005).

D'Apuzzo M, Cheshier S, Ailles L, **Vogel H**, Weissman I. " Proliferation and differentiation of brain cancer stem cells in organotypic slices." December, (2005).

2006 **Vogel H**, Masek M, Gallagher R, Enns G. "Immunohistochemical analysis of cytochrome oxidase deficiency using fixed tissues." XVI International Congress of Neuropathology and 82nd Annual Meeting, American Association of Neuropathologists, San Francisco, CA. September, (2006).

Vogel H, Wong LJ, Prijoles EJ, Dubin AM, Enns GM. "Neonatal hypertrophic cardiomyopathy caused by mitochondrial *SCO2* deficiency; An enzyme histochemical and targeted mutation approach to the diagnosis of a novel mutation." Abstract presentation, 56th Annual Meeting, American Society of Human Genetics, New Orleans, LA. October, (2006).

2007 **Vogel H**, Wong LJ, Prijoles EJ, Dubin AM, Enns GM. "Neonatal hypertrophic cardiomyopathy caused by mitochondrial *SCO2* deficiency An enzyme histochemical and targeted mutation approach to the diagnosis of a novel mutation". Abstract presentation at 56th Annual Meeting of the American Society of Human Genetics. New Orleans, LA. October, (2007).

Dulai MS, Park CY, Smyth LT, Desai M, Carter DM, **Vogel H**. "CNS T-cell lymphoma: An under recognized entity?" 83rd Annual Meeting, American Association of Neuropathologists, Washington, DC. April, (2007).

2009 Fujiwara M, Harsh G, Karamchandani J, **Vogel H**, et al. "Intracerebral extravascular masson's tumor mimicking glioma." And, Karamchandani J, Moes G, Guppy K, Vogel H. "Primary T-cell lymphoma of the CNS expressing PD-1, a marker of germinal center T-cells." Abstract presentations at the American Association of Neuropathologists Annual Meeting. June, (2009).

2011 Haddix T, Monje M, Masek M, **Vogel H**, et al. "Supratentorial extention of diffuse intrinsic pontine glioma (DIPG). (2011).

2012 **Vogel H**, Edwards M, Fisher P, Partap S, Cho YJ. "Aggressive cerebellar neuroepithelial tumor in a 10 year old boy" . Abstract presentations at the American Association of Neuropathology Annual Meeting. June, (2013).

2013 Tanboon J, Kantipudi A, **Vogel H**. "Cytochrome oxidase-deficient myofibers as a function of age and disease in 1000 muscle biopsies". Abstract presentations at the American Association of Neuropathology Annual Meeting. June, (2013).

Moore S, Kunecka P, Swenson A, **Vogel H,** Lewis A, Harris B, Deo R, Hayashi Y, Nishino I, McAllister J, Pattee G, McComb R. "Siblings with a novel CHBK mutation are identified among clinical diverse patients with megaconial myopathy". Abstract presentations at the American Association of Neuropathologists Annual Meeting. June, (2013).

INVITED SPEAKER/PRESENTATIONS:

2001 Scaglia F, Towbin J, **Vogel H**. "An analysis of 66 muscle biopsies for suspected mitochondrial myopathy." Platform presentation, Mitochondria. San Diego, CA. March, (2001).

2002 "Postmortem diagnosis of mitochondrial diseases." Evening Session in Pediatric Pathology, USCAP Annual Meeting, Washington DC, March, (2003).

2004 "Molecules and muscle" and "The WHO Classification of Brain Tumors. A Critical Review." Annual meeting of the Society of Czech Pathologists, Prague, Czech Republic. June, (2004).

"Diagnostic pitfalls in neuro-oncology" and "The WHO Classification of brain tumors. A critical review." World Federation of Neurosurgical Societies, Jaipur, India. October, (2004).

2005 "Mitochondrial myopathies." Annual Meeting of the German Society of Neuropathology and Neuroanatomy. Graz, Austria. October, (2005).

"Brain tumors. The ultimate challenge in modeling human cancer in mice." Annual meeting of the American College of Veterinary Pathologists. Boston, MA. December, (2005).

2004 "Muscle biopsies. A practical approach." Stanford/UCSF Current Issues in Anatomic Pathology Course Tutorial. June, (2006).

"Immunohistochemical analysis of cytochrome oxidase deficiency using fixed tissues." Bay Area Mitochondria Association. September, (2007).

"Modeling human brain tumors in mice." Institute of Biotechnology, The University of Texas Health Science Center at San Antonio. October, 2007).

2007 "Practical approach to the use of immunohistochemical markers used in neuropathology." Stanford/UCSF Current Issues in Anatomic Pathology Course. May, (2007).

"Morphology of childhood brain tumors. Avoiding diagnostic pitfalls." Baltic Association of Neuropathology. Riga, Latvia. June, 2007.

2008 "Childhood brain tumors: an update." 3rd Intercontinental Congress of Pathology. Barcelona, Spain. May, (2008).

"Course in pediatric neuropathology." Guest speaker of the Guatemalan Association of Neurosurgery. Guatemala City, Guatemala. .June, (2008).

2005 "Pediatric neuropathology, tumours (gliomas), tumours (non-gliomatous neoplasms), infectious diseases, non-infectious inflammatory conditions (e.g. multiple sclerosis & others)." Guest lecturer for Biennial meeting of the Baltic Association of neuropathology. Kaunas, Lithuania. May, (2009).

2011 "Common problems in muscle biopsy diagnostics." Special Course Invited Lecture. Aspects of Muscle Pathology. Seattle, WA. June, (2011).

Haddix T, Monje M, Masek M, Freret M, Fisher P, Vogel H. "Supratentorial extension of diffuse intrinsic pointine glioma (DIPG)". (2011).

2005-Present Recurring Annually Invited panelist, "Neuropathology Mystery Cases", Annual Meeting of the American College of Veterinary Pathology. (2005-2011)

2012 "Pediatric brain tumors.The view from Palo Alto". Institute of Neuropathology, Charite-Berlin Medical University. Berlin, Germany, April 12, (2012).

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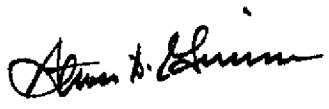

CLERK OF THE COURT

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DISTRICT COURT

CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, -vs- JONATHAN QUISANO, #5991702 Defendant.	Case No. C-13-294266-1 Dept No. XXI

NOTICE OF MOTION AND MOTION TO ADMIT EVIDENCE OF OTHER CRIMES, WRONGS OR ACTS

DATE OF HEARING: JUNE 3, 2014
TIME OF HEARING: 9:30 A.M.

COMES NOW, the State of Nevada, by STEVEN B. WOLFSON, District Attorney, through MICHAEL V. STAUDAHER and MICHELLE Y. JOBE, Chief Deputy District Attorneys, and files this Notice of Motion and Motion to Admit Evidence of Other Crimes.

This Motion is made and based upon all the papers and pleadings on file herein, the attached points and authorities in support hereof, and oral argument at the time of hearing, if deemed necessary by this Honorable Court.

///

NOTICE OF HEARING

YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that the undersigned will bring the foregoing motion on for setting before the above entitled Court, in Department XXI thereof, on the 3rd day of June, 2014, at the hour of 9:30 o'clock a.m., or as soon thereafter as counsel may be heard.

DATED this 20th day of May, 2014.

STEVEN B. WOLFSON
DISTRICT ATTORNEY
Nevada Bar #001565

BY
MICHELLE Y. JOBE
Chief Deputy District Attorney
Nevada Bar #010575

POINTS AND AUTHORITIES

STATEMENT OF FACTS REGARDING DEATH OF KHAYDEN QUISANO

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. (PHT 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 a.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 p.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, 242:24-243:2.) 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, 244:13-14, 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 level response. (PHT, Vol. 1, 158:6-10.)

In an effort to treat the child, paramedic Kline asked the male who presented the child 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, 186:8-9.) 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 shortly 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." (PHT, 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. (PHT, 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 further 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.) 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, though medical personnel restarted his heart. (PHT, Vol. 1, 30:19-23, 31:8-11.) Dr. 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.) Dr. 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. 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.) Khayden ultimately succumbed to the injuries and was declared clinically brain dead. (PHT, Vol. 1, 38:3-6.)

At the preliminary hearing, Dr. Casey opined that Khayden's injuries would have required the reported fall to include some amount of rotational force that was not disclosed by Defendant. (PHT, Vol. 1, 143:24-144:6.)

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 was 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 or adopt jumping as part of the events leading up to Khayden's injuries, though detectives suggested jumping in 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. (PHT, 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, 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.) During the initial call, Defendant curiously didn't tell Christina what was going on with Khayden stating he didn'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 injuries 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 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 brain. (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 trauma 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 when the 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, 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, Vol. 3, 53:21-24.)

After the death of Khayden, Detectives conducted additional investigation obtaining records from Hawaii involving the death of an older sibling and additional non-accidental injuries suffered by Khayden in 2010. This resulted in greater scrutiny of the Defendant's versions of the events leading up to Khayden's injuries and the Defendant failure to summon medical assistance or render aid.

THE OTHER BAD ACTS

Death of Jayden Quisano

Detectives learned the Defendant and Christina Rodriguez actually had three children born to them. Christina told detectives during her interview their first child, Jayden Quisano,

died a few months after birth, reportedly suffering from pneumonia. In fact, Jayden was born December 15, 2007 and died February 8, 2008, in Hawaii. For reasons unspecified, Christina had taken Jayden to the doctor's office in the morning and was found to not be breathing when doctors checked him. Doctors transferred Jayden to the ER where he could not be revived. Records from Hawaii indicate Jayden's cause of death was secondary to pneumonia and a lack of medical attention. (Exhibit 1, Hawaii CPS Records (bates stamped DA - 000070-000079) at 75.) According to Christina, Jayden showed no signs of sickness or problems prior to going to the doctor's office. Even so, following the birth of Khayden and in light of the demise of Jayden, pediatrician Dr. Jason Ninomya urged Christina and Defendant to seek immediate medical attention should Khayden show conditions similar to Jayden when he presented before death. Id.

The death of Jayden Quisano and subsequent admonition by Dr. Ninomya had little to no effect on the Defendant or Christina as to when and under what circumstances to seek medical care of Khayden Quisano.

2010 Fractures and Failure to Thrive of Khayden Quisano

On October 24, 2009, when Khayden was barely over one month old, Christina took Khayden to pediatrician Dr. Ninomya for coughing and congestion. (Exhibit 2, Hawaii Medical Records (bates stamped DA 000095-000135) at 105.) Dr. Ninomya ordered a chest x-ray, which revealed no apparent signs of injury. Id. Also, in October 2009, Khayden, though small, was following along the growth curve. Id. Everything changed after that appointment.

On January 4, 2010, Khayden presented to Dr. Ninomya as an ill child with Christina reporting Khayden had suffered the previous five days from a fever, cough and runny nose. Id. Dr. Ninomya, again, ordered a chest x-ray and Khayden returned home with his parents until Dr. Ninomya had the results of the x-ray. The January 4, 2010, x-ray revealed Khayden had multiple healing posterior rib fractures, on ribs four through seven. Id. at 99. The rib fractures were indiciative of non-accidental trauma and a squeezing mechanism. There was no report of known injury or trauma that would suggest the etiology of the fractures.

Khayden was sent to KAPIOLANI WOMEN & CHILDREN Hospital where he was

admitted and received additional evaluation and medical care. Additional testing revealed Khayden also suffered a metaphyseal fracture of the distal femur, which was in the healing stages. Id. at 106-107. Doctors noted the femur fracture resulted from a shearing force that was non-accidental in nature. Id. at 107. An ophthalmologic evaluation revealed Khayden also had a subconjunctival hemorrhage in his left eye that should resolve spontaneously. Id. at 104. In January 2010, Khayden was also diagnosed as failure to thrive, as he had fallen below the growth curve. Id. at 107. Neither the Defendant nor Christina had any insight as to how, when or what had happened to cause these non-accidental injuries to Khayden. Id. at 100. Notably, the medical records reveal doctors considered organic causes for Khayden's injuries, but ultimately concluded the injuries were non-accidental. Id. at 103.

Law Enforcement and the Department of Human Services, Social Services Division conducted investigations into Khayden's injuries. Ultimately, law enforcement could not determine who caused the injuries to Khayden, though the Defendant wasn't ruled out as a possible perpetrator. Notably, neither the Defendant nor Christina had an explanation for the injuries, could not pinpoint when the injuries occurred and blamed the most recent babysitter who law enforcement eliminated as a suspect. On the other hand, Social Services found both parents to be perpetrators of harm and removed Khayden from the care of his parents. Exhibit 1, at 76. Khayden was placed with a relative, during which time there is no record of fractures or other injuries.

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As a result of the DHS findings, both Christina and the Defendant were required to engage in services, including a Clinical Psychological Evaluation and follow recommendations, couples counseling and various classes to improve parenting skills and bonding with the children. In September 2010, both parents continued to lack insight into their role and responsibility as parents. Id. In January 2011, after six months of services with a counselor, the Defendant and Christina continued to demonstrate a lack of understanding and insight into Khayden's injuries. The children were reunited with the Defendant and Christina

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in April 2011, but continued to be monitored until July 2012 when the case was closed. Id. at 79.

ARGUMENT

N.R.S. 48.045(2) provides as follows:

> Evidence of other crimes, wrongs, or acts is not admissible to prove the character of a person in order to show that he acted in conformity therewith. It may, however, be admissible for other purposes, such as proof of motive, opportunity, intent, preparation, plan, knowledge, identity, or absence of mistake or accident.

Evidence of certain types of injury to a child can be probative of the fact that the physical damage was caused intentionally rather than by accident and thus can be persuasive of intent. United States v. Leight, 818 F.2d 1297, 1299 (7th Cir.) Cert. denied, 484 U.S. 958 (1987), *abrogated on other grounds*, Huddleston v. United States, 485 U.S. 681, 108 S.Ct. 1496, 99 L.Ed.2d 771 (1988); United States v. Verkuilen, 690 F.2d 648 (7th Cir. 1982).

In order to admit such evidence, the State must establish that (1) the act is relevant to the crime charged; (2) the act is proven by clear and convincing evidence; and (3) the evidence is more probative than prejudicial. Cipriano v. State, 111 Nev. 534, 541 (1995) (*citing* Berner v. State, 104 Nev. 695, 697 (1988)).

Evidence of certain types of injury to a child can be probative of the fact that the physical damage was caused intentionally rather than by accident and thus can be persuasive of intent. United States v. Leight, 818 F.2d 1297, 1299 (7th Cir.) *cert. denied*, 484 U.S. 958 (1987); United States v. Verkuilen, 690 F.2d 648 (7th Cir. 1982).

In Bludsworth v. State, 98 Nev. 289, 646 P.2d 558 (1982), the two-year-old victim died after sustaining severe head injuries. The State charged the step-father with Murder and Child Abuse and charged the victim's mother with Child Abuse. The step-father claimed he accidentally injured the victim by dropping him as the step-father climbed the stairs in the family home. During the trial, the State presented evidence of numerous bruises sustained by the victim prior to his death. The Appellant argued that the lower court erred in admitting evidence of prior injuries wherein the State could not prove who inflicted the injuries upon the

victim.

The Nevada Supreme Court held that admissibility of the other injuries did not depend on connecting either defendant to the infliction of the injury. Specifically, the Court held that:

> "It is independent, relevant circumstantial evidence tending to show that the child was intentionally, rather than accidentally, injured on the day in question. Proof that a child has experienced injuries in many purported accidents is evidence that the most recent injury may not have resulted from yet another accident." (Emphasis added)

Bludsworth, 98 Nev. at 291-92.

In Estelle v. McGuire, 502 U.S. 62, 112 S.Ct 475 (1991), the United States Supreme Court also visited the issue of allowing into evidence of prior bad acts in cases involving child abuse. In this case, Mark McGuire and his wife took their six month-old baby to the hospital because the baby was bluish and not breathing. The physician noticed a large and relatively recent bruise on the baby's chest and multiple bruises around it and the baby's ears. Efforts to revive the child were unsuccessful. An autopsy revealed 17 contusions on the baby's chest, 29 contusions in her abdominal area, a split liver, a split pancreas, a lacerated large intestine and damage to her heart and one of her lungs. The autopsy also revealed evidence of rectal tearing and evidence of partially healed rib fractures. Upon questioning, the defendant stated that when his wife left the room to make a telephone call, he left the child alone on the couch. When he returned to the room, he discovered the baby lying on the floor.

At trial, the prosecution introduced evidence that the baby was a "battered child", and evidence from other witnesses as to defendant's treatment of the baby. The case was overturned at the federal level, wherein the Court of Appeals for the Ninth Circuit ruled that prior injury evidence was erroneously admitted to establish battered child syndrome, because no evidence linked the defendant to the prior injuries and no claim had been made at trial that the baby died accidentally.

However, the Supreme Court found that California law permitted the prosecution to introduce expert testimony and evidence related to prior injuries in order to prove "battered

child syndrome". (Citations omitted). The Court went further in explaining its decision to reverse the decision of the court of Appeals for the Ninth Circuit:

> The demonstration of battered child syndrome "simply indicates that a child found with [serious, repeated injuries] has not suffered those injuries by accidental means." (Citation omitted). Thus, evidence demonstrating battered child syndrome helps to prove that the child died at the hands of another and not by falling off a couch, for example; it also tends to establish that the "other," whoever it may be, inflicted the injuries intentionally. When offered to show that certain injuries are a product of child abuse, rather than accident, evidence of prior injuries is relevant even though it does not purport to prove the identity of the person who might have inflicted those injuries. (Citations omitted). Because the prosecution had charged McGuire with second-degree murder, it was required to prove that Tori's death was caused by the defendant's intentional act. Proof of Tori's battered child status helped to do just that; although not linked by any direct evidence to McGuire, the evidence demonstrated that Tori's death was the result of an intentional act by someone, and not an accident. The Court of Appeals, however, ignored the principle of battered child syndrome evidence in holding that this evidence was incorrectly admitted. For example, the court stated that, "[evidence cannot have probative value unless a party connects it to the defendant in some meaningful way." (Citation omitted). We conclude that the evidence of prior injuries presented at McGuire's trial, whether it was directly linked to McGuire or not was probative on the question of the intent with which the person who caused the injuries acted.

Estelle v. McGuire, 112 S.Ct at 480.

Likewise, other jurisdictions have upheld the use of prior instances of abuse to show absence of mistake or accident and intent. In State v. Hassett, 859 P.2d 955 (Idaho App. 1993), the Idaho Appellate Court addressed the issue of admission of prior bad acts of child abuse in order to prove absence of mistake or accident and intent. The defendant was found guilty of felony injury to a child based on allegations that he had injured his month-old son. On appeal, the defendant challenged the State's presentation of "prior bad acts" during his trial. The Court addressed the felony child abuse statute, which is practically identical to Nevada's statute, and the propriety of allowing into evidence prior bad acts by a defendant in child abuse cases. The Court stated:

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> . . . [we observe that "the admissibility of evidence of other crimes, wrongs, or acts to establish intent and an absence of mistake or accident is well established, particularly in child abuse cases." United States v. Harris, 661 F.2d 138, 142(10th Cir. 1981).
>
> Further, we agree that:
>
> when the crime is one of infanticide or child abuse, evidence of repeated incidents is especially relevant because it may be the only evidence to prove the crime. A child of [very young age] . . . is a helpless, defenseless unit of human life. Such a child is too young, if he survives, to relate the facts concerning the attempt on his life, and too young, if he does not survive, to have exerted enough resistance that the marks of his cause of death will survive him. Absent the fortuitous presence of an eyewitness, infanticide or child abuse . . . would largely go unpunished. (Emphasis added) Id., quoting United States v. Woods, 484 F.2d 127 (4th Cir. 1973), *cert. denied*, 415 U.S. 979 (1974).
>
> More specifically, one commentator has observed that:
>
> The courts often admit uncharged misconduct in child abuse cases when the defendant claims that he or she accidentally injured the child. If the defendant claims that he accidentally touched a child's genital organs, evidence of the defendant's similar uncharged sexual misconduct is admissible to prove the defendant's lewd intent.
>
> If the defendant claims that she intended to merely discipline the child, evidence of uncharged misconduct may be admissible to establish the defendant's intent to injure the child. If the defendant claims that he accidentally bumped into or ran down the victim, evidence of the defendant's other assaults on the same or similar victims is admissible to show intent. Edward J. Imwinkelried, Uncharged Misconduct Evidence sec. 5:10 (1993).

Hassett, 859 P.2d at 960.

In State v. Toennis, 758 P.2d 539 (Wash. App. 1988), the defendant was convicted of Second Degree murder of the four year-old victim. The defendant claimed that the trial court committed error when it allowed in prior instances of his mistreatment of the victim. The defendant admitted striking the victim on the day of his death. However, he denied that he had repeatedly struck the victim in the past and he claimed that some of the victim's injuries occurred because of falls. At trial, the State had to prove that the defendant knowingly inflicted grievous bodily harm upon the victim.

The Washington Appellate Court held that because the State had to prove that the

defendant knowingly inflicted grievous bodily harm upon the victim, the evidence of prior beatings was relevant to show that the victim was in an obviously battered condition, which should have put the defendant on notice that additional blows could result in grievous bodily harm to the victim. 758 P.2d at 546.

In State v. Smith, 634 P.2d 1 (Ariz. App. 1981), the Arizona Court of Appeals allowed into evidence the fact that the defendant's children had previously been removed from the home due to the unsanitary conditions in order to allow the State to prove that the defendant acted recklessly which was required by statute. The court found that the evidence was admissible to show intent, knowledge, and absence of mistake or accident. 634 P.2d at 3.

Extremely important to the instant case is the fact that the admission of other bad acts evidence is permitted even if the evidence elicited pertains to children other than the victim. In State v. Teuscher, 883 P.2d 922 (Utah App. 1994), the defendant, a child care provider, called 911 and reported that one of the children in her facility was not breathing. When the emergency personnel arrived, they found the two-month-old victim laying on the kitchen floor with no pulse, no respirations, and that his skin was a little pale with cyanosis and slightly cold to the touch. The baby's pupils were not reactive. Attempts to save his life failed and he was pronounced dead the day after he arrived at the hospital. The police questioned the defendant on several occasions. Initially, she told police that she did not know what had happened to the victim. Later she changed her statement and indicated that the victim had hit his head on a rocking chair. When confronted with the fact that the explanation did not fit the injuries, the defendant told the police that she had accidentally dropped the victim.

The trial judge permitted the prosecution to introduce evidence of defendant's prior abuse committed against other children in the defendant's care. The evidence showed that a six-month-old infant sustained a broken leg while in the defendant's care. Police investigation revealed that the defendant gave inconsistent explanations for the child's broken leg. A neighbor of the defendant testified that he had observed the defendant pick up a three-to-four-year-old boy and shake him harshly and vigorously for five to ten seconds while his head went back and forth. Another neighbor of the defendant testified that she saw the defendant call a

crying four-year-old to her in her backyard and when he was within her reach she reached out and grabbed his hair with her fist and yanked his head over so that he was closer to where she was standing and then lifted him up by one arm and lifted him up over the railing and into her house.

The Appellate Court upheld the admission of the evidence of prior instances of abuse perpetrated against other children to show identity, intent or mental state, and lack of accident or mistake regardless of whether it is the instant victim or other children who have suffered instances of abuse at the hands of a defendant. 883 P.2d at 927.

Later, in State v. Widdison, 4 P.3d 100 (Utah App. 2000), *citing* Teuscher, 883 P.2d at 927-28, the Utah Appellate Court upheld the admission of evidence of prior instances of abuse against a victim and other children to show identity, intent or lack of accident or mistake. In Widdison, *supra*, the Court stated:

> Because the prior bad act evidence at issue here related to defendant's intent or knowledge, it was admissible in the State's case in chief. By pleading not guilty, defendant placed all elements of the crime at issue, including knowledge and intent. *See* Teuscher, 883 P.2d at 927. Therefore this evidence goes directly to proving the elements of the crime, requiring the State to rely on circumstantial evidence. Further, both defendants made statements to the police and other witnesses which put absence of mistake or accident at issue. As such, it was necessary and appropriate for the State to introduce this evidence in its case in chief.

Widdison, 4 P.3d 100 at 109.

In State v. Kuehn, 728 N.W.2d 589, 273 Neb. 219 (2007), defendant provided child care in her home in Norfolk, Nebraska. On August 4, 2004, 10-month-old Cameron Lampert was seriously injured at defendant's home. Defendant testified that as she began to lift Cameron out of the playpen, he arched his back and fell, and his head on the corner of the playpen. She said he landed on his back on the floor of the playpen, striking his head a second time. The playpen had a padded base and fabric sides with netting that covered the collapsible frame. Defendant stated that she may have shaken Cameron once she picked him up but that he then fell out of her arms and his head on the playpen. After the fall, Cameron began fussing and trying to get out of the playpen. He stood up and fell backward.

The trial judge admitted evidence during the trial that Cameron had suffered prior injuries while in Defendant's care. On June 15, 2004, Cameron's mother picked him up from Defendant's house and noticed a bump on Carmon's head and bruise that covered his left eyebrow. Defendant told Cameron's mother that when she went to check on him because he was crying, she noticed his diaper and bedding were wet. Defendant allegedly set Cameron on the floor to change him and to change the bedding and he leaned forward and hit his head twice. Cameron vomited twice before leaving Defendant's house and again when he arrived home. Cameron's mother took him to the doctor the next morning and he continued to vomit for approximately 10 days, at which time his mother took him to the doctor several times.

On June 28, 2004, Cameron was pale-like and dry heaving when his mother picked him up from Defendant's house. He was crabby and did not want to play or eat. Cameron's mother took him to the doctor on June 30. Cameron vomited periodically until July 4th.

The Appellate Court upheld the admission of the evidence of prior instances of abuse perpetrated against Cameron to show lack of accident or mistake. In doing so, the Court stated:

> The evidence of prior incidents in which Cameron was injured or ill while in Kuehn's care was properly admitted. The jury could have draw legitimate inferences from the evidence. Court's have quoted the "doctrine of chances," which provides that "highly unusual events are highly unlikely to repeat themselves; 'the recurrence of the similar result.....tends to establish....the presence of the normal, i.e. criminal intent accompanying such act...'" U.S. v. York, 933 F.2d 1343, 1350 (7th Cir. 1991)(*quoting* 2 John Henry Wigmore, Evidence in Trials at Common Law § 302 (James H. Dhadbourne rev. 1979), *overruled on other grounds*, Wilson v. Williams 182 F.3d 562 (7th Cir. 1999). The federal court continued, "The man who wins the lottery once is envied; the one who wins it twice is investigated." Id.

Kuehn, 728 N.W.2d at 603.

The Court further stated:

> Evidence of other bad acts which is relevant for any purpose other than to show the actor's propensity to commit the act is admissible under rule 404(2). State v. McManus, 257 Neb. 1, 594 N.W.2d 623 (1999). The evidence in this case showed that Cameron had sustained a bump on his head and a bruise on his left eyebrow while in Kuehn's care on June 15, 2004. Kuehn's explanation was that she set Cameron on the floor to change his diaper and that he leaned forward and hit his head twice. He vomited before leaving

> Kuehn's home and continued to vomit for about 10 days. On June 28, Kuehn called a clinic when Cameron suddenly went limp and his eyes rolled back in his head. He was "dry heaving" and vomited periodically for another 6 days. These are unusual events that occurred while Cameron was in Kuehn's care. The fact that Cameron had twice before shown either physical evidence of injuries or illness allowed the jury to consider whether Kuehn was responsible for Cameron's injury on August 4. The evidence was not offered to reflect on Kuehn's character, but, rather, to refute her contention that the injury was accidental.

Id. 728 N.W.2d at 603

In this case, in 2008, Jayden Quisano, the Defendant's first child with Christina Rodriguez died due to complications from pneumonia on the very same day he was finally taken for medical treatment. Notably, Christina is the parent who finally took the child to the doctor and there is no indication Defendant went with her. This event indicates Defendant, at a minimum, lacked awareness of the severity of Jayden's medical condition and failed to seek timely medical treatment.

As a result of Jayden's death, the pediatrician for Khayden, Dr. Ninomya took the time to explain to the parents the need to seek immediate medical attention should Khayden present in a condition similar to Jayden.

On or about October 24, 2009, Christina took Khayden to the pediatrician for a runny nose and cough. There were no signs of injury to Khayden at that time, but Khayden's health deteriorated sometime after October 24, 2009 and before January 4, 2010.

In January 2010, Khayden had been sick with a runny nose, cough and fever for five days before he was taken to his primary care physician, Dr. Ninomya. Christina had recorded Khayden's fever as high as 101 degrees during this time period. Khayden resided with both of his parents and there was no indication the Defendant had been absent from the home during this time period, yet there was no explanation for the delay in medical treatment. More importantly, in January 2010, additional testing unrelated to the runny nose, cough and fever, revealed Khayden had multiple healing rib fractures and a healing femur fracture, all of which were determined to be non-accidental in nature. Khayden also presented as failure to thrive in January 2010, based on a lack of adequate feeding. Again, the Defendant lacked any explanation for the source of injuries, awareness as to when Khayden may have suffered these

injuries and the failure to thrive. As a result of these injuries and the delay in treatment, Hawaii DHS found fault with the Defendant and removed Khayden from his parents' care to secure Khayden's safety. The Defendant had to engage in counseling and other services to address his lack of awareness and learn how to better care for his children before Khayden and his brother Khaysen were returned to the family home.

In the instant case, the Defendant claims Khayden fell off a chair in the family home, though significant details of his story changed the more he discussed the events. Moreover, the Defendant never called 9-1-1. In fact, he waited at least 10 minutes after finding Khayden on the floor making noise and stiff, with his eyes partially closed, until he called the mother of Khayden who was at least thirty to forty minutes away from the house. Even then, the Defendant didn't tell Christina what was wrong with Khayden, but rather, encouraged her to hurry home. The Defendant made a second call to Christina, again, urging her to hurry home and, again, withholding information about Khayden's condition. Only when Christina called the Defendant back and demanded to know what was going on did the Defendant relay Khayden's condition. Then, it was Christina who hung up and called 9-1-1 to summon assistance for Khayden.

This is exactly why evidence such as this is admitted during trials. The jury should be aware that the Defendant had, at a minimum, previously neglected his children's medical needs to such a degree that Jayden died from medical complications related to pneumonia. The jury should also know that Khayden and his brother were removed from the family home for their own safety after Khayden was found to have multiple rib fractures and a femur fracture that were all non-accidental in nature. The Defendant had no explanation for the fractures and was not eliminated as a potential perpetrator by law enforcement.

The jury should also know that as a result of Khayden's non-accidental injuries, the Defendant was found to have perpetrated harm against Khayden and required to complete counseling and other services to learn how to care for his children and provide for their needs. Notwithstanding the history of negative consequences and services for neglecting his children's care and non-accidental injuries, the Defendant failed to call 9-1-1 to summon

medical assistance for Khayden after Khayden's condition clearly and dramatically changed. The Defendant's claims that he wanted to rely on Christina's assessment of Khayden's condition or that he was nervous to summon help ring hollow when it becomes known that he has failed to summon or render care for his other children and has been educated on non-accidental injuries. More importantly, the Defendant's multiple and inconsistent accounts of how Khayden suffered the fatal injuries on June 6, 2013, and his efforts to revive Khayden are all the more significant in light of Khayden's prior fractures and the extensive services the Defendant received in Hawaii. This is certainly classic evidence to show motive, intent, knowledge and/or absence of mistake or accident.

CONCLUSION

Based on the above and foregoing Points and Authorities, the State respectfully requests that this Court permit into evidence the facts surrounding the death of Jayden in 2008, Khayden's non-accidental injuries in 2010 and the subsequent services received by Defendant.

DATED this 20th day of May, 2014.

STEVEN B. WOLFSON
DISTRICT ATTORNEY
Nevada Bar #001565

BY
MICHELLE Y. JOBE
Chief Deputy District Attorney
Nevada Bar #010575

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CERTIFICATE OF ELECTRONIC E-FILING

I hereby certify that service of the above and foregoing, was made this 21st day of May, 2014, by e-mail to:

Nancy Lemcke, DPD
e-mail: lemckenl@ClarkCountyNV.gov

Secretary for the District Attorney's Office

13F09094X/MYJ/jr/MVU

EXHIBIT "1"

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Honolulu, Hawai'i 96813

KAPI'OLANI
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MULTIDISCIPLINARY TEAM CONFERENCE REPORT

CONFIDENTIAL

This report is consultative in nature and case management decisions are left up the Department of Human Services. Assessments are based on the information available at the time of the team conference

____ Reabuse on an active case, or a case closed within 90 days.
____ Suspected Child Abuse/Neglect Death on an active case or a case closed within 90 days
____ Hospitalization due to suspected Child Abuse/Neglect on an active case or a case closed within 90 days

CHILD(REN): Quisano, Khayden **BIRTHDATE(S):** 09/18/09
CASE NAME: Rodrigues, Christina
CASE WORKER Iwalani Lum – Diamond Head Child Welfare Services Unit 3

FAMILY	Name	Birthdate	Whereabouts
Mother	Rodrigues, Christina	08/19/84	Kapolei
Father	Quisano, Jonathan	10/16/86	Kapolei
Children	Quisano, Jayden	12/15/07	Deceased
	Quisano, Khayden	09/18/09	FC
	Quisano, Khaysen	09/05/10	FC

CONF DATE: 01/20/11 **CONF TIME:** 10:00 a.m. **CONF PLACE:** Harbor Court

PRELIMINARY REPORT DATE: 01/20/11 **FINAL REPORT DATE:** 01/24/11

TEAM MEMBERS: Erin Tanaka, M.S.W., KCPC Team Coordinator
Brenda Wong, Ph.D., KCPC Team Psychology Consultant
Carol Titcomb, M.D., KCPC Team Medical Consultant
Sean Wheelock, M.S.N., APRN-C, KCPC Team Nurse Consultant – BY PHONE
Marjorie Higa-Funai, M.S.W., L.C.S.W., KCPC Team Social Work Consultant

PARTICIPANTS:

NAME	ROLE/ORG	ATTEND
Iwlani Lum	DHS Worker	Yes
Roxane Sylva	Foster parent	Yes
Dr. Lyle Herman	Couple's therapist	No
Patria Weston-Lee	ABC pilot	No
Linda Tingkang	Enhanced Healthy Start	No
Cioni Gumboc	CCSS outreach	Yes
Kim Hasegawa	GAL	Yes

REASON FOR TEAM

1. Address the appropriateness of Family Supervision.

SOURCE OF INFORMATION

INFORMATION	MD	RN	PHD	MSW
Information obtained at the MDT meeting	X	X	X	X
MDT Report, 01/07/10	X	X	X	X
Safe Family Home Report, 02/18/10	X	X	X	X
Psychological evaluation of Jonathan Quisano, 03/18/10	X	X	X	X
Psychological evaluation of Christina Rodrigues, 03/17/10	X	X		X
KMCWC Child Protection Attending consultation, 01/07/10 re: Khayden	X	X	X	X
Short Report to Court, 07/30/10	X	X	X	X
Safe Family Home Report, 09/10/10	X		X	X
Ohana Conference Report #3, 01/10/11	X		X	X
Letter from Lyle Herman, Psy.D., 01/18/11	X			
Autopsy re: Jayden Quisano	X			
Consultation with Dr. Daniel Buehler 01/20/11				

CASE ANALYSIS

Child(ren)'s Status, Functioning, Needs

Pediatrician, Dr. Buehler, has seen the infant Khaysen since birth. He is always accompanied by his mother and supervised by the Grandmother. Mother provides the care and he feels she is doing a good job. Both children are up to date with preventive health visits and childhood immunizations. Both Khaysen and his brother Khayden are well with no active medical concerns or chronic conditions. There have been no serious illnesses and no surgeries noted for either child. Khaysen was hospitalized at 1 month of age with fever (sepsis was ruled out); he was discharged after three days. Both brothers are not on any medications at this time and they have no known allergies according to their medical records.

Khaysen's 16-month-old brother, Khayden, was seen by his pediatrician on 10/29/09 with cough and runny nose. He was referred to KMCWC (Kapiolani Medical Center) for a chest x-ray, which was normal. On 01/04/10, he presented with a fever of 4 or 5 days duration in the range of 99 to 101°. Khayden looked "good" according to resource parent Ms. Sylva; however, Khayden's pediatrician had given explicit instructions to bring him in promptly for any illness. This instruction by the doctor to Khayden's mother was based specifically on the family history of sudden demise in infancy of older sibling Jayden from pneumonia. The chest x-ray obtained for Khayden that day (01/04/10) at KMCWC revealed multiple healing rib fractures of the left 4th through 6th posterior ribs and healing mid-axillary fractures of the right 4th through 6th ribs, which are associated with compression. Skeletal survey showed a healing metaphyseal fracture of the medial aspect of the right femur, which is associated with shearing injury. Parents denied knowledge of any trauma, such as a fall. They described Khayden as being fussy since birth. Both parents work during the day; a maternal cousin

Shantelle McKinney cared for Khayden for one week from 11/16/09, while babysitter Roberta Fernandez provided childcare for the month of December. The maternal grandmother was visiting with them from Las Vegas for the week prior to presentation and there are other household members including two maternal Great Uncles and a sibling of the mother. Khayden's pediatrician had been concerned because the rate of his weight gain was slowing so that his weight was below the 5th percentile. Failure to thrive was attributed to inadequate volume of formula feeding; mother said she had reduced the volume of Khayden's feeding because he looked to her that he was gaining too much weight. On examination in the hospital, Khayden was microcephalic and fussy. His foster mother, Roxane Sylva describes him as now bright, active, and healthy – a reportedly normal appearing one year old. Please see prior MDT report dated 01/07/10 for further details regarding Khayden's injury and hospitalization.

Child(ren)'s Functional Analysis: From a strictly biomedical standpoint, Khaysen and Khayden are average needs children at this time.

Caretaker's Status, Functioning, Needs

Physical and Psychosocial Status: After the last Team was held a year ago, both parents participated in psychological evaluations in March 2010. Results were summarized at the Team. Both parents were notably defensive during their respective sessions, denying responsibility for any harm to Khayden and minimizing personal faults or weaknesses. Both seemed to place culpability upon his babysitter (who had not been considered a suspect by the police investigation, per DHS). Both parents are high school graduates with no overall cognitive deficit, but there were some limitations with regard to their reading comprehension skills. Neither parent acknowledged past childhood abuse despite information to the contrary. The assessment of parenting stress showed child-related stresses revolving around Khayden being perceived by both parents as demanding and having difficulties with adaptability. Ms. Rodrigues presented with flat affect and sadness when asked about the death of her first baby in 2008. Diagnostically, Bereavement was offered along with a Rule Out of Depressive Disorder Not Otherwise Specified. Because parents' defensive stance invalidated some test measures, no other specific diagnoses could be offered with regard to Mr. Quisano's emotional status or both parents' personality traits.

A review of services and parent participation revealed completion of some services (parenting classes in May 2010, ABC hands-on parenting program in December 2010) and ongoing participation in others (Enhanced Healthy Start, Couples therapy with Dr. Herman, and CCSS outreach counseling). It was shared that after the 10 week ABC program, progress had been noted by both parents and mother demonstrated improvement in her ability to interact with the children. A letter from Dr. Herman noted good attendance to couples therapy since June 2010 (bi-monthly), but resistance and low motivation to actually address possible risk factors or to acknowledge some responsibility for Khayden's harm. The CCSS worker reported having had only several sessions with mother who interacted appropriately with Khayden in the home while denying any need for individual therapy related to bereavement.

The DHS worker indicated that overnight visits of the children with their parents commenced after the birth of Khaysen in September 2010, increasing in duration to the point that the children now spend 5 days a week at home with safeguards in a set of relatives who take turns being in the home to monitor the situation and support the family. Given that Mr. Quisano works, Ms. Rodrigues has been in the role of primary caretaker. Concerns were expressed at the Team about Ms. Rodrigues' reluctance to reach out or to communicate her needs to others. There was no information yet available regarding her ability to manage two very young children

service providers are working with the parents. However, parents are selective about what they are willing to do. The critical support of therapy is not been utilized to its fullest advantage. Thus, though there are supports in place, the social support is inadequate because parents are not utilizing the most significant service, therapy, to address their issues.

TEAM ASSESSMENT

A multidisciplinary team was held to assess the appropriateness of Family Supervision. Khayden and Khaysen were assessed as average needs children. Both children are up to date with their medical care and have no medical concerns or chronic conditions.

Christina Rodrigues and Jonathan Quisano, parents, continue to be assessed as inadequate caretakers. They continue to deny harming Khayden and blame the babysitter for the injury despite the babysitter being ruled out by the police (per CWS). Parents have completed parenting education as well as hands-on parenting and continue with Enhanced Healthy Start, couples therapy and CCSS outreach services. However, their resistance and low motivation to address the possible risk factors to acknowledge responsibility for Khayden's injury still remains. There has been only superficial compliance in services and no internalized changes in parents to indicate lowered risk for future maltreatment. The couple's social support system was also assessed as inadequate. They have an extensive natural support and formal support system however they are not adequately utilizing them. Therefore, the home continues to be assessed as unsafe.

TEAM RECOMMENDATIONS

1. Placement Recommendations: The Team could not support a transition of the children out of Foster Custody and back home to parents at this time.

   Family Supervision might later be considered if there is a more sustainable safety network put into place in the household, which can appropriately safeguard the children.

Child(ren) Recommendations

1. Children should continue to maintain a medical home with Dr. Buehler where they appear to have no special needs and are up to date with their preventive health visits and further requirements for immunizations.
   Desired Outcome: Optimal health.

2. Establish a dental home for Khayden where he may receive routine surveillance and hygiene.
   Desired Outcome: Optimal dental health.

3. Continue Enhanced Healthy Start for the children.
   Desired Outcome: Optimal development and monitoring.

Caretaker(s) Recommendations

1. Obtain the report from the ABC hands-on parenting program to verify completion of services and areas of parent progress.
   Desired Outcome: Complete database. Confirm parental progress in specific areas.

2. Continue couples' therapy.
   Desired Outcome: Increase parents' ability to communicate openly with one another. Identify stresses impinging on the couple and help in building their coping skills.

3. Even more critical at this point than couples' work would be individual therapy for mother as a primary parent. See whether Dr. Herman would be able to start individual work with Mr. Rodrigues in addition to couples' sessions.
   Desired Outcome: Lower defense level so that self-awareness and insight can improve, thereby strengthening her ability to identify stresses and accessing support as needed. Fortify this primary parent's awareness of her own limitations and reinforce use of resources around her.

4. Check with all service providers and observers of parent-child interaction for data on mother's ability to manage both children simultaneously under demanding or potentially stressful conditions. Also check if she can demonstrate improved awareness of physical symptoms the children might display that would warrant medical attention.
   Desired Outcome: Obtain evidence of changes in maternal functioning with respect to being a more protective, attentive, and involved parent.

Social System Recommendations

1. Engage informal supports to assist parents in addressing concerns regarding the abuse that occurred.
   Desired Outcome: To assure that the people who they trust understand the concerns and assist the parents in making the changes that would benefit them.

2. Continue with services in place.
   Desired Outcome: To assure the safety of the children and to assure that their needs are met.

Submitted by:

Erin S. Tanaka, M.S.W.
Team Coordinator

Reviewed and Approved by:

Steven J. Choy, Ph.D.
KCPC Program Director

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CONTACT DATE/TIME 02/28/2013 19:33 ENTRY DATE/TIME 02/28/2013 19:33
TYPE OF CONTACT OTH WORKER 1702 NOTATION CLOSING SUMMARY

NARRATIVE ACCOUNT

CASE NAME: CHRISTINA RODRIGUES CPSS: 93499
FC-S: 11-00081

ON 1/4/10, THE DEPARTMENT OF HUMAN SERVICES (DHS) RECEIVED A REPORT OF PHYSICAL ABUSE, MEDICAL NEGLECT, THREAT OF ABUSE, AND THREATENED NEGLECT TO 3 MONTH OLD KHAYDEN QUISANO BY HIS PARENTS, 25 YEAR OLD CHRISTINA RODRIGUES AND 23 YEAR OLD JONATHAN QUISANO. IT WAS REPORTED THAT MS. RODRIGUES BROUGHT KHAYDEN TO HER CHILD'S PRIMARY CARE PHYSICIAN (PCP), DR. JASON NINOMYA. MS. RODRIGUES INFORMED THE PCP THAT KHAYDEN HAD A FEVER FOR THE PAST 4 DAYS AND HIS FEVER HAD REACHED 101 DEGREES. HOWEVER, BY THE TIME MS. RODRIGUES BROUGHT KHAYDEN IN TO SEE DR. NINOMYA, KHAYDEN'S FEVER ISSUES HAD LARGELY BEEN RESOLVED.

DR. NINOMYA REPORTED THAT A PREVIOUS SIBLING'S (JAYDEN SCOTT QUISANO) DEMISE SECONDARY TO PNEUMONIA AT TWO MONTHS OF AGE. AS A RESULT OF JAYDEN'S DEATH, DR. NINOMYA GAVE SPECIFIC INSTRUCTIONS TO BOTH PARENTS' THAT THEY ARE TO SEEK IMMEDIATELY MEDICAL ATTENTION IF KHAYDEN DISPLAYED SIMILAR CONDITIONS AS JAYDEN PRESENTED PRIOR TO HIS DEATH. MS. RODRIGUES AND MR. QUISANO REPORTED DELAY IN MEDICAL ATTENTION PLACED KHAYDEN AT RISK FOR FURTHER HARM.

AS A PRECAUTION, MR. NINOMYA ONCE AGAIN DECIDED TO OBTAIN A CHEST RADIOGRAPH, AND REFERRED KHAYDEN TO KAPIOLANI MEDICAL CENTER WOMEN AND CHILDREN (KMCWC) FOR AN OUTPATIENT RADIOLOGY APPOINTMENT. MS. RODRIGUES TOOK KHAYDEN TO (KMCWC) FOR A CHEST X-^RAY. AFTER THE RADIOLOGY WAS COMPLETED, KHAYDEN LEFT WITH HIS PARENTS. DR. NINOMIYA WAS NOTIFIED, OF THE RESULTS AND REQUESTED THAT THE FAMILY RETURN TO KMCWC TO THE ER FOR FURTHER EVALUATION AND TREATMENT. THE X-RAY REVEALED MULTIPLE FRACTURES, AND DR. NINOMYA DID NOTE SOME REDDISH THE X-RAY REVEALED MULTIPLE FRACTURES, AND DR. NINOMYA DID NOTE SOME REDDISH SPOTS IN OR NEAR THE EYES OF KHAYDEN.

IT WAS REPORTED THAT KMCWC NEED TO RULE OUT RETINAL DAMAGE TO KHAYDEN. DR. NINOMYA ALSO NOTICED A MARK OR BRUISE ON KHAYDEN'S LEG BUT DR. NINOMYA WAS NOT CLEAR IF THIS WAS AN INJURY OR A BIRTH MARK. KHAYDEN WAS ADMITTED TO KMCWC PEDIATRIC WARD ON 1/4/10.

UPON ADMISSION TO KMCWC, A PHYSICAL EXAMINATION WAS ALSO COMPLETED. WHEN KMCWC COMPLETED A SKELETAL SURVEY ON KHAYDEN, IT REVEALED HEALING POSTERIOR FRACTURES OF THE LEFT 4TH THROUGH 6TH RIBS. THERE WERE HEALING MIDAXILLARY FRACTURES OF THE RIGHT 4TH THROUGH 6TH RIBS. A METAPHYSEAL FRACTURE WAS NOTED ON THE MEDIAL ASPECT OF THE DISTAL RIGHT FEMUR. AN OPHTHALMOSCOPIC EVALUATION REVEALED NO RETINAL HEMORRHAGES, AND A SMALL SUBCONJUNCTIVAL HEMORRHAGE ON THE . AN MRI OF THE BRAIN WAS UNREMARKABLE FOR HEMORRHAGE OR OTHER TRAUMA.

THE SKIN HAD A CURVED HEALING ABRASION OF 1 CM ON THE RIGHT UPPER BACK. MONGOLIAN SPOT WERE NOTED IN THE LEFT LOWER BACK. NO FRACTURES WERE ABLE TO BE PALPATED.

THE ER DOCTOR AT KMCWC COULD NOT DETERMINE WHEN THE FRACTURES OCCURRED, BUT

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THEY ASSESSED THAT KHAYDEN'S INJURIES COULD HAVE OCCURRED BETWEEN 10/24/09 AND 12/2009. IT WAS REPORTED THAT KHAYDEN WAS ORDERED BY DR. NINOMYA TO COMPLETE A CHEST X-RAY ON 10/24/09, DUE TO COUGHING AND CONGESTION OF KHAYDEN AND THERE WERE NO INJURIES DISCOVERED ON THAT CHEST X-RAY.

THERE WERE NO OVERT SKELETAL ABNORMALITY OTHER THAN THESE SPECIFIC TRAUMATIC FRACTURES, AND THEY WERE REPORTED TO BE MOST LIKELY THE RESULT OF A NON-ACCIDENTAL INJURY. THE RIB FRACTURES ARE MOST LIKELY THE RESULT OF COMPRESSIVE OR SQUEEZING FORCES AND THE METAPHSEAL FRACTURE IS FROM SHEARING INJURY. KHAYDEN IS DIAGNOSED AS FAILURE TO THRIVE DUE TO HIS LOW BIRTH WEIGHT AND GROWTH STATUTE AND INADEQUATE REPORTED FORMULA BEING OFFERED TO HIM (2/5 OUNCES EVERY 2-5 HOURS).

ON 1/5/10, ASSESSMENT WORKER, CHAD KOJIMA, INTERVIEWED MS. RODRIGUES AND MR. QUISANO AT THEIR RESIDENCE THEY BOTH REPORTED THAT THEY DID NOT KNOW HOW THEIR SON RECEIVED THOSE INJURIES. MS. RODRIGUES REPORTED THAT SHE DID NOT DROP HIM NOR DID HE FALL DOWN, SO SHE DOES NOT UNDERSTAND HOW KHAYDEN RECEIVED THOSE INJURIES. MS. RODRIGUES REPORTED THAT ON 11/16/09, SHE HAD HER COUSIN, SHANTELLE MAKINNEY WATCH KHAYDEN FOR ONE WEEK WHILE SHE WENT BACK TO WORK. MS. ON 1/7/10, THE DHS COMPLETED A MULTIDISCIPLINARY TEAM CONFERENCE AND THE TEAM CONCLUDED THAT MS. RODRIGUES AND MR. QUISANO ARE UNABLE TO PROVIDE A SAFE FAMILY HOME FOR KHAYDEN AT THIS TIME AND HE SHOULD REMAIN IN FOSTER CARE. THE TEAM RECOMMENDED THAT MS. RODRIGUES AND MR. QUISANO COMPLETE A PSYCHOLOGICAL EVALUATION, INDIVIDUAL AND COUPLES COUNSELING, AND PARENTING EDUCATION. THE MDT IDENTIFIED THE FOLLOWING RISK FACTORS REGARDING MS. RODRIGUES AND MR. QUISANO: 1.) JAYDEN QUISANO, WHO PASSED AWAY APPROXIMATELY THE SAME AGE THAT KHAYDEN CURRENTLY IS (2 MONTHS) WITH THE SAME PRESENTING CONDITION (RUNNING NOSE AND HIGH FEVER) AND ARE CONSIDERED FIRST TIME PARENTS WHO REPORTEDLY WAS NOT GIVING KHAYDEN SUFFICIENT FOOD; 2.) KHAYDEN SUFFERED SEVERAL FRACTURES AND PARENTS DID NOT KNOW WHAT HAPPENED TO CAUSE THESE INJURIES. IT IS A CONCERN BECAUSE THEY ARE PRIMARY CAREGIVER OF KHAYDEN AND THE PERPETRATOR OF HARM IS UNKNOWN; 3.) MR. QUISANO AND MS. RODRIGUES WERE INVOLVED IN A CHILD WELFARE CASE AS CHILDREN AND THE EFFECTS OF THE MALTREATMENT AND WHETHER THEY .) MR. QUISANO AND MS. RODRIGUES WERE INVOLVED IN A CHILD WELFARE CASE AS CHILDREN AND THE EFFECTS OF THE MALTREATMENT AND WHETHER THEY ADDRESSED THIS IS UNKNOWN AT THIS TIME.

ON 7/12/10, THIS CASE WAS TRANSFERRED TO DIAMOND HEAD CHILD WELFARE SERVICES UNIT 3 (DHCWS3) AND ADMITTED INTO ZERO TO THREE COURT. UPON TRANSFERRING THE CASE, THIS DHS SOCIAL WORKER WAS ASKED TO RE^INVESTIGATE THE ALLEGATIONS BASED UPON THE DOCUMENTS AND INFORMATION GATHERED FROM THE PREVIOUS INVESTIGATOR, MEDICAL RECORDS, HPD INFORMATION, DOCTOR REPORTS, AND OTHER INFORMATION PROVIDED TO THIS DHS SOCIAL WORKER. BASED UPON INTERVIEWS OF MS. RODRIGUES, 3/18/10 KCPC PSYCHOLOGICAL EVALUATION OF JONATHAN QUISANO, 3/17/10 KCPC PSYCHOLOGICAL EVALUATION OF CHRISTINA RODRIGUES, KMCWC MEDICAL REPORTS OF 1/4/10, MDT REPORT OF 1/7/10; DR. NINOMYA MEDICAL REPORTS; AND OTHER COLLATERAL CONTACTS- THE DHS MADE THE FOLLOWING INVESTIGATION FINDINGS: ALLEGATIONS OF MEDICAL NEGLECT, THREAT OF NEGLECT, AND THREAT OF [illegible]

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NARRATIVE ACCOUNT

ABUSE OF KHAYDEN QUISANO BY HIS MOTHER, CHRISTINA RODRIGUES, ARE CONFIRMED.

ALLEGATIONS OF MEDICAL NEGLECT, THREAT OF NEGLECT OF KHAYDEN QUISANO BY HIS FATHER, JONATHAN QUISANO, ARE CONFIRMED.

THEREFORE, BASED UPON ALL THE INFORMATION GATHERED THROUGHOUT THE CASE, THE DHS HAS IDENTIFIED BOTH PARENTS AS THE PERPETRATORS OF HARM. THIS CASE IS NO LONGER CONSIDERED AN UNIDENTIFIED PERPETRATOR CASE.

DURING THE PERIOD OF 7/12/10-9/6/10, MS. RODRIGUES AND MR. QUISANO CONTINUED TO PARTICIPATE IN ENHANCED HEALTHY START SERVICES, COUPLES COUNSELING WITH DR. HERMAN (SWITCHED FROM DR. KANG OF WAIANAE COAST COMPREHENSIVE HEALTH CENTER), COMPREHENSIVE COUNSELING AND SUPPORT SERVICES (CCSS) WITH CHILD & FAMILY DHS IN CONSULTATION WITH THE GAL, KIM HASEGAWA, AGREED THAT THEIR THERAPIST' RECOMMENDATION AND CONTINUAL INCREASE IN FREQUENCY OF THE VISITATIONS, AND COMPLIANCE WITH ENHANCED HEALTH START SERVICES WOULD ASSIST THE DHS IN DETERMINING IF REUNIFICATION IS APPROPRIATE. THESE REPORTS WOULD ALSO ASSESS IF BOTH PARENTS' ARE ABLE TO PROTECTIVE AND PROVIDE A SAFE FAMILY HOME FOR THEIR CHILD.

ON 9/6/2010, THE DEPARTMENT OF HUMAN SERVICES (DHS) RECEIVED A REPORT OF THREAT OF ABUSE AND THREATENED NEGLECT OF NEW BORN MALE CHILD, KHAYSEN QUISANO, BY HIS PARENTS, 26 YEAR OLD CHRISTINA RODRIGUES AND FATHER JONATHAN QUISANO 23 YEAR OLD JONATHAN QUISANO. BOTH PARENTS WERE PARTICIPATING IN SERVICES; HOWEVER THERE CONTINUES TO BE SERIOUS SAFETY FACTORS REGARDING BOTH PARENTS' ABILITY TO CARE FOR AN INFANT CHILD DUE TO THE FACT THEIR OLDEST CHILD, JAYDEN, DIED OF PNEUMONIA AND KHAYDEN PRESENTED THE SAME CONDITION, BUT BOTH PARENTS WERE PARTICIPATING IN SERVICES; HOWEVER THERE CONTINUES TO BE SERIOUS SAFETY FACTORS REGARDING BOTH PARENTS' ABILITY TO CARE FOR AN INFANT CHILD DUE TO THE FACT THEIR OLDEST CHILD, JAYDEN, DIED OF PNEUMONIA AND KHAYDEN PRESENTED THE SAME CONDITION, BUT BOTH PARENTS WERE NOT DILIGENT PROVIDING THE MEDICAL ATTENTION THAT HE NEEDED; MS. RODRIGUES AND MR. QUISANO CONTINUED TO LACK IN SIGHT REGARDING THEIR ROLE AND RESPONSIBILITY AS A PARENT; AND DR. HERMAN'S REPORT THAT HE SEES MINIMAL PROGRESS IN THERAPY WITH MS. RODRIGUES.

ON 1/5/2011, THIS DHS SOCIAL WORKER, IWALANI K. LUM, REQUESTED AN MDT MEETING AFTER CONSULTATION WITH DHS TA SUPERVISOR, DINA KOYANAGI, AND SECTION ADMINISTRATOR, DANA KANO. THE PURPOSE OF THE MDT MEETING WAS TO ASSIST THE DHS IN EVALUATING IF FAMILY SUPERVISION IS APPROPRIATE FOR THE QUISANO CHILDREN. AN OHANA CONFERENCE WAS ALSO RECOMMENDED TO DEVISE A CONSISTENT AND DETAILED
ON 1/5/2011, THIS DHS SOCIAL WORKER, IWALANI K. LUM, REQUESTED AN MDT MEETING AFTER CONSULTATION WITH DHS TA SUPERVISOR, DINA KOYANAGI, AND SECTION ADMINISTRATOR, DANA KANO. THE PURPOSE OF THE MDT MEETING WAS TO ASSIST THE DHS IN EVALUATING IF FAMILY SUPERVISION IS APPROPRIATE FOR THE QUISANO CHILDREN. AN OHANA CONFERENCE WAS ALSO RECOMMENDED TO DEVISE A CONSISTENT AND DETAILED
VISITATION PLAN SCHEDULE.

AN OC WAS HELD ON 1/10/2011 TO DISCUSS THE SERVICES AND IMPORTANCE OF ACTIVE

06/10/13
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STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
LOG OF CONTACTS REPORT - CASE PROCESS

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PARTICIPATION IN ALL SERVICES RECOMMENDED. THERE WERE SEVERAL CONCERNS DISCUSSED IN THE OC AS WELL AS A LIST OF DOCUMENTS THAT WERE REQUESTED BY MS. RODRIGUES IN ORDER TO COMPLETE AN EVALUATION OF THE THEIR HOME. MS. RODRIGUES SUBMITTED AND REQUESTED ALL OF THE DOCUMENTS LISTED IN THE DC REPORT. THE INFORMATION AND DOCUMENTS PROVIDED WERE USED TO IDENTIFY THE PERPETRATOR OR PERPETRATORS OF HARM IN THIS CASE.

DURING THE PERIOD OF 7/12/10-1/21/11, DR. HERMAN, WHO HAD BEEN WORKING WITH MS. RODRIGUES AND MR. QUISANO FOR OVER 6 MONTHS, REPORTED THAT PARENTS HAVE NOT PROGRESSED IN THERAPY. DR. HERMAN ALSO REPORTED THAT PARENT'S LACK INSIGHT AS TO THE REASON CWS IS INVOLVED WITH THE FAMILY. THE DHS ALSO IDENTIFIED ONGOING CONCERNS REGARDING, MR. QUISANO AND MS. RODRIGUES' RELATIONSHIP, MEDICAL CONCERNS AND THE DELAY IN FOLLOWING THE PCP'S RECOMMENDATIONS, AND THE MEDICAL RECORDS DOCUMENTING THE INJURIES. THUS, ALTHOUGH BOTH PARENTS MADE SIGNIFICANT EFFORTS IN ADDRESSING MEDICAL CONCERNS, BONDING AND ATTACHMENT ISSUES, AND HAVE APPEARED TO BE PROTECTIVE; THE DHS COULD NOT ENSURE THAT THEIR HOME WOULD BE SAFE FOR BOTH CHILDREN DUE TO THEIR LACK OF INSIGHT REGARDING KHAYDEN'S INJURIES. DR. HERMAN'S REPORT IS SIGNIFICANT BECAUSE HE HAS BEEN WORKING WITH BOTH PARENTS FOR OVER SIX MONTHS AND HAS NOT PROGRESSED IN THERAPY. CONTINUAL SUPERFICIAL DISCUSSIONS WILL NEGATIVELY IMPACT THIS CASE AS WELL AS FURTHER EVALUATIONS FROM OTHER SERVICE PROVIDERS.

THE FOLLOWING SERVICES WERE OFFERED/RECOMMENDED FOR MS. RODRIGUES AND MR. QUISANO:

T PSYCHOLOGICAL EVALUATION: MS. QUISANO COMPLETED ON 3/17/10 AND RECOMMENDATIONS FROM THE PSYCHOLOGICAL EVALUATION COMPLETED ON 5/17/12; MR. QUISANO COMPLETED ON 3/18/10 AND RECOMMENDATIONS WERE COMPLETED ON 12/15/11. THEY WERE BOTH COMPLIANT AND ENGAGING IN THE RECOMMENDED SERVICES.

T INDIVIDUAL THERAPY FOR MS. RODRIGUES-MDT TEAM RECOMMENDED THAT MOTHER CONTINUE WITH THERAPY UNTIL CLINICALLY DISCHARGED. SHE WAS DISCHARGED ON 5/17/12. MS. RODRIGUES BEGAN WITH DR. KANG THEN DR. HERMAN, AND SINCE 3/29/11 WAS BEING MONITORED BY TRENDA BERKEY, LCSW. IN TRENDA BERKEY'S 1/30/12 CLINICAL SUMMARY, SHE STATES THAT THEY HAVE ADDRESSED PARENTING, BERREAVEMENT ISSUES, ANGER MANAGEMENT, AND INDIVIDUAL GOALS FOR MS. RODRIGUES. THE DHS THE DHS PROVIDED A CWS SAFETY PLAN DATED 1/9/12 TO MS. RODRIGUES AND TRENDA BERKEY, LCSW. TOGETHER, THEY ADDRESSED EACH OF THE DEPARTMENT'S CONCERNS AND PROVIDED A STATEMENT. MS. RODRIGUES HAS PROGRESSED SIGNIFICANTLY IN THERAPY AND IS NOW ABLE TO DESCRIBE HER ROLE AS A PARENT AND PROVIDE THIS THERAPIST WITH MORE INSIGHT IN HER THINKING AND UNDERSTANDING OF CWS INVOLVEMENT. MS. RODRIGUES IS ABLE TO DESCRIBE AND IDENTIFY SPECIFIC ATTACHMENT AND BONDING ACTIVITIES, IDENTIFY HER STRESSORS, DEVELOPED A SAFETY PLAN REGARDING HOW SHE WILL HANDLE NEW PROBLEMS AND DEVELOPED COPING MECHANISMS IN ORDER TO EASE HER STRESS.

?T COUPLE'S COUNSELING: DR. HERMAN WAS PROVIDING BOTH PARENTS WITH THERAPY TO HELP ADDRESS THE CONCERNS REGARDING PARENTING, INJURIES SUFFERED BY KHAYDEN, AND COMMUNICATION ISSUES WITHIN THEIR RELATIONSHIP. DR. HERMAN REPORTED TO DHS IN JULY 2010 THAT HE DID NOT FIND THAT MR. QUISANO NEEDED TO PARTICIPATE WITH HE HAD THE NECESSARY SKILLS AND DID NOT IDENTIFY ANY PROBLEM AREA

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NARRATIVE ACCOUNT

T ENHANCED HEALTHY START SERVICES/ EASTER SEALS KAPOLEI- LINDA TINGKANG, EHS SENIOR FAMILY SUPPORT WORKER, HAS MET WITH THE FAMILY SINCE 6/10/10. SOME CONCERNS REGARDING MS. RODRIGUES' ATTITUDE AND ANGER ISSUES WERE REPORTED, HOWEVER, SHE HAS PROGRESSED AND NO CONCERNS WERE IDENTIFIED. THE HOME WAS ASSESSED TO BE SAFE.

T COMPREHENSIVE COUNSELING AND SUPPORT SERVICES/ HOME-BASED PARENTING- BOTH PARENTS WERE REFERRED TO CCSS FOR PARENTING AND COUPLE'S COUNSELING SERVICES. CIONE GUMBOC PROVIDED SERVICES FOR 1 YEAR. ON 12/15/11, HER FINAL REPORT STATED THAT PARENTS ARE APPROPRIATE; DHS AGREED THAT THE CASE SHOULD BE CLOSED SINCE THEY MET ALL OF THEIR OBJECTIVES.

ON 12/11/11, THIS DHS SOCIAL WORKER DEVELOPED A SAFETY PLAN FOR MS. RODRIGUES TO DISCUSS IN THERAPY WITH TRENDA BERKEY. TRENDA BERKEY PROVIDED THE DHS WITH A DETAILED LETTER STATING HOW SHE ADDRESSED EACH ISSUE IN THERAPY. ON 5/17/12, TRENDA BERKEY PROVIDED ANOTHER LETTER TO THE OHS STATING THE REASONS WHY MS. RODRIGUES WAS DISCHARGED FROM HER THERAPY. TRENDA BERKEY STATED THAT MS. RODRIGUES WAS DISCHARGED DUE TO AN ATTENDANCE ISSUES, HOWEVER, SHE DID NOT FEEL AS IF THERAPY WOULD BE BENEFICIAL FOR MS. RODRIGUES. THE CONCERNS THAT WERE DETAILED IN THE DHS SAFETY PLAN ADDRESSED ALL THE CONCERNS IN THERAPY SHE HAD. BASED UPON HER RECOMMENDATIONS THE DHS WILL BE RECOMMENDING THE COURT TO REVOKE AND TERMINATE JURISDICTION. PARENTS ARE ABLE TO PROVIDE A SAFE FAMILY HOME FOR THE CHILDREN.

FAMILY COURT REVOKED FAMILY SUPERVISION AND JURISDICTION WAS TERMINATED ON 7/25/12.

CASE CLOSED.

IWALANI K. LUM, MSW DHCWS3
2/28/13

EXHIBIT "2"

Hawaii Pacific Health
Kapi'olani • Pali Momi • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
History and Physical

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

History & Physicals 01/04/10 2052

H&P signed by Purohit, Prashant J, RES

Author:	Purohit, Prashant J, RES	Service	Pediatrics	Author Type	Resident
Filed:	01/04/10 2052	Note Time:	01/04/10 1740		
Related Notes:	Cosigned by: Lin, James C, MD filed at 01/04/10 2141				

PHYSICIAN HISTORY AND PHYSICAL - PEDIATRICS

ADMISSION DATE: 1/4/2010
PRIMARY CARE PHYSICIAN: Jason T Ninomiya, MD
PCP CONTACT NUMBER: 808-693-7300

SOURCE OF INFORMATION: Mother
CHIEF COMPLAINT: Multiple rib fractures
HISTORY OF PRESENT ILLNESS: Khayden K Quisano is a 3 mo old male, was in good of his health until 5 days prior to admission. Since Thursday (5 days PTA) Khyden started having fever, cough and runny nose. Mom used to record the temperature under the arm and maximum temperature in last 5 days has been 101 F. Mom used to gave Tylanol for fever and she reported that at the max she would have given 2 times in one day. He has been afebrile since yesterday. Mom descrined cough mainly dry. Runny nose - was watery, and sometimes just congested nose and no runny nose. There was no history of diarrhea, vomiting, ear discharge, pulling at ears, rash, increased work of breathing, cyanosis or apnea. There is no history of sick contatcs. Mom did not give any other medication and consulted PMD today only. PMD wanted to do a chest X- Ray to rule out pneumonia, because mom said - there is a history of other elder sibling dying at the age of 2 monthd from pneumonia; and the CXR suggested multiple rib fractures and so was sent here to KMCWC for further management.

Mom says, there is no history of trauma. She gives a history of fussiness - while putting him on his back in bed and while picking him up from bed. This has been history since birth. Mom says, the PMD knows about it and he has been crying while doing the same at his office visits. Mom says, they used to make him sleep in mom's arm and after getting slept, they put him in the bed - on his own basinet and he sleeps on his back.

PAST MEDICAL HISTORY:
BIRTH HISTORY: Delivered at Castle hospital, 2 weeks prior to EDD, NSVD, birth weight - 6'5", no complications, no jaundice, discharged home the next day. No history of birth trauma
MEDICAL CONDITIONS: None
HOSPITALIZATIONS AND SURGERIES: No hospitalisation, procedures - circumcison, but no surgeries, no injuries, no broken bones.
IMMUNIZATIONS: UTD per mom, got his 2 months shot, Not rotavac (she could not afford it)
DEVELOPMENT: Appropriate for age - head holding in upright position, while lying on his stomach he tries to roll over, recognizes parents, social smile present
DIET: Similac 20 cal formula, 2.5 - 3 oz, every 3-5 hours. No breast feeding

History & Physicals (continued)

ETHNICITY: Hawaiian, Puerto Rican, Spanish, Indian, Caucasian, Filipino, Chinese

FAMILY HISTORY:

- No family history of recurrent broken bones or bone disease
- Elder sib died at 2 months of age, SIDS. Per mom, the child took his feeding at around 4 Am in the morning, she burped him and put him back in his basinet on his back. At around 6 or 7 Am in the morning, they noticed that he was not breathing. They did CPR, it did not help him and brought to the ER and was found dead. There was no history of fever, cough, trouble breathing or any other medical illness in the child prior to this incident.
- HTN in maternal grandfather and maternal grandmother. Asthma maternal grandafather. DM in maternal grandfather and maternal great grandmother.

SOCIAL HISTORY:

- Parents are not married, both parents are employed. Mom is medical assistant.
- Both parents are primary care taker of the child, but since past month a baby sitter is also involved in the care. They put him at baby sitter's place at 6:15 AM and pick him around 5 PM.
- For past 1 week, maternal grand mother was there with them and so she was also involved in the care.
- Other members in the house: Mother's uncles - 2, mother's brother -1, mother's cousin -1, father of the child.
- Uncles - smoke outside the house, father of the child drinks - socially, no history of drug abuse, violance, any CPS history in the past

REVIEW OF SYSTEMS:

CONSTITUTIONAL: Positive for Fever, Negative for weight loss, fatigue, decreased activity and depressed appetite
EYES: Negative for discharge, swelling and icterus
ENT: Negative for otalgia and ear discharge, Positive for rhinorrhea
CV: Negative for cyanosis
RESP: Negative for tachypnea, retractions, flaring, apnea, wheezing and stridor, Positive for cough and runny nose
GI: Negative for nausea, vomiting, diarrhea and constipation
GU: Negative for dysuria and frequent voiding
GYN: Not applicable
MSK: Negative for joint swelling
SKIN: Negative for rash, ecchymoses, birthmarks, hemangiomas
NEURO: Negative for seizures, altered mental status, abnormal movements, spastic and developmental delay
PSYCH: Not applicable
ENDOCRINE: Negative for weight change and polyuria
HEME: Negative for anemia, easy bruising, easy bleeding, pallor, lymphadenopathy
IMMUNOLOGY/ALLERGY: Negative for immunocompromised, urticaria, itchy eyes

MEDICATIONS:
No Taking medications on file for 1/4/10 encounter (Hospital Encounter).

ALLERGIES: No Known Allergies.

PHYSICAL EXAMINATION:

Is the patient in pain? Yes

Pain scale (0 = No Pain): When upright holded by mom, no pain, while lying down - starts crying. FLACC scoring:

Hawaii Pacific Health
Kapi'olani • Pali Moni • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
History and Physical

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

History & Physicals (continued)

Face : 1, Leg: 1, Activity: 1, Cry: 1, Consolability: 1, Total : 5

Describe:
Quality/Character: Not possible
Location: Not possible
Onset:
Date, Time, Duration: Since birth, per mom
What makes the pain worse? sleeping
What makes the pain better? Holding upright

Comments regarding variation in pain management history, pain management plan, effects of pain on ADL's and physiologic responses to pain:

VITAL SIGNS:
Blood pressure 100/75, pulse 140, temperature 36.7 °C (98 °F), temperature source Tympanic, resp. rate 40, height 0.59 m (1' 11.23"), weight 4.649 kg (10 lb 4 oz), head circumference 38.5 cm (15.16"), SpO2 100%. O2 mode: Room air
WEIGHT: Wt - Scale: 4.649 kg (10 lb 4 oz) **WT %:** < 5% (Birth Weight 6'5", so gained 3'15" in 3 months)
HEIGHT: Height: 59 cm (1' 11.23") **HT %:** 9%
BODY MASS INDEX: Body mass index is 13.36 kg/(m^2). **BMI %:** Normalized BMI data available only for age 2 to 20 years.
HEAD CIRCUMFERENCE: Head Cir: 38.5 cm (15.16") **HC %:** < 5%

CONSTITUTIONAL: Comfertable in mom's arm, active, alert, fixes and tracks, intermittent - jerky respiration, very fussy when put on his back on the bed.
HEAD: Micorcephalic, atraumatic, no palpable fractures, AF - soft and full and no bulging/not tense
EYES: red reflexes x 2, fixes and tracks, conjugate gaze and no discharge
ENT: tympanic membranes clear with good light reflex, no nasal discharge, mucous membranes moist and oropharynx non-injected
CV: regular rate, rhythm and normal S1, S2, no murmur, symmetric pulses in all 4 extremities, no S3 or S4 and capillary refill < 3 seconds
RESP: clear to auscultation, good aeration, no nasal flaring, no retractions and no grunting
GI: soft, non-tender, normal bowel sounds, no distension and no hepatosplenomegaly
GU: normal male for age, testes descended and circumcised penis
EXTREMITIES: full ROM, no edema and no tenderness over bones
SKIN: warm and dry, no petechiae or pupura and no rashes
MUSCULOSKELETAL: all limbs normally developed and functional, good muscle tone in neck, trunk, and limbs, no joint tenderness and no muscle tenderness
NEURO: good strength and tone in all extremities, normal knee-jerk reflexes, symmetric, no abnormal posturing or movement and no focal deficit on exam
DEVICES: None
OTHER: No palpable fracture anywhere in the body, no bony tenderness on any part of body

LAB RESULTS:
None
DIAGNOSTICS:

History & Physicals (continued)

Reviewed Chest X-ray, 1/4/2010, and significant for: 1. No definite focal pulmonary infiltrates are visualized.
2. Interval finding of healing left fourth, fifth, sixth and seventh rib
fractures and possibly a right 6th rib fracture.
Chest X-ray on 10/24/2009 - was normal, no fracture

ASSESSMENT: Khayden K Quisano is a 3 mo old male who has Ribs, multiple fractures on his problem list. Given the fact that there is no history of trauma - the first possiblity of non accidental trauma - due to child abuse would be the first possible etiology. The chest xray was normal on 10/24/2009 and this X-ray is showing healing fracture, so it gives timing of the fracure around 6 weeks before this X-ray and after CXR on 10/24/2009. Given the fratcures on the posterior part of the rib - suggests a possiblity of shaken baby syndrome.

The other cause of non accidental trauma would be Osteogenesis imperfecta - given no similar history in the past or family and normal physical exam makes this possibility less likely. The other cause to be ruled out would be rickets, endocrinal - hypo, hyperparathyroid, renal disease affecting calcium and/or phosphorus metabolism.

PLAN:

1. FEN, GI : NPO for MRI since midnight and IV fluids 1 X M, otherwise PO similac 20 cal ad lib later on, Monitor Daily weights and I/O's.
2. CV: Continue vital checks q4hrs
3. RESP: Continue vital checks q4hrs
4. ID: No antibiotics for now
5. HEME: CBC as routine screen
6. RENAL: Urine analysis
7. NEURO: Head MRI to rule out intraventricular or intracerebral hammorhage, shear injury to brain - due to shaken baby syndrome, tylanol for fussiness and pain
8. SOCIAL: Consult social service
9. OTHER: Consult CPS, consult Ophtho - for retinal hammorhage, Whole body skeletal survey
10. DISP: Stable vitals, CPS opinion - either ok to go home with parents or foster home established

Prashant Purohit, RES
1/4/2010

01/04/10 2141

H&P signed by Lin, James C, MD

Author:	Lin, James C, MD	Service:	Pediatrics	Author Type:	Physician
Filed:	01/04/10 2141	Note Time:	01/04/10 1740		
Related Notes:	Related Note by: Purohit, Prashant J, RES filed at 01/04/10 2052 Original Note by: Lin, James C, MD filed at 01/04/10 2130				

PHYSICIAN HISTORY AND PHYSICAL - PEDIATRICS

ADMISSION DATE: 1/4/2010
PRIMARY CARE PHYSICIAN: Jason T Ninomiya, MD

Hawaii Pacific Health
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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
History and Physical

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

History & Physicals (continued)

PCP CONTACT NUMBER: 808-693-7300

SOURCE OF INFORMATION: Mother and father
CHIEF COMPLAINT: Multiple rib fractures
HISTORY OF PRESENT ILLNESS: Khayden K Quisano is a 3 mo old male, was in good of his health until 5 days prior to admission. Since Thursday (5 days PTA) Khayden started having fever, cough and runny nose. Mom used to record the temperature under the arm and maximum temperature in last 5 days has been 101 F. Mom used to gave Tylenol for fever and she reported that at the max she would have given 2 times in one day. He has been afebrile since yesterday. Mom described cough mainly dry **with the last cough occurring this AM.** Runny nose - was watery, and sometimes just congested nose and no runny nose. There was no history of diarrhea, vomiting, ear discharge, pulling at ears, rash, increased work of breathing, cyanosis or apnea. There is no history of sick contacts. Mom did not give any other medication and consulted PMD today **only for ongoing cough.** PMD wanted to do a chest X- Ray to rule out pneumonia, because mom said - there is a history of other elder sibling dying at the age of 2 months from pneumonia; and the CXR suggested multiple **left posterior** rib fractures **and possible right lateral 6th rib fracture** and so was sent here to KMCWC for further management.

Mom says, there is no history of trauma. **She denies any falls or any objects falling on patient, and has no idea how he could have developed rib fractures.** She gives a history of fussiness - while putting him on his back in bed and while picking him up from bed. **Frequency or severity of fussiness has not changed in recent weeks.** This has been history since birth. Mom says, the PMD knows about it and he has been crying while doing the same at his office visits. Mom says, they used to make him sleep in mom's arm and after falling asleep, they put him in the bed - on his own basinet and he sleeps on his back. **Mother seemed appropriately tearful and concerned over patient's condition.**

I briefly met the father and spoke with him. He denied any knowledge of how patient could have developed the rib fractures. He denies any trauma or falls for the patient. He seemed cooperative with interview and had no questions regarding ongoing evaluation

PAST MEDICAL HISTORY:
BIRTH HISTORY: Delivered at Castle hospital, 2 weeks prior to EDD, NSVD, birth weight - 6 lb 5 oz (2.87 kg), no complications, no jaundice, discharged home the next day. No history of birth trauma **Mother reports HTN at delivery but no other pregnancy complications.**
MEDICAL CONDITIONS: None. **Saw Dr. Sorbella Guillermo for 1 visit post discharge but then switched to Dr. Ninomiya for further care and has seen him approximately for 3 visits for well child care. Had a CXR on 10/24/09 which was negative for fracture or pathology.**
HOSPITALIZATIONS AND SURGERIES: No hospitalization, procedures - circumcision, but no surgeries, no injuries, no broken bones.
IMMUNIZATIONS: UTD per mom, got his 2 months shot, Not rotavac (she could not afford it)
DEVELOPMENT: Appropriate for age - head holding in upright position, while lying on his stomach he tries to roll over, recognizes parents, social smile present
DIET: Similac 20 cal formula, 2.5 - 3 oz, every 3-5 hours. No breastfeeding
ETHNICITY: Hawaiian, Puerto Rican, Spanish, Indian, Caucasian, Filipino, Chinese
FAMILY HISTORY:
- No family history of recurrent broken bones or bone disease **or genetic/metabolic disorders.**
- Elder sib died at 2 months of age, SIDS. Per mom, the child took his feeding at around 4 Am in the morning, she burped him and put him back in his basinet on his back. At around 6 or 7 Am

History & Physicals (continued)

in the morning, they noticed that he was not breathing. They did CPR, it did not help him and brought to the ER and was found dead. There was no history of fever, cough, trouble breathing or any other medical illness in the child prior to this incident. **But PCP reports death due to pneumonia. Per PCP HPD investigation of sibling's death cleared parents of suspicion.**
- HTN in maternal grandfather and maternal grandmother. Asthma maternal grandfather. DM in maternal grandfather and maternal great grandmother. **One paternal aunt with breast cancer.**

SOCIAL HISTORY:
- Parents are not married, both parents are employed. Mom is medical assistant and working **dayshifts. Father is in construction and currently working during dayshifts.**
- Both parents are primary care taker of the child **with mother more than father in direct care.**, but since past month a baby sitter is also involved in the care. They put him at baby sitter's place at 6:15 AM and pick him around 5 PM. **Per mother, babysitter's name is Roberta Fernandez. She located babysitter through craigslist. She said babysitter is applying for licensure, had a negative background check, and has checked babysitter's references prior to placing him in her care.**
- For past 1 week, maternal grand mother was there with them and so she was also involved in the care.
- Other members in the house: Mother's uncles - 2, mother's brother -1, mother's cousin -1, father of the child.
- Uncles - smoke outside the house, father of the child drinks - socially, no history of drug abuse, violence, any CPS history in the past

REVIEW OF SYSTEMS:
CONSTITUTIONAL: Positive for Fever **and fussiness**, Negative for weight loss, fatigue, decreased activity and depressed appetite
EYES: Negative for discharge, swelling and icterus
ENT: Negative for otalgia and ear discharge, Positive for rhinorrhea
CV: Negative for cyanosis
RESP: Negative for tachypnea, retractions, flaring, apnea, wheezing and stridor, Positive for cough and runny nose
GI: Negative for nausea, vomiting, diarrhea and constipation
GU: Negative for dysuria and frequent voiding
GYN: Not applicable
MSK: Negative for joint swelling **Positive for rib fractures.**
SKIN: Negative for rash, ecchymoses, ~~birthmarks~~, hemanglomas
NEURO: Negative for seizures, altered mental status, abnormal movements, spastic and developmental delay
PSYCH: Not applicable
ENDOCRINE: Negative for weight change and polyuria
HEME: Negative for anemia, easy bruising, easy bleeding, pallor, lymphadenopathy
IMMUNOLOGY/ALLERGY: Negative for immunocompromised, urticaria, itchy eyes

MEDICATIONS:
Medications marked Taking as of 1/4/10 encounter (Hospital Encounter):

TYLENOL INFANTS PO	Take by mouth.	Disp:	Rfl:

ALLERGIES: No Known Allergies.

PHYSICAL EXAMINATION:
Is the patient in pain? Yes

History & Physicals (continued)

Pain scale (0 = No Pain): When upright held by mom, no pain, while lying down - starts crying. FLACC scoring:
Face : 1, Leg: 1, Activity: 1, Cry: 1, Consolability: 1, Total : 5

Describe:
Quality/Character: Not possible
Location: Not possible
Onset:
Date, Time, Duration: Since birth, per mom
What makes the pain worse? sleeping
What makes the pain better? Holding upright

Comments regarding variation in pain management history, pain management plan, effects of pain on ADL's and physiologic responses to pain:

VITAL SIGNS:
Blood pressure 100/75, pulse 140, temperature 36.6 °C (97.9 °F), temperature source Tympanic, resp. rate 48, height 0.59 m (1' 11.23"), weight 4.649 kg (10 lb 4 oz), head circumference 38.5 cm (15.16"), SpO2 90%. O2 mode: Room air
WEIGHT: Wt - Scale: 4.649 kg (10 lb 4 oz) **WT %:** < 5% (Birth Weight 6'5", so gained 3'15" in 3 months)
HEIGHT: Height: 59 cm (1' 11.23") **HT %:** 9%
BODY MASS INDEX: Body mass index is 13.36 kg/(m^2). **BMI %:** Normalized BMI data available only for age 2 to 20 years.
HEAD CIRCUMFERENCE: Head Cir: 38.5 cm (15.16") **HC %:** < 5%
CONSTITUTIONAL: Comfortable in mom's arm, active, alert, fixes and tracks, intermittent - jerky respiration, very fussy when put on his back on the bed. **No abnormal respirations seen on my exam. Fussy when not held by mother.**
HEAD: Microcephalic, atraumatic, no palpable fractures, AF - soft and ~~full~~ flat and no bulging/not tense
EYES: red reflexes x 2, fixes and tracks, conjugate gaze and no discharge
ENT: tympanic membranes clear with good light reflex, no nasal discharge, mucous membranes moist and oropharynx non-injected
CV: regular rate, rhythm and normal S1, S2, no murmur, symmetric pulses in all 4 extremities, no S3 or S4 and capillary refill < 3 seconds
RESP: clear to auscultation, good aeration, no nasal flaring, no retractions and no grunting
GI: soft, non-tender, normal bowel sounds, no distension and no hepatosplenomegaly
GU: normal male for age, testes descended and circumcised penis
EXTREMITIES: full ROM, no edema and no noticeable tenderness over bones
SKIN: warm and dry, no petechiae or purpura and no rashes **Mongolian spots noted on left back (lower thoracic area), right buttock. Shallow curved healing abrasion of 1 cm on right upper back.**
MUSCULOSKELETAL: all limbs normally developed and functional, good muscle tone in neck, trunk, and limbs, no joint tenderness and no muscle tenderness
NEURO: good strength and tone in all extremities, normal knee-jerk reflexes, symmetric, no abnormal posturing or movement and no focal deficit on exam
DEVICES: None
OTHER: No palpable fracture anywhere in the body, no bony tenderness on any part of body

LAB RESULTS:

Hawaii Pacific Health
Kapi'olani • Pali Moni • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
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History and Physical

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

History & Physicals (continued)

None

DIAGNOSTICS:
Reviewed Chest X-ray, 1/4/2010, and significant for: 1. No definite focal pulmonary infiltrates are visualized.
2. Interval finding of healing left fourth, fifth, sixth and seventh rib
Fractures on posterior ribs and possibly a right lateral 6th rib fracture.
Chest X-ray on 10/24/2009 - was normal, no fracture

ASSESSMENT: Khayden K Quisano is a 3 mo old male who has Ribs, multiple fractures on his problem list. Given the fact that there is no history of trauma - the first possibility of non accidental trauma - due to child abuse would be the first possible etiology. The chest xray was normal on 10/24/2009 and this X-ray is showing healing fracture, so it gives timing of the fracture around 6 weeks before this X-ray and after CXR on 10/24/2009. Given the fractures on the posterior part of the rib - suggests a possibility of squeezing of throacic cavity or shaken baby syndrome.

The other cause of non accidental trauma would be Osteogenesis imperfecta - given no similar history in the past or family and normal physical exam makes this possibility less likely. The other cause to be ruled out would be rickets, endocrinologic - hypo, hyperparathyroid, renal disease affecting calcium and/or phosphorus metabolism.

PLAN:

1. FEN, GI : NPO at midnight and IV fluids 1 X M for MRI otherwise PO similac 20 cal ad lib later on, Monitor Daily weights and I/O's.
2. CV: Continue vital checks q4hrs
3. RESP: Continue vital checks q4hrs
4. ID: No antibiotics for now
5. HEME: CBC as routine screen
6. RENAL: Urinalysis
7. NEURO: Per Dr. Hyden, Head MRI in AM to evaluate for intraventricular or intracerebral hemorrhage, shear injury to brain due to shaken baby syndrome. Tylenol for fussiness and pain
8. SOCIAL: Consult social service
9. OTHER: Consult CPS(Called by PCP- HPD and CPS have seen and interviewed parents), Kapiolani Child Protection Team and Dr. Hyden , consult Ophtho - for retinal hemorrhage, Whole body skeletal survey in AM
10. DISP: Stable vitals, CPS opinion - either ok to go home with parents or foster home established
11. Ortho - Check CMP, phosphorus, review CXR, skeletal survey with radiology in AM. Will hold on rickets, endocrine, osteogenesis imperfecta workup pending initial evaluation of labs, skeletal survey, retinal exam, and consultant recommendation.

Prashant Purohit, RES
1/4/2010

PEDIATRIC ATTENDING PATH STATEMENT

I saw and evaluated the patient on 1/4/2010. Discussed with resident and agree with resident's findings and plan as documented in the resident's note except where noted in red. In addition, my findings are:

History: As noted in resident note.
ROS as noted in resident note. All other systems not mentioned are negative.

History & Physicals (continued)

Physical Exam and Labs: As noted in resident note.

Diagnostics:
cxr reviewed personally by me and by my interpretation significant for multiple left posterior rib fractures

Assessment: Khayden K Quisano is a 3 mo old male who has has Ribs, multiple fractures on his problem list.
Plan: as above
Jason T Ninomiya, MD Called in the admit and was sent a copy of the H&P.

I explained the plan to the family and patient and they expressed their understanding.

JAMES LIN, MD

01/04/10 2130 H&P signed by Lin, James C, MD

OP Reports

No notes of this type exist for this admission.

Consult Notes

01/05/10 1549

Consults signed by Young, David A, MD

Author:	Young, David A, MD	Service:	Ophthalmology	Author Type:	Physician
Filed:	01/05/10 1549	Note Time:	01/05/10 1546		

Consult Orders:
1. CONSULT - PHYSICIAN [36447387] ordered by Ogai, Yuliya A, RES at 01/04/10 1917

History of rib fracture. Asked to examine for retinal hemorrhages. On examination, the patient is able to fix and follow with each eye. There is no strabismus, and EOMs are full. Pupils are equal, round and reactive to light in both eyes. There is no afferent pupillary defect. The portable slit lamp examination reveals normal lids, lashes, conjunctiva, cornea, anterior chamber, iris and lens in both eyes except for a 2 mm subconjunctival hemorrhage on the left eye medially. The dilated fundus examination with extended ophthalmoscopy reveals normal disc, macula, and vessels in both eyes. Impression: No retinal hemorrhages. Left eye subconjunctival hemorrhage is nonspecific and should resolve spontaneously and is not visually significant. Recommend follow up prn. Thank you very much.

Hawaii Pacific Health
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Consult Notes

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Consult Notes (continued)

01/07/10 1233

Consults signed by Hyden, Phillip W, MD

Author:	Hyden, Phillip W, MD	Service	Pediatrics	Author Type	Physician
Filed:	01/07/10 1233	Note Time:	01/06/10 1052		
Related Notes	Original Note by: Hyden, Phillip W, MD filed at 01/06/10 1423				

Consult Orders:

1. CONSULT - PHYSICIAN [36447392] ordered by Ogai, Yuliya A, RES at 01/04/10 1917

CHILD PROTECTION ATTENDING CONSULTATION NOTE

Philip W. Hyden, MD

The Child Protection Attending was notified regarding Kayden Quisano who sustained multiple rib fractures, and was asked to evaluate for suspected nonaccidental injury.

Khayden is a 3 month old male who was a 38 week gestational product of a spontaneous vaginal delivery without complications. He weighed 6 lbs, 5 ounces (2.87 kg) at birth. He has been followed by Dr. Jason Ninomiya for his ongoing medical care, and his immunizations are up to date. He had a chest X-ray performed on October 24, 2009 for cough and runny nose which was normal, with no fractures or infiltrate. The child has been following along his growth curve, although small for age, until the most recent office visit, where he had been ill for five days with fever, cough and runny nose. Because of a previous sibling's demise secondary to pneumonia at two months of age, Dr. Ninomiya once again decided to obtain a chest radiograph, and referred the patient to KMCWC for an outpatient radiology appointment. Dr. Ninomiya was concerned that the family did not bring the child in sooner with respiratory symptoms, in light of their other child's tragic outcome. After the radiograph was completed, the patient left with his parents. The x-ray revealed multiple fractures, and Dr. Ninomiya was notifed, so he sent the family back to KMCWC to the ER for further evaluation and treatment. He also reported the case to CWS, and by the time the family arrived at KMCWC, both CWS and HPD were present. The child was admitted to the Pediatric Ward.

The parents were not availabe for interviewing at the time of the CPT assessment, so the history is from discussion with Dr. Ninomiya, Dr. Purohit, and the medical records. The mother reported that there was no history of trauma to the child, and denied any fall or contact with any falling objects. She recalls that the child has been fussy when picking him up or laying him down in his bassinet. He has always acted in this manner since his birth. The mother was reported to be tearful and appropriately concerned about her sons's injuries. Dr. Lin, the admitting attending, spoke with the father, who denied any knowledge of trauma or other explanation for the fractures. He was reported to be cooperative during questioning and appeared to understand the reason for the evaluation.

Consult Notes (continued)

The parents had reported that the child had Similac 20 cal/ounce formula, ingesting 2.5-3 ounces every 3-5 hours and no breastfeeding. They also denied any history of bony abnormalities or disorders in their respective families.

Dr. Ninomiya reported that he was informed by the medical examiner that the demised sibling died of pneumonia, but that the family did not inform him that the child was dead or bring him in because he was ill prior to the death.

Both parents work during the day, and the mother is involved more directly in childcare when at home. The parents have enlisted the use of a babysitter for the past month who cares ofr the child from 6:15 am to 5 pm.
The sitter does not have a license but reportedly had a negative background check.- For past 1 week, maternal grand mother was there with them and so she was also involved in the care. There are several other household members, incluidng two maternal uncles, a maternal sibling and a maternal cousin.

Physical Examination

Blood pressure 100/75, pulse 140, temperature 36.6 °C (97.9 °F), temperature source Tympanic, resp. rate 48, height 0.59 m (1' 11.23"), weight 4.649 kg (10 lb 4 oz), head circumference 38.5 cm (15.16"),Wt - Scale: 4.649 kg (10 lb 4 oz) WT %: < 5% (Birth Weight 6'5", so gained 3'15" in 3 months)

Height: 59 cm (1' 11.23") HT %: 9%

Head Cir: 38.5 cm (15.16") HC %: < 5%

The child's physical examination was significant for fussiness when moved, but otherwise he appeared small for age, well developed, and alert during the examination.

The skin had a curved healing abrasion of 1 cm on the right upper back. Mongolian spots were noted on the left lower back. No fractures were able to be palpated.

The skeletal survey revealed healing posterior fractures of the left fourth through sixth ribs. There were healing midaxillary fractures of the right fourth through six ribs. A metaphyseal fracture was noted on the medial aspect of the distal right femur. A ophthalmoscopic evaluation revealed no retinal hemorrhages, and a small subconjunctival hemorrhage on the left eye, which was not considered specifically related to trauma. An MRI of the brain was unremarkable for hemorrhage or other trauma.

Impression and Recommendations:

Khayden is a 3 mo old male who has sustained multiple posterior and axilliary healing rib fractures, in addition to a metaphyseal fracture of the distal femur, without any etiology provided by the caretakers. There is no overt skeletal abnormality other than these highly specific traumatic fractures, and they are most likely the result of nonaccidental injury. The rib fractures are most likely the result

Consult Notes (continued)

of compressive or squeezing forces, and the metaphyseal fracture is from shearing injury. The child is also failure-to-thrive, with inadequate formula being offered to the child based on the history of 2.5 ounces q 3-5 hours.

The case is being investigated by both law enforcement and CWS. The child is medically ready for discharge, and will go into a foster home. A multidisciplinary team will be held at KCPC on January 7, 2010 to assist CWS in disposition and planned services. Dr. Ninomiya is available for this child for follow-up when the child has been placed into foster care. A repeat skeletal survey should be performed in two weeks to discern any fractures which may not be detected at this hospitalization. The skeletal survey may also assist in discerning the timing of the metaphyseal femur fracture.

The child should also continue feeding Similac 20, with increase in amount and frequency of feeding to allow the child to have 28-32 ounces of formula daily. GER precautions should be observed.

Two hours were utilized in evaluating the patient, discussion with the primary care team, the PCP, and speaking to CWS and law enforcement.

Philip W. Hyden, MD
Child Protection Attending

01/06/10 1423 Consults addendum by Hyden, Phillip W. MD

Orders

Hawaii Pacific Health
Kapi'olani • Pali Moni • Straub • Wilcox

KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
Lab Results

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm: 1/4/2010, D/C: 1/6/2010

Lab Orders

Standing

COMP METABOLIC PANEL [36447381]
Ordering User: Ogai, Yuliya A, RES 01/04/10 1917 Ordering Provider: Ogai, Yuliya A, RES
Electronically signed by: Ogai, Yuliya A, RES 01/04/10 1917

Standing

URINALYSIS, COMPLETE [36447382]
Ordering User: Ogai, Yuliya A, RES 01/04/10 1917 Ordering Provider: Ogai, Yuliya A, RES
Electronically signed by: Ogai, Yuliya A, RES 01/04/10 1917

Standing

CBC PLT W/MANUAL DIFF [36447384]
Ordering User: Ogai, Yuliya A, RES 01/04/10 1917 Ordering Provider: Ogai, Yuliya A, RES
Electronically signed by: Ogai, Yuliya A, RES 01/04/10 1917

Standing

PHOSPHORUS BLOOD [36449383]
Ordering User: Lin, James C, MD 01/04/10 2144 Ordering Provider: Lin, James C, MD
Electronically signed by: Lin, James C, MD 01/04/10 2144
Comments:
Add-on Test to: Complete metabolic profile Dept Contact: Dr. J. Lin Lab Contact: Alford

Standing

BASIC METABOLIC PANEL [36463611]
Ordering User: Wong, Kara 01/05/10 0941 Ordering Provider: Wong Ramsey, Kara N, FELLOW
Electronically signed by: Wong, Kara 01/05/10 0941

Final result

PHONED RESULTS [36473541]
Ordering User:
Electronically signed by: 01/05/10 1030

Final result

SPECIMEN TYPE [36466539]
Ordering User: Interface, Labresin 01/05/10 1037 Ordering Provider: Ackermann, Bettina, MD
Electronically signed by: Interface, Labresin 01/05/10 1037

Final result

BASIC METABOLIC PANEL [36474657]
Ordering User: Interface, Labresin 01/05/10 1329 Ordering Provider: Ackermann, Bettina, MD
Electronically signed by: Interface, Labresin 01/05/10 1329

Final result

CRITICALS NOTIFICATION [36483791]
Ordering User:
Electronically signed by: 01/05/10 1624

Standing

BASIC METABOLIC PANEL [36494036]
Ordering User: Ackermann, Bettina, MD 01/06/10 0731 Ordering Provider: Ackermann, Bettina, MD
Electronically signed by: Ackermann, Bettina, MD 01/06/10 0731
Comments:

Hawaii Pacific Health
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KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu, HI 96826-1001
Lab Results

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm: 1/4/2010, D/C: 1/6/2010

Lab Orders (continued)

Standing

BASIC METABOLIC PANEL [36494036] (continued)
Venipuncture please. Need non-hemolyzed specimen.

Canceled

AMINO ACID, PLASMA-QT [36509493]
Ordering Provider: Zz-Riola, Bernard A, RES
Ordering User: Riola, Bernard 01/06/10 1248
Electronically signed by: Riola, Bernard 01/06/10 1248
Canceled by: Interface, Labresin 01/06/10 1757 [Other (Reordered on correct code. PER NATALIE/RN/CARTER)]

Canceled

ORGANIC ACIDS, URINE QUAL [36509494]
Ordering Provider: Zz-Riola, Bernard A, RES
Ordering User: Riola, Bernard 01/06/10 1248
Electronically signed by: Riola, Bernard 01/06/10 1248
Canceled by: Interface, Labresin 01/06/10 1802 [Other (Reordered on correct code. PER NTALIE/RN/CARTER)]

Canceled

BASIC METABOLIC PANEL [36509495]
Ordering Provider: Zz-Riola, Bernard A, RES
Ordering User: Riola, Bernard 01/06/10 1248
Electronically signed by: Riola, Bernard 01/06/10 1248
Canceled by: Riola, Bernard 01/06/10 1250

Standing

ELECTROLYTE PANEL [36509571]
Ordering Provider: Zz-Riola, Bernard A, RES
Ordering User: Riola, Bernard 01/06/10 1250
Electronically signed by: Riola, Bernard 01/06/10 1250

Final result

AMINO ACID, PLASMA-QT [36519243]
Ordering Provider: Zz-Riola, Bernard A, RES
Ordering User: Interface, Labresin 01/06/10 1755
Electronically signed by: Interface, Labresin 01/06/10 1755

Final result

ORGANIC ACIDS, URINE QUAL [36519341]
Ordering Provider: Zz-Riola, Bernard A, RES
Ordering User: Interface, Labresin 01/06/10 1801
Electronically signed by: Interface, Labresin 01/06/10 1801

Results

Lab Results

Resulted: 01/04/10 2120, Result Status: Final result

COMP METABOLIC PANEL (Abnormal)
Ordering Provider: Ogal, Yuliya A, RES 01/04/10 1917
Order Status: Completed
Resulting Lab: CLH, KMCWC_K
Specimen: 01/04/10 2020

Component	Value	Reference Range	Flag	Comment	Lab
Sodium	134	136 - 145 mmol/L	L	-	CLH_K
Potassium	5.9	3.3 - 5.1 mmol/L	H	-	CLH_K
Chloride	101	96 - 108 mmol/L		-	CLH_K
CO2	17	21 - 31 mmol/L	L	-	CLH_K
Anion Gap	16	4 - 16		-	CLH_K

Hawaii Pacific Health
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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
Lab Results

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Lab Results (continued)

COMP METABOLIC PANEL (Abnormal) (continued) — Resulted: 01/04/10 2120, Result Status: Final result

BUN	15	8 - 24 mg/dL		-	CLH_K
Creatinine	0.27	0.20 - 0.70 mg/dL		-	CLH_K
Glucose	103	50 - 80 mg/dL	H	-	CLH_K
Calcium	11.3	9.0 - 11.0 mg/dL	H	-	CLH_K
Total Protein	6.8	4.7 - 6.7 g/dL	H	-	CLH_K
Albumin	4.6	4.0 - 5.1 g/dL		-	CLH_K
A/G Ratio	2.1	1.2 - 2.3		-	CLH_K
Globulin	2.2	2.0 - 3.6 g/dL		-	CLH_K
AST (SGOT)	41	0 - 37 U/L	H	-	CLH_K
ALT (SGPT)	62	7 - 51 U/L	H	-	CLH_K
Alk Phos	444	82 - 383 U/L	H	-	CLH_K
Bilirubin, Total	0.5	0 - 1.2 mg/dL		-	CLH_K
Comments	-			-	
Result	Slightly hemolyzed Caution: Hemolysis may falsely increase AST, phosphorus, potassium and LD values and falsely decrease direct bilirubin and CO2 values.				CLH_K
URL	-				
Result					

CBC PLT W/MANUAL DIFF (Abnormal) — Resulted: 01/04/10 2120, Result Status: Final result

Ordering Provider: Ogal, Yuliya A, RES 01/04/10 1917 — Order Status: Completed
Resulting Lab: CLH, KMCWC_K — Specimen: 01/04/10 2020

Component	Value	Ref Range	Flag	Comment	Lab
WBC	9.8	6.0 - 18.0 10(9)/L		-	CLH_K
RBC	4.77	2.8 - 4.8 10(12)/L		-	CLH_K
Hemoglobin	12.2	10.0 - 13.0 g/dL		-	CLH_K
Hematocrit	37.0	32.0 - 38.0 %		-	CLH_K
MCV	77.6	84 - 104 fL	L	-	CLH_K
MCH	25.5	25 - 35 pg		-	CLH_K
MCHC	32.9	30 - 36 g/dL		-	CLH_K
RDW	13.8	11 - 15 %		-	CLH_K
Platelet Count	429	275 - 566 10(9)/L		-	CLH_K
Diff Method	Manual			-	CLH_K
Segs	17	10 - 40 %		-	CLH_K
Lymphocytes	75	51 - 71 %	H	-	CLH_K
Monocytes	6	4 - 10 %		-	CLH_K
Eosinophils	2	0 - 6 %		-	CLH_K
Neutrophils, Absolute	1.67	0.5 - 8.0 10(9)/L		-	CLH_K
Lymphs, Absolute	7.35	6.6 - 27.0 10(9)/L		-	CLH_K
Monocytes, Absolute	0.59	0.2 - 1.8 10(9)/L		-	CLH_K
Eosinophils, Absolute	0.20	0 - 1.1 10(9)/L		-	CLH_K
RBC Morphology	Normal			-	CLH_K
URL	-				

PHOSPHORUS BLOOD — Resulted: 01/04/10 2207, Result Status: Final result

Ordering Provider: Lin, James C, MD 01/04/10 2145 — Order Status: Completed
Resulting Lab: CLH, KMCWC_K — Specimen: 01/04/10 2145

Component	Value	Ref Range	Flag	Comment	Lab
Phosphorus	5.8	3.5 - 6.6 mg/dL		-	CLH_K
URL	-			-	CLH_K

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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
Lab Results

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Lab Results (continued)

Resulted: 01/05/10 0122, Result Status: Final result

URINALYSIS, COMPLETE (Abnormal)

Ordering Provider: Ogai, Yuliya A, RES 01/04/10 1917 — Order Status: Completed
Resulting Lab: CLH, KMCWC_K — Specimen: Urine; Clean Catch, Urine 01/05/10 0010

Component	Value	Reference Range	Flag	Status	Lab
Color	Yellow			-	CLH_K
Appearance:	Clear			-	CLH_K
Specific Gravity	1.015	1.005 - 1.030		-	CLH_K
Leukocyte Esterase	Negative	NEG		-	CLH_K
Nitrite	Negative	NEG		-	CLH_K
pH	7.5	5.0 - 7.5		-	CLH_K
Protein	30	NEG mg/dL	A	-	CLH_K
GLUCOSE	Negative	NEG mg/dL		-	CLH_K
Ketones	Negative	NEG mg/dL		-	CLH_K
Urobilinogen	1.0	0.2 - 1.0 EU/dL		-	CLH_K
Bilirubin	Negative	NEG		-	CLH_K
Blood	Negative	NEG		-	CLH_K
WBC	0-1	0 - 5 /hpf		-	CLH_K
RBC	0-2	0 - 2 /hpf		-	CLH_K
Bacteria	None	NONE /hpf		-	CLH_K
Mucus	Few	/lpf		-	CLH_K
Amorphous	Negative	/lpf		-	CLH_K
Epithelial Cells	Occ	/lpf		-	CLH_K
Casts	None	NONE /lpf		-	CLH_K
Crystals	None	NONE /lpf		-	CLH_K
URL	-			-	CLH_K

Resulted: 01/05/10 1037, Result Status: Final result

SPECIMEN TYPE

Ordering Provider: Ackermann, Bettina, MD 01/05/10 1037 — Order Status: Completed
Resulting Lab: CLH, KMCWC_K — Specimen: 01/05/10 1030

Component	Value	Reference Range	Flag	Status	Lab
Specimen type	Capillary specimen			-	CLH_K
URL	-			-	CLH_K

Resulted: 01/05/10 1253, Result Status: Final result

BASIC METABOLIC PANEL

Ordering Provider: Wong Ramsey, Kara N, FELLOW 01/05/10 0941 — Order Status: Completed
Resulting Lab: CLH, KMCWC_K — Specimen: 01/05/10 1030

Component	Value	Reference Range	Flag	Status	Lab
Sodium	140	136 - 145 mmol/L		-	CLH_K
Potassium	4.9	3.3 - 5.1 mmol/L		-	CLH_K
Chloride	106	96 - 108 mmol/L		-	CLH_K
CO2	Quantity Not Sufficient	21 - 31 mmol/L		-	CLH_K
Anion Gap	Unable to calculate.	4 - 16		-	CLH_K
BUN	11	8 - 24 mg/dL		-	CLH_K
Creatinine	Quantity Not Sufficient	0.20 - 0.70 mg/dL		-	CLH_K
Glucose	Quantity Not Sufficient	50 - 80 mg/dL		-	CLH_K
Calcium	10.2	9.0 - 11.0 mg/dL		-	CLH_K
Comments	QNS FOR CO2, GLUCOSE, CREAT			-	CLH_K
URL	-			-	CLH_K

Resulted: 01/05/10 1255, Result Status: Final result

PHONED RESULTS

Order Status: Completed — Resulting Lab: CLH, KMCWC_K

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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
Lab Results

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Lab Results (continued)

PHONED RESULTS (continued) — Resulted: 01/05/10 1255, Result Status: Final result

Specimen: 01/05/10 1030

Component	Value	Normal Range	Flag	Comment	Lab
Urinalysis					CLH_K
Phoned results	-				
Result	NOTIFIED TONI RN, SAMPLE QNS TO COMPLETE BASIC, NO RESULTS FOR CO2, GLUCOSE AND CREATININE 1/5/10/1253.518				CLH_K
URL	-				
Result					

BASIC METABOLIC PANEL (Abnormal) — Resulted: 01/05/10 1756, Result Status: Final result

Ordering Provider: Ackermann, Bettina, MD 01/05/10 1329 — Order Status: Completed
Resulting Lab: CLH, KMCWC_K — Specimen: 01/05/10 1624

Component	Value	Normal Range	Flag	Comment	Lab
Sodium	136	136 - 145 mmol/L		-	CLH_K
Potassium	6.5	3.3 - 5.1 mmol/L	HH	-	CLH_K
Chloride	105	96 - 108 mmol/L		-	CLH_K
CO2	18	21 - 31 mmol/L	L	-	CLH_K
Anion Gap	13	4 - 16		-	CLH_K
BUN	14	8 - 24 mg/dL		-	CLH_K
Creatinine	0.25	0.20 - 0.70 mg/dL		-	CLH_K
Glucose	81	50 - 80 mg/dL	H	-	CLH_K
Calcium	10.8	9.0 - 11.0 mg/dL		-	CLH_K
Comments	-				
Result	Moderately hemolyzed Caution: Hemolysis may falsely increase AST, phosphorus, potassium and LD values and falsely decrease direct bilirubin and CO2 values.				CLH_K
URL	-				
Result					

CRITICALS NOTIFICATION — Resulted: 01/05/10 1806, Result Status: Final result

Order Status: Completed — Resulting Lab: CLH, KMCWC_K
Specimen: 01/05/10 1624

Component	Value	Normal Range	Flag	Comment	Lab
Criticals Notification	-				CLH_K
Result	Critical value called: CALLED K MHEM TO MARY RN 1/5/10 1805/2996 Readback done and verified as correct.				CLH_K
URL	-				
Result					

BASIC METABOLIC PANEL (Abnormal) — Resulted: 01/06/10 0834, Result Status: Final result

Ordering Provider: Ackermann, Bettina, MD 01/06/10 0731 — Order Status: Completed
Resulting Lab: CLH, KMCWC_K — Specimen: 01/06/10 0750

Component	Value	Normal Range	Flag	Comment	Lab

Hawaii Pacific Health
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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
Lab Results

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Lab Results (continued)

BASIC METABOLIC PANEL (Abnormal) (continued) — Resulted: 01/06/10 0334, Result Status: Final result

Sodium	134	136 - 145 mmol/L	L	-	CLH_K
Potassium	4.7	3.3 - 5.1 mmol/L		-	CLH_K
Chloride	103	96 - 108 mmol/L		-	CLH_K
CO2	20	21 - 31 mmol/L	L	-	CLH_K
Anion Gap	11	4 - 16		-	CLH_K
BUN	10	8 - 24 mg/dL		-	CLH_K
Creatinine	0.22	0.20 - 0.70 mg/dL		-	CLH_K
Glucose	93	50 - 80 mg/dL	H	-	CLH_K
Calcium	10.2	9.0 - 11.0 mg/dL		-	CLH_K
URL	-			-	

ORGANIC ACIDS, URINE QUAL — Resulted: 01/06/10 1530, Result Status: In process

Ordering Provider: Zz-Riola, Bernard A, RES 01/06/10 1248
Resulting Lab: CLH, HMC WEST
Order Status: Canceled
Specimen: Urine; Clean Catch, Urine 01/06/10 1530

AMINO ACID, PLASMA-QT — Resulted: 01/06/10 1645, Result Status: In process

Ordering Provider: Zz-Riola, Bernard A, RES 01/06/10 1248
Resulting Lab: CLH, HMC WEST
Order Status: Canceled
Specimen: 01/06/10 1645

ELECTROLYTE PANEL (Abnormal) — Resulted: 01/06/10 1724, Result Status: Final result

Ordering Provider: Zz-Riola, Bernard A, RES 01/06/10 1250
Resulting Lab: CLH, KMCWC_K
Order Status: Completed
Specimen: 01/06/10 1645

Component	Value	Ref Range	Flag	Comment	Lab
Sodium	135	136 - 145 mmol/L	L	-	CLH_K
Potassium	4.7	3.3 - 5.1 mmol/L		-	CLH_K
Chloride	102	96 - 108 mmol/L		-	CLH_K
CO2	19	21 - 31 mmol/L	L	-	CLH_K
Anion Gap	14	4 - 16		-	CLH_K
URL	-			-	

ORGANIC ACIDS, URINE QUAL — Resulted: 01/13/10 1315, Result Status: Final result

Ordering Provider: Zz-Riola, Bernard A, RES 01/06/10 1801
Resulting Lab: CLH, HMC WEST
Order Status: Completed
Specimen: 01/06/10 1530

Component	Value	Ref Range	Flag	Comment	Lab
Organic Acids Ur Qual	-			-	CLH

Hawaii Pacific Health
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KAPIOLANI WOMEN & CHILDREN
HOS
1319 Punahou St
Honolulu, HI 96826-1001
Lab Results

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Lab Results (continued)

ORGANIC ACIDS, URINE QUAL (continued) — Resulted: 01/13/10 1315, Result Status: Final result

Result: ORGANIC ACIDS, URINE

Organic Acids, Urine:
Elevation of several peaks related to medication (acetaminophan propofol); no clinically significant abnormalities detected.

Interpretation
Pattern of organic acid excretion not suggestive of any specific inborn error of metabolism.

Test performed by STANFORD HOSPITAL AND CLINICS
300 Pasteur Dr, Rm H1524
Stanford, CA 94305

CLH

URL
Result

AMINO ACID, PLASMA-QT — Resulted: 01/13/10 1321, Result Status: Final result

Ordering Provider: Zz-Riola, Bernard A, RES 01/06/10 1755
Order Status: Completed
Resulting Lab: CLH, HMC WEST
Specimen: 01/06/10 1645

Component	Value	Ref Range	Flag	Comment	Lab
Amino Acids Plas Qt					CLH

Hawaii Pacific Health
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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
Lab Results

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct#: 132506809
Adm:1/4/2010, D/C:1/6/2010

Lab Results (continued)

Resulted: 01/13/10 1321, Result Status: Final result

AMINO ACID, PLASMA-QT (continued)

Result: AMINO ACID, Plasma, nmol/ml

			Reference Range
Taurine	74		15-143
Aspartic Acid	7		0-63
Hydroxyproline	28	H	0-23
Threonine	185	H	24-174
Serine	165		71-186
Asparagine	47		21-95
Glutamic Acid	59		10-133
Glutamine	631		246-1182
Sarcosine	0		0
Alpha-Aminoadipic Acid	0		0
Proline	274		52-298
Glycine	263		81-436
Alanine	431		143-439
Citrulline	19		3-35
Alpha-Aminobutyric Acid	17		3-26
Valine	199		64-294
Cystine	29		16-84
Methionine	37		9-42
Cystathionine	0		0-5
Isoleucine	61		31-86
Leucine	106		47-155
Tyrosine	106		22-108
Beta-Alanine	5		0-7
Phenylalanine	59		31-75
Beta-Aminoisobutyric Acid	0		0
Homocystine	0		0
Ethanolamine	0		0-4
Ornithine	64		22-103
Lysine	141		52-196
Histidine	73		41-101
Tryptophan	62		23-71
Arginine	95		12-133

INTERPRETATION:
Essentially normal pattern of amino acids for age.

FLAGS: LL: below critical L: below reference H: above reference
HH: above critical A: abnormal

Caution: Out-of-reference range flagging will only occur when a reference range is displayed. The absence of a flag does not necessarily indicate a normal result. If gender or birthdate is unknown, reference range defaults to a male born Jan. 1, 1901.

Interpreted by: Tina M. Cowan, Ph.D.
Director, Biochemical Genetics Laboratory

Hawaii Pacific Health
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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001
Lab Results

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Lab Results (continued) Resulted: 01/13/10 1321, Result Status: Final result

AMINO ACID, PLASMA-QT (continued)

Test performed by Stanford Hospital and Clinics
300 Pasteur Dr, Rm H1524
Stanford, CA 94305 CLH

URL
Result

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
8 - CLH	CLH, HMC WEST	Unknown	91-2135 Fl Weaver Rd, #300 Ewa Beach HI 96706	11/28/08 1433 - 03/23/11 1417
7 - CLH_K	CLH, KMCWC_K	Unknown	1319 Punahou St Honolulu HI 96822	04/02/09 1322 - 04/11/11 1121

Order

Discharge Summmary Notes 01/05/10 1508

D/C Summaries signed by Ackermann, Bettina, MD

Author: Ackermann, Bettina, MD Service: Pediatrics Author Type: Physician
Filed: 01/05/10 1508 Note Time: 01/05/10 1448

Peds Hospitalist Attending Progress Note

No acute events O/N. Discussed with Dr. Hyden, SW, radiologist. No family at the bedside. No acute events. Hungry but RN's do not think he is in pain. No fevers. No O2 requirement. Work of breathing has been stable. MRI unable to be done today

Afeb 120-140's 30-40's 100-110/70's 90-100% RA Wt. - no new wt.
NPO, MIVF
Alert, interactive. Easily consoled when upset. Small but WD/WN.
AFOF. MMM with small patches on buccal mucosa. No rhinorrhea. Small, medial scleral hemorrhage on L.
PERRL, EOMI
CTA B/L, no increased WOB
RRR no murmur
Abd soft, no HSM
Tanner I MEG with testes down
MAE's with normal tone
~3 mm superficial, scabbed abrasion on R upper back. Mongolian spots on mid-back. No other lesions

Labs: Skeletal survey with 4-5 healing rib fractures (with callus formation) on L posterior, 3 healing rib fractures on R lateral chest. R distal femur metaphyseal fracture

A/P: 3 mo M with multiple healing rib fractures and distal R femur buckle fracture consistent with NAT.
Symmetric FTT with probable SGA at birth based on history
URI - resolving

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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm: 1/4/2010, D/C: 1/6/2010

Discharge Summmary Notes (continued)

-MRI brain with sedation to evaluate for acute or chronic bleeds, any signs of shearing. Patient assessed. No significant changes from original H&P. Stable for sedation. ASA score 2
-currently NPO with MIVF for sedation. SL IV and advance diet post-procedure
-repeat BMP to document normalization of CO2
-please obtain growth chart from PCP and birth records from Castle. Obtain autopsy results from sib if possible
-needs repeat skeletal survey in 10-14 days to monitor for callus formation at femur fracture
-anticipate discharge when MRI complete and disposition finalized by CPS (likely to foster care)
-no family may visit at this time but can update parents by phone per SW

I spent 45 minutes in direct patient care. More than 50% of time was spent counseling or coordinating care.

Bettina Ackermann, MD

01/06/10 1257

D/C Summaries signed by Riola, Bernard

Author:	Riola, Bernard	Service	Pediatrics	Author Type	Resident
Filed:	01/06/10 1257	Note Time:	01/06/10 0617	Cosigner	Ackermann, Bettina, MD at 01/06/10 1357

PATIENT CARE SUMMARY - PEDIATRICS

ADMISSION DATE/TIME: 1/4/2010 5:37 PM
DISCHARGE DATE/TIME: 1/6/2010/12:56 PM
PRIMARY CARE PHYSICIAN: Jason T Ninomiya, MD

REASON FOR ADMISSION (BRIEF HPI): Khayden K Quisano is a 3 mo old male, was in good of his health until 5 days prior to admission. Since Thursday (5 days PTA) Khayden started having fever, cough and runny nose. Mom used to record the temperature under the arm and maximum temperature in last 5 days has been 101 F. Mom used to gave Tylenol for fever and she reported that at the max she would have given 2 times in one day. He has been afebrile since yesterday. Mom described cough mainly dry with the last cough occurring this AM. Runny nose - was watery, and sometimes just congested nose and no runny nose. There was no history of diarrhea, vomiting, ear discharge, pulling at ears, rash, increased work of breathing, cyanosis or apnea. There is no history of sick contacts. Mom did not give any other medication and consulted PMD today only for ongoing cough. PMD wanted to do a chest X- Ray to rule out pneumonia, because mom said - there is a history of other elder sibling dying at the age of 2 months from pneumonia; and the CXR suggested multiple left posterior rib fractures and possible right lateral 6th rib fracture and so was sent here to KMCWC for further management.

Mom says, there is no history of trauma. She denies any falls or any objects falling on patient, and has no idea how he could have developed rib fractures. She gives a history of fussiness - while putting him on his back in bed and while picking him up from bed. Frequency or severity of fussiness has not changed in recent weeks. This has been history since birth. Mom says, the PMD knows about it and he has been crying while doing the same at his office visits. Mom says, they used to make him sleep in mom's arm and after falling asleep, they put him in the bed - on his own basinet and he sleeps on his back. Mother seemed appropriately tearful and concerned over patient's condition.

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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm: 1/4/2010, D/C: 1/6/2010

Discharge Summmary Notes (continued)

I briefly met the father and spoke with him. He denied any knowledge of how patient could have developed the rib fractures. He denies any trauma or falls for the patient. He seemed cooperative with interview and had no questions regarding ongoing evaluation.

FINAL PRINCIPAL DIAGNOSIS: Non-accidental trauma

FINAL PROBLEM LIST/HOSPITAL COURSE:

Active Hospital Problems
Ribs, multiple fractures

Resolved Problems
No resolved problems to display

Hospital Course:
During hospital stay, patient was stable, did not develop any fevers, had good PO intake. Biological parents were not allowed to stay. The patient had multiple imaging done (see below), in summary, there was no retinal hemorrhages, skeletal scan showed multiple rib fractures and metaphyseal fracture of the distal right femur, and head MRI was normal. Ortho was called regarding metaphyseal femur fracture, and did not feel that patient needed follow-up unless patient was tender in that area. Dr. Hyden was consulted regarding concern for non-accidental trauma; it was felt that the patient should have a repeat skeletal survey in 2 weeks to look for fractures that were not evident. Initial BMP's on the patient was significant for CO2 being 17; repeat BMP were with CO2 of 18 and then 20. Patient also with mild elevation of hepatic enzymes of AST 41, ALT 62, and AlkPhos 444. Because of the concern for metabolic/genetic disorders, a serum amino acid and urine organic acid test was drawn, as well as a final BMP (pending) prior to discharge.

PROCEDURE/IMAGING:
1/5/09 Skeletal survey - Multiple bilateral healing rib fractures and metaphyseal fracture of the distal right femur. Findings are compatible with child abuse.
1/5/09 Ophtho exam - no retinal hemorrhages
1/6/09 Brain MRI - IMPRESSION: Unremarkable MRI of the brain.

CONSULTANTS/SERVICE:
PCP: Jason T Ninomiya, MD
Admitting Provider: Barry M Mizuo, MD
Attending Provider: Bettina Ackermann, MD
Consulting Physician: David A Young, MD
Consulting Physician: Phillip W Hyden, MD
Resident: Bernard A Riola, RES

IMMUNIZATIONS GIVEN DURING HOSPITALIZATION: None

FINAL PROGRESS NOTE

S: Afebrile overnight. Feeding well, but NPO this morning for planned MRI at 9:30 AM. Stool x2, large soft. Growth charts obtained from PCP shows drop-off in weight during the last few months. Gained 114 g since admission. Foster parents found; both biological parents and foster parents are aware of the patient's situation and likely discharge today. Ophtho did not see any retinal hemorrhages, only 2 mm subconjunctival hemorrhage on the left eye medially. Ortho did not feel metaphyseal fracture of the distal right femur needed follow-up if patient was not tender in that area.

O:
VITAL SIGNS (LAST 24 HOURS):
Temp Avg: 36.8 °C (98.3 °F) Min: 36.2 °C (97.1 °F) Max: 37.1 °C (98.8 °F)

Discharge Summmary Notes (continued)

Pulse Avg: 124.3 Min: 100 Max: 156
Resp Avg: 40.4 Min: 30 Max: 48
SpO2 Avg: 99.3 % Min: 97 % Max: 100 %
BLOOD PRESSURES:
Systolic (24hrs), Avg:98 mmHg, Min:89 mmHg, Max:106 mmHg
Diastolic (24hrs), Avg:60 mmHg, Min:59 mmHg, Max:61 mmHg

O2 mode: Room air
O2 flow rate (L/min): 6 L/min

Wt - Scale: 4.76 kg (10 lb 7.9 oz) Height: 59 cm (1' 11.23") (1/5/10 7:20 AM) Head Cir: 38 cm (14.96") (1/5/10 7:20 AM) Body mass index is 13.67 kg/(m^2).
Normalized BMI data available only for age 2 to 20 years.

Intake/Output Summary (Last 24 hours) at 01/06 1256
Last data filed at 01/06 1201

	Gross per 24 hour
Intake	558 ml
Output	352 ml
Net	206 ml

TOTAL IN (ml/kg/day):

URINE OUTPUT (cc/kg/hr):

STOOLS: 2x, soft

PHYSICAL EXAM:
CONSTITUTIONAL: Fixes and tracks, fussy when picked up but NAD when lying in bed wrapped
HEAD: Microcephalic, atraumatic, no palpable fractures, AFSF
EYES: red reflexes x 2, fixes and tracks, conjugate gaze
ENT: no nasal discharge, mucous membranes moist and oropharynx non-injected
CV: regular rate, rhythm and normal S1, S2, no murmur, symmetric pulses in all 4 extremities
RESP: clear to auscultation, good aeration, no nasal flaring, no retractions
GI: soft, non-tender, normal bowel sounds
GU: normal male for age, testes descended and circumcised penis
EXTREMITIES: full ROM, no edema and no noticeable tenderness over bones, including left distal humerous
SKIN: warm and dry, no petechiae or purpura and no rashes Mongolian spots noted on left back (lower thoracic area), right buttock. Small abrasion on right upper back.

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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Discharge Summmary Notes (continued)

MUSCULOSKELETAL: all limbs normally developed and functional, good muscle tone in neck, trunk, and limbs, no joint tenderness and no muscle tenderness. Fair head control when upright.

NEURO: good strength and tone in all extremities, normal knee-jerk reflexes, symmetric, no abnormal posturing or movement and no focal deficit on exam.

OTHER: No palpable fractures, no bony tenderness on any part of body

LAB RESULTS:
CBC with AUTO Diff:

Basename	1/4/10 2020
WBC	9.8
RBC	4.77
HGB	12.2
HCT	37.0
MCV	77.6*
MCH	25.5
MCHC	32.9
RDW	13.8
PLTC	429
DFTYP	Manual
SEG	17
BAND	--
LYM	75*
MONO	6
ALYMA	7.35
AMONOA	0.59
PRCOM	--
PWCOM	--
PPLTE	--
PPCOM	--

BMP:

Basename	1/6/10 0750	1/5/10 1624	1/5/10 1030
NA	134*	136	140
K	4.7	6.5*	4.9
CL	103	105	106
CO2	20*	18*	Quantity Not Sufficient
AGAP	11	13	Unable to calculate.

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MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm: 1/4/2010, D/C: 1/6/2010

Discharge Summmary Notes (continued)

BUN	10	14	11
CRE	0.22	0.25	Quantity Not Sufficient
GLU	93*	81*	Quantity Not Sufficient
GLUR	--	--	--
CAL	10.2	10.8	10.2

1/6/09 - serum amino acid and urine organic acid pending, BMP (pending at discharge)
DIAGNOSTICS: See above for results of ophtho exam, head MRI, skeletal survey.
PATIENT DISPOSITION: Foster Care

Discharge Instructions

Follow up
Follow up with Jason T Ninomiya, MD in 1-2 days. Please call 808-693-7300 for an appointment.

Call your doctor for these signs and symptoms
Fever, vomiting, decreased eating or urine

Additional discharge instructions or home services/supplies
Need to recheck electrolytes in 1-2 weeks. Need to recheck skeletal survey in 2-3 weeks.

DISCHARGE MEDICATIONS:
CONTINUE these medications which have NOT CHANGED
TYLENOL INFANTS PO
Take by mouth.

DISCHARGE SUPPLIES: None
SPECIAL INSTRUCTIONS: None
PATIENT RECEIVED ASTHMA ACTION PLAN: Not applicable
PATIENT RECEIVED PEAK FLOW METER: Not applicable
ASTHMA EDUCATION/TEACHING WAS COMPLETED BY RT? Not applicable
I certify that the narrative descriptions of the principal & the major procedures are accurate and complete.

Bernard A. Riola Jr., RES

01/06/10 1608

D/C Summaries signed by Riola, Bernard

Author:	Riola, Bernard	Service:	Pediatrics	Author Type:	Resident
Filed:	01/06/10 1608	Note Time:	01/06/10 1357		

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KAPIOLANI WOMEN & CHILDREN HOS
1319 Punahou St
Honolulu, HI 96826-1001

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Discharge Summmary Notes (continued) 01/06/10 1608

D/C Summaries signed by Riola, Bernard (continued)

Related Notes: Original Note by: Ackermann, Bettina, MD filed at 01/06/10 1432

Cosigner: Ackermann, Bettina, MD at 01/06/10 1645

PATIENT CARE SUMMARY - PEDIATRICS

ADMISSION DATE/TIME: 1/4/2010 5:37 PM
DISCHARGE DATE/TIME: 1/6/2010/1:57 PM
PRIMARY CARE PHYSICIAN: Jason T Ninomiya, MD

REASON FOR ADMISSION (BRIEF HPI): Khayden K Quisano is a 3 mo old male, was in good of his health until 5 days prior to admission.. Since Thursday (5 days PTA) Khayden started having fever, cough and runny nose. Mom used to record the temperature under the arm and maximum temperature in last 5 days has been 101 F. Mom used to gave Tylenol for fever and she reported that at the max she would have given 2 times in one day. He has been afebrile since yesterday. Mom described cough mainly dry with the last cough occurring this AM. Runny nose - was watery, and sometimes just congested nose and no runny nose. There was no history of diarrhea, vomiting, ear discharge, pulling at ears, rash, increased work of breathing, cyanosis or apnea. There is no history of sick contacts. Mom did not give any other medication and consulted PMD today only for ongoing cough. PMD wanted to do a chest X- Ray to rule out pneumonia, because mom said - there is a history of other elder sibling dying at the age of 2 months from pneumonia; and the CXR suggested multiple left posterior rib fractures and possible right lateral 6th rib fracture and so was sent here to KMCWC for further management.

Mom says, there is no history of trauma. She denies any falls or any objects falling on patient, and has no idea how he could have developed rib fractures. She gives a history of fussiness - while putting him on his back in bed and while picking him up from bed. Frequency or severity of fussiness has not changed in recent weeks. This has been history since birth. Mom says, the PMD knows about it and he has been crying while doing the same at his office visits. Mom says, they used to make him sleep in mom's arm and after falling asleep, they put him in the bed - on his own basinet and he sleeps on his back. Mother seemed appropriately tearful and concerned over patient's condition.

I briefly met the father and spoke with him. He denied any knowledge of how patient could have developed the rib fractures. He denies any trauma or falls for the patient. He seemed cooperative with interview and had no questions regarding ongoing evaluation.

FINAL PRINCIPAL DIAGNOSIS: Non-accidental trauma

FINAL PROBLEM LIST/HOSPITAL COURSE:

Active Hospital Problems
Ribs, multiple fractures

Resolved Problems
No resolved problems to display

Hospital Course:
During hospital stay, patient was stable, did not develop any fevers, had good PO intake. Biological parents were not allowed to stay. The patient had multiple imaging done (see below), in summary, there was no retinal hemorrhages, skeletal scan showed multiple rib fractures and metaphyseal fracture of the distal right femur, and head MRI was normal. Ortho was called regarding metaphyseal femur fracture, and did not feel

Discharge Summmary Notes (continued)

that patient needed follow-up unless patient was tender in that area. Dr. Hyden was consulted regarding concern for non-accidental trauma; it was felt that the patient should have a repeat skeletal survey in 2 weeks to look for fractures that were not evident. Initial BMP's on the patient was significant for CO2 being 17; repeat BMP were with CO2 of 18 and then 20. Patient also with mild elevation of hepatic enzymes of AST 41, ALT 62, and AlkPhos 444. **To evaluate for possible** metabolic/genetic disorders, a serum amino acid and urine organic acid test was drawn, as well as a final BMP (pending) prior to discharge.

PROCEDURE/IMAGING:
1/5/09 Skeletal survey - Multiple bilateral healing rib fractures and metaphyseal fracture of the distal right femur. Findings are compatible with child abuse.
1/5/09 Ophtho exam - no retinal hemorrhages
1/6/09 Brain MRI - IMPRESSION: Unremarkable MRI of the brain.

CONSULTANTS/SERVICE:
PCP: Jason T Ninomiya, MD
Admitting Provider: Barry M Mizuo, MD
Attending Provider: Bettina Ackermann, MD
Consulting Physician: David A Young, MD
Consulting Physician: Phillip W Hyden, MD
Resident: Bernard A Riola, RES

IMMUNIZATIONS GIVEN DURING HOSPITALIZATION: None

FINAL PROGRESS NOTE
S: Afebrile overnight. Feeding well, but NPO this morning for planned MRI at 9:30 AM. Stool x2, large soft. Growth charts obtained from PCP shows drop-off in weight **at the time of the last visit. Seen by nutrition who recommended 24 kcal formula.** Gained 114 g since admission. Foster parents found; both biological parents and foster parents are aware of the patient's situation and likely discharge today. Ophtho did not see any retinal hemorrhages, only 2 mm subconjunctival hemorrhage on the left eye medially. Ortho did not feel metaphyseal fracture of the distal right femur needed follow-up if patient was not tender in that area.

O:
VITAL SIGNS (LAST 24 HOURS):
Temp Avg: 36.8 °C (98.3 °F) Min: 36.2 °C (97.1 °F) Max: 37.1 °C (98.8 °F)
Pulse Avg: 124.3 Min: 100 Max: 156
Resp Avg: 40.4 Min: 30 Max: 48
SpO2 Avg: 99.3 % Min: 97 % Max: 100 %
BLOOD PRESSURES:
Systolic (24hrs), Avg:98 mmHg, Min:89 mmHg, Max:106 mmHg
Diastolic (24hrs), Avg:60 mmHg, Min:59 mmHg, Max:61 mmHg

O2 mode: Room air
O2 flow rate (L/min): 6 L/min

Wt - Scale: 4.76 kg (10 lb 7.9 oz) Height: 59 cm (1' 11.23") (1/5/10 7:20 AM) Head Cir: 38 cm (14.96") (1/5/10 7:20 AM) Body mass index is 13.67 kg/(m^2).
Normalized BMI data available only for age 2 to 20 years.

Intake/Output Summary (Last 24 hours) at 01/06 1357
Last data filed at 01/06 1301

Discharge Summmary Notes (continued)

	Gross per 24 hour
Intake	593 ml
Output	402 ml
Net	191 ml

TOTAL IN (ml/kg/day):

URINE OUTPUT (cc/kg/hr):

STOOLS: 2x, soft

PHYSICAL EXAM:

CONSTITUTIONAL: Fixes and tracks, fussy when picked up but NAD when lying in bed wrapped **Alert, easily consolable when picked up**

HEAD: ~~Microcephalic,~~ atraumatic, no palpable fractures, AFSF

EYES: red reflexes x 2, fixes and tracks, conjugate gaze **Unchanged, small subconjunctival hemorrhage of medial L eye**

ENT: no nasal discharge, mucous membranes moist and oropharynx non-injected

CV: regular rate, rhythm and normal S1, S2, no murmur, symmetric pulses in all 4 extremities

RESP: clear to auscultation, good aeration, no nasal flaring, no retractions

GI: soft, non-tender, normal bowel sounds

GU: normal male for age, testes descended and circumcised penis

EXTREMITIES: full ROM, no edema and no noticeable tenderness over bones, including left distal ~~humerous~~ **femur**

SKIN: warm and dry, no petechiae or purpura and no rashes Mongolian spots noted on left back (lower thoracic area), right buttock. Small abrasion on right upper back **(3-4 mm superficial scab).**

MUSCULOSKELETAL: all limbs normally developed and functional, good muscle tone in neck, trunk, and limbs, no joint tenderness and no muscle tenderness. Fair head control when upright.

NEURO: good strength and tone in all extremities, normal knee-jerk reflexes, symmetric, no abnormal posturing or movement and no focal deficit on exam.

OTHER: No palpable fractures, no bony tenderness on any part of body

LAB RESULTS:
CBC with AUTO Diff:

Basename	1/4/10 2020
WBC	9.8
RBC	4.77
HGB	12.2

Hawaii Pacific Health
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QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm: 1/4/2010, D/C: 1/6/2010

Discharge Summmary Notes (continued)

HCT	37.0
MCV	77.6*
MCH	25.5
MCHC	32.9
RDW	13.8
PLTC	429
DFTYP	Manual
SEG	17
BAND	--
LYM	75*
MONO	6
ALYMA	7.35
AMONOA	0.59
PRCOM	--
PWCOM	--
PPLTE	--
PPCOM	--

BMP:

Basename	1/6/10 0750	1/5/10 1624	1/5/10 1030
NA	134*	136	140
K	4.7	6.5*	4.9
CL	103	105	106
CO2	20*	18*	Quantity Not Sufficient
AGAP	11	13	Unable to calculate.
BUN	10	14	11
CRE	0.22	0.25	Quantity Not Sufficient
GLU	93*	81*	Quantity Not Sufficient
GLUR	--	--	--
CAL	10.2	10.8	10.2

1/6/09 - serum amino acid and urine organic acid pending, BMP (pending at discharge)
DIAGNOSTICS: See above for results of ophtho exam, head MRI, skeletal survey.
PATIENT DISPOSITION: Foster Care

Discharge Instructions

Hawaii Pacific Health
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QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm: 1/4/2010, D/C: 1/6/2010

Discharge Summmary Notes (continued)

Follow up
Follow up with Jason T Ninomiya, MD in 1-2 days. Please call 808-693-7300 for an appointment.

Call your doctor for these signs and symptoms
Fever, vomiting, decreased eating or urine

Additional discharge instructions or home services/supplies
Need to recheck electrolytes in 1-2 weeks to look for resolution of acidosis. Need to recheck skeletal survey in 10-14 days. Patient with serum amino acids and urine organic acids drawn prior to discharge.

DISCHARGE MEDICATIONS:
CONTINUE these medications which have NOT CHANGED
TYLENOL INFANTS PO
Take by mouth.

DISCHARGE SUPPLIES: None
SPECIAL INSTRUCTIONS: None
PATIENT RECEIVED ASTHMA ACTION PLAN: Not applicable
PATIENT RECEIVED PEAK FLOW METER: Not applicable
ASTHMA EDUCATION/TEACHING WAS COMPLETED BY RT? Not applicable
I certify that the narrative descriptions of the principal & the major procedures are accurate and complete.

Bernard A. Riola Jr., RES

Peds Hospitalist Attending Final Progress Note.

No acute events O/N. No family at the bedside. I agree with Dr. Riola's findings with my additions documented above (in **black**) and below.

Labs: 1/5: BMP hemolyzed with K+ 6.5, HCO3 18
1/6: BMP with Na 134, HCO3 20
MRI brain WNL
Pending Labs: serum amino acids, urine organic acids

A/P: 3 mo M with multiple healing rib fractures and distal R femur metaphyseal fracture consistent with NAT.
Symmetric FTT with probable SGA at birth based on history
Low HCO3 - likely due to hemolyzed specimens but initial metabolic evaluation started prior to discharge
URI - resolving

-d/c to home with foster family
-d/c meds: Tylenol pm pain
-f/u with: KMCWC outpatient clinic on 1/8/09 11:15 AM. Call sooner for difficulty breathing, inconsolability

Hawaii Pacific Health
Kapi'olani • Pali Moni • Straub • Wilcox

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1319 Punahou St
Honolulu, HI 96826-1001

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Acct #: 132506809
Adm:1/4/2010, D/C:1/6/2010

Discharge Summmary Notes (continued)

or other concerns.
-recommend repeat skeletal durvey in 10-14 days to evaluate for possible callus formation at femur fracture site
-consider repeat BMP as outpatient with additional w/u if low bicarb persists

I discussed with Dr. Ninomya and faxed summary.

I spent 45 minutes examining the patient, providing discharge instructions, cou2nseling to the patient and family, and coordinated with other agencies and providers. I prepared discharge records, prescriptions, and referral forms.

Bettina Ackermann, MD

01/06/10 1432 D/C Summaries signed by Ackermann, Bettina, MD

All Notes

Progress Notes signed by Jirasakuldej, Suda 01/08/10 1448

Author:	Jirasakuldej, Suda	Service	(none)	Author Type	Resident
Filed:	01/08/10 1448	Note Time:	01/08/10 1342		

Khayden K Quisano is a 3 mo old male
Patient presents with:
HOSPITAL F/U

3 month-old male here for follow. He was admitted 1/4/-1/6 for NAI after found to have multiple rib fracture from CXR.

Investigation: Eye exam, MRI brain normal. Electrolyte showed mild acidosis CO2 18-20, plasma aminoacid and urine organic acid sent: pending. Skeletal survey 1/5/09: Multiple bilateral healing rib fractures and metaphyseal fracture of the distal right femur. Dr Hyden, CPS involved. Parents are not allowed to take of baby at this time, d/c home with foster mom. Giving similac 24 cal/oz for poor weight gain.

She has vomting x2, therefore foster mom changed to regular similac, thought that he is better. He takes regular similac 6 oz q 3 hour. D/c weight 4.76 grams, today weight 5 kgs

Feel warm, no high fever, gave tylenol this morning. Here today for follow up.

REVIEW OF SYSTEMS:
GENERAL: no decreased activity, no decreased appetite and no decreased oral intake, +ve vomiting

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1319 Punahou St
Honolulu, HI 96826-1001
All Notes

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Enc. Date:01/08/10

All Notes (continued)

HEAD/FACE/NECK: no swollen glands
EYES: no eyelid redness, no eye discharge
ENT: no ear drainage
RESPIRATORY:no cough
CARDIOVASCULAR: no cyanosis
GI: no constipation and no diarrhea
URINARY: no decreased urine output
MUSCULOSKELETAL: no deformity
SKIN: no rash
NEUROLOGIC: no decreased responsiveness
PSYCHIATRIC: no behavior abnormalities
HEMATOLOGIC: negative, no bleeding

PAST HISTORY: As reviewed in the History Activity.
FAMILY HISTORY: No family history on file.
EXPOSURE TO: not reviewed
MEDICATIONS: no
IMMUNIZATIONS:
There is no immunization history on file for this patient.
ALLERGIES: No Known Allergies.

PHYSICAL EXAM:
Pulse 120 | Temp (Src) 37.1 °C (98.7 °F) (Temporal Scan) | Resp 28 | Wt 11 lb 0.4 oz (5 kg)
There is no height on file for this encounter.

GENERAL:alert, well appearing, no acute distress
HEAD: normocephalic, atraumatic
EYES: no eyelid swelling, no conjunctival injection and no conjunctival exudate
EARS: no external swelling or tenderness, canals clear, tympanic membranes normal in appearance and position
NOSE:nares patent, normal mucosa
MOUTH/THROAT:mucous membranes moist, no focal lesions, no tonsillar enlargement or exudate
TEETH:deferred
NECK: nontender, full range of motion, no mass, no focal lymphadenopathy
CHEST/LUNGS:breath sounds clear and equal bilaterally, no respiratory distress
CARDIOVASCULAR: regular rate and rhythm, no murmur and brisk capillary refill
ABDOMEN: soft, nontender, no hepatosplenomegaly and no mass
GENITALIA: normal male; testes descended bilaterally; no lesions, discharge, mass, swelling or tenderness; no hernia
EXTREMITIES: nontender, no deformity, full range of motion
BACK: nontender, no deformity, no defect
SKIN: warm, dry, no rash, no lesions
NEURO: alert, normal tone, no focal deficit

ASSESSMENT:
3 month-old male with NAI, doing well

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QUISANO,KHAYDEN K
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DOB: 9/18/2009, Sex: M
Enc. Date:01/08/10

All Notes (continued)

PLAN:
Medical record release from PMD office
Follow up plasma amino acid and urine organic acid
RTC next week for weight follow up and WCC, plan to do skeletal survey next week

-RTC or call if worsening or having any concerns

Suda Jirasakuldej, RES
Route to Nancy Clarke, MD attending

01/10/10 2332

Progress Notes signed by Clarke, Nancy S, MD

Author:	Clarke, Nancy S, MD	Service:	(none)	Author Type:	Physician
Filed:	01/10/10 2332	Note Time:	01/08/10 1214		

I have seen and evaluated the patient and discussed with resident, Dr. Jirasakuldej. I agree with the resident's findings and plan as documented in the resident's note. In addition, my findings are:

3 mo male, new patient here with foster mother for follow-up hospital stay for non-accidental trauma. Prior PCP was Dr. Ninomiya; foster mother prefers to obtain care with KMCWC clinic due to closer location to her home.

On 1/4/10, mother had brought Khayden to Dr. Ninomiya's office for evaluation due to cough and fever x 4 days. Dr. Ninomiya obtained a CXR with findings specific for multiple rib fractures including findings of healing left fourth, fifth, sixth and seventh rib
fractures and possibly a right sixth rib fracture.

Patient admitted and found on skeletal survey to additionally have metaphyseal fracture of the distal right femur. Opthalmology consulted and found no retinal hemorrhages. MRI brain obtained and found normal. Orthopedics consulted and recommended no orthopedic follow-up unless area of femur fracture seems tender.

Patient also found to have symmetric failure to thrive though there is reported history of patient being small for gestational age at birth. Per nutrition recommendation, patient was discharged on 24 calorie per ounce formula. Foster mother has switched back to regular 20 cal/oz formula due to Khayden not tolerating the 24 cal/oz formula and vomiting each time it is given. He is taking 6 oz/feed every 3 hours without problems. Foster mother reports he seems fussy at times when he is moved, especially when his right leg is moved.
PMH:
Reported SGA
Symmetric FTT

Family history: Sibling died at age 2 months from pneumonia; no other family history known

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QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M
Enc. Date:01/08/10

All Notes (continued)

Social history: Biological parents have been allowed to visit Khayden; currently with foster family; case under investigation by CWS.

O: gen: awake, alert, not fussy during exam
Heent: ncat, mmm, neck soft and supple, bilateral red reflex present
Cv: rrr, nls1s2, no murmurs
Chest: ctab
Abd: soft, nt/nd, nl bs, no masses
Gu: nl male for age
Ext: wwp, no deformities, no hip clicks
Skin: Mongolian spot on back, ~5 cm bruise on right upper back, no abrasions
Neuro: no focal abnormalities, normal tone and strength

A: 3 mo male here for hospital follow-up, new patient
-non-accidental trauma with multiple rib fractures and with right distal femur metaphyseal fracture
-under foster care, case under investigation by CWS
-failure to thrive, discharged home on 24 calorie/oz formula which he has not been tolerating, now on 20 cal/oz formula and with excellent interval weight gain since discharge from hospital

P:
-obtain records from PCP; foster mother unable to sign medical release form; resident MD discussed with CWS case worker, tel: 692 7861 CHAD KOJIMA; however, we will need to have release forms signed by the CWS social worker
-skeletal survey to follow-up initial survey next week
-f/u pending amino acids and urine organic acids
-reasonable to continue on 20 cal/oz formula as not tolerating 24 cal/oz formula and has had good interval weight gain
-f/u weight next week
-if appears to have persistent/increasing pain in area of right distal femur metaphyseal fracture, will consider referral to orthopedics
-clinic numbers to call reviewed

Order XR CHEST, 2 VIEWS (72020) (Ordered 01/04/10)

Exam Info

Date/Time of Service	Status	Reading Physician
1/4/2010 11:13 AM	Final	FUJINAGA, KIM M

Addendum
FUJINAGA, KIM M Mon Jan 4, 2010 4:15:31 PM HST

1/4/2010

XR CHEST, 2 VIEWS

REASON FOR EXAM: Feverx 4 day and cough

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Results Imaging (S)

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M

COMPARISON: 10/24/09

RESULT: Frontal and lateral views of the chest demonstrate no focal pulmonary infiltrate, consolidation, or pleural effusion. The heart size is normal. No pneumothorax is appreciated.

There are healing fractures involving the left fourth, fifth, sixth and seventh ribs posteriorly. There is a rounded opacity superimposing the right 6th rib, possibly due to healing fracture. There is a rounded opacity overlying the right 6th rib laterally, which could also be due to a healing fracture.

IMPRESSION:
1. No definite focal pulmonary infiltrates are visualized.

2. Interval finding of healing left fourth, fifth, sixth and seventh rib fractures and possibly a right 6th rib fracture.

Results called to Dr. Ninomiya 1/4/2010 at 3:23.

Signed Study

1/4/2010

XR CHEST, 2 VIEWS

REASON FOR EXAM: Fever x 4 day and cough

COMPARISON: 10/24/09

RESULT: Frontal and lateral views of the chest demonstrate no focal pulmonary infiltrate, consolidation, or pleural effusion. The heart size is normal. No pneumothorax is appreciated.

There are healing fractures involving the left fourth, fifth, sixth and seventh ribs posteriorly. There is a rounded opacity superimposing the right 6th rib, possibly due to healing fracture.

IMPRESSION:
1. No definite focal pulmonary infiltrates are visualized.

2. Interval finding of healing left fourth, fifth, sixth and seventh rib fractures and possibly a right 6th rib fracture.

Results called to Dr. Ninomiya 1/4/2010 at 3:23.
J 18033/sp

Results

Scan on 7/23/2013 1:17 PM by Kaleichi, Kevin A : imaging sign out form

Scan on 1/13/2010 8:03 AM by Faumui, Alleta : CD SIGNOUT, CD PAYMENT RECEIPT

Scan on 1/4/2010 11:12 AM by Ho, Candace Joselte : dis orders

Study

XR CHEST, 2 VIEWS (Order #36430085) on 1/4/2010 - Study Information

Result History

XR CHEST, 2 VIEWS (Order#36430085) on 1/4/10 - Order Result History Report.

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Results Imaging (S)

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M

Order Information

Order Date	Order Time	Service	Start Date
01/04/10	1105	(none)	01/04/10

Provider Information

Ordering Provider	Attending Provider
Ho, Candace Josette	Ninomiya, Jason T, MD

Order	Authorizing Provider
Ninomiya, Jason T, MD	Fujinaga, Kim M, MD

Order XR SKELETAL SURVEY <1 YR (77075 (CPT®)) (Order 36448256)

Exam Info

Date/Time of Service	Status	Reading Physician
1/5/2010 7:56 AM	Final	DI MAURO, ROBERT M

Signed Study

1/5/2010

XR SKELETAL SURVEY <1 YR

REASON FOR EXAM: 3 mo male with hat

RESULT: Fifteen views of the skeleton reveal healing fractures of the posterior portions of the left fourth through seventh ribs. There may also be a healing fracture of the posterior portion of the left eighth rib. There are healing fractures of the axillary portions of the right fourth through sixth ribs. There is a bucket handle fracture of the medial aspect of the distal right femoral metaphysis. There are small exostoses of the shafts of the first metatarsals bilaterally and the shaft of the left second metatarsal.

IMPRESSION: Multiple bilateral healing rib fractures and metaphyseal fracture of the distal right femur. Findings are compatible with child abuse.

J:18684/sk

Results

Scan on 1/13/2010 8:03 AM by Faumui, Alleta : CD SIGNOUT, CD PAYMENT RECEIPT

Study

XR SKELETAL SURVEY <1 YR (Order #36448256) on 1/4/2010 - Study Information

Result History

XR SKELETAL SURVEY <1 YR (Order#36448256) on 1/5/10 - Order Result History Report.

Order Information

Order Date	Order Time	Service	Start Date	Start Time	End Date
01/04/10	2020	Med/Surg Peds	01/05/10	1000	01/05/10

Provider Information

Ordering Provider	Attending Provider	Authorizing Provider

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Results Imaging (S)

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M

Provider Information (continued)

Referring Doctor	Primary Provider	Attending Provider
Ogai, Yuliya A, RES	Ogai, Yuliya A, RES	Ogai, Yuliya A, RES

Attending Hospitalist	Attending Provider	PCP	Group Provider
Mizuo, Barry M, MD	Mizuo, Barry M, MD	Ninomiya, Jason T, MD	Di Mauro, Robert M, MD
Lin, James C, MD			
Ackermann, Bettina, MD			

Order

MR BRAIN WITHOUT CONTRAST (70551) (CPT®) (Order 36503438)

Exam Info

Date/Time of Service	Status	Reading Physician
1/6/2010 9:55 AM	Final	ALBRITTON, RYAN L

Signed Study

1/6/2010

MR BRAIN WITHOUT CONTRAST

REASON FOR EXAM: 3 mo male with nat

COMPARISON: None available

TECHNIQUE: MRI of the brain was performed on a 1.5 Tesla Magnet without intravenous contrast using the following pulse sequences multiplanar localizer sagittal T1, axial proton density, T2 * GRE, T1, FLAIR, T2 and diffusion.

RESULT: The ventricles and sulci are within normal limits for age. There is normal white matter volume and myelination and sulcation pattern given the age.

No extraaxial fluid collections, mass, mass effect are identified.

There are no areas of restricted diffusion to suggest acute infarction nor areas of abnormal susceptibility to suggest prior hemorrhage.

The orbits, globes, paranasal sinuses, mastoid air cells, middle ears an major intracranial flow voids appear within normal limits.

IMPRESSION: Unremarkable MRI of the brain.

J 19893/sp

Results

Scan on 1/13/2010 8:02 AM by Faumui, Alleta : CD SIGNOUT, CD PAYMENT RECEIPT

Scan on 1/8/2010 2:04 PM by Salanoa, Tania A : MRI PAPERWORK

Study

MR BRAIN WITHOUT CONTRAST (Order#36503438) on 1/6/2010 - Study Information

Result History

MR BRAIN WITHOUT CONTRAST (Order#36503438) on 1/6/10 - Order Result History Report

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Results Imaging (S)

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M

Order Information

Order Date	Start Time	Service	Start Date	Start Time	End Date
01/06/10	1036	Med/Surg Peds	01/05/10	0000	01/05/10

Provider Information

Ordering Provider	Attending Provider	Consulting Provider
Ansaya, Rachel L	Ogai, Yuliya A, RES	Ogai, Yuliya A, RES

Referring Provider	Admitting Physical	PCP	Other Provider
Mizuo, Barry M, MD	Mizuo, Barry M, MD	Ninomiya, Jason T, MD	Albritton, Ryan L, MD

Lin, James C, MD

Ackermann, Bettina, MD

Order XR SKELETAL SURVEY <1 YR (Order 36579702)

Exam Info

Date/Time Exam Ordered	Status	Reading Physician
1/15/2010 11:06 AM	Final	DI MAURO, ROBERT M

Signed Study

1/15/2010

XR SKELETAL SURVEY <1 YR

REASON FOR EXAM: Child abuse

RESULT: 12 views of the skeleton reveal no interval change in the bilateral healing rib fractures and the healing metaphyseal fracture of the distal right femur. No new abnormalities are seen.

IMPRESSION: No change in the healing bilateral rib fractures and the healing fracture of the distal metaphysis of the right femur. Skeletal survey is otherwise normal.

J: 27870/la

Results

Scan on 7/23/2013 1:17 PM by Kalefohi, Kevin A : Imaging sign out form

Scan on 1/16/2010 10:55 AM by Faumui, Alieta : ADMISSION TO FOSTER HOME

Study

XR SKELETAL SURVEY <1 YR (Order #36579702) on 1/8/2010 - Study Information

Result History

XR SKELETAL SURVEY <1 YR (Order#36579702) on 1/15/10 - Order Result History Report.

Order Information

Order Date	Order Time	Service	Start Date
01/08/10	1209	(none)	01/08/10

Comments

Hawaii Pacific Health
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1319 Punahou St
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Results Imaging (S)

QUISANO,KHAYDEN K
MRN: 32049460
DOB: 9/18/2009, Sex: M

Comments (continued)

Please do on 1/15/09

Provider Information

[redacted]

Jirasakuldej, Suda

[redacted]

Clarke, Nancy S, MD

[redacted]

Nihomiya, Jason T, MD

[redacted]

Di Mauro, Robert M, MD

END OF REPORT

Electronically Filed
05/21/2014 04:09:33 PM

CLERK OF THE COURT

MSPR
PHILIP J. KOHN, PUBLIC DEFENDER
NEVADA BAR NO. 0556
NANCY M. LEMCKE
Deputy Public Defender
Nevada Bar No. 5416
NORMAN J. REED
Deputy Public Defender
Nevada Bar No. 3795
309 South Third Street, Suite 226
Las Vegas, Nevada 89155
(702) 455-4685
Attorney for Defendant

DISTRICT COURT

CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, v. JONATHAN QUISANO, Defendant.	CASE NO. C-13-294266-1 DEPT. NO. XXI DATE: June 3, 2014 TIME: 9:30 a.m.

MOTION TO SUPPRESS DEFENDANT'S STATEMENT
(Evidentiary Hearing Requested)

COMES NOW, the Defendant, JONATHAN QUISANO, by and through NANCY M. LEMCKE and NORMAN REED, Deputy Public Defenders, and hereby moves to suppress Mr. Quisano's statement(s) given to investigating officers in the instant matter. The Defendant further request(s) that this Honorable Court conduct an evidentiary hearing pursuant to Jackson v. Denno, infra, at the hearing on the instant Motion.

This Motion is made and based upon all the papers and pleadings on file herein and oral argument at the time set for hearing this Motion.

DATED this 19th day of May, 2014.

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By: _____
NANCY M. LEMCKE, #5416
Deputy Public Defender

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By: _____
NORMAN J. REED, #3795
Deputy Public Defender

STATEMENT OF FACTS

On June 6, 2013, three year-old Khayden Quisano died as the result of blunt force trauma to the head. I PHT p. 18-41 (Exhibit A). Khayden lived with his mother, Christina Rodrigues; his father, Jonathan Quisano; his little brother, Khaysen; and his maternal grandmother, Lynn Rodrigues. I PHT p. 233. On the morning of June 6, Jonathan left for work just before dawn, in keeping with his usual work schedule. I PHT p. 239-24. Christina woke Khayden and Khaysen around 6:30. I PHT p. 240. She dressed them and drove them to her grandparents' home, after which she drove to work for her 8:30-5:00 shift at cardiovascular specialist's office. I PHT p. 239-241. As typically happened, Christina's grandparents drove Khayden and Khaysen home after Jonathan returned home from work, sometime in the afternoon. I PHT p. 233-40. At approximately 5:10 that evening, as Christina was driving home from work, she received a phone call from Jonathan. I PHT p. 241-42. Jonathan told her to hurry home. I PHT p. 243. A few minutes later, Christina called Jonathan back and asked why he needed her to hurry home. I PHT p. 243. Jonathan explained that Khayden fell off of the back of the couch in the tile-floored living room[1] and hit his head. I PHT p. 243-44; 261. Jonathan told Christina that Khayden was not opening his eyes and was spitting up. I PHT p. 244; 256. Christina hung up and called 911. I PHT p. 244.

Emergency personnel responded and found Khayden unresponsive and lifeless. I PHT p. 155. Paramedics immediately initiated life-saving measures, including CPR/chest compressions. I PHT p. 163-64; 176-79. When asked what happened to Khayden, Jonathan told paramedic Timothy Kline that Khayden fell from a living room chair onto the tile floor. I PHT p. 160-61. Notably, the living room housed a love seat, two recliner chairs, and a three-seat couch. I PHT p. 237; 245-46. Jonathan similarly told paramedic Patrick Burkhalter that Khayden fell backwards off of a chair/recliner onto the floor. I PHT p. 210-12. Jonathan later clarified that he did not actually witness the fall; that he only saw Khayden playing on top of the chair when he fell. I PHT p. 213. Las Vegas Fire Department Captain Mickey Pedrol also asked Jonathan how Khayden sustained his injuries. I PHT p. 192-93. Jonathan purportedly told Capt. Pedrol that both of his

[1] Jonathan later reiterated this version of events to Christina when the couple drove to the hospital. PHT p. 244-49.

sons were playing on a bar when Khayden fell off, hitting his head on the floor. I PHT p. 193. Notably, when asked, Christina Rodrigues could not identify anything in the home approximating a 'bar,' nor was she aware of anything to which Jonathan referred as a 'bar' other than a barstool located in the kitchen area. I PHT p. 257.

Christina arrived home to find paramedics already tending to Khayden. I PHT p. 249. Suspicious of Jonathan's accounting of Khayden's injury(ies), Capt. Pedrol alerted LVMPD officials. I PHT p. 190. Khayden was transported to UMC Hospital where doctors determined him to be clinically brain dead. I PHT p. 38. Khayden died not long thereafter.

LVMPD detectives responded to the hospital and, ultimately, to Khayden's home to investigate. I PHT p. 253-54. Investigating officers directed Jonathan to leave the hospital and return home for further investigation of the incident. I PHT 253-54; II PHT p. 101. Initially, LVMPD Abuse/Neglect detectives responded to the hospital and Jonathan's home. II PHT p. 101-03. Once it appeared as though Khayden would succumb to his injuries, LVMPD officers summoned homicide detectives. II PHT p. 101-03. Homicide Detectives Dolphis Boucher and Tate Sanborn responded. II PHT p. 101-03.

Investigating officials obtained a warrant to search Jonathan's residence. II PHT p. 102. By the time Dets. Boucher and Sanborn arrived at Jonathan's home, Jonathan had returned to the residence, and numerous other LMVPD officials, including CSAs and LVMPD Child Abuse/Neglect detectives, were (or had been) present in the home investigating. II PHT p. 103.

Dets. Boucher and Sanborn interrogated Jonathan in his kitchen. II PHT p. 77-100. They did not *Mirandize* him. Jonathan told Det. Boucher that Christina's grandparents dropped Khayden and Khaysen off at home at approximately 4:30 in the afternoon. II PHT p. 77. Jonathan indicated that the children appeared to be fine. II PHT p. 77. Jonathan told Det. Boucher that everyone took a nap for a short while, after which the kids played. II PHT p. 78. At some point, the kids were playing on the living room sofa while Jonathan sat in one of the recliner chairs watching TV. II PHT p. 78. Jonathan indicated that, at some point, he looked over at his kids and saw Khayden falling over the back of the couch onto the tile floor. II PHT p. 127-28. Jonathan indicated to detectives that he did not see the beginning of the fall; only the "split second" when Khayden was

going over the couch. II PHT p. 78-82; 127-28.

Jonathan explained that he immediately went to tend to Khayden, and found him lying on his back, parallel to the couch. II PHT p. 85. Jonathan described Khayden as being "frozen up," making some type of noise. II PHT p. 87. Jonathan indicated he picked Khayden up, thinking he had been knocked out from the fall. II PHT p. 87. Not seeing any blood, Jonathan tried to revive Khayden by splashing water on his face. II PHT p. 88. Khayden did not respond to the cold water and began to vomit, at which point Jonathan called Christina, a medical assistant in a doctor's office, urging her to hurry home. II PHT p. 88.

Unhappy with Jonathan's accounting of events, officers told Jonathan that, given Khayden's injuries, "something substantial happened… that [he was] not explaining." VS p. 20 (Exhibit B). Officers pressed Jonathan, stating: "Those injuries can't happen the way you're describing. Something else had to happen…" VS p. 21. Detectives exaggerated the extent of Khayden's injuries, claiming Khayden suffered "another injury to his ribs here and to his chest," (VS p. 19-24) and presented at the hospital as "though somebody beat him." VS p. 23-24. Similarly, detectives exaggerated the force ininimally required to cause such injuries, stating, *inter alia*, that "There's substantial injuries to your child that go way beyond one fall off of a couch – even if he landed right on his head you can't substan—you – you can't get that kind of brain injury from that – that low of a fall. Even onto a tile concrete floor like this – its – the – the injuries don't make sense." VS p. 27.

Detectives then offered Jonathan a face-saving explanation for hurting Khayden, suggesting that "if you lost your temper and it's not what you meant to do that's different than a guy who just beat his kid and doesn't care." VS p. 26. Detectives threatened that: "If you can't offer me more than that, we're stuck with you're the kinda guy who did beat your kid to death. And I know you're saying you're not and I'd like to think you're not." VS p. 24. With this, detectives implied that, absent additional information and/or an admission of misconduct, the case would move forward on the premise that Jonathan intentionally beat his child to death.

Jonathan then tried to provide details of Khayden's fall which may have been previously lacking. Unlike his prior description of the fall in which Jonathan indicated he only saw Khayden

go over the back of the couch, Jonathan indicated that Khayden was facing in a southward direction when he fell, and had been standing right next to his brother on the couch just before the fall. Additionally, invegstigating officers retrieved a small, stuffed doll and asked Jonathan to demonstrate how Khayden went over the couch. II PHT p. 115-20. Jonathan purportedly described that Khayden slid over the back of the couch, head first. II PHT p. 83. Not surprisingly, detectives arrested Jonathan shortly (1-2 hours) after his interrogation concluded. II PHT p. 99-100.

Dr. Lisa Gavin performed an autopsy on Khayden. III PHT p. 4-10. Dr. Gavin found that Khayden suffered a stellate skull fracture to the back of his head, slightly to the right of the midline. III PHT p. 14. Dr. Gavin also found subgaleal and subdural hemorrhaging in this area. III PHT p. 12-16; 52. Dr. Gavin noted a significant amount of bleeding on the left side of Khayden's brain, along with some hemorrhaging around the eyes, as well. III PHT p. 19-20; 24; 52. Consistent with imaging performed at the hospital, Dr. Gavin observed a midline shift of the brain of a few millimeters. III PHT p. 51-52. Neuropathologic testing further revealed diffuse cerebral edema, as well as early-onset hypoxic ischemia and diffuse axonal injury. III PHT p. 40-42; 52.

Dr. Gavin opined that Khayden died as the result of blunt force trauma to the head. III PHT p. 53. However, Dr. Gavin did not classify Khayden's death as a homicide. III PHT p. 55-56. Rather, she could not determine the manner of Khayden's death. III PHT p. 55-56. Dr. Gavin explained that she could not rule out the possibility that Khayden's death was the result of an accident. III PHT p. 55-56.

II. POINTS AND AUTHORITIES

A. Jonathan's statements to investigating officials must be suppressed as they were obtained in violation of his *Miranda* rights.

The Fifth Amendment privilege against self-incrimination provides that "[n]o person... shall be compelled in any criminal case to be a witness against himself. U.S.C.A. V, XIV[2]; Nev.

[2] The privilege against self-incrimination applies to the states through the Fourteenth Amendment. See Mallory v. Hogan, 378 U.S. 1, 8 (1964).

Const. Art. 1, Sec. 8; Holyfield v. Townsell, 101 Nev. 793 (1985). "[T]he accused must be adequately and effectively apprized of his rights and the exercise of those rights must be fully honored." Miranda v. Arizona, 384 U.S. 436, 467 (1966). The Miranda Court held that:

> ...an individual held for interrogation must be clearly informed that he has the right to consult with a lawyer and *to have the lawyer with him during interrogation* under the system for protecting the privilege we delineate today.

Id. 384 U.S. at 472 (emphasis added). Thus, the Fifth Amendment privilege against self incrimination provides that, absent a valid *Miranda* warning and waiver, a suspect's statements made during a custodial interrogation are inadmissible at trial. Taylor v. State, 114 Nev. 1071 (1998) (citing Miranda, supra, 384 U.S. 436, 469-473 (1966)).

Jonathan was the subject of a custodial interrogation requiring a *Miranda* warning and waiver. 'Custodial interrogation' is defined as "'questioning[3] initiated by law enforcement officers after a person has been taken into custody or otherwise deprived of his freedom of action in any significant way.'" Mejia v. State, 134 P.3d 722 (Nev. 2006) (internal citation omitted). "Custody" for *Miranda* purposes means a "formal arrest or restraint on freedom of movement" of the degree associated with a formal arrest." Casteel v. State, 131 P.2d 1 (Nev. 2006) (citing Alward v. State, 112 Nev. 141, 154 (1996) (further citations omitted)). If there is no formal arrest, *the pertinent inquiry is whether a reasonable person in the suspect's position would feel "at liberty to terminate the interrogation and leave."* Id. (citing Thompson v. Keohane, 516 U.S. 99, 112 (1995) (emphasis added). The Nevada Supreme Court considers the following factors, no one of which is dispositive, in determining whether objective indicia of custody exist:

> (1) Whether the suspect was told that the questioning was voluntary or that he was free to leave; (2) whether the suspect was not formally under arrest; (3) whether the suspect could move about freely during questioning; (4) whether the suspect voluntarily responded to questions; (5) whether the atmosphere of questioning was police-dominated; (6) whether the police used strong-arm tactics or deception during questioning; and (7) whether the police arrested the suspect at the termination of questioning.

Taylor v. State, 114 Nev. 1071, 1082 n.1 (1998)

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[3] 'Interrogation' is defined as "express questioning or its functional equivalent." Rhode Island v. Innis, 446 U.S. 291 (1980).

Under the factors outlined above, Jonathan was *de facto* in custody at the time of his interrogation. He was directed by law enforcement to leave the hospital where his eldest child lay in critical condition and return home. By the time his interrogation began, multiple LVMPD officer and crime scene analysts had descended upon his residence to investigate. Investigating officials obtained a search warrant for his house, presumably limiting Jonathan's ability to move about freely in his own residence. At least one, if not more, officers were situated outside of Jonathan's home while he was subjected to questioning by detectives. II PHT p. 118. It does not appear that officers told Jonathan that submission to questioning was voluntary and that he could leave the residence. Officers pressed Jonathan for a different and/or more detailed accounting of Khayden's injuries by exaggerating the extent of the injuries and the force required to cause them. Officers further pressed Jonathan by suggesting that, absent a different and/or more detailed explanation for Khayden's injuries, authorities would be left with no choice but to perceive Jonathan as the kind of guy who "beat his kid to death." Shortly after his interrogation, officers arrested Jonathan and booked him into custody. No reasonable person in similar circumstances would have felt free to terminate the interrogation and leave. As such, Jonathan was 'in custody' at the time of his interrogation.

Additionally, Jonathan was the subject of an 'interrogation.' 'Interrogation' is defined as "express questioning or its functional equivalent." Rhode Island v. Innis, 446 U.S. 291 (1980). Detectives expressly questioned Jonathan about his involvement in Khayden's death. Thus, detectives subjected Jonathan to a custodial interrogation, the initiation of which required a valid *Miranda* warning and waiver. Given the detectives' failure to *Mirandize* Jonathan before interrogating him, Jonathan's subsequent statements must be suppressed. **U.S.C.A. V; XIV; Nev. Const. Art. 1, Sect. 8.**

B. Jonathan's statements were not freely and voluntarily given.

A criminal defendant is deprived of due process of law if his conviction is based, in whole or in part, upon an involuntary confession, even if there is ample evidence aside from the confession to support the conviction. Jackson v. Denno, 378 U.S. 368, 376 (1964); **U.S.C.A. V, XIV; Nev. Const. Art 1, Sec. 8.** Thus, a confession is admissible only if it is freely and

voluntarily made.[4] Steese v. State, 114 Nev. 479, 488 (1998) (citing Passama v. State, 103 Nev. 212, 213 (1987)). In order to be voluntary, a confession must be the product of a "rational intellect and a free will." Id (quoting Blackburn v. Alabama, 378 U.S. 368, 376 (1960)).

Whether a confession is the product of "rational intellect and a free will" hinges not only on the means by which the confession was extracted, but the subjective effect that such extrication methods have on *a particular defendant*. As articulated by the United States Supreme Court:

> ...[T]he admissibility of a confession turns as much on whether the techniques for extracting the statements, as applied to this suspect, are compatible with a system that presumes innocence and assures that a conviction will not be secured by inquisitorial means as on whether the defendant's will was in fact overborne.

Miller v. Fenton, 474 U.S. 104 (1985) (emphasis in original). See also Passama, 735 P.2d at 323 (holding that "... certain interrogation techniques, either in isolation or as applied to the unique characteristics of a particular suspect, are so offensive... that they must be condemned under the Due Process Clause of the Fourteenth Amendment.") (citations omitted).

This Court requires a 'totality of the circumstances' analysis to determine the voluntariness of a confession. Steese, supra, (citing Passama, 103 Nev. At 214). Among the factors to be considered in determining whether a confession was voluntarily given are:

> the youth of the accused; his lack of education or his low intelligence; the lack of any advice of constitutional rights; the length of detention; the repeated and prolonged nature of questioning; and the use of physical punishment such as the deprivation of food or sleep.

Id. (citing Schneckloth v. Bustamonte, 412 U.S. 218, 226-27 (1973)).

Confessions obtained by physical intimidation or psychological pressure are inadmissible. Steese, supra, 114 Nev. at 488 (citing Townsend v. Sain, 372 U.S. 293, 307 (1963), *overruled on other grounds by* Keeny v. Tamayo-Reyes, 112 S.Ct. 1715, 1717 (1992)). Promises made by the police to a suspect are crucial to a determination of voluntariness. Id (citing Passama, at 215). If

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[4] The prosecution must prove the voluntariness of a confession by a preponderance of the evidence. Stringer v. State, 836 P.2d 609, 612 (Nev. 1992) (citing Sanchez v. State, 734 P.2d 726, 728 (Nev. 1987)).

promises made, implicit or explicit, trick a confessant into confessing, the confession is involuntary. Franklin v. State, 96 Nev. 417, 421 (1980).[5]

Under the authority outlined above, Jonathan's statements were not freely and voluntarily given. He was directed by law enforcement to leave the hospital where his son lay dying and return to his home -- a home which had become the epicenter of a criminal investigation. By the time Jonathan returned home, multiple law enforcement officers and crime scene analysts had descended upon his home to investigate Khayden's impending death. Detectives interrogated Jonathan in this police-dominated atmosphere, questioning him at length about the events that precipitated Khayden's injuries -- *in the absence of a Miranda warning*. Detectives exaggerated certain of Khayden's injuries as well as the minimal force required to cause those injuries in order to induce a different accounting of events. Detectives made clear that, absent additional and/or different explanation(s) for Khayden's injuries, Jonathan would be treated as the type of predator who 'beats his kid and doesn't care' versus a well-intentioned parent who momentarily snaps in a fit of anger. Sadly, when detectives demanded an 'alternative explanation' for what happened to Khayden, Jonathan, revealing his intellectual deficits, responded by asking "What's an alternative?" VS p. 22. Thus, under the factors outlined Steese, Jonathan's statement(s) to investigating officials were not the product of a rational intellect and free will but, rather, the police dominated-atmosphere in which he was interrogated, as well as the coercive tactics employed upon an individual incapable of understanding the word 'alternative.' Thus, Jonathan's statement(s) to investigating detectives were not freely and voluntarily given. as such, they must be suppressed. **U.S.C.A. V; XIV; Nev. Const. Art. 1, Sect. 8.**

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[5] See also Passama, supra, at 215; U.S. v. Tingle, 658 F. 2d 1332, 1336-37 (9th Cir. 1981) (confession involuntary due in part to officer's promise to bring cooperation to prosecutor's attention); U.S. v. Rogers, 906 F. 2d 189, 191 (5th Cir. 1990) (confession involuntary partly due to assurance that defendant would not be arrested if he cooperated); U.S. ex rel. Church v. de Robertis, 771 F.2d 1015, 1020 (7th Cir. 1985) (dictum) (confession may be involuntary if defendant's will overborne by state's attorney's misleading promise concerning less severe charge).

CONCLUSION

Based on the foregoing, the Defendant, JONATHAN QUISANO, respectfully requests that this Honorable Court suppress his statements, both recorded and unrecorded, to investigating officials in the instant matter.

DATED this 19th day of May, 2014.

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By: _____
NANCY M. LEMCKE, #5416
Deputy Public Defender

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By: _____
NORMAN J. REED, #3795
Deputy Public Defender

NOTICE OF MOTION

TO: CLARK COUNTY DISTRICT ATTORNEY, Attorney for Plaintiff:

YOU WILL PLEASE TAKE NOTICE that the Public Defender's Office will bring the above and foregoing Motion on for hearing before the Court on the 3rd day of June, 2014, at 9:30 a.m., District Court Department XXI.

DATED this 19th day of May, 2014.

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By: _____
NANCY M. LEMCKE, #5416
Deputy Public Defender

CERTIFICATE OF ELECTRONIC SERVICE

I hereby certify that service of MOTION TO SUPPRESS DEFENDANT'S STATEMENT, was made this 21st day of May, 2014, by Electronic Filing to:

CLARK COUNTY DISTRICT ATTORNEY'S OFFICE
Motions@clarkcountyda.com

MICHAEL STAUDAHER, Chief Deputy District Attorney
E-Mail: michael.staudaher@clarkcountyda.com

By: _____
S. Ruano
Secretary for the Public Defender's Office

THE ATTACHED EXHIBITS A-1 FILED ON 12/09/2013, A-2 FILED ON 12/16/2013, AND A-3 FILED ON 12/22/2013 HAVE BEEN INTENTIONALLY OMITTED & CAN BE LOCATED ON PGS 027-461

EXHIBIT "B"

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

VOLUNTARY STATEMENT

PAGE 1

EVENT #: 130606-3235

SPECIFIC CRIME: HOMICIDE

DATE OCCURRED: 06-06-13 TIME OCCURRED: 1806 HOURS

LOCATION OF OCCURRENCE: 4720 TRIMWATER COURT

CITY OF LAS VEGAS CLARK COUNTY

NAME OF PERSON GIVING STATEMENT: JONATHAN QUISANO

DOB: 10-16-86 SOCIAL SECURITY #: 575-41-4713

RACE: SEX:

HEIGHT: WEIGHT:

HAIR: EYES:

HOME ADDRESS: 4720 TRIMWATER COURT PHONE 1:

WORK ADDRESS: PHONE 2:

The following is the transcription of a tape-recorded interview conducted by DETECTIVE D. BOUCHER, P#4636, LVMPD HOMICIDE SECTION, on 06-06-13 at 2118 hours. Also present is Detective T. Sanborn, P#5450.

Q: This is Detective D. Boucher - P# 4636 - I'm gonna be conducting an interview under event 130606-3235. Ah, also present is Detective Sanborn, - P# ...

Q1 (TATE SANBORN): 5450.

Q: Ah, we're gonna be speaking with Jonathan Quisano?

A: Yes.

Q: I'm gonna spell it - it's Q-U-I-S-A-N-O. His birthday is 10-16-86 and he has a social of 575-41-4713. Ah, he lives at 4720 Trimwater Court and we're doing the

interview in his dining room. Um, the interview is taking place on, ah, Thursday, June 6th.

A: That's the (unintelligible).

Q: At, um, 2118 hours. And the reason we're here is, um, - while you were home tonight I guess it was you and your - your boys.

A: My two boys - yeah.

Q: One of your boys got hurt pretty substantially.

A: Oh yeah.

Q: He's at the hospital. Um, so we, ah - ah, the police have been here. Um, and initially you called - well we'll have you explain all that...

A: I called, yeah.

Q: But we'll - we'll go through that in a minute, but, um, you - you apparently called your wife and called the police. The ambulance showed up, took the baby to the hospital. You went there and now you're back.

A: Yes.

Q: But we're gonna go through all that, okay? Um, how many kids do you have?

A: Three.

Q: Okay. Tell me how old are they?

A: My oldest is going to be 6 years old but he passed away in 08.

Q: (Unintelligible).

A: He was only 3 months.

Q: Un-'kay, and where was that?

A: In Hawaii.

Q: Okay.

A: Yeah.

Q: And what did he pass away from?

A: Um, they say it was SIDS 'cause we woke up and he was in his crib not breathing - just (unintelligible).

Q: Okay, and how old was he when that happened?

A: He's only like 3 - 3 months.

Q: Okay. And when was that that he passed away?

A: In 2008.

Q: 2008?

A: Yeah, like - was - 'cause he was born of '07 - December 15th and three months went by - end of February I guess was - he had passed. It was the next year.

Q: Okay, did they do an investigation back there regarding that and stuff?

A: Wow that was a long time. Like.

Q: I mean kind of like this where the police showed up and talked to you and everything?

A: Yeah - yeah - yeah - yeah - yeah - yeah.

Q: Okay.

A: They came.

Q: Did they take your other kids away at the time or?

A: Um, no I never had them.

Q: Okay, they - so...

A: Yeah.

Q: ...at the time he was your only child?

A: Yeah.

Q: And is it with the same mom...

A: Same mom.

Q: ...that you have your children with now? And just so I make sure I get her name right it's Christina Rodrigues?

A: Rodrigues.

Q: (Unintelligible).

A: Rodrigues. (unintelligible). Not Re- no not Re- Rodrigues but it's Rodrigues - pronounced Rodrigues.

Q: How do spell it?

A: R-O-D-R-I-G-U-E-S.

Q: Oh, okay.

A: Rodrigues.

Q: But she just pronounces it differently?

A: Yeah.

Q: Okay. And is she the mom of all your babies?

IN THE SUPREME COURT OF THE STATE OF NEVADA

JONATHAN QUISANO, Appellant, vi. THE STATE OF NEVADA, Respondent.	No. 66816

APPELLANT'S APPENDIX VOLUME III PAGES 501-750

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CATHERINE CORTEZ MASTO
Attorney General
100 North Carson Street
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Counsel for Respondent

CERTIFICATE OF SERVICE

I hereby certify that this document was filed electronically with the Nevada Supreme Court on the 13th day of Feb, 2015. Electronic Service of the foregoing document shall be made in accordance with the Master Service List as follows:

CATHERINE CORTEZ MASTO
STEVEN S. OWENS
NORMAN REED
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:

JONATHAN QUISANO
NDOC# 1128389
c/o HIGH DESERT STATE PRISON
PO BOX 650
Indian Springs, NV 89070

BY _____
Employee, Clark County Public Defender's Office

IN THE SUPREME COURT OF THE STATE OF NEVADA

JONATHAN QUISANO,

Appellant,

v.

THE STATE OF NEVADA,

Respondent.

No. 66816

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Feb 17 2015 09:21 a.m.
Tracie K. Lindeman
Clerk of Supreme Court

APPELLANT'S APPENDIX VOLUME III PAGES 501-750

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State's Opposition to Defendant's Motion to Strike Jury Venire Based Upon the Automatic Exclusion of Convicted Felons filed 05/30/2014 947-950

State's Opposition to Defendant's Motion to Suppress Defendant's Statement filed 05/27/2014 862-876

State's Reply in Support of Motion to Admit Evidence of Other Crimes, Wrongs and Acts filed 06/02/2014 965-983

State's Request for Witnesses to Appear by Simultaneous Audiovisual Transmission Equipment filed 05/27/2014 877-883

Supplemental Defendant's Notice of Witnesses, Pursuant to NRS 174.234 filed 06/03/2014 987-989

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TRANSCRIPTS

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

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Evidentiary Hearing
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Calendar Call/ State's Motiion 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
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Recorder's Transcript of Hearing,
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Date of Hrg: 03/06/2014 1208-1210

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

CERTIFICATE OF FACSIMILE TRANSMISSION AND/OR ELECTRONIC MAIL

I hereby certify that service of Return To Writ of Habeas Corpus, was made this 27th day of February, 2014, by facsimile transmission and/or e-mail to:

NANCY L. LEMCKE, Deputy Public Defender
E-Mail: LemckeNL@clarkcountynv.gov

pdclerk@clarkcountynv.gov

BY: J. Robertson
J. Robertson
Employee of the District Attorney's Office

13F0904X/MVS/jr/MVU

EXHIBIT "1"

Electronically Filed
12/04/2013 10:27:58 AM

CLERK OF THE COURT

AINF
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565
MICHAEL V. STAUDAHER
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Nevada Bar #008273
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

I.A. 12/3/13
9:30 A.M.
PD

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,
Plaintiff,

-vs-

JONATHAN QUISANO,
#5991702
Defendant.

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

AMENDED
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

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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

BY
MICHAEL V. STAUDAHER
Chief Deputy District Attorney
Nevada Bar #008273

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

NAME	ADDRESS
ACUNA, RON OR DESIGNEE	INVESTIGATOR C.C. DISTRICT ATTORNEY
BOUCHER, DOLPHIS	LVMPD #4636
CUSTODIAN OF RECORDS OR DESIGNEE	Clark County Detention Center, 330 S. Casino Center Blvd., Las Vegas, NV
CUSTODIAN OF RECORDS OR DESIGNEE	Clark County Detention Center, Communications 330 S. Casino Center Blvd., Las Vegas, NV
CUSTODIAN OF RECORDS OR DESIGNEE	C.C. FIRE DEPT RECORDS
CUSTODIAN OF RECORDS OR DESIGNEE	LVMPD Communications, Las Vegas, NV
CUSTODIAN OF RECORDS OR DESIGNEE	LAS VEGAS FIRE DEPT RECORDS
CUSTODIAN OF RECORDS OR DESIGNEE	LVMPD Records Las Vegas, NV
CUSTODIAN OF RECORDS	UMC, 1800 W. Charleston, LVN

GAVIN, DR. LISA	C.C. Coroner's Office
HARDWICK, JASON	LVMPD #6056
JOHNS, MATT OR DESIGNEE	INVESTIGATOR C.C. DISTRICT ATTORNEY
KASEY, MICHAEL DR.	UMC, 1800 W. Charleston, LVN
RODRIGUEZ, Christina	4720 Trimwater Ct., LVN 89130
SANBORN, TATE	LVMPD #5450

DA#13F09094X/jr-mvu
LVMPD EV#1306063235
(TK12)

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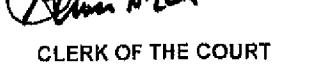

CLERK OF THE COURT

STEVEN B. WOLFSON
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Nevada Bar #001565
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Chief Deputy District Attorney
Nevada Bar #008273
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, -vs- JONATHAN QUISANO, #5991702, Defendant.	CASE NO: C-13-294266-1 DEPT NO: XXI

RECEIPT OF COPY

RECEIPT OF COPY of the following attached listing of documents in **Case No. C-13-294266-1, DEFENDANT JONATHAN QUISANO** is hereby acknowledged this 19TH day of March, 2014.

ATTORNEY FOR DEFENDANT
JONATHAN QUISANO

BY _____

PREPARED BY:
STEVEN B. WOLFSON
District Attorney
Nevada Bar #001565

BY _____
MICHAEL V. STAUDAHER
Chief Deputy District Attorney
Nevada Bar #008273

Produced on October 4, 2013:

1. Discovery Designated "DA - Quisano" Bates numbers "1 → 36" (inclusive) – Autopsy Report

2. Photos – Autopsy – Khayden Quisano – Color – 243 Images

3. Discovery Designated "DA - Quisano" Bates numbers "37 → 69" (inclusive) – Clinical Psychological Evaluation – Hawaii

4. Discovery Designated "DA - Quisano" Bates numbers "70 → 94" (inclusive) – CPS Records – Hawaii

5. Discovery Designated "DA - Quisano" Bates numbers "95 → 135" (inclusive) – Medical Records – Khayden Quisano - Hawaii

6. Radiology Records – Films and Reader – Hawaii – 320MB

7. Discovery Designated "DA - Quisano" Bates numbers "136 → 292" (inclusive) – Medical Records – Khayden Quisano – COR UMC

8. Discovery Designated "DA - Quisano" Bates numbers "293 → 342" (inclusive) – Medical Records – Khayden Quisano – UMC Meds Provided to LVMPD

9. Photos – Crime Scene – LVMPD – Color - 673 Images

9. Discovery Designated "DA - Quisano" Bates numbers "343 → 362" (inclusive) – Search Warrant – Apple and Samsung Devices

10. Discovery Designated "DA - Quisano" Bates numbers "363 → 383" (inclusive) – Search Warrant – 4720 Trimwater

11. Transcriptions of the following interviews:

- Interview – Carla Rodrigues – 06/06/13 at 2219 hours – 20 pgs
- Interview – Christina Rodrigues – 06/06/13 at 2125 hours – 41 pgs
- Interview – Jonathan Quisano – 06/06/13 at 2118 hours – 45 pgs
- Interview – Lynelle Rodrigues – 06/06/13 ending at 2152 hours – 28 pgs

- Interview – Mark Willingham – 06/06/13 at 2152 hours – 14 pgs
- Interview – Mickey Pedrol – 06/12/13 at 2053 hours - 10 pgs
- Interview – Patrick Burkhalter – 06/12/13 at 1900 hours – 12 pgs
- Interview – Timothy Kline – 06/12/13 at 2012 hours – 17 pgs

12. Discovery Designated "DA - Quisano" Bates numbers "384 → 385" (inclusive) – Arrest Report

13. Discovery Designated "DA - Quisano" Bates number "386" – Booking Photo – Jonathan Quisano

14. Discovery Designated "DA - Quisano" Bates numbers "387 → 392" (inclusive) – Case Report

15. Discovery Designated "DA - Quisano" Bates number "393" – Consent to Search – Christina Rodrigues

16. Discovery Designated "DA - Quisano" Bates numbers "364 → 395" (inclusive) – Diagrams – Crime Scene

17. Discovery Designated "DA - Quisano" Bates numbers "396 → 398" (inclusive) – Incident Recall

18. Discovery Designated "DA - Quisano" Bates number "399" – Hand Written Voluntary Statement – Jonathan Quisano

19. Discovery Designated "DA - Quisano" Bates numbers "400 → 403" (inclusive) – Las Vegas Fire Records

20. Photos – Crime Scene – Couch – Color – 5 Images

Produced March 19, 2014:

1. **Discovery Designated "DA - Quisano" Bates numbers "404 → 414" (inclusive) – Crime Scene Reports**

2. **Discovery Designated "DA - Quisano" Bates numbers "415 → 426 (inclusive) – COR – LVMPD Dispatch**

3. **Discovery Designated "DA - Quisano" Bates numbers "427 → 440" (inclusive) – Officer's Report**

4. Discovery Designated "DA - Quisano" Bates numbers "441 → 492" (inclusive) – DFS Records

5. Discovery Designated "DA - Quisano" Bates numbers "493 → 498" (inclusive) – LVMPD Computer Forensics Report

6. Transcripts:

   - Interview – Arthur Montes – 11/04/13 at 0949 hours – 4 pgs

   - Interview – Jonathan Quisano – 06/06/13 at 2118 hours – 45 pgs

7. Audio Recording – 911 Call and Radio Traffic – 4.1MB

8. Reproduction of All Images Previously Produced on October 4, 2013:

   - Photos – Crime Scene – Couch – Color – 5 Images

   - Photos – Autopsy – Khayden Quisano – Color – 243 Images

   - Photos – Crime Scene – LVMPD – Color - 673 Images

Please Note: The State formally invites the defense to review the State's case file in the instant matter. This invitation is ongoing and is intended to make all discovery in the State's possession available and accessible to the defense. In addition, the State, at the request of the defense, will facilitate a review of the case file information housed at the Las Vegas Metropolitan Police Department (LVMPD) under the following event number: #130606-3235. In addition, the State, at the request of defense counsel, will also facilitate access to all evidence at the evidence vault which has been impounded under event number: #130606-3235.

It is the desire of the State to provide the defense with full access to all discovery in the possession of the State. That access is available now.

The State acknowledges that its discovery obligations are continuing and the State will make all subsequent discovery received, if any, available to the defense in compliance with the requirements of NRS 174.235, as well as Brady v. Maryland, 373 U.S. 83 (1963) and Giglio v. United States, 405 U.S. 150 (1972).

The State also takes this opportunity to formally request reciprocal discovery from the defense and for the defense to provide timely access to any discovery that it intends to use at trial.

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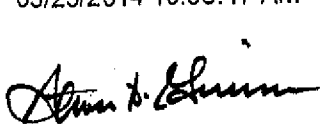

CLERK OF THE COURT

ROC
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565
MICHAEL V. STAUDAHER
Chief Deputy District Attorney
Nevada Bar #008273
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, -vs- JONATHAN QUISANO, #5991702, Defendant.	CASE NO: C-13-294266-1 DEPT NO: XXI

RECEIPT OF COPY

RECEIPT OF COPY of the following attached listing of documents in **Case Number C-13-294266-1, DEFENDANT JONATHAN QUISANO** is hereby acknowledged this 24th day of March, 2014.

ATTORNEY FOR DEFENDANT
JONATHAN QUISANO

BY _____

PREPARED BY:
STEVEN B. WOLFSON
District Attorney
Nevada Bar #001565

BY _____
MICHAEL V. STAUDAHER
Chief Deputy District Attorney
Nevada Bar #008273

C:\Users\robertj\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\MY2VAHK3\13F09094-ROC-(Quisano__Jonathan)-002.docx

Produced on October 4, 2013:

1. Discovery Designated "DA - Quisano" Bates numbers "1 → 36" (inclusive) – Autopsy Report
2. Photos – Autopsy – Khayden Quisano – Color – 243 Images
3. Discovery Designated "DA - Quisano" Bates numbers "37 → 69" (inclusive) – Clinical Psychological Evaluation – Hawaii
4. Discovery Designated "DA - Quisano" Bates numbers "70 → 94" (inclusive) – CPS Records – Hawaii
5. Discovery Designated "DA - Quisano" Bates numbers "95 → 135" (inclusive) – Medical Records – Khayden Quisano - Hawaii
6. Radiology Records – Films and Reader – Hawaii – 320MB
7. Discovery Designated "DA - Quisano" Bates numbers "136 → 292" (inclusive) – Medical Records – Khayden Quisano – COR UMC
8. Discovery Designated "DA - Quisano" Bates numbers "293 → 342" (inclusive) – Medical Records – Khayden Quisano – UMC Meds Provided to LVMPD
9. Photos – Crime Scene – LVMPD – Color - 673 Images
10. Discovery Designated "DA - Quisano" Bates numbers "343 → 362" (inclusive) – Search Warrant – Apple and Samsung Devices
11. Discovery Designated "DA - Quisano" Bates numbers "363 → 383" (inclusive) – Search Warrant – 4720 Trimwater
12. Transcriptions of the following interviews:
    - Interview – Carla Rodrigues – 06/06/13 at 2219 hours – 20 pgs
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21. Photos – Crime Scene – Couch – Color – 5 Images

<u>Produced March 19, 2014:</u>

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3. Discovery Designated "DA - Quisano" Bates numbers "427 → 440" (inclusive) – Officer's Report

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5. Discovery Designated "DA - Quisano" Bates numbers "493 → 498" (inclusive) – LVMPD Computer Forensics Report

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- Photos – Crime Scene – Couch – Color – 5 Images
- Photos – Autopsy – Khayden Quisano – Color – 243 Images
- Photos – Crime Scene – LVMPD – Color - 673 Images

Produced March 20, 2014:

1. **Discovery Designated "DA - Quisano" Bates numbers "499 → 507" (inclusive) – COR-UMC Radiology Reports**
2. **COR UMC - Radiology Images – Khayden Quisano – 1.33GB**

Please Note: The State formally invites the defense to review the State's case file in the instant matter. This invitation is ongoing and is intended to make all discovery in the State's possession available and accessible to the defense. In addition, the State, at the request of the defense, will facilitate a review of the case file information housed at the Las Vegas Metropolitan Police Department (LVMPD) under the following event number: #130606-3235. In addition, the State, at the request of defense counsel, will also facilitate access to all evidence at the evidence vault which has been impounded under event number: #130606-3235.

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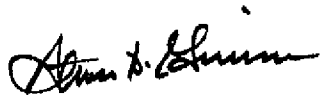

CLERK OF THE COURT

NWEW
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565
MICHELLE Y. JOBE
Deputy District Attorney
Nevada Bar #010575
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

JONATHAN QUISANO,
#5991702

Defendant.

CASE NO: C-13-294266-1

DEPT NO: XXI

NOTICE OF EXPERT WITNESSES
[NRS 174.234(2)]

TO: JONATHAN QUISANO, Defendant; and

TO: NANCY L LEMCKE, DEPUTY PUBLIC DEFENDER, Counsel of Record:

YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that the STATE OF NEVADA intends to call the following expert witnesses in its case in chief:

Joel Albert P# 13204 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Shahrokh Assemi, M.D. – Radiologist - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Deborah Brotherson P# 4931 – Crime Scene Analyst - Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under

LVMPD Event # 130606-3235.

Patrick Burkhalter – First Responder – AMR - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Michael Casey, M.D. – Treating Physician – Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Sandra Cetl, M.D. – Physician - – Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009) from 2010 as well as 2013. In addition, Dr. Cetl will provide expert testimony as an abuse and neglect specialist and will render opinions about abusive injuries, mechanisms and causes of said injuries, as well as his opinions related thereto pertaining to the injuries sustained by KHAYDEN QUISANO (DOB 09/18/2009)

David Chao, M.D. – Treating Physician - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

L. Chen, M.D. – Forensic Neuropathologist – eyes – Pathology # SHS-13-27338 - Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses regarding his Neuro-Ophthalmologic analysis pertaining to victim KHAYDEN QUISANO (DOB: 09/18/2009) under Coroner's Case # 13-05465. In addition, Dr. Chen is expected to provide expert testimony concerning injury patterns, mechanisms of injury and causes of injury in general, as well as those specifically pertaining to KHAYDEN QUISANO as derived from Dr. Chen's analysis.

Kris Chipman – First Responder - Las Vegas Fire Department - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim

assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Thomas Costello, M.D. – Radiologist - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Juanita Crespo, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Andrea Davis, R.N. – Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Martin Delgado – First Responder – Las Vegas Fire Department - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Peter Egbert, M.D. – Forensic Neuropathologist - Pathology # SHS-13-27338 - Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses regarding his Neuro-Ophthalmologic analysis pertaining to victim KHAYDEN QUISANO (DOB: 09/18/2009) under Coroner's Case # 13-05465. In addition, Dr. Egbert is expected to provide expert testimony concerning injury patterns, mechanisms of injury and causes of injury in general, as well as those specifically pertaining to KHAYDEN QUISANO as derived from the analysis.

Donna Evangelista, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment,

observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Sherri Fabbro, R.N. – Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Stephanie Fletcher – P# 6650 – Crime Scene Analyst - Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under LVMPD Event # 130606-3235.

Lisa Gavin, M.D. MPH – Medical Examiner – Is expected to provide testimony as a medical expert as to her opinions and findings regarding the cause and manner of death of victim KHAYDEN QUISANO (DOB 09/18/2009) under Coroner's Case # 13-05465.

Brandon Gray – First Responder – AMR - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Srinivas N Halthore, MD - 6/7/13 – Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Christopher Hyink – First Responder - Las Vegas Fire Department - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Jerrell Ingalls, M.D. - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Oscar Ingaramo, M.D. – Treating Physician - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Stuart Kaplan, M.D. – Neurosurgeon – Treating Physician – Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Danielle Keller P# 12712 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under LVMPD Event # 130606-3235.

Timothy Kline – First Responder – Las Vegas Fire Department – Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Tracy Krause - P #9975 – Crime Scene Analyst - Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under LVMPD Event # 130606-3235.

Nelson Marietta, M.D. and/or designee – Treating Physician, Ophthalmologist - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Dianne Mazzu, M.D. – Radiologist - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Randall McPhail – P# 3326 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Sasha Milligan, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Amie J. Modglin – Coroner Investigator – Is expected to provide testimony as an expert in the field of death investigations, as well as her direct involvement under Coroner's Case # 13-05465.

Arthur Montes, M.D. – Pediatric Radiologist – Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009) from 2010 as well as 2013. In addition, Dr. Montes will provide expert testimony as a pediatric radiologist and will render opinions about abusive injuries, mechanisms and causes of said injuries, as well as his opinions related thereto pertaining to the injuries sustained by KHAYDEN QUISANO (DOB 09/18/2009) in 2013 as well as 2010.

Patricia Moore, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Pejman Motarjem, M.D. – Radiologist - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Michael Perkins – P# 4242 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Ashley Pistorio, M.D. – Treating Physician – Resident Physician - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Kelly Postell, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Latia Rahming, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Connie Saqueton, M.D. – Treating Physician - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Karalyn Smalley, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

L. Smith P# 3574 and/or designee – Computer Forensic Examiner – Is expected to provide testimony as an expert in the field of computer forensic analysis, of computers, phones and other electronic devices. Mr. Smith and/or his designee is expected to provide expert testimony as to the science, techniques and procedures employed in computer forensic analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Erin Sturgeon, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Hannes Vogel, M.D. – Forensic Neuropathologist – Pathology # SHS-13-27335 – Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses regarding his Neuropathologic analysis pertaining to victim KHAYDEN QUISANO (DOB: 09/18/2009) under Coroner's Case # 13-05465. In addition, Dr. Vogel is expected to provide

expert testimony concerning injury patterns, mechanisms of injury and causes of injury in general, as well as those specifically pertaining to KHAYDEN QUISANO as derived from his analysis.

Meena P. Vohra, M.D. – Treating Physician - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Jimmy Wang, M.D. – Radiologist - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Lisa Wong, M.D. – Radiologist - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

These witnesses are in addition to those witnesses endorsed on the Information or Indictment and any other witnesses for which a separate Notice of Witnesses and/or Expert Witnesses has been filed

The substance of each expert witness' testimony and a copy of all reports made by or at the direction of the expert witness has been provided in discovery.

A copy of each expert witness' curriculum vitae, if available, is attached hereto.

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

BY
MICHELLE Y. JOBE
Deputy District Attorney
Nevada Bar #010575

//

//

//

//

CERTIFICATE OF FACSIMILE TRANSMISSION AND/RO ELECTRONIC MAIL

I hereby certify that service of Notice of Expert Witnesses, was made this 16th day of May, 2014, by facsimile transmission and/or e-mail to:

NANCY L. LEMCKE, Deputy Public Defender
E-Mail: LamckeNL@clarkcountynv.gov

pdclerk@clarkcountynv.gov

BY: J. Robertson

J. Robertson
Employee of the District Attorney's Office

13F09094X/jr/MVU

Curriculum Vitae

Las Vegas Criminalistics Bureau
Statement of Qualifications

Name: Joel Albert P# 13204 Date: 03-25-08

CURRENT CLASSIFICATION

	Classification	*Minimum Qualifications*
X	Crime Scene Analyst I	AA Degree with major course work in Criminal Justice, Forensic Science, Physical Science or related field, including specialized training in Crime Scene Investigation.
	Crime Scene Analyst II	18 months - 2 years continuous service with LVMPD as a Crime Scene Analyst I.
	Senior Crime Scene Analyst	Two (2) years as a Crime Scene Analyst II to qualify for the promotional test for Senior Crime Scene Analyst.
	Crime Scene Analyst Supervisor	Four (4) years continuous service with LVMPD and completion of probation as a Senior Crime Scene Analyst. Must have the equivalent of a Bachelor's Degree from an accredited college or university with major course work in Criminal Justice, Forensic Science, Physical Science or related field.

FORMAL EDUCATION

Institution	*Major*	*Degree/Date*
George Washington University	Forensic Science: Crime Scene	Masters/ Dec 2007
University of California Los Angeles	Microbiology, Immunology, and Molecular Genetics	Bachelor of Science/June 2006

TESTIMONY

Yes	*No*	

EMPLOYMENT HISTORY

Employer	*Title*	*Date*
LVMPD	Crime Scene Analyst I	03-10-08 to Present
US Secret Service/ Sparks	Forensic Services Division Contractor	09/06 - 02/08

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name:	Shahrokh ASSEMI
Address:	9572 Belle Rich St Las Vegas NV 89123
Phone:	7023546988

License Information

License Type:	Medical Doctor		
License Number:	11217	Status:	Active
Issue Date:	11/10/2004	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Radiology, Diagnostic

Education & Training

School:	Univ of Vermont College of Med / Burlington, VT
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	5/22/1993
Scope of Practice:	

School:	Kaiser Hospital / Los Angeles, CA
Degree\Certificate:	Internship
Date Enrolled:	7/1/1993
Date Graduated:	6/30/1994
Scope of Practice:	Radiology

School:	Kaiser Hospital / Los Angeles, CA
Degree\Certificate:	Residency
Date Enrolled:	7/1/1994
Date Graduated:	6/30/1996
Scope of Practice:	Radiology,Diagnostic

School:	Kaiser Hospital / Los Angeles, CA
Degree\Certificate:	Internship

Details

Date Enrolled:	7/1/1996
Date Graduated:	6/30/1997
Scope of Practice:	Internal Medicine

School:	Kaiser Hospital / Los Angeles, CA
Degree\Certificate:	Residency
Date Enrolled:	7/1/1997
Date Graduated:	6/30/1999
Scope of Practice:	Internal Medicine

School:	Internal Medicine
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	10/1/1999
Scope of Practice:	Internal Medicine

School:	Radiology
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	6/1/2003
Scope of Practice:	Radiology,Diagnostic

School:	Emory University Affiliated Hospitals /Atlanta, GA
Degree\Certificate:	Residency
Date Enrolled:	7/1/2001
Date Graduated:	6/30/2003
Scope of Practice:	Radiology,Diagnostic

School:	Emory University Affiliated Hospitals /Atlanta, GA
Degree\Certificate:	Fellowship
Date Enrolled:	1/5/2004
Date Graduated:	6/30/2004
Scope of Practice:	Radiology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed

malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

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Las Vegas Criminalistics Bureau
Statement of Qualifications

Name: Deborah Brotherson P# 4931 Date: 10-1-03

CURRENT CLASSIFICATION

	Classification	*Minimum Qualifications*
	Crime Scene Analyst I	AA Degree with major course work in Criminal Justice, Forensic Science, Physical Science or related field, including specialized training in Crime Scene Investigation.
	Crime Scene Analyst II	18 months - 2 years continuous service with LVMPD as a Crime Scene Analyst I.
X	Senior Crime Scene Analyst	Two (2) years as a Crime Scene Analyst II to qualify for the promotional test for Senior Crime Scene Analyst.
	Crime Scene Analyst Supervisor	Four (4) years continuous service with LVMPD and completion of probation as a Senior Crime Scene Analyst. Must have the equivalent of a Bachelor's Degree from an accredited college or university with major course work in Criminal Justice, Forensic Science, Physical Science or related field.

FORMAL EDUCATION

Institution	*Major*	*Degree/Date*
CCSN-Las Vegas	Criminal Justice	Degree-1994

TESTIMONY

Yes	*No*	

EMPLOYMENT HISTORY

Employer	*Title*	*Date*
LVMPD	Sr. Crime Scene Analyst	3-20-95

BROTHERSON, DEBORAH
SENIOR CSA

P# 4931
SS#: 492-60-4422

CRIMINALISTICS BUREAU - FIELD
DOH: 03-20-95

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
05-94	Associate of Applied Science, Criminal Justice	Community College of Southern Nevada	Associate Degree
05-94	Associate of General Studies	Community College of Southern Nevada	Associate Degree
04-07-95	Introductory Crime Scene Analyst Training	LVMPD	40
04-17-95 03-03-98	Range Training	LVMPD	4
04-27-95	FATS Training	LVMPD	1
05-18-95	Driver Training - Level 2	LVMPD	8
06-30-95	Duty Weapon Qualification	LVMPD	1
08-02-95	New Civilian Employee Orientation	LVMPD	7
09-30-95	Duty Weapon Qualification	LVMPD	1
12-31-95	Duty Weapon Qualification	LVMPD	1
01-25-96	Automated Investigation Measurement - Regional Manager	Nikon, Inc.	24
03-26-96	Forensic Science	American Institute of Applied Science (AIAS)	260
03-31-96	Duty Weapon Qualification	LVMPD	1
04-29-96	Combat Shooting Simulator/FATS	LVMPD	1
06-16-96	CAPSTUN for Civilians	LVMPD	1
06-30-96	Duty Weapon Qualification	LVMPD	2
07-22-96	Gunshot and Stab Wounds - A Medical Examiner's View	Barbara Clark Mims Associates	8
06-22-96	CAPSTUN Training	LVMPD	1.5
09-23 to 09-27-96	Crime Scene Technology II	Northwestern University, Traffic Institute	40
09-30-96	Duty Weapon Qualification	LVMPD	2
10-07 to 10-11-96	Fingerprint Classification	Law Enforcement Officers Training School	40
11-15-96	Ultraviolet (UV) Light Orientation and Safety Presentation	LVMPD	1
02-27-97	Moot Court - Video	LVMPD	2
03-21-97	Gangs in Clark County	LVMPD	7
03-26-97	Civilian Use of Force/Firearms	LVMPD	21
03-30-97	Duty Weapon Qualification	LVMPD	2
04-01 to 04-03-97	Top Gun Training	LVMPD	21

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
06-13-97	NCIC Phase I - Video	LVMPD	20 Min.
06-27-97	Critical Procedures Test	LVMPD	
07-02-97	Duty Weapon Qualification	LVMPD	2
09-15 to 09-19-97	Bloodstain Evidence Workshop I	Northwestern University, Traffic Institute	40
09-30-97	Duty Weapon Qualification	LVMPD	2
11-03 to 11-07-97	Courtroom Presentation of Evidence: Effective Expert Witness Testimony Workshop	CAT/NWAFS/SWAFS/SAT Joint Meeting	7
11-03 to 11-07-97	Crime Scene Investigation Workshop	CAT/NWAFS/SWAFS/SAT Joint Meeting	7
12-31-97	Duty Weapon Qualification	LVMPD	2
01-07-98	Combat Shooting Simulator/FATS	LVMPD	1
01-30-98	Domestic Violence - Video	LVMPD	1
02-25-98	Clandestine Lab Dangers - Video	LVMPD	30 Min.
02-26-98	Trauma Shooting - Video	LVMPD	30 Min.
03-07-98	Secondary Devices - Video	LVMPD	30 Min.
03-31-98	Duty Weapon Qualification	LVMPD	2
04-16-98	Duty Weapon Qualification	LVMPD	2
07-16-98	Driver Training - Class II	LVMPD	8
09-18-98	Optional Weapon	LVMPD	
09-21 to 09-25-99	Investigative Photography I	Northwestern University, Traffic Institute	40
10-08-98	Critical Procedures Test	LVMPD	2
11-04-98	Duty Weapon Qualification	LVMPD	2
12-07 to 12-11-98	Advanced Practical Homicide Investigation - Public Agency Training Council, Nat'l. Criminal Justice, Public Safety Continuing Education	P.H.I. Investigative Consultants, Inc.	40
01-15-99	Training - Motor Home Driving	LVMPD	4
02-23 to 02-25-99	Latent Print Identification	Law Enforcement Officers Training School	24
03-19-99	Award Presentation and PR Photography	LVMPD	2
03-30-99	Duty Weapon Qualification	LVMPD	2
04-28 to 04-30-99	First Annual Educational Conference Opening Ceremonies (2)	NSDIAI	
04-28 to 04-30-99	First Annual Educational Conference JKF-MLK Evidence	NSDIAI	2
"	Latent Prints on Skin	NSDIAI	2

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
"	Disaster Preparedness	NSDIAI	2
"	Unabomber	NSDIAI	2
"	Laboratory Photography	NSDIAI	2
"	Polly Klass	NSDIAI	2
06-13 to 06-17-99	1999 Death Investigation Seminar	Internat'l. Assoc of Coroners and Medical Examiners	32
06-22-99	Duty Weapon Qualification	LVMPD	2
06-30-99	Optional Weapon	LVMPD	15
08-23 to 08-27-99	Bloodstain Evidence Workshop 2	Northwestern University, Traffic Institute	40
09-21-99	Duty Weapon Qualification	LVMPD	2
09-20 to 09-24-99	Investigative Photography 2	Northwestern University, Traffic Institute	40
01-20-00	Latent Fingerprint Development Workshop	U.S. Secret Service	8
04-17 to 04-21-00	Advanced Crime Scene Investigation	IAI	40
05-03 to 05-05-00	Second Annual Educational Conference Shoebox Labeling (Also see below items)	NSDIAI	1
"	Gadgets and Gizmos	NSDIAI	2
"	Handwriting	NSDIAI	2
"	Child Abuse	NSDIAI	2
"	Child Abuse II	NSDIAI	2
"	WIN-AFIS	NSDIAI	2
"	Galaxy Air Crash	NSDIAI	2
"	Photo FP Tech	NSDIAI	2
"	Arson Investigations	NSDIAI	2
06-12 to 06-14-00	Clandestine Laboratory Safety Certification Course- Occasional Site Worker	LVMPD	24
06-13-00	Crime Scene Analyst Certification	IAI	3 Hour Test
09-06 to 09-08-00	Shooting Incident Reconstruction	LVMPD	24
01-22 to 01-26-01	Advanced Ridgeology Comparison Techniques	Forensic Identification Training Seminars, LLC	40
04-11 to 04-13-01	NSDIAI - 3rd Annual Educational Conference Florazine	NSDIAI	2
"	Footwear Recovery	NSDIAI	2
"	Bloodstain Report Writing	NADIAI	2

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
"	Ted Binion Homicide	NSDIAI	2
06-25 to 06-29-01	Investigating Child Abuse & Exploitation Seminar	U.S. Department of Justice F.B.I.	40
11-29-01	Bloodstain Pattern Analysis - Angle of Impact Proficiency Exercise - Certificate # 30	LVMPD Criminalistics Bureau	3
03-30-02	Documentation of Footwear & Tire Impressions	LVMPD	1
04-01-02	Clandestine Laboratory Safety - Fingerprint Processing	LVMPD	1
04-02-02	Forensic Anthropology	LVMPD	1.5
04-04-02	Criminal Law	LVMPD	2
05-08-02	Major Case Prints	LVMPD Criminalistics Bureau	3
08-04 to 08-10-02	87th International Educational Conference - See below	IAI	
"	W-48: A Courtroom Appropriate Demonstrative Aid for Bloodstain	"	7
02-06 to 02-08-03	Advanced Shooting Incident Reconstruction - Forensic Identification Training Seminars	LVMPD	24
06-17 to 06-19-03	Dept. of Justice, Weapons of Mass Destruction, Radiological/ Nuclear Responder Operations Course - Conducted by Bechtel Nevada Counter Terrorism Operations Support	UNLV	3.2
07-06 to 07-11-03	88th International Educational Conference - See below	IAI	See Below
07-11-03	W80: Demystifying Palm Prints	IAI	4

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name:	Michael James CASEY
Address:	University of Nevada SOM 2040 W Charleston Blvd #302 Las Vegas NV 89102
Phone:	7026712201

License Information

License Type:	Medical Doctor		
License Number:	12333	Status:	Active
Issue Date:	7/1/2007	Expiration Date:	6/30/2015

Scope of Practice

- Scope of Practice: Critical Care
- Scope of Practice: Surgery, General
- Scope of Practice: Surgery, Traumatic

Education & Training

School:	Ross University, Dominica
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	6/2/2000
Scope of Practice:	

School:	University of Nevada Affil, Las Vegas, NV
Degree\Certificate:	Residency
Date Enrolled:	6/26/2000
Date Graduated:	6/25/2001
Scope of Practice:	Surgery,General

School:	University of Nevada Affiliated Hospital, Las Vega
Degree\Certificate:	Residency

Date Enrolled:	6/24/2002
Date Graduated:	6/30/2007
Scope of Practice:	Surgery,General

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Sandra CETL
Address:	10631 Streamside Ave Las Vegas NV 89129-5036
Phone:	

License Information			
License Type:	Medical Doctor		
License Number:	13619	Status:	Active
Issue Date:	7/6/2010	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Pediatrics

Education & Training

School:	University of Vermont COM / Burlington, VT
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	5/20/2007
Scope of Practice:	

School:	University of Nevada SOM / Las Vegas, NV
Degree\Certificate:	Internship
Date Enrolled:	7/1/2007
Date Graduated:	6/30/2008
Scope of Practice:	Pediatrics

School:	University of Nevada SOM / Las Vegas, NV
Degree\Certificate:	Residency
Date Enrolled:	7/1/2008
Date Graduated:	6/30/2010
Scope of Practice:	Pediatrics

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

NONE

Board Actions
NONE

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Licensee Details

Person Information		License Information			
Name:	David CHAO	License Type:	Medical Doctor		
Address:	5529 Feather Court Castro Valley CA 94552	License Number:	13879	Status:	Active
Phone:	2678720542	Issue Date:	4/27/2011	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Pediatrics
Scope of Practice: Peds, Emergency Medicine

Education & Training

School:	University of Pennsylvania SOM / Philadelphia , PA
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	5/17/2004
Scope of Practice:	

School:	The Mount Sinai Hospital / New York , NY
Degree\Certificate:	Internship
Date Enrolled:	7/1/2004
Date Graduated:	6/30/2005
Scope of Practice:	Pediatrics

School:	The Mount Sinai Hospital / New York , NY
Degree\Certificate:	Residency
Date Enrolled:	7/1/2005
Date Graduated:	6/30/2006
Scope of Practice:	Psychiatry

School:	Children's Hosp of Philadelphia / Philadelphia, PA
Degree\Certificate:	Residency

Date Enrolled:	7/1/2006
Date Graduated:	6/30/2008
Scope of Practice:	Pediatrics

School:	Pediatrics
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	10/27/2008
Scope of Practice:	Pediatrics

School:	Children's Hosp of Philadelphia / Philadelphia, PA
Degree\Certificate:	Fellowship
Date Enrolled:	7/1/2008
Date Graduated:	6/30/2011
Scope of Practice:	Peds, Emergency Medicine

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Licensee Details

Person Information	
Name:	Lin-Chi CHEN
Address:	340 Kingsland St Bldg 1/6B19 Nutley NJ 07110
Phone:	9732353344

License Information			
License Type:	Medical Doctor		
License Number:	12026	Status:	Active
Issue Date:	8/31/2006	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Internal Medicine

Scope of Practice: Oncology

Education & Training

School:	Albert Einstein College of Medicine / Bronx, NY
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	6/1/2000
Scope of Practice:	

School:	New York Presbyterian Hospital / New York, NY
Degree\Certificate:	Internship
Date Enrolled:	7/1/2000
Date Graduated:	6/30/2001
Scope of Practice:	Internal Medicine

School:	New York Presbyterian Hospital / New York, NY
Degree\Certificate:	Residency
Date Enrolled:	7/1/2001
Date Graduated:	6/30/2002
Scope of Practice:	Internal Medicine

School:	Internal Medicine
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	8/1/2003
Scope of Practice:	Internal Medicine

School:	Oncology
Degree\Certificate:	Added Qualifications
Date Enrolled:	
Date Graduated:	11/1/2005
Scope of Practice:	Oncology

School:	Mem. Sloan-Kettering Cancer Ctr / New York, NY
Degree\Certificate:	Fellowship
Date Enrolled:	7/1/2002
Date Graduated:	6/30/2006
Scope of Practice:	Oncology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Licensee Details

Person Information	
Name:	Thomas Edward COSTELLO
Address:	Desert Radiologists 2020 Palomino Lane, #100 Las Vegas NV 89106
Phone:	7027598600

License Information			
License Type:	Medical Doctor		
License Number:	5527	Status:	Active
Issue Date:	7/1/1987	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Radiology, Diagnostic

Education & Training

School:	University of Nevada-Reno / Reno, NV
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	5/21/1983
Scope of Practice:	

School:	Univ of Texas SW Med Sch & Affil Hosps / Dallas,TX
Degree\Certificate:	Internship
Date Enrolled:	7/1/1983
Date Graduated:	6/30/1984
Scope of Practice:	Radiology,Diagnostic

School:	Radiology-Diagnostic
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	6/11/1987

Scope of Practice:	Radiology,Diagnostic

School:	Parkland Memorial Hospital / Dallas, TX
Degree\Certificate:	Residency
Date Enrolled:	7/1/1984
Date Graduated:	6/30/1987
Scope of Practice:	Radiology,Diagnostic

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
PROFESSIONAL LIABILITY CLAIM, SETTLEMENT OR JUDGEMENT OF $5,000 OR MORE:

1) Date Received by the Board: 9/6/2005
Reported By: St. Paul Medical Liablity
Date of Act/Omission: 8/28/2000
Details: Insured radiologist failed to diagnose Ewing's Sarcoma on x-ray, resulting in a seven-month delay and amputation of the leg.
Settlement amount: $99,999.00
Total Pages: 1

Board Actions
NONE

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Curriculum Vitae

STEPHANIE SMITH

Las Vegas Criminalistics Bureau
P#6650

EMPLOYEMENT HISTORY

01/2003 LVMPD Crime Scene Analyst II

CURRENT CLASSIFICATION

-Crime Scene Analyst II-	18 months- 2 years continuous service with LVMPD as a Crime Scene Analyst I.
-Crime Scene Analyst I-	AA Degree with major course work in Criminal Justice, Forensic Science, Physical Science or related field, including specialized training in Crime Scene Investigation.
-Senior Crime Scene Analyst-	Two (2) years as a Crime Scene Analyst II to qualify for the promotional test for Senior Crime Scene Analyst I.
-Crime Scene Analyst Supervisor-	Four (4) years continuous service with LVMPD and completion of probation as a Senior Crime Scene Analyst. Must have the equivalent of a Bachelor's Degree from an accredited college or university with major course work in Criminal Justice, Forensic Science, Physical Science or related field.

FORMAL EDUCATION

UNIVERSITY OF NEVADA, LAS VEGAS
Major: Biology
Degree/Date: Bachelors Degree/1999

Curriculum Vitae

Las Vegas Criminalistics Bureau

Statement of Qualifications

Name: CARVOUNIARIS, Danielle P# 12712 Date: 04-17-13

CURRENT CLASSIFICATION

	Classification	*Minimum Qualifications*
	Crime Scene Analyst I	AA Degree with major course work in Criminal Justice, Forensic Science, Physical Science or related field, including specialized training in Crime Scene
	Crime Scene Analyst II	18 months - two (2) years continuous service with LVMPD as a Crime Scene Analyst I.
X	Senior Crime Scene Analyst	Two (2) years as a Crime Scene Analyst II to qualify for the promotional test for Senior Crime Scene Analyst.
	Crime Scene Analyst Supervisor	Four (4) years continuous service with LVMPD and completion of probation as a Senior Crime Scene Analyst. Must have the equivalent of a Bachelor's Degree from an accredited college or university with major course work in Criminal Justice, Forensic Science, Physical Science or related field.

FORMAL EDUCATION

Institution	*Major*	*Degree/Date*
University of Nevada Las Vegas	Criminal Justice	Bachelor of Arts/May 2006

TESTIMONY

Yes	*No*	
X		District Court, Justice Court, Grand Jury

EMPLOYMENT HISTORY

Employer	*Title*	*Date*
LVMPD	Senior CSA	06-23-12 to Present
LVMPD	CSA II	03-10-10 to 06-23-12
LVMPD	CSA I	03-10-08 to 03-10-10
Malibu Services	Owner	08/06 - 07/07
Dave Groover and Associates	Private Investigator	2002 - 03/07
A Special Memory Wedding Chapel	Florist	2004 - 01/06
Mt. Olive Lutheran Church	Child Care Provider	05/00 - 12/02
Wells Fargo Bank	Teller	05/00 - 12/02

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Srinivas Narayana HALTHORE
Address:	2020 E Desert Inn Rd Las Vegas NV 89169
Phone:	7027965505

License Information			
License Type:	Medical Doctor		
License Number:	7067	Status:	Active
Issue Date:	6/11/1994	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Neurology
Scope of Practice: Peds, Neurology

Education & Training

School:	Government Medical College / Karnataka, India
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	3/13/1980
Scope of Practice:	

School:	University of Connecticut / Farmington, CT
Degree\Certificate:	Residency
Date Enrolled:	7/1/1989
Date Graduated:	6/30/1991
Scope of Practice:	Pediatrics

School:	Cleveland Clinic Foundation / Cleveland, OH
Degree\Certificate:	Residency
Date Enrolled:	7/1/1991
Date Graduated:	6/30/1994
Scope of Practice:	Peds, Neurology

School:	Psychiatry / Neurology
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	4/1/1995
Scope of Practice:	Psychiatry

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Licensee Details

Person Information	
Name:	Jerrell Levert INGALLS
Address:	2020 Palomino Lane Ste # 100 Las Vegas NV 89106
Phone:	7027598600

License Information			
License Type:	Medical Doctor		
License Number:	13857	Status:	Active
Issue Date:	3/25/2011	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Radiology, Diagnostic

Education & Training

School:	Baylor College of Medicine / Houston , TX
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	5/25/2004
Scope of Practice:	

School:	Michigan State University / Grand Rapids , MI
Degree\Certificate:	Internship
Date Enrolled:	7/1/2004
Date Graduated:	6/30/2005
Scope of Practice:	Radiology,Diagnostic

School:	Radiology
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	6/3/2009
Scope of Practice:	Radiology

School:	Michigan State University / Grand Rapids , MI
Degree\Certificate:	Residency
Date Enrolled:	7/1/2005
Date Graduated:	6/30/2009
Scope of Practice:	Radiology,Diagnostic

School:	University of Cincinnati / Cincinnati , OH
Degree\Certificate:	Fellowship
Date Enrolled:	7/1/2009
Date Graduated:	6/30/2010
Scope of Practice:	Radiology,Musculoskeletal

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Stuart Seth KAPLAN
Address:	3061 S. Maryland Pkwy., Suite 200 Las Vegas NV 89109
Phone:	7027371948

License Information			
License Type:	Medical Doctor		
License Number:	10758	Status:	Active
Issue Date:	12/30/2003	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Surgery, Neurological

Education & Training

School:	Harvard Medical School / Boston, MA
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	6/9/1994
Scope of Practice:	

School:	Barnes Hosptial / St. Louis, MO
Degree\Certificate:	Internship
Date Enrolled:	6/23/1994
Date Graduated:	6/30/1995
Scope of Practice:	Surgery,General

School:	Barnes Hospital / St. Louis, MO
Degree\Certificate:	Residency
Date Enrolled:	7/1/1995
Date Graduated:	6/30/2001
Scope of Practice:	Surgery,Neurological

School:	St Louis Children's Hospital / St Louis, MO

Degree\Certificate:	Fellowship
Date Enrolled:	7/1/2001
Date Graduated:	6/30/2002
Scope of Practice:	Peds, Neurology

School:	Neurological Surgery
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	11/1/2004
Scope of Practice:	Surgery,Neurological

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
LIABILITY CLAIM, SETTLEMENT OR JUDGEMENT OF $5,000 OR MORE: 1) Date received by the Board: 9/13/2013 Reported by: Nevada Mutual Insurance Company Date of act/omission: 9/27/06 Details: Plaintiffs alleged failure to diagnose worsening hydrocephalus following removal of a floating intraventricular catheter....result death. Settlement amount: $175,000 Total pages: 0 SH

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

Curriculum Vitae

Las Vegas Criminalistics Bureau
Statement of Qualifications

Name: KRUSE, Tracy P# 9975 Date: 05-14-07

CURRENT CLASSIFICATION		
	Classification	*Minimum Qualifications*
X	Crime Scene Analyst I	AA Degree with major course work in Criminal Justice, Forensic Science, Physical Science or related field, including specialized training in Crime Scene Investigation.
	Crime Scene Analyst II	18 months - 2 years continuous service with LVMPD as a Crime Scene Analyst I.
	Senior Crime Scene Analyst	Two (2) years as a Crime Scene Analyst II to qualify for the promotional test for Senior Crime Scene Analyst.
	Crime Scene Analyst Supervisor	Four (4) years continuous service with LVMPD and completion of probation as a Senior Crime Scene Analyst. Must have the equivalent of a Bachelor's Degree from an accredited college or university with major course work in Criminal Justice, Forensic Science, Physical Science or related field.

FORMAL EDUCATION		
Institution	*Major*	*Degree/Date*
Lower Columbia College	General Transfer	AA 06/03
Eastern Washington Univ.	Criminal Justice	BA 08/05

TESTIMONY		
Yes	*No*	
	X	

EMPLOYMENT HISTORY		
Employer	*Title*	*Date*
LVMPD	CSAI	05-14-07 to

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Marietta NELSON
Address:	2800 N. Tenaya #102 Las Vegas NV 89128
Phone:	7023842020

License Information			
License Type:	Medical Doctor		
License Number:	5471	Status:	Active
Issue Date:	2/21/1987	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Ophthalmology
Scope of Practice: Peds, Ophthalmology

Education & Training

School:	Georgia Medical College / Augusta, GA
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	6/9/1979
Scope of Practice:	

School:	University of California-San Diego / San Diego, CA
Degree\Certificate:	Internship
Date Enrolled:	7/1/1979
Date Graduated:	6/30/1980
Scope of Practice:	Pediatrics

School:	University of California-San Diego / San Diego, CA
Degree\Certificate:	Residency
Date Enrolled:	7/1/1980
Date Graduated:	6/30/1982
Scope of Practice:	Pediatrics

School:	Pediatrics

Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	1/1/1984
Scope of Practice:	Pediatrics

School:	Boston University / Boston, MA
Degree\Certificate:	Residency
Date Enrolled:	7/1/1982
Date Graduated:	6/30/1985
Scope of Practice:	Ophthalmology

School:	Ophthalmology
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	1/1/1987
Scope of Practice:	Ophthalmology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

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Firearms/ Shooting Incident Reconstruction
Curriculum Vitae
Senior Crime Scene Analyst
Randall M. McPhail #3326
Las Vegas Metropolitan Police Department

Formal Education

Pre calculus Math I/ UNLV/ 1-semester credit
Pre calculus Math II/ UNLV/ 1-semester credit
Elementary Concepts of Chemistry/ UNLV/ 1-semester credit
General Chemistry/ UNLV/ 1-semester credit
Oral Communication/ University of Phoenix/ 1-semester credit
University Studies/ University of Phoenix/ 1-semester credit

Employment History

- LVMPD Photo Lab Technician II 07-1987 through 08-1990
- Multiple Photo Lab Manager Positions 09-1990 through 09-1991
  Manager Supa Snaps Dundee, Scotland (UK)
  Manager Phillips Photo Center Las Vegas, Nevada
- LVMPD Photo Technician II 09-1991 through 07-1996
- LVMPD Crime Scene Analyst I 07-1996 through 08-08-1998
- LVMPD Crime Scene Analyst II 08-08-1998 through 10-28-2000
- LVMPD Senior Crime Scene Analyst 10-28-2000 through present

Certification

- International Association for Identification (IAI)
  Crime Scene Reconstruction (06-15-2011)
  *Includes Bloodstain Pattern and Shooting Incident Reconstruction

- International Association for Identification (IAI)
  Senior Crime Scene Analyst (10-22-2007)

Completed Courses (Firearms Related)

- (09-18-96 through 09-19-906 and 09-25-96)
  Civilian Firearms/ Use of Force LVMPD
  21 hours

- (12-07-98 through 12-11-96)
  Advanced Practical Homicide Inv. Public Agency Training Counsel
  40 hours

-(02-16-00 through 02-18-00)
  Shooting Incident Reconstruction Forensic Identification Training Seminars
  24 hours

-(02-06-03 through 02-08-03)
Advanced Shooting Incident Recon. Forensic Identification Training Seminars
24 hours

Total 109 Hours

I have also written dozens of reports detailing bullet impact sites and direction of travel for bullets, as well as detailing complete descriptions of firearm evidence at crime scenes including homicides, shootings, accidental discharging of firearms and other events where firearm evidence was present including the following events....

Event Number	Type Of Crime
090102-2072	Officer Involved Shooting (Dog)
090207-1826	Suicide (includes letter to all other CSAs regarding Glaser rounds)
090305-2821	Homicide/ Suicide
090902-1866	Officer Involved Shooting (Fatal)
091209-2142	Battery With Deadly Weapon (Gun)
080607-2884	Homicide
080819-3743	Homicide (Firearm info. helped defense)
080917-2913	OIS (ICE Officer) 3D diagrams Etc.
080221-1945	Attempt Homicide
080402-2083	Officer Involved Shooting
071019-1670	Officer Involved Shooting
070208-3299	Battery With Deadly Weapon (Gun)
070602-2390	Robbery/ Attempt Homicide (Smoke Shop)
060809-2935	Officer Involved Shooting
060930-3216	Homicide
060811-2404	Homicide (Herda trial- 3D Diagrams of Trajectories)
060201-1803	Officer Involved Shooting (Prendez-3D Diagrams)
050917-2665	Homicide (Chevy Caprice 3D Diagram)
051217-1702	Attempt Homicide

Each of these reports were reviewed and signed by an LVMPD Crime Scene Analyst Supervisor.

Shooting Incident Testimony

071019-1670; Testified reference trajectories into and out of apartment and into vehicles inside the parking area west of the apartment.

080819-3743; Testified regarding trajectory and the process of determining trajectories.

060930-3216; Testified reference gunshot residue (GSR).

060811-2404; Testified reference trajectories and number of shots fired at scene.

040228-1459; Testified reference trajectories into cars.

040708-2490; Testified reference trajectory and shadowing of shotgun pellets into wall (victim in freezer case).

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Details

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name: Dianne MAZZU

Address: Desert Radiologists
2020 Palomino Lane, #100
Las Vegas
NV 89106

Phone: 7027598600

License Information

License Type: Medical Doctor

License Number: 8208 Status: Active

Issue Date: 6/19/1997 Expiration Date: 6/30/2015

Scope of Practice

Scope of Practice: Radiology, Diagnostic

Education & Training

School: University of Nevada-Reno / Reno, NV
Degree\Certificate: Medical Doctor Degree
Date Enrolled:
Date Graduated: 5/18/1991
Scope of Practice:

School: U Medical Center of Southern Nevada / Las Vegas,NV
Degree\Certificate: Internship
Date Enrolled: 6/24/1991
Date Graduated: 6/23/1992
Scope of Practice: Internal Medicine

School: Radiology
Degree\Certificate: American Board
Date Enrolled:
Date Graduated: 6/12/1996

Scope of Practice:	Radiology

School:	Stanford University Medical Center / Stanford, CA
Degree\Certificate:	Residency
Date Enrolled:	7/1/1992
Date Graduated:	6/30/1996
Scope of Practice:	Radiology,Diagnostic

School:	Stanford University / Palo Alto, CA
Degree\Certificate:	Fellowship
Date Enrolled:	7/1/1996
Date Graduated:	6/30/1997
Scope of Practice:	Radiology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
LIABILITY CLAIM, SETTLEMENT, OR JUDGEMENT OF $5,000 OR MORE: 1) Date received by the Board: 12/19/2007 Reported by: Nevada Docs Medical Risk Retention Group Date of act/omission: 5/22/2006 Details: Failure to diagnose a metacarpal fracture on x-ray. Settlement amount: $25,000 Total pages: 0 2) Date received by the Board: 1/21/2014 Reported by: Nevada Docs medical Risk Retention Group, Inc. Date of act/omission: 5/22/2006 Details: Failure to identify thumb fracture on xray of right thumb Settlement amount: $25,000 Total pages: 0 4/2/2014 MG

Board Actions
NONE

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Close Window

Blood Pattern Analysis
Curriculum Vitae
Senior Crime Scene Analyst
Randall M. McPhail #3326
Las Vegas Metropolitan Police Department

Formal Education

Pre calculus Math I/ UNLV/ 1-semester credit
Pre calculus Math II/ UNLV/ 1-semester credit
Elementary Concepts of Chemistry/ UNLV/ 1-semester credit
General Chemistry/ UNLV/ 1-semester credit
Oral Communication/ University of Phoenix/ 1-semester credit
University Studies/ University of Phoenix/ 1-semester credit

Employment History

- LVMPD Photo Lab Technician II 07-1987 through 08-1990
- Multiple Photo Lab Manager Positions 09-1990 through 09-1991
  - Manager Supa Snaps Dundee, Scotland (UK)
  - Manager Phillips Photo Center Las Vegas, Nevada
- LVMPD Photo Technician II 09-1991 through 07-1996
- LVMPD Crime Scene Analyst I 07-1996 through 08-08-1998
- LVMPD Crime Scene Analyst II 08-08-1998 through 10-28-2000
- LVMPD Senior Crime Scene Analyst 10-28-2000 through present

Certification

- International Association for Identification (IAI)
  Crime Scene Reconstruction (06-15-2011)
  *Includes Bloodstain Pattern and Shooting Incident Reconstruction

- International Association for Identification (IAI)
  Senior Crime Scene Analyst (10-22-2007)

Completed Courses (Bloodstain Pattern Related)

- Bloodstain Evidence Workshop I — Northwestern University Traffic Institute
  08-24-1998 through 08-28-1998
  * 40 hours
- Bloodstain Report Writing — Nevada State Division of the International Association for Identification (NSDIAI)
  04-11-2001 through 04-13-2001
  *02 hours
- Bloodstain Pattern Analysis Angle of Impact Proficiency Exercise — LVMPD Criminalistics Bureau
  10-02-2001
  *03 hours
- Chemical Enhancement of Bloodstains, Preliminary Steps — LVMPD Criminalistics Bureau
  04-01-2002
  * 01 hours
- Swipes, Wipes, and Transfer Impressions

Conference (IAI)
08-04-2002 through 08-10-2002
* 02 hours

- Documenting Bloodstain Evidence Using Mapping and Photography Techniques
Conference (IAI)
08-04-2002 through 08-10-2002
* 02 hours

- Advanced Documentation for Bloodstain Evidence
Conference (IAI)
08-04-2002 through 08-10-2002
* 03 hours

Completed Courses (Bloodstain Pattern Related-CONTINUED)

- Bloodstain Pattern Recognition and Examination of Bloodstained Clothing Workshop
LVMPD Criminalistics Bureau
05-10-2006
* 08 hours

- Bloodstain Pattern Analysis (10-hour refresher course)
Craig Moore Instructor (Niagra, Ontario, Canada)
02-20-2007
* 10 hours

- Bloodstain Pattern Documentation, A New Approach
Conference (NSDIAI)
10-06-2009 through 10-09-2009
* 02 hours

- Bloodstain Pattern Case Study I (Craig Moore)
Conference (NSDIAI)
10-06-2009 through 10-09-2009
* 01 hours

- Bloodstain Pattern Case Study II (Craig Moore)
Conference (NSDIAI)
10-06-2009 through 10-09-2009
* 01 hours

- What Every Law Enforcement Officer Should Know About DNA Evidence:
Investigators and Evidence Technicians
President's DNA Initiative
03-19-2009
* Unknown Time Credit

- Crime Scene and DNA Basics for Forensic Analysis
President's DNA Initiative
03-20-2009
* Unknown Time Credit

-Collecting DNA Evidence at Property Crime Scenes
President's DNA Initiative
03-18-2009
* Unknown Time Credit

- Communication Skills, Report Writing, and Testimony for Forensic Analysis
President's DNA Initiative
03-20-2009
* Unknown Time Credit

- Introduction to BPA
West Virginia University Extended Learning
03-09-09
* 2.9 ILU's / 8-hours

83 + Hours

Blood Stain Reports

The following are events where a separate Bloodstain Pattern Report was completed by me and reviewed by a group of peers (either certified as Bloodstain Pattern Analysts or with a working knowledge of Bloodstain Pattern Analysis).

- Missing Person/ Homicide	LVMPD Event #060225-1870
- Homicide	LVMPD Event #080116-1315
- Homicide	LVMPD Event #080819-3743
- Homicide	LVMPD Event #100128-3500

I have also written dozens reports detailing bloodstain pattern types and direction of travel for blood drops, and complete descriptions of blood at the scene including homicides, shootings, and other events where bloodshed occurred including the following....

Event Number	Type Of Crime
050624-1155	Homicide
050610-1609	Homicide
050617-1702	Attempt Homicide
060624-1396	Attempt Homicide
071123-2335	Homicide/ Attempt Robbery
080319-2230	Homicide
080405-2788	Attempt Homicide
080426-3250	Attempt Homicide
080508-3131	Homicide
080607-2884	Homicide
080807-2168	Homicide
081124-1380	Suspicious Vehicle (blood in U-Haul truck)
090109-3159	Homicide
090305-2821	Homicide/ Suicide
090415-1724	Homicide
090501-2896	Homicide
100106-2582	Homicide
100128-3500	Homicide

Each of these reports were reviewed and signed by an LVMPD Crime Scene Analyst Supervisor, commonly certified in Bloodstain Pattern Analysis by the International Association of Identification.

Blood Stain Testimony

- On 01-25-2010 I testified in Clark County District Court Department #11 (court room 16D) reference, among other things, blood stains present at a homicide scene (event number 090109-3159) including high velocity blood spatter located near the victim and the relationship this blood stain had to the victim's death.

- On 12-08-08 I testified in Las Vegas Justice Court Department #07 reference, among other things, blood stains on the defendant's clothing and person, blood stains on the couch where the female victim was located, as well as surrounding areas, and blood stains on the victim's clothing. Bullet trajectories were also referenced during my testimony.

- On 03-10-2011 I testified in Clark County District Court #23 reference homicide event 100128-3500 including a full Blood Stain Pattern Report with blood at the scene, blood trail through the scene, and bloodstains on clothing of victim, and two suspects.

* Additionally, on February 24th 2010, I was on the Bloodstain Pattern Review Board reviewing the submitted Bloodstain Pattern Report by a fellow analyst. I have also had two Bloodstain Pattern Reports reviewed under the same circumstances (080819-3743 and 060225-1870) and one Bloodstain Pattern Report (080116-1315) technically reviewed by my supervisor M. Perkins #4242 who is certified in Bloodstain Pattern Analysis by the International Association of Identification (IAI).

Rev. 06-23-11

International Association for Identification

Curtis M. Shane, Secretary, Crime Scene Certification Board
1193 West Shore Drive
Brunswick, GA 31523-9697

Phone: 912-267-2153
Fax: 912-267-3461
E-Mail: CShane@LSPathPolice.org

June 15, 2011

Mr. Randall M. McPhail
491 Sunrise Villa Drrive
Las Vegas, NV 89110

Dear Mr. McPhail:

The Certification Board has received and graded your practical examination and found that you passed. We wish you sincere congratulations on your successful completion of both parts of the Crime Scene Reconstruction test. This accomplishment of proficiency is something you can be very proud of.

A copy of this letter has been sent to the IAI office who will issue you a certificate and a wallet-sized card indicating the time span of your certification. Should you not receive this within the next 30 days please do not hesitate to contact the office or myself.

Again, congratulations on passing the examinations.

If you have any questions or wish to discuss matters of mutual concern, please contact me, or any member of the Crime Scene Certification Board.

Sincerely,

Curtis M. Shane
Secretary, Crime Scene Certification Board
Certification Is a Sign of Professionalism

cc: Maria Lies, CSCB Staff

Crime Scene Certification Board

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Arthur Andrew MONTES
Address:	P.O. Box 35198 Las Vegas NV 89133-5198
Phone:	7026453856

License Information			
License Type:	Medical Doctor		
License Number:	8665	Status:	Active
Issue Date:	6/4/1998	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Peds, Radiology
Scope of Practice: Radiology, Diagnostic

Education & Training

School:	University of Illinois / Chicago, IL
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	5/10/1992
Scope of Practice:	

School:	MacNeal Hospital / Berwyn, IL
Degree\Certificate:	Internship
Date Enrolled:	7/1/1992
Date Graduated:	6/30/1993
Scope of Practice:	Rotating

School:	Univ of Illinois-Michael Reese Hosp / Chicago, IL
Degree\Certificate:	Residency
Date Enrolled:	7/1/1993
Date Graduated:	6/30/1997
Scope of Practice:	Radiology,Diagnostic

School:	Radiology
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	11/3/1997
Scope of Practice:	Radiology

School:	Children's Memorial Hospital / Chicago, IL
Degree\Certificate:	Fellowship
Date Enrolled:	7/1/1997
Date Graduated:	6/30/1998
Scope of Practice:	Peds, Radiology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name: Pejman Moshe MOTARJEM 2020

Address: Palomino Ln Ste. 100

Las Vegas NV 89106-4894

Phone: 7027598600

License Information

License Type:	Medical Doctor		
License Number:	14499	Status:	Active
Issue Date:	8/7/2012	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Radiology, Diagnostic

Education & Training

School: Boston University SOM / Boston , MA
Degree\Certificate: Medical Doctor Degree
Date Enrolled:
Date Graduated: 5/16/2004
Scope of Practice:

School: Mount Auburn Hospital / Cambridge , MA
Degree\Certificate: Internship
Date Enrolled: 6/23/2006
Date Graduated: 6/22/2007
Scope of Practice: Internal Medicine

School: Saint Vincent Hospital / Worcester , MA
Degree\Certificate: Residency
Date Enrolled: 7/1/2007
Date Graduated: 6/30/2011
Scope of Practice: Radiology,Diagnostic

School:	Diagnostic Radiology
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	7/1/2011
Scope of Practice:	Radiology,Diagnostic

School:	Johns Hopkins Hospital / Baltimore , MD
Degree\Certificate:	Fellowship
Date Enrolled:	7/1/2011
Date Graduated:	6/30/2012
Scope of Practice:	Radiology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

NONE

Board Actions

NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

Las Vegas Criminalistics Bureau
Statement of Qualifications

Name: Michael Perkins P# 4242 Date: 10-16-03

CURRENT CLASSIFICATION

	Classification	*Minimum Qualifications*
	Crime Scene Analyst I	AA Degree with major course work in Criminal Justice, Forensic Science, Physical Science or related field, including specialized training in Crime Scene Investigation.
	Crime Scene Analyst II	18 months - 2 years continuous service with LVMPD as a Crime Scene Analyst I.
	Senior Crime Scene Analyst	Two (2) years as a Crime Scene Analyst II to qualify for the promotional test for Senior Crime Scene Analyst.
X	Crime Scene Analyst Supervisor	Four (4) years continuous service with LVMPD and completion of probation as a Senior Crime Scene Analyst. Must have the equivalent of a Bachelor's Degree from an accredited college or university with major course work in Criminal Justice, Forensic Science, Physical Science or related field.

FORMAL EDUCATION

Institution	*Major*	*Degree/Date*
Pima Comm. College	Criminal Justice	88 Semester Hours
U of Arizona	Forensic Pathology	2 Semester Hours

TESTIMONY

Yes	*No*	

EMPLOYMENT HISTORY

Employer	*Title*	*Date*
LVMPD	Crime Scene Analyst Supervisor	9-1991

PERKINS, MICHAEL

P# 4242

CRIMINALISTICS BUREAU - FIELD

CSA SUPERVISOR

SS#: 526-63-0199

DOH: 09-09-91

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
Fall 1978	Photography 1	Pima Comm. College	3
Fall 1989	Criminal Law	Pima Comm. College	3
Fall 1989	Rules of Evidence	Pima Comm. College	3
Fall 1989	Intro. To Admin. of Justice	Pima Comm. College	3
Spring 1990	Forensic Pathology	University of Arizona	2
Summer 1990	Business and Professional Communication	Pima Comm. College	3
Fall 1990	Fire Investigation; Origins - Arson	Pima Comm. College Tucson Fire Department	3
Fall 1990	Intro. To Public Administration	Pima Comm. College	3
Spring 1991	Criminal Procedures	Pima Comm. College	3
Spring 1991	Police Community and Human Relations	Pima Comm. College	3
Spring 1991	Crime and Delinquency	Pima Comm. College	3
Spring 1991	Criminal Investigation and Report Preparation	Pima Comm. College	3
Spring 1991	Legal Environment of Business	Pima Comm. College	3
(GPA of above classes - 3.87)			
09-19 to 09-23-88	Fingerprint Classification	Law Enforcement Officers Training School/FBI	40
10-11-88	Terminal Operator Certification - Arizona Dept. Of Public Safety	Arizona Criminal Justice Information System (ACJIS) Division	
12-12 to 12-16-88	Advanced Latent Fingerprint Techniques	Law Enforcement Officers Training School/Tucson Police Dept./FBI	40
05-28-89	International Association for Identification - Member	IAI	
07-21-89	Forensic Crime Scene Investigation.	Tucson Police Dept	40
08-07-89	Forensic Science	American Institute of Applied Science	260
06-25-90	Crime Scene Technician - Certification	International Association for Identification	
10-24-90	Footwear and Tire Track Identification	Southwestern Association of Forensic Scientists	16
10-27-90	Death Investigation and Latent Print Techniques	Arizona State Division, IAI, Mesa, AZ	8
1989 to 1991	Criminal Justice	Pima Community College	90 Credit hours
07-03-91	Gunshot Wounds - Video	LVMPD	1

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
09-12-91	Combat Shooting Simulator - FATS	LVMPD	1
09-17-91	NCIC Level III - Video	LVMPD	
09-16 to 09-20-91	ID Specialist I Orientation - LVMPD	LVMPD	34
09-30-91	Duty Weapon Qualification	LVMPD	1
12-31-91	Duty Weapon Qualification	LVMPD	1
02-06-92	Driver's Training - Level 2	LVMPD	8
03-11-92	Footwear Evidence/Recovering Firearms	LVMPD	7
03-23 to 03-27-92	Advanced Latent Fingerprint Techniques (Chemical Processing)	Law Enforcement Officers Training School/FBI	40
03-31-92	Duty Weapon Qualification	LVMPD	1
05-05-92	NCIC Phase I - Miscellaneous Updates	LVMPD	10 Minutes
06-08-92	New Civilian Employee Orientation Training	LVMPD	7
06-30-92	Duty Weapon Qualification	LVMPD	1
07-92	In-Service Training Video - New Pursuit Policy	LVMPD	1
09-11-92	Bloodborne Pathogens - Video	LVMPD	2
09-30-92	Duty Weapon Qualification	LVMPD	1
12-31-92	Duty Weapon Qualification	LVMPD	1
01-27-93	Combat Shooting Simulator - FATS	LVMPD	1
02-02-93	Auto Theft	LVMPD	2
02-26-93	Polilight Laser Photography & Chemical Techniques	LVMPD	8
03-15-93	NCIC Video Tape	LVMPD	20 Minutes
03-31-93	Duty Weapon Qualification	LVMPD	1
06-30-93	Duty Weapon Qualification	LVMPD	1
09-30-93	Duty Weapon Qualification	LVMPD	1
09-30-93	Optional Weapon	LVMPD	
12-06 to 12-08-93	Practical Homicide Investigation	Public Agency Training Council	24
12-31-93	Duty Weapon Qualification	LVMPD	1
01-03-94	Hazardous Materials Awareness - Level I	LVMPD	8
02-11 02-15-94	Advanced Latent Print Techniques	FBI	40
03-04-94	Off-Duty Weapon Qualification	LVMPD	
03-31-94	Duty Weapon Qualification	LVMPD	1

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
06-30-94	Duty Weapon Qualification	LVMPD	1
09-30-94	Duty Weapon Qualification	LVMPD	1
10-21-94	Bloodborne Pathogens (Video)	LVMPD	20 Minutes
10-21-94	Cultural Awareness	LVMPD	6
11-09 & 11-10-94	Officer Involved Shooting Investigations.	International Law Enforcement Training & Consulting, Inc	16
01-09-95	Communication Skills	LVMPD	7
03-31-95	Additional Duty Weapon Qualification	LVMPD	1
06-30-95	Duty Weapon Qualification	LVMPD	1
07-12-95	Driver's Training - Level 2	LVMPD	8
09-07-95	Time Management	LVMPD	4
08-11-95	Self-Discipline & Emotional Control	LVMPD	7
09-09-95	Verbal Judo	LVMPD	7
09-30-95	Duty Weapon Qualification	LVMPD	1
10-30-95	Management Problems of the Technical Person in a Leadership Role	Fred Pryor Seminars	7
11-02-95	Stress Management	LVMPD	4
12-01 to 12-05-95	Instructor Development	LVMPD	40
12-04 to 12-08-95	Bloodstain Pattern Analysis Workshop	Metropolitan Police Institute, Dade County, FL (Miami, FL)	40
01-12-96	The Bombing of the Alfred P. Murrah Federal Building	Northwestern University, Traffic Institute	8
03-30-96	Duty Weapon Qualification	LVMPD	1
03-31-96	Off-Duty Weapon Qualification	LVMPD	
04-18-96	Performance Appraisal	LVMPD	2
06-18-96	Oleoresin - Civilian (CAPSTUN)	LVMPD	2
06-30-96	Duty Weapon Qualification	LVMPD	2
7-16-96	How to Organize Life/Get Rid of Clutter	CareerTrack	3
07-22-96	Gunshot and Stab Wounds: A Medical Examiner's View	Barbara Clark Mims Associates	8
08-14-96	Forensic Technology for Law Enforcement (Video)	LVMPD	2
08-19 & 08-20-96	Police Supervisor, Management, Leadership & Liability	Public Agency Training Council	16
09-05-96	Performance Appraisal	LVMPD	2

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
09-05-96	Combat Shooting Simulator/FATS	LVMPD	1
09-27-96	Off-Duty Weapon Qualification	LVMPD	
09-30-96	Duty Weapon Qualification	LVMPD	2
11-27-96	Ultraviolet (UV) Light Orientation and Safety Presentation	LVMPD	1
12-11-96	Duty Weapon Qualification	LVMPD	2
01-16-97	Top Gun Training - Class Instructor	LVMPD	21
01-21 to 01-24-97	Development Seminar for New Supervisors (Civilian)	LVMPD	28
01-30-97	Top Gun Training - Class Instructor	LVMPD	21
02-13-97	Top Gun Training - Class Instructor	LVMPD	21
08-22-96	Gunshot & Stab Wounds		8
02-20-97	Top Gun Training - Class Instructor	LVMPD	21
02-27-97	Moot Court - Video	LVMPD	2
03-06-97	Top Gun Training - Class Instructor	LVMPD	21
03-21-97	How to Supervise People	Fred Pryor Seminars	7
03-26-97	Civilian Use of Force & Firearm Training	LVMPD	21
03-30-97	Duty Weapon Qualification	LVMPD	2
04-03-97	Top Gun Training - Class Instructor	LVMPD	21
04-10-97	Top Gun Training - Class Instructor	LVMPD	21
05-08-97	Top Gun Training - Class Instructor	LVMPD	21
05-22-97	Top Gun Training - Class Instructor	LVMPD	21
05-29-97	Top Gun Training - Class Instructor	LVMPD	21
06-05-97	Top Gun Training - Class Instructor	LVMPD	21
04-97	Conflict Resolution and Confrontation Skills	CareerTrack	7
06-13-97	NCIC - Phase I Video	LVMPD	20 Minutes
07-97	Assertiveness Skills for Managers	Fred Pryor Seminors	7
07-02-00	Duty Weapon Qualification	LVMPD	2
07-15-00	Off-Duty Weapon Qualification	LVMPD	
07-24-97	Advanced Supervisory Module IV - Decision Making	LVMPD	7
07-30-00	Assertiveness Skills for Managers	LVMPD	6
08-97	Hazardous Materials Incident Management	International Association of Firefighters	16
08-01-97	Advanced Supervisory Module VII - Leadership	LVMPD	8

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
08-20-97	Advanced Supervisory Module III - Critical Incidents	LVMPD	7
09-97	Train the Trainers	LVMPD	21
09-30-97	Duty Weapon Qualification	LVMPD	2
10-28-97	Advanced Supervisory Module V - Administrative	LVMPD	7
10-30-97	Advanced Supervisory Module X - Civil Liability & Legal Issues	LVMPD	9
10-97	Bloodstain Evidence Workshop 2	Northwestern University, Traffic Institute	40
11-24-97	Excelling as First-Time Supervisor	LVMPD	8
12-10-97	Post Blast Investigation School	Bureau of Alcohol, Tobacco and Firearms, Depart. of the Treasury	40
12-31-97	Duty Weapon Qualification	LVMPD	2
02-12-98	Combat Shooting Simulator - FATS	LVMPD	1
02-23-98	Domestic Violence	LVMPD	1
02-26-98	Clandestine Lab Dangers - Video	LVMPD	30 Min.
03-31-98	Duty Weapon Qualification	LVMPD	2
05-26-98	Duty Weapon Qualification	LVMPD	2
06-22-98	Trauma Shooting - Video	LVMPD	30 Min.
06-22-98	Secondary Devices - Video	LVMPD	30 Min.
09-98	Investigative Photography 1	Northwestern University, Traffic Institute	40
09-25-98	Optional Weapon	LVMPD	
11-24-98	Life Balance & Stress Reduction Solutions	Rockhurst College	7
12-98	Criticism & Discipline Skills for Managers	CareerTrack	6
12-98	Universal Precautions for HIV/HBV Handling	American Red Cross	2
12-04-98	Duty Weapon Qualification	LVMPD	2
12-09-98	Training - Motor Home Driving	LVMPD	4
01-08-99	Combat Shooting Simulator - FATS	LVMPD	1
02-18-99	Driver Training - Class II	LVMPD	8
03-17-99	Award Presentation and PR Photography	LVMPD	2
03-30-99	Duty Weapon Qualification	LVMPD	2
04-99	Driver's Training	LVMPD	8
04-28 to 04-30-99	First Annual Educational Conference - NSDIAI - Unabomber	NSDIAI	2

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
"	Bombing Scenes	NSDIAI	2
"	Laboratory Photography	NSDIAI	2
"	DNA Evidence	NSDIAI	2
"	JFK-MLK Death Investigation	NSDIAI	2
"	Death Investigations	NSDIAI	2
04-18-99	Discrimination & Sexual Harassment Legal Updates	LVMPD	7
04-19-99	Conducting Internal Investigations	LVMPD	7
05-18-99	Discrimination, Sexual Harassment Updates	LVMPD	7
05-19-99	Advanced Supervisory Module VIII - EEO Seminar	LVMPD	9
06-18-99	Duty Weapon Qualification	LVMPD	2
06-30-99	Optional Weapon	LVMPD	15
07-15-99	Equal Employment Opportunity Issues	LVMPD	8
08-99	Performance Appraisals for Civilian Employees	LVMPD	2
08-30 to 09-01-99	Clandestine Laboratory Safety Certification Course, Occasional Site Worker	LVMPD (Narcotics)	24
09-01-99	Advanced Supervisory Module - Ethics & Policing	LVMPD	7
09-08 to 09-10-99	8th Western States Sexual Assault/Abuse Seminar	LVMPD (Sexual Assault Investigative Team)	24
09-13 to 09-17-99	Crime Scene Technology 2	Northwestern University, Traffic Institute	40
09-27 to 10-01-99	1st Annual Advanced Crime Scene Reconstruction Invitational Workshop - Hosted by LVMPD	Institute of Applied Forensic Technology	40
09-28-99	Off-Duty Weapon Qualification	LVMPD	
09-30-99	Duty Weapon Qualification	LVMPD	2
10-01-99	Police Involved Incidents		40
10-11-99	Advanced Supervisory Module I - Ethics/Policing	LVMPD	7
12-29-99	Criticism & Discipline - Skills for Managers	CareerTrack	6
02-16 to 02-18-00	Shooting Incident Reconstruction	Forensic Identification Training Seminars	24
06-19 to 06-23-00	Advanced Ridgeology Comparison Techniques	Forensic Identification Training Seminars, LLC	40
09-14-00	Firearms Training Simulator	LVMPD	1
09-21-00	Haz-Mat Responder Awareness (Train the Trainer)	LVMPD	2
09-07-02	Firearms Qualification 2 - Recert.	LVMPD	2

DATE	CLASS TITLE	AGENCY	CREDIT HOURS
10-01-01	Use of Force - Video	LVMPD	15 Min.
10-08-01	Bloodstain Pattern Analysis - Angle of Impact Proficiency Exercise - Certificate # 10	LVMPD - Criminalistics Bureau	3
10-17-01	Essentials of Self-Management	LVMPD	6
02-26-02	Handgun Qualification 1 - Recert.	LVMPD	1
12-21-01	Handgun Qualification 4 - Recert.	LVMPD	1
04-04-02	Chemical Enhancements of Bloodstains, Preliminary Steps	LVMPD - Criminalistics Bureau	2
04-04-02	Objective Approach to the Crime Scene	LVMPD - Criminalistics Bureau	1
04-04-02	Criminal Law	LVMPD	2
04-04-02	Forensic Anthropology	LMVPD - Criminalistics Bureau	1.5
04-25-02	Clandestine Laboratory Safety - Fingerprint Processing	LVMPD - Criminalistics Bureau	1
04-25-02	Firearms Training Simulator - Recert.	LVMPD	1
05-16-02	Employee Drug & Alcohol Abuse Rec/Crisis Inter.	LVMPD	4
05-31-02	Documentation of Footwear & Tire Impressions	LVMPD - Criminalistics Bureau	1
06-14-02	Handgun Qualification 2 - Recert.	LVMPD	1
08-04 to 08-10-02	87th International Educational Conference - See below	IAI	
"	Triple Murders in the City of Los Angeles: The Trial in Indonesia	IAI	1
"	Bloodstain Imagery Made Simple	"	1.45
"	Resolution Capabilities and Limitations of Digital Imaging Used for Footwear Impression Photography	"	1
"	Investigative Leads for Footwear and Tire Track Impression Evidence: Databases and Web Resources	"	1
"	Using Image-Pro® Plus 4.0 to Rectify Improperly Photographed Footwear Impressions	"	30 Min.
"	Gizmos and Gadgets	"	2 hours
"	Footwear Workshop	"	4 hours

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Ashley Lorin PISTORIO
Address:	2040 W. Charleston Blvd. #302 Las Vegas NV 89102
Phone:	

License Information			
License Type:	Resident		
License Number:	LL2204	Status:	Active
Issue Date:	7/1/2011	Expiration Date:	6/30/2014

Scope of Practice

Scope of Practice: Surgery, General

Education & Training

School:	Penn State College of Medicine / Hershey , PA
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	5/16/2010
Scope of Practice:	

School:	Penn State Hershey Medical Center / Hershey , PA
Degree\Certificate:	Internship
Date Enrolled:	7/1/2010
Date Graduated:	6/30/2011
Scope of Practice:	Surgery,General

School:	University of Nevada SOM / Las Vegas , NV
Degree\Certificate:	Residency
Date Enrolled:	7/1/2011
Date Graduated:	6/30/2014
Scope of Practice:	Surgery,General

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

NONE

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

Detective Larry Smith
Las Vegas Metro Police Dept.
Electronic Crimes Section
702-598-1330 Desk
702-828-5598 Office

TRAINING:

I have received the following training:

I was assigned to the Physical Abuse Detail from 11-1996 to 6-1997. The Physical Abuse Detail investigates physically abused children and the elderly.

I then was reassigned to the Sexual Abuse Detail in June 1997 until August of 2000. While assigned to the Sexual Abuse Detail I created the Internet Crimes Against Children Detail. The main mission if the ICAC detail was the apprehension of sex offenders when their target was children and their tool the internet and/or a computer. This included all child pornography cases. In January 2003 the LVMPD, and myself, joined forces with the United States Secret Service's Electronic Crimes Task Force and started the Cyber Crimes Detail.

The primary goal of the USSS ECTF and the LVMPD Cyber Crimes Detail consists of any crime where a computer, PDA, or cellphone was used to facilitate that crime including crimes such as Homeland Defense issues, Homicides, Internet Stalking, Robberies, Network Intrusions, Kidnappings, email and online fraud, etc.

SEXUAL ABUSE:

12-02-89	Child Sexual Exploitation	6 hrs
09-09-92	Investigator Development	14 hrs
09-27-93	"Reid" Interview Techniques	24 hrs
08-17-94	Advanced Investigators School	22 hrs
05-09-95	Sexual Assault Seminar	4 hrs
01-29-96	Communication Skills	7 hrs
01-27-97	Responding to Child Maltreatment	31 hrs
03-06-97	Serious Incident Investigations	16 hrs
05-20-97	Shaken Baby Syndrome Investigations	15 hrs
06-20-97	Child Abuse-Train the Trainers	40 hrs
09-03-97	6th Annual Western States Sexual Assault Seminar	20 hrs
12-10-97	Child Interview Specialist Training	12 hrs
01-12-98	Child Sexual Exploitation Investigations	40 hrs
05-19-98	Investigative Profiles of Sexually Deviant Crimes	7 hrs
06-18-98	Female Sex Offender Training	6 hrs
09-09-98	7th Annual Western States Sexual Assault Seminar	20 hrs
09-06-00	9th Annual Western States Sexual Assault Seminar	24 hrs
09-05-01	10th Annual Western States Sexual Assault Seminar	24 hrs
	For a total of **332 hours**	

COMPUTER/INTERNET:

09/95-11/96	Choice Computers as an apprentice technician	200+hrs
11-03-97	Computer Seizure Workshop	40 hrs
12-08-98	Child Safety on the Internet	8 hrs
01-14-99	FBI Innocent Images (Internet Child Porn)	12 hrs
08-09-99	Protecting Children Online	36 hrs
12-13-99	Innocent Images Training	40 hrs
01-25-00	Encase Training	24 hrs
04-17-00	Data Recovery and Analysis	36 hrs
05-01-00	International Assoc. of Comp. Invest. Specialists	80 hrs
12-05-00	Internet Crimes Against Children conference	24 hrs
01-09-00	Computer forensics exams using Encase	32 hrs
02-26-01	AccessData Forensic Exams and Password Retrieval	32 hrs
09-14-01	Encase Users Conference	8 hrs
10-22-01	NTI Computer Forensics Training	36 hrs
12-07-01	2001 ICAC Training Conference	20 hrs
03-19-02	Encase Advanced training	32 hrs
04-08-02	National White Collar Crime Data Recovery	36 hrs
09-23-02	NIPC Networks/System Security for Agents	80 hrs
10-15-02	Investigating Cyber Attacks	32 hrs
10-28-02	Beginning Unix for Investigators	40 hrs
10-28-02	Advanced Unix for Investigators	40 hrs
11-01-02	Basic Solaris 8 System Admin	40 hrs
11-22-02	Advanced Solaris System Admin	40 hrs
12-13-02	Unix for Investigators Part3	40 hrs
02-18-03	Encase 4 Intermediate	32 hrs
03-03-03	Basic Linux/Basic SMART Training	40 hrs
04-28-03	LPI Linux 101	40 hrs
05-12-03	LPI Linux 102	40 hrs
05-26-03	Red Hat Linux Essentials 1-4	32 hrs
06-09-03	Red Hat RH133 Linux System Administration	32 hrs
06-17-03	Red Hat RH253 Linux Networking-Security	32 hrs
06-23-03	ADRA Advanced Data Recovery	32 hrs
08-18-03	Linux Professional Institute Boot Camp	77 hrs
09-05-03	AccessData Intermediate Computer Forensics	24 hrs
09-23-03	FAT/Linux/NTFS File System Review	21 hrs
11-14-03	A+ Cert Operating Systems	40 hrs
01-12-04	SMART for Linux Intermediate/Advanced	32 hrs
04-19-04	Macintosh Forensics Course	40 hrs
05-03-04	Ethical Hacking Course	40 hrs
07-13-04	Encase Internet and Email Examinations	32 hrs
08-31-04	Apple Macintosh Server Essentials	32 hrs
01-26-05	Hidden Data Communications	8 hrs
02-08-05	Encase Network Intrusion Examinations	32 hrs
06-06-05	TCP/IP and Network Intrusions	32 hrs
09-19-05	Introduction to mobile forensics	32 hrs
11-12-05	Advanced BitPim Cell Phone Forensics	10 hrs

11-28-05	Stingray/Kingfish training	32 hrs
12-12-05	Network Hacking (Synerity Systems)	35 hrs
1-10-06	DOD Cyber Crimes Conference	32 hrs
02-02-06	Mac OSx Server Training v10.4	32 hrs
05-25-06	Wireless Communications-Synerity Systems	40 hrs
6-27-06	Encase V5 Advanced Forensics	32 hrs
8-31-06	Network Forensics-DefCon edition	32 hrs
01-23-07	e-fense E103 Helix Training	24 hrs
03-02-07	Encase Computer Forensics 2	32 hrs
04-??-07	Paraben Handheld Forensics	32 hrs
08-02-07	Advanced Hacking Techniques (Synerity)	32 hrs
10-11-07	Windows Forensics (accessdata)	21 hrs
10-12-07	Vista Forensics	07 hrs
11-13-07	ICAC Core Skills for Cell Phone Investigation	32 hrs
11-??-07	Advanced Cell Phone Seizure (Paraben)	32 hrs
04-11-08	Wireless LAN 802.11	32 hrs
04-24-08	DC Live Audio Forensics	24 hrs

For a Total of 2219 hrs

Community College of Southern Nevada

Summer 1999	CIT106b PC Maintenance and Configuration	3cr
Fall 1999	CIT107b A+ Software	3cr
Spring 2000	Unix Operating System	3cr
Fall 2000	CIT149b Networking Essentials	3cr
Summer 2001	CIT185b Windows 2000 Pro/Server	3cr
Fall 2001	ET249b Cisco Networking Academy	4cr
Spring 2004	Advanced Computer Forensics	3cr
Fall 2004-2006	Adjunct Professor at CCSN teaching Computer forensics and Advanced Computer Forensics	
Fall 2004	Adjunct Professor at CCSN teaching Investigating Digital Crimes	

CERTIFICATIONS:

05/12/00	Certified Electronic Evidence Collection Specialist (IACIS)
07/31/01	Microsoft Certified Professional ID# 2392098
03/08/02	CompTIA Network+ Certification ID # 10275221
04/02/07	Encase Certified Examiner (ENCE)
04/07	Certified Handheld Examiner, Paraben (CHE)
11/07	Certified Advanced Cell Phone Examiner (Paraben)

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information	
Name:	Meena Prasad VOHRA
Address:	P.O. Box 371540 Las Vegas NV 89137-1540
Phone:	7023832420

License Information			
License Type:	Medical Doctor		
License Number:	5837	Status:	Active
Issue Date:	6/10/1989	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Pediatrics
Scope of Practice: Peds, Critical Care

Education & Training

School:	GSVM Medical College / Kanpur, India
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	2/1/1980
Scope of Practice:	

School:	Children's Hospital / Detroit, MI
Degree\Certificate:	Residency
Date Enrolled:	10/1/1981
Date Graduated:	9/30/1984
Scope of Practice:	Pediatrics

School:	Children's Hospital / Detroit, MI
Degree\Certificate:	Fellowship
Date Enrolled:	7/1/1984
Date Graduated:	6/30/1986
Scope of Practice:	Peds, Critical Care

School:	Pediatrics
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	6/19/1988
Scope of Practice:	Pediatrics

School:	Pediatric Critical Care
Degree\Certificate:	Am Bd Subboard
Date Enrolled:	
Date Graduated:	8/1/1996
Scope of Practice:	Peds, Critical Care

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

School:	Pediatrics
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	6/19/1988
Scope of Practice:	Pediatrics

School:	Pediatric Critical Care
Degree\Certificate:	Am Bd Subboard
Date Enrolled:	
Date Graduated:	8/1/1996
Scope of Practice:	Peds, Critical Care

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

Degree\Certificate:	Residency
Date Enrolled:	7/1/2007
Date Graduated:	6/30/2010
Scope of Practice:	Radiology

School:	Diagnostic Radiology
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	6/30/2010
Scope of Practice:	Radiology,Diagnostic

School:	U.C. San Diego School of Medicine / San Diego, CA
Degree\Certificate:	Fellowship
Date Enrolled:	10/1/2010
Date Graduated:	9/30/2011
Scope of Practice:	Radiology,Musculoskeletal

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

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NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search

Licensee Details

Person Information

Name:	Lisa Kim WONG
Address:	Desert Radiologists 2020 Palomino Lane, #100 Las Vegas NV 89106
Phone:	7027598600

License Information

License Type:	Medical Doctor		
License Number:	11698	Status:	Active
Issue Date:	11/29/2005	Expiration Date:	6/30/2015

Scope of Practice

Scope of Practice: Radiology

Education & Training

School:	University of Nevada - Reno, NV
Degree\Certificate:	Medical Doctor Degree
Date Enrolled:	
Date Graduated:	5/15/2000
Scope of Practice:	

School:	University Medical Center - Las Vegas, NV
Degree\Certificate:	Internship
Date Enrolled:	6/1/2000
Date Graduated:	5/31/2001
Scope of Practice:	Internal Medicine

School:	Radiology
Degree\Certificate:	American Board
Date Enrolled:	
Date Graduated:	6/1/2005

Scope of Practice:	Radiology

School:	Medical Center of Louisiana / New Orleans, LA
Degree\Certificate:	Residency
Date Enrolled:	7/1/2001
Date Graduated:	6/30/2005
Scope of Practice:	Radiology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions
NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

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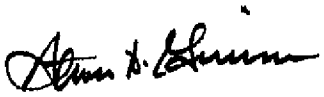

CLERK OF THE COURT

ORDR
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565
MICHELLE EDWARDS
Chief Deputy District Attorney
Nevada Bar #010575
200 Lewis Avenue
Las Vegas, NV 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, -vs- JONATHAN QUISANO, #5991702 Defendant.	CASE NO: C-13-294266-1 DEPT NO: XXI

ORDER DENYING DEFENDANT'S PETITION FOR WRIT OF HABEAS CORPUS

DATE OF HEARING: 3/31/14
TIME OF HEARING: 3:00 A.M.

THIS MATTER having come on for hearing before the above entitled Court on the 31st day of March, 2014, the Defendant not being present, with no representation, the Plaintiff being represented by STEVEN B. WOLFSON, District Attorney, through MICHELLE EDWARDS, Chief Deputy District Attorney, and the Court having reviewed the briefs and entertaining no argument and good cause appearing therefor,

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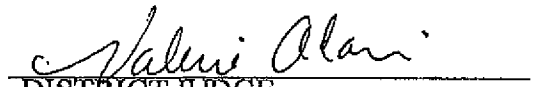
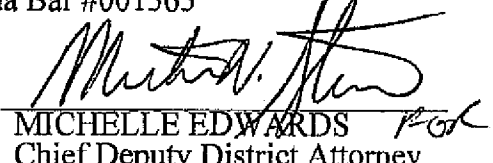
IT IS HEREBY ORDERED that the Defendant's Petition for Writ of Habeas Corpus, shall be, and it is denied.

DATED this 28th day of April, 2014.



DISTRICT JUDGE

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

BY 
MICHELLE EDWARDS
Chief Deputy District Attorney
Nevada Bar #010575

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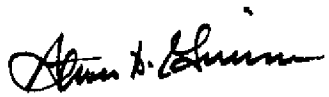

CLERK OF THE COURT

NOTC
PHILIP J. KOHN, PUBLIC DEFENDER
NEVADA BAR NO. 0556
NANCY L. LEMCKE
Deputy Public Defender
Nevada Bar No. 5416
NORMAN J. REED
Deputy Public Defender
Nevada Bar No. 3795
309 South Third Street, Suite #226
Las Vegas, Nevada 89155
(702) 455-4685
Attorneys for Defendant

DISTRICT COURT

CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, v. JONATHAN QUISANO, Defendant.	CASE NO. C-13-294266-1 DEPT. NO. XXI

DEFENDANT'S NOTICE OF EXPERT WITNESSES, PURSUANT TO NRS 174.234(2)

TO: CLARK COUNTY DISTRICT ATTORNEY:

You, and each of you, will please take notice that the Defendant, JONATHAN QUISANO, intends to call the following expert witness in his case in chief:

DR. JOHN FARLEY, Ph.D., is a physicist who will testify about the physics of applying G force in a domestic environment; he will also provide opinions regarding the results of G force testing conducted in the domestic environment at issue in the instant matter.

DR. ROBERT ROTHFEDER, M.D., 8254 South 300 East, Sandy, UT 84070 physician/pathologist. He will testify as to his opinion(s) and finding(s) pertaining to the observation(s), examination(s), diagnosis, and treatment of KHAYDEN QUISANO, as well as the cause/manner of Khayden's death. In addition, Dr. Rothfeder is expected to provide expert testimony concerning injury patterns, mechanisms of injury and causes of injury.

DATED this 19th of May, 2014.

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By _____
NANCY L. LEMCKE, #5416
Deputy Public Defender

PHILIP J. KOHN
CLARK COUNTY PUBLIC DEFENDER

By _____
NORMAN J. REED #3795
Deputy Public Defender

CERTIFICATE OF ELECTRONIC SERVICE

I hereby certify that service of DEFENDANT'S NOTICE OF EXPERT WITNESSES, was made this 19th day of May, 2014, by Electronic Filing to:

CLARK COUNTY DISTRICT ATTORNEY'S OFFICE
Motions@clarkcountyda.com

MICHAEL STAUDAHER, Chief Deputy District Atty
E-Mail: michael.staudaher@clarkcountyda.com

By: S. Ruand
S. Ruand
Secretary for the Public Defender's Office

SHORT CURRICULUM VITAE: **John W. Farley, Ph. D.**

PRESENT ADDRESS:
Physics Department
University of Nevada, Las Vegas
4505 Maryland Parkway
Las Vegas, Nevada 89154
(702) 895-3084 Dr. Farley's office
(702) 895-3563 Physics Department
email: farley@mailaps.org
FAX: (702) 895-0804

HOME ADDRESS:
1858 Ruby Lane
Henderson, NV 89014
(702) 451-4395

BORN: February 7, 1948, Brooklyn, New York.

DEGREES:
B.A., Harvard College, 1970
M.A., Columbia University, 1974
M. Ph., Columbia University, 1974
Ph.D., Columbia University, 1977

ACADEMIC POSITIONS:
Professor of Physics, UNLV, 1996-present
Associate Professor of Physics, UNLV, 1987-1996
UNLV Physics Department Chair, 1992-3
Assistant Professor of Physics, University of Oregon, 1981-1987
Research Assistant Professor of Physics and Optical Sciences, University of Arizona, 1980-1981
Postdoctoral Fellow in Physics and Optical Sciences, University of Arizona, 1979-1980
NSF National Needs Postdoctoral Fellow, University of Arizona, 1978-1979
Research Associate in Physics, University of Arizona, 1976-1978
Graduate Research Assistant, Columbia University, 1973-1976

SOCIETY AFFILIATIONS:
American Physical Society
American Chemical Society

Ph.D. THESIS:	"Fine Structure and Hyperfine Structure Measurements in Excited States of Alkali Atoms by Dye Laser Spectroscopy," 1977. Columbia University, New York, New York. Doctoral thesis advisor: Prof. Will Happer (now at Princeton).
ACADEMIC HONORS:	UNLV Foundation Teaching Award, 2008 Nevada Regents Teaching Award, 2008. College of Sciences Distinguished Teaching Award, 2007 NSF National Needs Postdoctoral Fellow, 1978-79. Award for Excellence in teaching (1973). Eugene Higgins Fellow 1971-72 (Columbia).
PROFESSIONAL HONORS:	Listed in first edition of *Who's Who in Frontier Science and Technology* Listed in first edition of *Who's Who in Optical Science and Engineering* Served on Program Committee, Division of Atomic, Molecular and Optical Physics, American Physical Society, 1999-2000

Sessions chaired at Professional Meetings

Organized and chaired session, "Spectroscopy of Negative Ions," at APS Centennial meeting, Atlanta, March 21-26, 1999.

Organized and chaired session, "Application of Imaging Technology to Atomic and Molecular Physics", Division of Atomic, Molecular and Optical Physics, Storrs, Connecticut, June 2000.

Scientific Leadership positions:

Founding Director (2004-present), UNLV Center for Mathematics and Science Education

Primary author of Ph. D. program in physics at UNLV. Program began in 1990 and graduated first student in 1995.

Served as Director of Nevada EPSCoR program, 1993-1998. Supervised statewide scientific effort. The five-year cooperative agreement brought in $1,485,000 per year in Federal funds to Nevada. It involved a total of 108 people, including 60 faculty, 14 postdocs, 21 graduate students, 6 technical staff, and 7 others. In chemical physics, it supported eight young faculty members, including four in the UNLV physics department.

Since 1992, have directed Research Experience for Undergraduates (REU) program, an NSF-funded program that brings undergraduate students to UNLV from all over the country for a summer research experience.

PUBLICATIONS AND PRESENTATIONS

Lifetime totals: 45 peer-reviewed scientific publications, 92 presentations at scientific conferences. List available upon request.

GRADUATE STUDENTS MENTORED

Supervised the graduate work of 5 masters theses and 5 doctoral dissertations.

TALKS

Have given talks at many universities, including Harvard, Yale, MIT, and Stanford.

EXPERTISE

For a number of years, John Farley has taught the mechanics class for scientists and engineers. The course is quite rigorous, employing calculus and vector notation. The course includes a rigorous treatment of the following topics, which are highly relevant to personal injury cases:

motion	mass
acceleration	velocity
force	Newton's laws
collisions	gravity

CURRICULUM VITAE

ROBERT K. ROTHFEDER, M.D.

Professional Address :

175 West 200 South
Suite 4009
Salt Lake City, Utah 84101
(801) 359-7756

Education :

Rutgers University
New Brunswick, New Jersey
B.A. 1969

University of Minnesota Medical School
Minneapolis, Minnesota
M.D. 1974

Internship and Residency - Internal Medicine
LDS Hospital
Salt Lake City, Utah 1974 - 1977

University of Utah College of Law
Salt Lake City, Utah
J.D. 1984

Board Certification : American Board of Emergency Medicine

Board Qualified : Internal Medicine

Private Practice :

Lakeview Hospital Emergency Department
Bountiful, Utah
Emergency Department Director, Emergency Physician
1977-1994

St. Mark's Hospital Emergency Department
Salt Lake City, Utah
Emergency Physician 1994 – 2006

Private practice in association with
Dennis J. Wyman, M.D.
175 West 200 South, Suite 4009
Salt Lake City, Utah
1991 - present
Referral practice specializing in the evaluation and treatment of patients with traumatic injuries.

Of Counsel
Winder & Haslam
Attorneys at Law
Salt Lake City, Utah
1985 – present

Expert Witness Experience:

I have been seriously interested in brain injury issues in children and adults, infant injury evaluation, and child abuse cases for the past 20 years and have consulted on several hundred cases.

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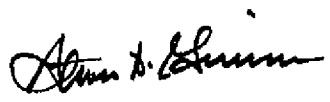

CLERK OF THE COURT

NWEW
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565
MICHELLE Y. JOBE
Deputy District Attorney
Nevada Bar #010575
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, -vs- JONATHAN QUISANO, #5991702 Defendant.	CASE NO: C-13-294266-1 DEPT NO: XXI

SUPPLEMENTAL NOTICE OF EXPERT WITNESSES
[NRS 174.234(2)]

TO: JONATHAN QUISANO, Defendant; and

TO: NANCY L. LEMCKE, DEPUTY PUBLIC DEFENDER, Counsel of Record:

YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that the STATE OF NEVADA intends to call the following expert witnesses in its case in chief:

Joel Albert P# 13204 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Shahrokh Assemi, M.D. – Radiologist - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Deborah Brotherson P# 4931 – Crime Scene Analyst - Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under

LVMPD Event # 130606-3235.

Patrick Burkhalter – First Responder – AMR - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Michael Casey, M.D. – Treating Physician – Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Sandra Cetl, M.D. – Physician - – Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009) from 2010 as well as 2013. In addition, Dr. Cetl will provide expert testimony as an abuse and neglect specialist and will render opinions about abusive injuries, mechanisms and causes of said injuries, as well as his opinions related thereto pertaining to the injuries sustained by KHAYDEN QUISANO (DOB 09/18/2009)

David Chao, M.D. – Treating Physician - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

L. Chen, M.D. – Forensic Neuropathologist – eyes – Pathology # SHS-13-27338 - Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses regarding his Neuro-Ophthalmologic analysis pertaining to victim KHAYDEN QUISANO (DOB: 09/18/2009) under Coroner's Case # 13-05465. In addition, Dr. Chen is expected to provide expert testimony concerning injury patterns, mechanisms of injury and causes of injury in general, as well as those specifically pertaining to KHAYDEN QUISANO as derived from Dr. Chen's analysis.

Kris Chipman – First Responder - Las Vegas Fire Department - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim

assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Thomas Costello, M.D. – Radiologist - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Juanita Crespo, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Andrea Davis, R.N. – Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Martin Delgado – First Responder – Las Vegas Fire Department - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Peter Egbert, M.D. – Forensic Neuropathologist - Pathology # SHS-13-27338 - Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses regarding his Neuro-Ophthalmologic analysis pertaining to victim KHAYDEN QUISANO (DOB: 09/18/2009) under Coroner's Case # 13-05465. In addition, Dr. Egbert is expected to provide expert testimony concerning injury patterns, mechanisms of injury and causes of injury in general, as well as those specifically pertaining to KHAYDEN QUISANO as derived from the analysis.

Donna Evangelista, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB

09/18/2009).

Sherri Fabbro, R.N. – Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Stephanie Fletcher – P# 6650 – Crime Scene Analyst - Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under LVMPD Event # 130606-3235.

Lisa Gavin, M.D. MPH – Medical Examiner – Is expected to provide testimony as a medical expert as to her opinions and findings regarding the cause and manner of death of victim KHAYDEN QUISANO (DOB 09/18/2009) under Coroner's Case # 13-05465.

Brandon Gray – First Responder – AMR - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Srinivas N Halthore, MD - 6/7/13 – Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Christopher Hyink – First Responder - Las Vegas Fire Department - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Jerrell Ingalls, M.D. - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Oscar Ingaramo, M.D. – Treating Physician - Is expected to testify as a medical expert as to

his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Stuart Kaplan, M.D. – Neurosurgeon – Treating Physician – Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Danielle Keller P# 12712 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under LVMPD Event # 130606-3235.

Timothy Kline – First Responder – Las Vegas Fire Department – Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Tracy Krause - P #9975 – Crime Scene Analyst - Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under LVMPD Event # 130606-3235.

Nelson Marietta, M.D. and/or designee – Treating Physician, Ophthalmologist - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Dianne Mazzu, M.D. – Radiologist - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Randall McPhail – P# 3326 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

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Sasha Milligan, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Amie J. Modglin – Coroner Investigator – Is expected to provide testimony as an expert in the field of death investigations, as well as her direct involvement under Coroner's Case # 13-05465.

Arthur Montes, M.D. – Pediatric Radiologist – Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009) from 2010 as well as 2013. In addition, Dr. Montes will provide expert testimony as a pediatric radiologist and will render opinions about abusive injuries, mechanisms and causes of said injuries, as well as his opinions related thereto pertaining to the injuries sustained by KHAYDEN QUISANO (DOB 09/18/2009) in 2013 as well as 2010.

Patricia Moore, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Pejman Motarjem, M.D. – Radiologist - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Jason T. Ninomiya, M.D. – Treating Physician - Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009) in January of 2010.

Michael Perkins – P# 4242 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Ashley Pistorio, M.D. – Treating Physician – Resident Physician - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Kelly Postell, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Latia Rahming, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

(Connie) Consolacion Saqueton, M.D. – Treating Physician - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Karalyn Smalley, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

L. Smith P# 3574 and/or designee – Computer Forensic Examiner – Is expected to provide testimony as an expert in the field of computer forensic analysis, of computers, phones and other electronic devices. Mr. Smith and/or his designee is expected to provide expert testimony as to the science, techniques and procedures employed in computer forensic analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Erin Sturgeon, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB

09/18/2009).

Hannes Vogel, M.D. – Forensic Neuropathologist – Pathology # SHS-13-27335 – Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses regarding his Neuropathologic analysis pertaining to victim KHAYDEN QUISANO (DOB: 09/18/2009) under Coroner's Case # 13-05465. In addition, Dr. Vogel is expected to provide expert testimony concerning injury patterns, mechanisms of injury and causes of injury in general, as well as those specifically pertaining to KHAYDEN QUISANO as derived from his analysis.

Meena P. Vohra, M.D. – Treating Physician - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Jimmy Wang, M.D. – Radiologist - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Lisa Wong, M.D. – Radiologist - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

These witnesses are in addition to those witnesses endorsed on the Information or Indictment and any other witnesses for which a separate Notice of Witnesses and/or Expert Witnesses has been filed

The substance of each expert witness' testimony and a copy of all reports made by or at the direction of the expert witness has been provided in discovery.

The substance of each expert witness' testimony and a copy of all reports made by or at the direction of the expert witness has been provided in discovery. A copy of each expert witness' curriculum vitae, <u>if available</u>, is attached hereto.

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In addition, to the witnesses listed in this notice or in any previously filed State notice, the State specifically endorses any and all witnesses and/or experts disclosed in any notice filed by the defense or disclosed by the defense in this case. The State specifically reserves the right to call any or all said defense witnesses and/or experts in its case in chief.

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

BY _____
MICHELLE Y. JOBE
Deputy District Attorney
Nevada Bar #010575

CERTIFICATE OF ELECTRONIC MAIL

I hereby certify that service of Supplemental Notice of Expert Witnesses, was made this 19th day of May, 2014, by e-mail to:

NANCY L. LEMCKE, Deputy Public Defender
E-Mail: LamckeNL@clarkcountynv.gov

pdclerk@clarkcountynv.gov

BY: _____
J. Robertson
Employee of the District Attorney's Office

13F09094X/jr//MVU

Kapolei Pediatrics, LLC

Infants/Children/Adolescents

Home Page
The Office
Pediatrician
Directions/Map
Resources

Jason T Ninomiya, MD, FAAP

Education

Undergraduate
Loyola Marymount University
Los Angeles, California

Medical School
John A. Burns School of Medicine
University of Hawai'i, Manoa

Residency
Loyola University Medical Center
Maywood, Illinois

Board Certification
American Board of Pediatrics

Elected Fellow
American Board of Pediatrics

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Kapolei Pediatrics, LLC

Infants/Children/Adolescents

Home Page
The Office
Pediatrician
Directions/Map
Resources

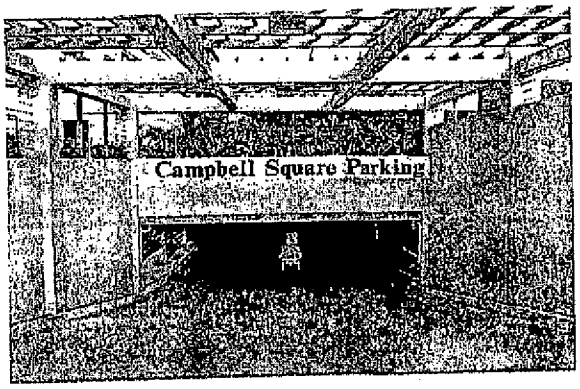
Jason T Ninomiya, MD, FAAP

Kapolei Building
1001 Kamokila Blvd, Suite 193
Kapolei, Hawaii 96707
Map

Directions

We are located on the ground floor of the Kapolei Building in Campbell Square. We are in the same building as the Kapolei Post Office and right across the street from the Kapolei Library.

*Covered Parking is free via the ramp off Haumea Street.



From Town

Exit H1 via the Kapolei exit and proceed through downtown Kapolei on Kamokila Blvd. Turn LEFT on Manawai Street and take the first RIGHT on Haumea Street. The parking entrace to Campbell Square is on the RIGHT

From Waianae

Exit H1 via the Wakea Street exit and make a LEFT on Haumea Street. The parking entrace to Campbell Square is on the LEFT

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PEDIATRICS WEBSITE BUILDER

Kapolei Pediatrics, LLC

Infants/Children/Adolescents

Jason T Ninomiya, MD, FAAP

Home Page
The Office
Pediatrician
Directions/Map
Resources

Kapolei Building
Campbell Square
1001 Kamokila Blvd, Suite 193
Kapolei, Hawaii 96707
Phone: 693-7300 Fax: 693-7301

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Professional & Vocational Licensing Search

Department of Commerce & Consumer Affairs

General Licensee

License ID:	Active/Inactive:	Status	Expire Date:
MD-13419	--	CURRENT, VALID & IN GOOD STANDING	1/31/2016

Legal License Name:	Trade/Professional Name:	Entity:	Original License Date:
JASON T NINOMIYA	--	INDIVIDUAL	6/3/2005

Class Prefix:	Special Privilege:	Restriction:	Education Code:
--	--	--	--

Business Code	Conditions & Limitations:	Business Address:
--	--	

License information on this site reflects information in the Professional and Vocational Licensing Division as of May 19, 2014; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed. The site is updated daily, Monday through Friday, except holidays.

The State of Hawaii makes no guarantees as to the accuracy of the information accessed, the timeliness of the delivery of transactions, delivery to the correct party, preservation of the privacy and security of users and makes no warranties, including warranty of merchantability and fitness for a particular purpose. The DCCA/PVL web site receives the DCCA/PVL licensee information directly from the DCCA/PVL licensee database. The DCCA/PVL web site is considered a primary source for DCCA/PVL licensee information – it is the same licensee information the DCCA/PVL provides through other means and is true and correct to the best of our knowledge. User is advised that if the information obtained herein is to be reasonably relied upon, user should confirm the accuracy of such information with the provider thereof.

Employees List

EMPLOYEES

Position	Position Status	Employee Name	Lic ID	Lic Status	Dual Rme	Effective

No data available in table

Showing 0 to 0 of 0 entries

Employers List

EMPLOYERS

Position	Employer Name	Lic ID	Lic Status	Effective

No data available in table

Showing 0 to 0 of 0 entries

Insurance / Bond

Insurance / Bond

Insurance Type	Effective	Term Date	Cancel Date	Policy #	Surety	Amount

No data available in table

Showing 0 to 0 of 0 entries

License Class

License Classes

Class Code	Class Type	Effective	Restricted	Status

No data available in table

Showing 0 to 0 of 0 entries

Click here to enter search criteria for prior complaints history -> (http://web.dcca.hawaii.gov/RICO)

For prior complaints and disciplinary history, contact licensing and business information center at (808) 587 - 3295.

Back to Results | New Search (/pvlsearch)

Professional & Vocational Licensing

Department of Commerce & Consumer Affairs

Accessibility (http://portal.ehawaii.gov/accessibility.html) Contact (https://portal.ehawaii.gov/page/about-us/) Feedback (http://portal.ehawaii.gov/feedback.html?applicationId=5) Privacy Policy (http://portal.ehawaii.gov/privacy-policy.html) Terms of Use (http://portal.ehawaii.gov/terms-of-use.html)

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CURRICULUM VITAE

Consolacion B. Saqueton, M.D.

Office address: University Medical Center of Southern Nevada
Department of Pediatrics
Section of Pediatric Critical Care Medicine
1800 W. Charleston Blvd.
Las Vegas, Nevada 89102
Saqueton@earthlink.net
(702) 383-2420

EDUCATION

Creighton Medical School, Omaha, NE	1989-1993	MD
University of California, Davis, Davis, CA	1983-1988	BS
Thomas Edison High School, Stockton, CA	1979-1983	

PROFESSIONAL TRAINING AND POSITIONS HELD

Pediatric Intensivist, University Medical Center Las Vegas, Nevada	2000 - present
Pediatric Intensivist, St. Rose Dominican Hospitals Henderson, Nevada	2004 - 2007
Pediatric Intensivist, Summerlin Hospital Medical Center Las Vegas, Nevada	2004 - 2007
Post-Doctorate Fellow, Pediatric Pulmonary and Pediatric Critical Care, University of Minnesota	1996 - 1999
Transport Physician, Neonatology, and Pediatric Critical Care Medicine, University of Minnesota	1996-1999
Chief Resident, Department of Pediatrics University of Nebraska, Creighton, NE	1995-1996
Resident, Department of Pediatrics University of Nebraska, Creighton, NE	1994-1996
Intern, Department of Pediatrics University of Nebraska, Creighton, NE	1993-1994

AWARDS AND HONORS

Third Year Chief Resident, Nebraska/Creighton	1995 - 1996
Best Resident Teacher Award by Medical Students	1993 - 1994

AWARDS AND HONORS continue ...

Graduated Summa Cum Laude, UC Davis	1988
Dean's Honor List, UC Davis	1983 - 1988
Teaching Assistant, UC Davis	1985 - 1986
Edward Frank Kraft Freshman Scholarship, UC Davis	1984
Salutatorian, Edison High School	1983

LICENSURE

Nevada	2000 - present
Minnesota	1996 - 1999
Nebraska	1994 - 1998

CERTIFICATES

DEA
Nevada State Board of Pharmacy
PALS

PROFESSIONAL CERTIFICATION

Diplomat, Sub Board Pediatric Critical Care Medicine	2004 - present
Diplomat, American Board of Pediatrics	1996 - present
Diplomat, National Board of Medical Examiners	1994
Advanced Cardiac Life support, Provider	1993-present
Neonatal Resuscitation Program, Provider	1993-present
Pediatric Advanced Life Support, Provider	1993-present

PROFESSIONAL MEMBERSHIPS

American Medical Student Association	1989 - 1993
American Medical Association	1989 - 1993
American Academy of Pediatrics	1993-present
American College of Chest Physicians	1997 - 2000
Society of Critical Care Medicine	1997-present

FACULTY APPOINTMENTS

Clinical Associate Professor University of Nevada Scholl of Medicine Las Vegas, Nevada	2004 – present
Clinical Assistant Professor University of Nevada School of Medicine Las Vegas, Nevada	2000 - 2004

RESEARCH AND CLINICAL INTERESTS

Neonatal Pulmonary Vascular Reactivity
Nitric Oxide Mechanisms and Applications
Acute Lung Injury

POSTER AND PLATFORM PRESENTATIONS AND ABSTRACTS

Connie B. Saqueton, Valerie A. Porter, Jean M. Herron, and David N. Cornfield: ***"Pulmonary Artery Smooth Muscle Cell KCa Channel Activity is Developmentally Regulated".*** Society of Pediatric Research, May 1999

Connie B. Saqueton, Robert B. Miller, Valerie A. Porter, and David N. Cornfield: ***"Inhaled Nitric Oxide Causes Perinatal Pulmonary Vasodilation Through a Ryanodine-Sensitive Activation of a KCa Channel".*** Society of Pediatric Research, May 1998.
David N. Cornfield, Jean M. Herron, **Connie B. Saqueton**, and Imad Y. Haddad: ***"Pulmonary Vascular Voltage-Sensitive K^+ Channel Expression is Developmentally Regulated".*** Society of Pediatric Research, May 1998.

Connie B. Saqueton, Robert B. Miller, Valerie A. Porter, and David N. Cornfield: ***"Nitric Oxide-Induced Perinatal Pulmonary Vasodilation is Mediated by KCa Channel Activation".*** American Heart Association Conference on *Mechanisms of Control of Fetal and Neonatal Pulmonary Vasculature*, Colorado, Sept. 1998.

PUBLICATIONS

Connie B. Saqueton, Robert B. Miller, Valerie A. Porter, Carlos E. Milla, and David N. Cornfield: ***"Nitric Oxide Causes Perinatal Pulmonary Vasodilation Through K^+ Channel Activation and Requires Intracellular Calcium Release".*** American Journal of Physiology (in press)

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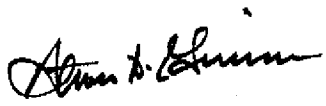

CLERK OF THE COURT

NWEW
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565
MICHAEL V. STAUDAHER
Chief Deputy District Attorney
Nevada Bar #008273
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

JONATHAN QUISANO,
#3991702

Defendant.

CASE NO: C-13-294266-1

DEPT NO: XXI

NOTICE OF WITNESSES
[NRS 174.234(1)(a)]

TO: JONATHAN QUISANO, Defendant; and

TO: NANCY L. LEMCKE, Deputy Public Defender, Counsel of Record:

YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that the STATE OF NEVADA intends to call the following witnesses in its case in chief:

NAME	ADDRESS
ACUNA, RON OR DESIGNEE	INVESTIGATOR C.C. DISTRICT ATTORNEY
BITSKO, J.	LVMPD #8928
BOUCHER, DOLPHIS	LVMPD #4636
BURKHALTOR, PATRICK	AMR 1130 MLK BLVD., LVN
CAMPBELL-DOLINAR, H.	LVMPD #9292
CARVOUIARIS, D.	LVMPD #12712

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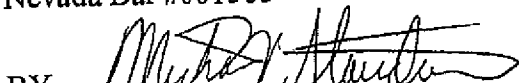
CHAO, DAVID	5529 FEATHER CT. CASHO VALLEY, CA. 94552
CHOY, STEVEN J. Ph.D OR DESIGNEE	KAPIELANI CHILD PROTECTION CENTER 55 MERCHANT ST. 22ND FLOOR HONOLULU, HA. 96813
CUSTODIAN OF RECORDS OR DESIGNEE	Clark County Detention Center, 330 S. Casino Center Blvd., Las Vegas, NV
CUSTODIAN OF RECORDS OR DESIGNEE	Clark County Detention Center, Communications 330 S. Casino Center Blvd., Las Vegas, NV
CUSTODIAN OF RECORDS OR DESIGNEE	LVMPD Communications, Las Vegas, NV
CUSTODIAN OF RECORDS OR DESIGNEE	LVMPD CRIME LAB RECORDS
CUSTODIAN OF RECORDS OR DESIGNEE	LVMPD Records Las Vegas, NV
DELGADO, MARTIN	LV CITY FD ST #41 500 N. CASINO CENTER BLVD., LVN
DOSCH, M.	LVMPD #7907
EGBERT, PETER, M.D.	STANFORD UNNIVERSITY MEDICAL CENTER 300 PASTEUR DR., PALO ALTO, CA. 94305
FLETCHER, STEPHANIE	LVMPD #6650
GARCIA, B.	LVMPD #13822
GAVIN, LISA DR.	C.C. CORONER'S OFFICE
GRIVAS, C.	LVMPD #8759
HARDWICK, JASON	LVMPD #6058
HYNK, CHRISTPHER	LV CITY FD ST #41 500 N. CASINO CENTER BLVD., LVN
IVIE, TRAVIS	LVMPD #6405
JOHNS, MATT OR DESIGNEE	INVESTIGATOR C.C. DISTRICT ATTORNEY
KAPLAN, STUART	3061 S. MARYLAND PKWY, LVN 89109
KASEY, MICHAEL DR.	UMC 1800 W. CHARLESTON, LVN 89102
KISNER, JOEL	LVMPD #4656

KLINE, TIMOTHY	LV CITY FD ST #9 4347 N. RAINBOW BLVD., LVN 89108
KOJIMA, CHAD OR DESIGNEE	STATE OF HAWAII DEPT OF HUMAN SERVICES SOCIAL SERVICES DIVISION
KRUSE, TRACY	LVMPD #9975
LESSARY, GEORGE	9846 W. CHEROKEE AVE., LVN 89130
LUM, IWAIANI OR DESIGNEE	KAPIELANI CHILD PROTECTION CENTER 55 MERCHANT ST. 22ND FLOOR HONOLULU, HA. 96813\\
MCPHAIL, R.	LVMPD #3326
MILLER, T.	LVMPD #4438
MOHLER, S.	LVMPD #13810
MONTES, ARTHUR DR.	P.O.BOX 35198, LVN 89133
NELSON, MARIETTA	2800 N. TENAYA #102, LVN 89128
NINOMIYA, JASON DR.	KAPOLEI BUILDING 1001 KAMOKILA BLVD., SUITE 193 KAPOLEI, HA 96707
PEDDROL, MICKEY	LV CITY FD ST #41 500 N. CASINO CENTER BLVD., LVN
PERKINS, M.	LVMPD #4242
QUILES, A.	LVMPD #7433
RASCH, R.	LVMPD #4286
RAY, BRANDON	AMR 1130 MLK BLVD., LVN 89102
RODRIGUES, CLARA	4208 JASPER AVE., LVN 89108
RODRIGUES, LYNELLE	4720 TRIMWATER CT., LVN 89130
RODRIGUES, WILLIAM	4208 JASPER, LVN
RODRIGUEZ, CHRISTINA	4720 TRIMWATER CT., LVN 89130
SAN NICOLAS, BILL	ADDRESS UNKNOWN
SAN NICOLAS, VERNA	ADDRESS UNKNOWN
SANBORN, TATE	LVMPD #5450

SCHMITT, J.	LVMPD #3411
SCOTT, JON	LVMPD #4532
TAFOYA, S.	LVMPD #4435
TANAKA, ERIN S., M.S.W. OR DESIGNEE	KAPIELANI CHILD PROTECTION CENTER 55 MERCHANT ST. 22ND FLOOR HONOLULU, HA. 96813
TITCOMB, CAROL OR DESIGNEE	KAPIELANI CHILD PROTECTION CENTER 55 MERCHANT ST. 22ND FLOOR HONOLULU, HA. 96813
VOGEL, HANNES, M.D.	STANFORD UNNIVERSITY MEDICAL CENTER 300 PASTEUR DR., PALO ALTO, CA. 94305
VOHRA, MEENA	UNIVERSITY MEDICAL CENTER P.O. BOX 371540 LAS VEGAS, NV
WATTS, JOANA OR DESIGNEE	CHILD PROTECTIVE SERVICES LAS VEGAS, NV
WESTKOPF, J.	LVMPD #5130
WILLINGHAM, MARK	4855 BOULDER HWY, LVN 89110

These witnesses are in addition to those witnesses endorsed on the Information or Indictment and any other witness for which a separate Notice of Witnesses and/or Expert Witnesses has been filed.

STEVEN B. WOLFSON
DISTRICT ATTORNEY
Nevada Bar #001565

BY 
MICHAEL V. STAUDAHER
Chief Deputy District Attorney
Nevada Bar #008273

//

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CERTIFICATE OF ELECTRONIC MAIL

I hereby certify that service of Notice of Witnesses, was made this 20th day of May, 2014, by e-mail to:

NANCY L. LEMCKE, Deputy Public Defender
E-Mail: LamckeNL@clarkcountynv.gov

pdclerk@clarkcountynv.gov

BY: J. Robertson

J. Robertson
Employee of the District Attorney's Office

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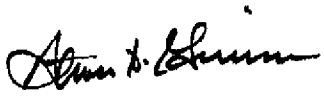

CLERK OF THE COURT

NWEW
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565
MICHELLE Y. JOBE
Deputy District Attorney
Nevada Bar #010575
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA, Plaintiff, -vs- JONATHAN QUISANO, #5991702 Defendant.	CASE NO: C-13-294266-1 DEPT NO: XXI

SECOND SUPPLEMENTAL NOTICE OF EXPERT WITNESSES
[NRS 174.234(2)]

TO: JONATHAN QUISANO, Defendant; and

TO: NANCY L. LEMCKE, DEPUTY PUBLIC DEFENDER, Counsel of Record:

YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that the STATE OF NEVADA intends to call the following expert witnesses in its case in chief:

Joel Albert P# 13204 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Shahrokh Assemi, M.D. – Radiologist - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Deborah Brotherson P# 4931 – Crime Scene Analyst - Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under

LVMPD Event # 130606-3235.

Patrick Burkhalter – First Responder – AMR - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Michael Casey, M.D. – Treating Physician – Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Sandra Cetl, M.D. – Physician - – Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009) from 2010 as well as 2013. In addition, Dr. Cetl will provide expert testimony as an abuse and neglect specialist and will render opinions about abusive injuries, mechanisms and causes of said injuries, as well as his opinions related thereto pertaining to the injuries sustained by KHAYDEN QUISANO (DOB 09/18/2009)

David Chao, M.D. – Treating Physician - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

L. Chen, M.D. – Forensic Neuropathologist – eyes – Pathology # SHS-13-27338 - Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses regarding his Neuro-Ophthalmologic analysis pertaining to victim KHAYDEN QUISANO (DOB: 09/18/2009) under Coroner's Case # 13-05465. In addition, Dr. Chen is expected to provide expert testimony concerning injury patterns, mechanisms of injury and causes of injury in general, as well as those specifically pertaining to KHAYDEN QUISANO as derived from Dr. Chen's analysis.

Kris Chipman – First Responder - Las Vegas Fire Department - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim

assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Thomas Costello, M.D. – Radiologist - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Juanita Crespo, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Andrea Davis, R.N. – Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Martin Delgado – First Responder – Las Vegas Fire Department - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Peter Egbert, M.D. – Forensic Neuropathologist - Pathology # SHS-13-27338 - Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses regarding his Neuro-Ophthalmologic analysis pertaining to victim KHAYDEN QUISANO (DOB: 09/18/2009) under Coroner's Case # 13-05465. In addition, Dr. Egbert is expected to provide expert testimony concerning injury patterns, mechanisms of injury and causes of injury in general, as well as those specifically pertaining to KHAYDEN QUISANO as derived from the analysis.

Donna Evangelista, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB

09/18/2009).

Sherri Fabbro, R.N. – Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Stephanie Fletcher – P# 6650 – Crime Scene Analyst - Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under LVMPD Event # 130606-3235.

Lisa Gavin, M.D. MPH – Medical Examiner – Is expected to provide testimony as a medical expert as to her opinions and findings regarding the cause and manner of death of victim KHAYDEN QUISANO (DOB 09/18/2009) under Coroner's Case # 13-05465.

Brandon Gray – First Responder – AMR - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Srinivas N Halthore, MD - 6/7/13 – Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Christopher Hyink – First Responder - Las Vegas Fire Department - Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Jerrell Ingalls, M.D. - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Oscar Ingaramo, M.D. – Treating Physician - Is expected to testify as a medical expert as to

his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Stuart Kaplan, M.D. – Neurosurgeon – Treating Physician – Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Danielle Keller P# 12712 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under LVMPD Event # 130606-3235.

Timothy Kline – First Responder – Las Vegas Fire Department – Is expected to provide testimony as an expert in the field of emergency care and treatment of trauma victims, victim assessment, as well as his direct involvement under LVMPD Event #130606-3235, involving victim KHAYDEN QUISANO (DOB 09/18/2009), as well as his interactions with Defendant Jonathan Quisano and/or statements made by Defendant Quisano.

Tracy Krause - P #9975 – Crime Scene Analyst - Is expected to provide testimony as an expert in the field of crime scene analysis, as well as her direct involvement under LVMPD Event # 130606-3235.

Nelson Marietta, M.D. and/or designee – Treating Physician, Ophthalmologist - Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Dianne Mazzu, M.D. – Radiologist - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Randall McPhail – P# 3326 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

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Sasha Milligan, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Amie J. Modglin – Coroner Investigator – Is expected to provide testimony as an expert in the field of death investigations, as well as her direct involvement under Coroner's Case # 13-05465.

Arthur Montes, M.D. – Pediatric Radiologist – Is expected to testify as a medical expert as to his opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009) from 2010 as well as 2013. In addition, Dr. Montes will provide expert testimony as a pediatric radiologist and will render opinions about abusive injuries, mechanisms and causes of said injuries, as well as his opinions related thereto pertaining to the injuries sustained by KHAYDEN QUISANO (DOB 09/18/2009) in 2013 as well as 2010.

Patricia Moore, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Pejman Motarjem, M.D. – Radiologist - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Jason T. Ninomiya, M.D. – Treating Physician - Is expected to provide testimony as a medical expert as to his opinions, findings and diagnoses pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009) in January of 2010.

Michael Perkins – P# 4242 – Crime Scene Analyst – Is expected to provide testimony as an expert in the field of crime scene analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Ashley Pistorio, M.D. – Treating Physician – Resident Physician - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Kelly Postell, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Latia Rahming, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

(Connie) Consolacion Saqueton, M.D. – Treating Physician - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

Karalyn Smalley, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB 09/18/2009).

L. Smith P# 3574 and/or designee – Computer Forensic Examiner – Is expected to provide testimony as an expert in the field of computer forensic analysis, of computers, phones and other electronic devices. Mr. Smith and/or his designee is expected to provide expert testimony as to the science, techniques and procedures employed in computer forensic analysis, as well as his direct involvement under LVMPD Event # 130606-3235.

Erin Sturgeon, R.N. - Nursing – University Medical Center - Is expected to testify as a medical expert as to his/her opinions and findings pertaining to the examination, treatment, observations, diagnosis, mechanism of injury to victim KHAYDEN QUISANO (DOB