

1  
2 IN THE CIRCUIT COURT FOR PASCO COUNTY, FLORIDA

3 CASE NO. CRC14-00216CFAES

4 STATE OF FLORIDA

5 vs.

6 CURTIS J. REEVES,

7 Defendant.  
8  
9

10 DEPOSITION OF: DONNA COHEN.

11 DATE: June 30, 2016, 9:03 a.m.

12 PLACE: Escobar & Associates  
13 2917 West Kennedy Blvd, Suite 100  
Tampa, FL 33609.

14 REPORTED BY: Donna M. Kanabay RMR, CRR, FPR,  
15 Notary Public,  
State of Florida at large.

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Paula S. O'Meara  
Clerk & Comptroller  
Pasco County, Florida

2016 JUL 15 AM 10:56

FILED FOR RECORD  
PASCO COUNTY, FLORIDA

ORIGINAL

1 APPEARANCES:

2 MR. GLENN MARTIN  
Assistant State Attorney  
3 Attorney for State of Florida.

4 MR. DINO MICHAELS  
ESCOBAR & ASSOCIATES  
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6 Tampa, FL 33609  
Attorney for Defendant.

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1 (The deponent was sworn.)

2 THE DEPONENT: I do.

3 DONNA COHEN,

4 the deponent herein, being first duly sworn, was examined  
5 and testified as follows:

6 DIRECT EXAMINATION

7 BY MR. MARTIN:

8 Q Good morning. My name is Glenn Martin. I'm an  
9 assistant state attorney for the Sixth Judicial Circuit in  
10 Pinellas County.

11 Would you please state your name for the record,  
12 ma'am?

13 A Yes. Donna Cohen.

14 Q Ms. Cohen, we're here for your deposition in the  
15 case of State versus Curtis Reeves, case number  
16 CRC1400216CFAES.

17 Through discovery in that particular case, you  
18 have been listed as an expert witness for the defendant  
19 Mr. Curtis Reeves.

20 Is that your understanding?

21 A Yes, sir.

22 Q All right. Last week I sent you a letter -- you  
23 probably received it Monday or Tuesday -- outlining the date  
24 and time of your depo and my expectations during the depo.

25 Did you receive that letter?

1           A     I received it Tuesday afternoon.

2           Q     All right. Did you have a chance to read it?

3           A     Yes.

4           Q     All right. And prior to coming in today, are you  
5 fully prepared to answer all questions regarding your  
6 potential testimony in this case to the best of your  
7 ability?

8           A     I am prepared.

9           Q     Very good.

10                If you could, what I'd like to do is begin with  
11 some rules, if you will.

12                One is, the court reporter can't take two people  
13 talking at the same time. That's probably the biggest rule.

14           A     All right.

15           Q     We try to cut off people's questions or answers  
16 'cause we anticipate what's going on. Human nature. Let's  
17 just both try not to do that. We probably will. It's no  
18 big deal, but we'll --

19           A     We'll try.

20                (A discussion was held off the record.)

21 BY MR. MARTIN:

22           Q     So let's be mindful of that, both of us. I will  
23 try to wait until you're completely finished with your  
24 answer if, in return, if you'll wait till I'm completely  
25 finished with my question.

1           A     I'll try.

2           Q     Rule number two is that there is no wrong answers.  
3     I just want you to be truthful and candid with me. If you  
4     don't understand my question, say "I don't understand it."  
5     Sometimes my brain gets tongue-tied and it doesn't come out  
6     right, and sometimes I realize that and sometimes I don't.  
7     So if you don't understand the question or the scope of the  
8     question and you want some clarification before you speak,  
9     please ask me to clarify anything that I said. This is my  
10    opportunity for me to learn what you know and what your  
11    potential testimony is.

12                    So you think we can do that?

13           A     Yes.

14           Q     All right. I will not be offended if you say,  
15    "No, I didn't get that one," all right?

16                    Okay. Let's go ahead and start off with some  
17    background information.

18                    There's some questions in going through your CV  
19    and we'll go ahead and get that out of the way first.

20                    What I try to do is, during the scope of the  
21    deposition, as I change major topics, as I go from your  
22    background to your CV to other aspects of the case, I'll  
23    say, "We're changing topics and the topic will be." That  
24    way we all get on the same page.

25                    Fair enough?

1           A     Fair enough.

2           Q     We're going the go through some background  
3 questions. You've already placed your name on the record.

4                     Please indicate how you're employed, what your  
5 duties are, what your current position is.

6           A     I'm a tenured full professor in the department of  
7 child and family studies in the College of Behavioral and  
8 Community Sciences at the University of South Florida.

9                     I have a full range of academic responsibilities,  
10 ranging from teaching courses, taking on students for  
11 dissertations, for thesis and for a full program of  
12 research, and something that the university calls  
13 state-mandated service and public service, which represents  
14 my participation in national groups like the National  
15 Institutes of Health study sections, to working with Florida  
16 state agencies.

17                     So it's basically in summary teaching instruction,  
18 research and service.

19           Q     I know, and we're going to talk about your CV in  
20 more detail, but it seems that the scope of -- of your  
21 duties and responsibilities surround around geriatric  
22 issues, aging issues, mental health, physical violence  
23 associated with aging.

24                     Would that be correct? Is that what we're talking  
25 about?

1           A     Broad behavioral health issues as well as family  
2 caregiving issues, elder abuse and health policy issues as  
3 they relate to the state of Florida and the national scene.

4           Q     When you say broad behavior health issues, what  
5 are you talking about?

6           A     Behavioral health is the current term for mental  
7 health.

8           Q     Okay. And again, going back to your CV, it  
9 appears that most of your books and research, though, deal  
10 with the aging process as far as how it relates to  
11 homicide-suicides, depression, Alzheimer's.

12                   Is that your focus? I know it's -- very broadly,  
13 it's behavioral health issues, but I'm trying to narrow down  
14 exactly where your focus is in that field.

15           A     The -- I was trained broadly in aging and human  
16 development. I have academic responsibilities across aging  
17 issues. I have specialized in behavioral health, family  
18 issues and, broadly, violence and elder violence and family  
19 violence. So violence and abuse are one of three areas.

20           Q     Let me get a little more information on that as  
21 far as the violence.

22                   I know, in reading some of the media articles,  
23 your testimony before the Senate and your CV, that when we  
24 talk about violence, we are talking about suicides involving  
25 the elderly, some of your research and focus;



1 homicide-suicides and abuse within the caregiving  
2 environment, if you will, whether it be a husband, spouse,  
3 friend, neighbor.

4           So my question is -- is, if that is the case, what  
5 is your experience with criminal homicide when we're not  
6 talking about caregivers; we're not talking about  
7 homicide-suicide pacts, where a husband kills a wife or a  
8 wife kills a husband? What is your experience with the  
9 robber that goes into a store and kills a clerk? That kind  
10 of violence.

11           Do you have any experience or research or  
12 background in that?

13           A     If you'd repeat the question --

14           Q     Sure.

15           A     -- please.

16           Q     When you say broadly, violence, violence  
17 encompasses an assortment of things.

18           You define what you -- what you mean -- when I  
19 read in the media, in your CV, listening to tapes and  
20 testimony before the Senate committees, what do you mean  
21 when you talk about violence?

22           A     I'm referring to lethal violence, which is  
23 suicide, homicide, and homicide-suicide, as well as assaults  
24 which occur within a caregiving setting from long-term care,  
25 resident-on-resident violence, to assaults that occur in an

1 older family which has conflict.

2 I have no experience with -- with robbery or other  
3 things other than to look at the rates of these among older  
4 people --

5 Q All right.

6 A -- who are often the victim of robberies and  
7 assaults. But I have not testified in criminal issues.

8 Q All right. I was going to get to that, but let me  
9 just finish up with the violence.

10 In this particular case, as you're hopefully  
11 aware, that Mr. Reeves is charged with second degree murder.  
12 It's alleged in the information filed by the State  
13 Attorney's Office that, on January 13th of 2014, he fired a  
14 firearm within a theater and killed Chad Oulson.

15 That's not within a caregiving environment, would  
16 you agree? I mean that's not a caregiver, suicide-homicide  
17 pact. That's a totally different scenario, right?

18 A Correct.

19 Q Okay. So in that regard, when we talk about  
20 violence, that type of violence in that type of environment,  
21 what is your experience, research, dealing with the mental  
22 health issues of the -- I don't know if you want to call it  
23 the aged, the elderly, dealing with individuals who are  
24 involved in violent activity?

25 Do you have -- have you done any research, study,

1 anything like that in those particular areas?

2 A If I understand your question, yes.

3 Q Okay. And what is that?

4 A My CV has a number of articles that refer to the  
5 research I've done on homicide in the older population. I  
6 have been involved in cases where the individual -- I've  
7 actually done research on cases where the violence committed  
8 against an older person was done out of a desire to hurt and  
9 premeditated, for lack of a better word, malice, in contrast  
10 to the caregiver homicides. Because this is an issue that  
11 comes up quite frequently; how do we discriminate caregiver  
12 violence from more premeditated violence out of the  
13 caregiving situation.

14 Q All right. And that research was distinguishing  
15 between violence in a caregiving situation as opposed to  
16 malice, is what you said.

17 A Right.

18 Q All right. Would that have taken place in a  
19 situation in which there was potentially a caregiver-patient  
20 situation or caregiver-ward situation as opposed to a robber  
21 at a convenient store?

22 A Yes.

23 Q Okay. We're going to cover your CV in a minute.  
24 And I've noticed some articles I want to go over with you,  
25 so I'm going to put a little check mark. We're going to

1 cover that later.

2 Prior to today, have you testified in court,  
3 either in front of a judge or a jury, in either a criminal  
4 or a civil case?

5 A Yes.

6 Q Let's start with the criminal case.

7 The criminal case, how many times have you  
8 testified in a criminal case?

9 A I'd have to refer to my list of cases. I don't  
10 have --

11 Q It's not in your CV.

12 A Right.

13 Q And that's why I'm asking.

14 A That's an academic CV, and I don't place those  
15 cases there.

16 Q So you have a list of cases that's readily  
17 available?

18 A Yes, sir.

19 Q Is it on any document that you brought today, any  
20 computer that you brought today, any cases?

21 MR. MICHAELS: Glenn, I can get you that. We  
22 do have a copy of that list that she did just send  
23 over to us. So I can get a copy of it if you want.

24 MR. MARTIN: Can I get it now so I can discuss  
25 it with her?

1 MR. MICHAELS: Sure.

2 MR. MARTIN: Otherwise I'll to have to come  
3 back.

4 MR. MICHAELS: Sure. I just need to make sure  
5 the secretary's here.

6 You want me to come back to it or want me to  
7 get it now? It's your deposition.

8 MR. MARTIN: I'd kind of like to cover it now.  
9 Can we just take a quick break?

10 MR. MICHAELS: That's fine. Let's go off the  
11 record then.

12 MR. MARTIN: Thank you.

13 (A discussion was held off the record.)

14 (Deposition Exhibits Number 1 and 2 marked for  
15 identification.)

16 BY MR. MARTIN:

17 Q We're back on the record.

18 During the deposition I've been handed by the  
19 defense a copy of a list of cases compiled by Dr. Cohen,  
20 entitled "Expert Witness Experience, September, 1992 through  
21 present." It is marked as Deposition Exhibit Number 1.

22 Dr. Cohen, do you also have a copy in front of you  
23 at this time?

24 A Yes, sir.

25 Q Generally, without going to a specific case, have

1 you been involved in any type of litigation, either civil or  
2 criminal involving a homicide where there was not a  
3 contemporaneous suicide?

4 A Yes.

5 Q Okay. And is that case here in this list?

6 A Yes.

7 Q And which one would that be?

8 A Just flipping through quickly --

9 Q Let me even narrow it down any further.  
10 Involving a homicide not in a caregiving  
11 situation.

12 A That's a different question.

13 Q I know. So I'm going to narrow it down.

14 A Okay.

15 Q That's why I want you to --

16 Have you been involved in a case in which there is  
17 a homicide without a corresponding or a contemporaneous  
18 suicide in a noncaregiving environment or situation?

19 A Yes.

20 Q Okay. And which one would that be on the list?

21 A Number 30, Kleinman versus Marriott.

22 Q Okay. Number 30, found on page 11 of Exhibit  
23 Number 1, in Ft. Lauderdale, Florida, Kleinman,  
24 K-L-E-I-N-M-A-N versus Marriott?

25 That's a resident with dementia that killed

1 another assisted living resident?

2 A Correct.

3 And there was a second trial, number 42, on page  
4 16, because of a problem with instructions the judge gave  
5 the jury in the first trial.

6 Q Okay. Let me ask another question. I'm going to  
7 narrow the scope down any further.

8 Have you been involved in a case involving a  
9 homicide without a corresponding or contemporaneous suicide  
10 not in a caregiving environment or situation and not  
11 involving the defendant with depression, Alzheimer's or  
12 dementia?

13 A Could you clarify caregiving situation?  
14 Environment? I think you said -- "environment" was the  
15 word.

16 Q Right.

17 I'm talking about the son who takes care of dad at  
18 home. I'm talking about the professional who takes care of  
19 someone at a residential facility. I'm talking about a  
20 social worker who takes care of a homeless individual on the  
21 street. Whatever they're doing to take care, and they  
22 assume the fiduciary responsibility of taking care of an  
23 individual. That's what I mean.

24 Does that help?

25 A That helps.

1 Q All right.

2 A May I just quickly scan through to make sure ...

3 Q Please, ma'am, take all the time you want.

4 A May I ask a question?

5 Would that exclude wrongful death?

6 Q I'm looking at page 14, number 37, Tampa, Florida.

7 And that's one that says wrongful death. And that was going

8 to be my next question because I don't know what that one

9 is.

10 So do you want to --

11 Yes. That excludes wrongful death, until we

12 figure out what this is.

13 A Okay. The one I was looking at ...

14 And that would exclude abuse and neglect in a

15 nursing home?

16 Q That's under a caregiving situation.

17 A Okay. Just -- it wasn't a homicide, just ...

18 Q No.

19 A All right. The first one I looked at was

20 number -- case 20 on page 7.

21 Q All right. Give me just a moment, please.

22 A Sally Mason versus Alterra.

23 Q Okay. So someone killed a resident with dementia

24 who was living in assisted living residence.

25 A These cases had to do with wandering and dying as



1 a result of wandering or being hurt outside, not directly by  
2 a caregiver.

3 Q And I guess that falls into your research and your  
4 previous testimony regarding guidelines set up for living --  
5 senior living facilities, caregiving facilities, how to make  
6 people secure and safe.

7 Is that what we're talking about?

8 A Yes, sir.

9 Q Okay. Has really nothing to do with, quote, a  
10 homicide like we have in this particular situation --

11 A That's correct.

12 Q -- with Mr. Reeves.

13 A But I wanted to clarify --

14 Q That is fine.

15 A -- one case.

16 Q Any others?

17 A Okay. You pointed out 37, case 37 on 14, and  
18 then --

19 Q Yes, ma'am. It's a wrongful death --

20 A Right.

21 Q -- so I don't know what that is.

22 A That again had to do with either an elopement or  
23 likely an elopement in these cases. That was back in 2004,  
24 so ...

25 Case number 38 on page 15 is an elopement, a

1 wrongful death.

2 Q I'm not familiar with the term "elopement" as  
3 you're using it within your profession.

4 What is that?

5 A Elopement means wandering away.

6 Q Okay. So again, the same thing we talked about  
7 before.

8 A Yes, sir.

9 Q Okay. So based on my questioning and as an expert  
10 in this particular case, you have not been listed or  
11 testified as an expert in a case involving strictly a  
12 homicide where the defendant does not suffer from  
13 depression, dementia or Alzheimer's not in a caregiving  
14 situation, correct? This is your first time testifying in a  
15 criminal case such as Mr. Reeves'.

16 A Correct.

17 Q Okay. I made some assumptions when I asked that  
18 question, so I'm going to -- I'm going to follow up on that  
19 so I make sure that your answer is correct.

20 Have you met Mr. Reeves?

21 A Yes, sir.

22 Q Did you provide or perform or administer or stand  
23 by, whatever term you want to use, any type of tests,  
24 assessments to Mr. Reeves to determine any type of motor  
25 skills, cognitive behavior attributes at all?

1 Did you administer any type of tests to Mr. Reeves  
2 at all?

3 A I did not administer any tests. I had a  
4 conversation.

5 Q All right. Now, as we know, there is a difference  
6 between a psychiatrist and a psychologist, all right? A  
7 psychologist does objective tests. A psychiatrist does a  
8 clinical interview.

9 Would your speaking with Mr. Reeves be more like a  
10 clinical interview? You ask him and he self-reported  
11 certain things?

12 A May I --

13 Q Please.

14 A -- make a point of clarification?

15 Q You may. Yeah.

16 A Yes.

17 You are correct saying psychologists do a lot of  
18 testing, but clinical psychologists can do clinical  
19 interviews.

20 Q That's true.

21 A As a psychiatrist, it's drug administration that  
22 really --

23 Q I understand.

24 A -- that makes a difference.

25 Q I appreciate that.

1 Does it make a difference in your answer?

2 A I am not a clinical psychologist.

3 Q Okay.

4 A I did not do a clinical interview as a licensed  
5 clinical psychologist.

6 Q All right.

7 A I did an interview as someone who's experienced in  
8 areas of threat assessment and the psychology of  
9 vulnerability in older adults.

10 Q Okay. And how did you document that interview?

11 A I talked with him.

12 I did not make any notes or write a report of any  
13 kind.

14 Q Was it tape recorded?

15 A No, sir.

16 Q Did someone else take notes for you?

17 A Not to my knowledge.

18 Q Did someone else tape record for you?

19 A Not to my knowledge.

20 Q What I'd like to do is, I'm going to come back to  
21 this, because there are some areas that I know, through some  
22 of the publications you're involved in, and your CV -- I  
23 want to talk about generally the threat assessment and the  
24 diagnostics. And I have a list of questions to go through  
25 that. And then that will help me understand better your

1 interview with Mr. Reeves.

2 Fair enough?

3 A Fair.

4 Q Okay. So I have it noted that we're going to come  
5 back and do that.

6 Let me just make one other note while we're on  
7 that subject.

8 Other than Mr. Reeves, did you talk to any other  
9 family member?

10 A I spoke with his wife Vivian afterwards.

11 Q All right. Was that for the purpose of just  
12 social or was it for the purpose of this case?

13 A It was for the purpose of this case.

14 Q All right. Same questions:

15 Any notes?

16 A No notes.

17 Q Tape recorded?

18 A No, sir.

19 Q Anyone take notes for you on your behalf at your  
20 instructions?

21 A Not to my knowledge, no.

22 Q Anyone tape record you at your instructions?

23 A No.

24 Q Have you reviewed any notes or tape recording --  
25 even though you may not have known about it taking place at

1 the time of the interview, have they subsequently been  
2 provided to you to refresh your memory for the depo today?

3 A Could you repeat that question, please?

4 Q You said "not to my knowledge --"

5 A Yes.

6 Q -- as far as notes and tape recording.

7 A Right.

8 Q Okay. That's at the time it took place.

9 My question to you is, subsequent to that, prior  
10 to the depo today have you been provided notes or a tape  
11 recording --

12 A No.

13 Q -- to refresh your memory --

14 A No.

15 Q -- for today.

16 A No, sir.

17 Q Other than Mrs. Reeves, Vivian, any other family  
18 members?

19 A No, sir.

20 Q Okay. A couple come to mind.

21 Matt Reeves, his son?

22 No?

23 A No, sir.

24 Q Jennifer Shaw, his daughter?

25 A No, sir.

1 Q Did you interview any neighbors of Mr. Reeves?

2 A No, sir.

3 Q Did you interview any former co-workers at Busch  
4 Gardens within the security department?

5 A No, sir.

6 Q Did you interview any former employees from the  
7 Tampa Police Department?

8 A No, sir.

9 Q Did you interview any members of his church?

10 A No, sir.

11 Q Did you interview anyone else in the world that  
12 might know Mr. Reeves?

13 A No, sir.

14 Q The only two people that you interviewed prior to  
15 coming into depo today is Mr. Reeves and Vivian.

16 A Yes, sir.

17 Q Okay. All right. We'll come back to that.

18 We're still on the background part. Let's get  
19 some of the business aspects out of the way.

20 As far as being hired in this particular case and  
21 being paid for your time and services, was there a written  
22 contract involved?

23 A There was not a written contract.

24 Q Okay. And your fee for the service?

25 A My fee is \$200 an hour.

1           Q     Did either Mr. Reeves or any member of  
2 Mr. Escobar's firm, including Mr. Michaels, sign any  
3 contract agreeing to \$200 an hour? Is there any written  
4 document documenting your fee schedule and what you're being  
5 paid in this case?

6           A     I don't know of a written document.

7           Q     Is there an e-mail?

8           A     There is an e-mail that I sent to Mr. Escobar  
9 indicating what my fee would be and the request for a  
10 retainer.

11          Q     And what was the retainer that has been paid to  
12 you?

13          A     \$2,000.

14          Q     And how many hours, up until today, have you put  
15 into this case?

16          A     I don't have an exact count. I would guesstimate.

17          Q     I'm going to ask because --

18          A     I know.

19          Q     -- you're going to do an invoice saying, "You owe  
20 me money, Mr. Escobar or Mr. Reeves."

21                   So how are you keeping track of the hours?

22          A     I have a time sheet which is on my computer.

23                   I have gone beyond the 10 hours of the retainer  
24 probably six, plus or minus, hours. I'd have to -- I don't  
25 keep hours in the top of my head.



1 Q All right. So six plus or minus one, two? Close?

2 A It could be six to eight. It could be -- it's in  
3 that area.

4 Q All right. The first 10 hours that you spent on  
5 this case, what service did you provide for that 10 hours?  
6 What did you do?

7 A Part of that time involved a meeting with defense  
8 attorneys.

9 Q All right.

10 A And the bulk of the time was spent reviewing  
11 background material on the case, CDs.

12 Q CDs?

13 A CDs with interviews of Curtis Reeves in the car  
14 after the -- after the event.

15 Q Mm-hmm.

16 A The interview with the -- the interview with  
17 Mrs. Reeves. And there was a series of transcripts and  
18 other information that discovery received and additional  
19 tangible evidence and review of and interpretation of X-rays  
20 and MRIs.

21 Q And the next six to eight hours, what did you do?

22 A It's reviewing more of that.

23 I didn't read through every single transcript the  
24 first time. I reviewed interviews. The time also included  
25 the time I spent interviewing the Reeves.

1 Q Okay. Anything else?

2 A Some time just reviewing some of the literature on  
3 vulnerability to make sure that I was up to date on the  
4 research literature.

5 Q Well, let's go ahead and discuss that now.

6 Is that literature in your CV that you looked at?

7 A Some of it, but some of it isn't. I mean, it's --

8 Q Okay.

9 A -- looking at the elder abuse literature.

10 Q When we talk about literature on vulnerability,  
11 given the facts as you understand them in Mr. Reeves' case,  
12 how is the literature on vulnerability in your mind relevant  
13 to Mr. Reeves?

14 A Mr. Reeves perceived that he was threatened. And  
15 the issue is really to understand his perception of the  
16 risk, the severity, and his ability to -- to protect himself  
17 and do anything other than what he did in January of 2014.

18 Q Any other relevance?

19 I mean, that's, in a nutshell, it?

20 A That's in a nutshell, but it's a much broader  
21 case.

22 Q Oh, right. We're going to --

23 A Okay.

24 Q We're going to ferret it all out.

25 So the literature that you reviewed then, what was

1 the literature that's not in your CV that you reviewed?

2 A There are several articles which I provided to --  
3 to the defense. It's also a case that I have a long history  
4 of training. The American Association of Threat  
5 Professionals, both nationally, in Florida and other states.

6 Q Excuse me. I --

7 A Sure.

8 Q As we continue this depo, your voice is trailing  
9 off.

10 A I'm sorry.

11 Q And there's an air conditioning, and I have this  
12 loud ringing in my right ear that will never ever go away.

13 A I'm sorry.

14 Q So I cannot hear you now.

15 A Okay. I will --

16 Q Thank you.

17 A If you'll repeat your question I'll try to repeat  
18 my answer.

19 Q The literature on vulnerability that you wanted to  
20 update prior to the depo today, my question was, what  
21 literature did you review that is not reflected in your CV?

22 You mentioned articles that you provided to the  
23 defense team --

24 A Correct.

25 Q -- and then association of, and that's where I

1 lost you.

2 A Sorry.

3 I do -- I've done training over the years with the  
4 American Association of Threat Professionals to identify  
5 vulnerability and violence. I've done it nationally, I've  
6 done it in Florida, California and other states, where I'm  
7 training law enforcement officers and private investigators  
8 in assessing threat and vulnerability in older people.

9 Q Okay.

10 A Is that loud enough?

11 Q Yes, ma'am. You're doing good. I appreciate  
12 that.

13 A I'll try.

14 Q Thank you. And now that the AC has cut off, even  
15 better. I appreciate that.

16 Well, we're going to go off script. Let's go  
17 ahead and talk about that.

18 Tell me about the American Association of  
19 Threat --

20 A Assessment.

21 Q -- Assessment.

22 What is that?

23 A It's a national organization comprised of  
24 professionals in all areas of threat assessment, from  
25 terrorism to vulnerability of individuals. It's a

1 well-established national organization.

2 Q I assume it has a Web site?

3 A Yes, sir.

4 Q And are you a member or can you be a member, or  
5 how does that work?

6 A I'm not a member. I've simply done education and  
7 training.

8 Q Under their umbrella?

9 A Yes, sir.

10 Q Okay. Let's start with the very basics. I know  
11 nothing about this.

12 So tell me, what is a threat assessment? Give me  
13 the -- if you were interviewing me, treating me as someone  
14 that you were trying to determine, just like you did with  
15 Mr. Reeves, how do you go about it? Go step by step with  
16 me. How do you determine, quote, a threat assessment as far  
17 as a vulnerability and violence?

18 A A threat assessment consists of an evaluation of  
19 the -- either perpetrator, perpetrator and victim, and the  
20 circumstances of the likelihood and severity of being  
21 harmed, injured or killed.

22 The dimensions include evaluating what the  
23 individual -- or in the situation, an individual who was  
24 threatened, perceived; the likelihood and severity imminence  
25 of injury and/or death; whether they perceived they were

1 able to physically respond to protect themselves or others;  
2 whether they were in control of the situation; and the  
3 opportunities for an intervention to prevent harm.

4 Threat comes from the Latin, wound. To wound, to  
5 harm.

6 Q So you would ask questions touching upon those  
7 particular issues.

8 A Yes. Or evaluate the evidence surrounding the  
9 situations.

10 Q All right. The very first part of your  
11 explanation, it was the evaluation of the -- I think you  
12 used the word "perpetrator and defendant" -- or "perpetrator  
13 and victim."

14 A It could be the evaluation of the perpetrator or  
15 the circumstances which involved the victim.

16 Q Okay. So let me just break down --

17 A The situation.

18 Q Let me break this down so I can ask appropriate  
19 questions later.

20 In this particular case and in review of the  
21 material that was provided to you by the defense team, did  
22 you in fact conduct an evaluation of Mr. Chad Oulson, who  
23 was the individual that was shot, as far as doing this  
24 threat assessment?

25 A To the extent that he was an aggressor, as

1 perceived by Mr. Reeves, that was part of the evaluation, to  
2 understand why Mr. Reeves felt threatened by Mr. Oulson.

3 Q I am trying to figure out which comes first, the  
4 chicken or the egg.

5 Do I talk about the threat assessment that you did  
6 with Mr. Reeves and get that information or go through the  
7 material and do it backwards? I'm at a quandary.

8 There's really no way to do it, other than trying  
9 to do it together, and I think that would be a mess.

10 A The reason for meeting Mr. Reeves --

11 Q Mm-hmm.

12 A -- was to understand his perception of being  
13 threatened by Mr. Oulson.

14 So the conversation, where he was telling me what  
15 threat assessment is, what made him respond the way he did,  
16 and his perception as someone who was being aggressed upon.

17 So that he -- his perception of what Mr. Oulson  
18 said and did is part of the assessment of threat by  
19 Mr. Reeves --

20 Q Okay.

21 A -- leading him to pull the gun and kill him.

22 Q I understand.

23 Here's how I'm going to tackle it:

24 I'm going to begin with your meeting with  
25 Mr. Reeves and Vivian and go through everything that you

1 did, just like I was standing in the corner watching. I  
2 want to know everything. So we'll do that first. And then  
3 I'll get an understanding of the self-report by Mr. Reeves  
4 and Vivian to you.

5 Then I'll ask you what you gleaned from that.

6 Then we'll go into your review of Mr. Reeves'  
7 statement to the police, Vivian's statement to the police,  
8 along with the other material that you reviewed, get all  
9 those facts out and how it relates.

10 Then I'm going to ask you to put those two  
11 together and give me some final opinions.

12 Fair enough?

13 A Fair.

14 Q I think that's how I'm going to tackle it.

15 A Okay.

16 Q All right. So let's do that.

17 First of all, when did you meet with Mr. Reeves  
18 and Mrs. Reeves?

19 A I met with them in February, middle of February.

20 Q What year?

21 A I'm sorry. February of 2016.

22 Q And where did the meeting take place?

23 A Here. In this room.

24 Q When you say here, we're at --

25 A The law offices --



1 Q -- law offices of --  
2 A -- law offices of Mr. Escobar & Associates.  
3 Q All right. Did you interview Mr. Reeves alone or  
4 with someone present?  
5 A I interviewed him alone. Mr. Michaels was  
6 present. And Rupak Shah, R-U-P-A-K, Shah, S-H-A-H.  
7 Q And who is that?  
8 A He's an attorney in Mr. Escobar's office.  
9 Q Oh, okay.  
10 A Sorry.  
11 Q Did Mr. Michaels have his laptop set up like he  
12 has here, his tablet?  
13 A I really don't remember.  
14 Q How about Mr. Shah?  
15 A I don't remember.  
16 Q The length of time that the interview took place.  
17 A We spent at least an hour and a half, maybe an  
18 hour 45 minutes, maybe two hours, with Mr. -- Mr. Reeves.  
19 Q Took no notes?  
20 A No, sir.  
21 Q Not tape recorded?  
22 A No, sir.  
23 Q And as we speak today, you've written no report  
24 regarding that interview.  
25 A No, sir.

1 Q And that was February -- about four months ago?

2 A Correct.

3 Q And how is it that you can now accurately remember  
4 all the nuances of that interview and the self-reporting by  
5 Mr. Reeves?

6 A I paid very careful attention.

7 I do interviews with older people. I've done them  
8 for my 40 years in -- as a academic. And I remember the  
9 areas covered and I remember his reactions to it.

10 I was not asked to write a report.

11 Q Okay. What I'd like to do, like I said, I want to  
12 know everything that occurred in the room, just like I was  
13 sitting here in this chair.

14 So you -- as we speak today, you recall the areas  
15 that you covered and you indicated you recall his reactions.

16 A Yes, sir.

17 Q So you sit down with Mr. Reeves.

18 How do you introduce yourself? What do you tell  
19 him the purpose of the interview is? What do you say to  
20 him? How do you get things started?

21 A I introduced myself as Dr. Donna Cohen, gave my  
22 affiliation. I told him that I had been asked by his  
23 attorneys to consider being an expert in the case and to  
24 interview him. I told him that my purpose in the interview  
25 was to understand him as a person with a long history in law

1 enforcement, other security responsibilities; as a family  
2 man. And that I was really trying to understand who he was  
3 and what kinds of things were going through his mind as he  
4 was in the situation in January of 2014.

5 I also asked him to talk about, you know, his --  
6 his background as an education, as a cop. I wanted him to  
7 tell me who he was.

8 And that led up to why he felt he had to kill  
9 Mr. Oulson.

10 Q Okay. You indicated, in explaining the process to  
11 me with Mr. Reeves, that you recalled the areas that you  
12 covered.

13 So I assume in your mind you have  
14 compartmentalized --

15 A Yes, sir.

16 Q -- that interview with specific topics and maybe  
17 subtopics under that.

18 I want you to go from the very beginning of the  
19 interview. What was the first area?

20 And then you said you also recall his reactions.

21 So do me -- what was the area that you talked  
22 about? How did you explain that area to him? And how did  
23 he react to your questions? I'm using your terms.

24 So let's start with the first area.

25 What was the first one?

1 A The first area after just some preliminary --

2 Q Socializing.

3 A Yeah.

4 Q Okay. All right.

5 A Was to ask him about law enforcement in general.

6 Why did he become a police officer?

7 Q Mm-hmm.

8 A What was his career trajectory and accomplishments  
9 as a law enforcement officer?

10 Which was an extensive answer from him, telling  
11 me --

12 Q I want everything that he said.

13 A I can't tell you everything he said.

14 What I can tell you is that he documented, from  
15 his perspective his -- his entry into the police department,  
16 his trajectory --

17 Q I don't know what you mean by trajectory.

18 A Career trajectory in terms of being promoted to  
19 various ranks, to being asked to set up the tactical unit.

20 And -- and he talked in a very quiet, careful tone  
21 and provided a lot of information, which is summarized in  
22 the motion, stand your ground.

23 And he -- I then asked him why he retired. And in  
24 the answers to the first part, he was conversational,  
25 measured, gave a lot of information. And part of the issue

1 was to control the interview so that we weren't going to be  
2 here for hours talking about his occupational successes.

3 He talked very clearly about the health problems  
4 that he was developing --

5 Q Is this another area?

6 A Well, this is under law enforcement.

7 Q Okay.

8 A Why did he become a police officer?

9 Q Okay.

10 A What did he do in his career? His  
11 accomplishments. What he was proud of.

12 The second part of that was --

13 Q Let me stop you there then.

14 What did he say?

15 A His response was to go through --

16 Q I know, but in your head you're going to be  
17 sitting there and taking information and extrapolating it  
18 into an opinion.

19 I want to know what the facts are that you are  
20 going to use to support the opinions that we talk about.

21 So there -- he has a stack of Tampa PD records and  
22 from Busch Gardens.

23 Did you go through the records individually? Did  
24 he talk about -- what is it that is relevant to you in this  
25 threat assessment that you gleaned from this? That's what I

1 want to know. The exact facts that he told you that you  
2 felt were relevant.

3 A The threat assessment is a composite evaluation.  
4 The first part is, understand how he perceived his  
5 competence, performance, and pride in his service as a  
6 police officer.

7 Q Let me just stop you there. 'Cause I'm going to  
8 have to break this down so we can get it on the record.

9 That's the purpose of the threat assessment.

10 So you ask him questions, correct?

11 A Correct.

12 Q He gives you answers. And then in your mind you  
13 gauge what he said and bracket, "I felt good," "I didn't  
14 feel good," "I felt great about this." You make that  
15 assessment based on the self-reporting by Mr. Reeves.

16 A I am recording in my --

17 Q Mm-hmm.

18 A -- mind the value of a beginning of an  
19 understanding of how good a cop he was.

20 For example, he never shot anybody. He was highly  
21 regarded. He was asked to form a tactical team that he  
22 headed for, I don't know, 15 years, until he felt he  
23 couldn't do it.

24 What comes through is a man who went to the  
25 University of Tampa and got a degree. He was -- he was an

1 accomplished policeman who was respected for what he did and  
2 he respected himself for what he did.

3 So what comes through is, this is not an  
4 individual who has a history of appersivity (phonetic) of  
5 assault.

6 Q Of what?

7 A Appersivity of assault.

8 This is a man who is a model police officer. And  
9 that's an important place to start the evaluation.

10 (A discussion was held off the record.)

11 BY MR. MARTIN:

12 Q Dr. Cohen, you indicated that it was your  
13 assessment that after the self-reporting by Mr. Reeves as  
14 far as his law enforcement career, as you termed it, his  
15 trajectory, his goals and achievement, that your assessment  
16 was that he has no history of being aggressive, and that you  
17 used the term "model police officer," correct?

18 A Correct.

19 Q All right. Did you review the evaluations that  
20 took place of Mr. Reeves throughout his career from the  
21 Tampa Police Department?

22 A No, I did not.

23 (Defendant's Exhibit Number 3 marked for identification.)

24 BY MR. MARTIN:

25 Q Okay. Let me show you what's been marked as

1 State's Exhibit Number 3, as part of the Tampa police  
2 records that the defense provided to the state pursuant to  
3 reciprocal discovery.

4 The very top left is 7 August, 1980. Top right is  
5 DOE 9 October, '66. I guess that's date of employment.  
6 Evaluation period, which is the third navigation box to the  
7 right, from 5 August, '79 to 5 August, 1980, with the Tampa  
8 Police Department.

9 Is that the document that you have in front of  
10 you?

11 A Yes.

12 Q Okay. One of the things I want you to look at is  
13 on page 2, navigation box number 8 on the top of the page.

14 "Lieutenant Reeves has performed very well in his  
15 first year as lieutenant. He performs his routine  
16 supervisory tasks without delay, keeps himself and  
17 subordinates abreast of current information. He does not  
18 hesitate to offer guidance or counsel." I'm sorry. "He  
19 does not hesitate to offer guidance or to counsel  
20 subordinates, demonstrates above-average leadership  
21 qualities."

22 Box number 9, "Lieutenant Reeves' strongest  
23 quality lies in his keeping abreast of current information  
24 that pertains to his position as field commander and TRT  
25 member, and his forceful personality. These qualities have



1 shown to be an asset to his performance."

2 Driver's license and all the department, check;  
3 personal, check. It has been purged.

4 Those two boxes, a couple of things I want to ask  
5 you about in your assessment of Mr. Reeves.

6 First of all, is his -- his leadership, at least  
7 acknowledged by the evaluator of this particular evaluation,  
8 that his personality is that he is not bashful about giving  
9 advice and counsel to others.

10 Would you agree? Box number --

11 A Yes. That's what the box says.

12 Q All right. And did you also make a similar  
13 assessment of Mr. Reeves; that he is the one that wants to  
14 take control of his environment and to offer guidance and  
15 counsel as -- as he feels is warranted?

16 A That's what he presented. And that's a positive  
17 attribute for someone who's a leader.

18 Q Okay. For a police officer.

19 A Yes, sir.

20 Q In box number 9, they talk about -- the evaluator  
21 recognized that he perceived, as a police officer, one of  
22 Mr. Reeves' attributes is his forceful personality.

23 Would you not agree that that's an important  
24 attribute for a police officer?

25 A At that time, yes.

1 Q All right. And that is in 1980, right?

2 A Correct.

3 Q '79 to '80?

4 A Correct.

5 Q All right. And did you also find that Mr. Reeves,  
6 in 2016, continued with that characteristic, as having a  
7 forceful personality?

8 A I wouldn't call it forceful. I'd call it composed  
9 and thoughtful and having clear ideas about himself and his  
10 world. I wouldn't call him having, in his words, as an old  
11 71 -- actually, 73-year-old man -- a forceful personality.

12 Q Would you agree, based on your training and  
13 experience, that personalities generally don't change  
14 significantly over time? At some point you are who you are  
15 till you're dead. Do you agree with that?

16 A Personality traits --

17 Q Yes.

18 A -- don't change. Personality states can be  
19 modified with age and experience, illness and other kinds of  
20 issues.

21 Q All right. And this evaluator indicates that he  
22 has a forceful personality, did he not?

23 A Correct.

24 Q And that would hold true even as we speak today,  
25 would it not? That's who Mr. Reeves is. That's one of his

1 traits.

2 A I wouldn't call it a trait. I'd call it a  
3 characteristic of his personality as a police officer.

4 Today, as an older man with a series of medical  
5 issues, impairments and disabilities, he does not have a  
6 forceful personality, but he has a clear personality. I  
7 would not call it forceful.

8 Q All right. Let me just make it relevant to this  
9 case.

10 Are you aware that once Mr. Reeves and his wife  
11 took their seats in the theater, that after confronting  
12 Mr. Oulson, he then got up and left the theater and made a  
13 complaint to the manager at the theater?

14 A Yes.

15 Q Okay. And do you know what that complaint was  
16 about?

17 A Mr. Reeves presented that complaint as Mr. Oulson  
18 not turning off his cell phone and using it when in fact the  
19 movie directions were to the audience to please turn off  
20 their cell phones at that time.

21 Q Okay.

22 A And he was upset that there was a lot of activity  
23 and bright lights, and politely, in his words, asked him to  
24 turn it off.

25 Q All right. And taking it on himself, would you

1 not agree, of confronting Mr. Oulson, just like being a  
2 police officer, trying to take care of a situation on his  
3 own as opposed to going and get help from a manager.

4 A Not at all.

5 Q All right.

6 A He was --

7 Q Tell me.

8 A Mr. Reeves' perception is that the use of the cell  
9 phone was distracting.

10 Q Mm-hmm.

11 A And rather than pursue it, chose to go and ask the  
12 manager to intervene. Similar to being on an airplane with  
13 somebody doing something inappropriate and asking an  
14 attendant to help. So it was a mature decision to get up  
15 and ask for the manager's help.

16 Q I appreciate that observation.

17 But you are aware that Mr. Reeves had numerous  
18 contacts with Mr. Oulson prior to going to the manager  
19 regarding the cell phone.

20 Are you not aware of that?

21 A There was, according to Mr. Reeves --

22 Q Mm-hmm.

23 A -- a -- an exchange that involved a reaction from  
24 Mr. Oulson, basically, and rather foul language, asking him  
25 to mind his own business.

1 Q Mm-hmm.

2 A And I think that, from Mr. Reeves' point of view,  
3 where he's assessing the situation, he chose not to escalate  
4 it and wanted help from the manager to deal with what was  
5 some kind of interchange.

6 I don't know how long it lasted.

7 Q And do you know how many times Mr. Reeves  
8 contacted or had contact with Mr. Oulson before going to the  
9 manager?

10 A There was an extended interaction. I don't  
11 believe it was multiple interactions.

12 Q Did you watch the video?

13 A I watched the video.

14 Q All right. And did you see how many times  
15 Mr. Reeves leaned over and was in very close proximity of  
16 Mr. Oulson even though you can't see him in the frame?

17 MR. MICHAELS: I'm going to object and ask her  
18 not to answer the question.

19 If you want to show her the video, certainly  
20 she can review it and tell you what she saw.

21 If you want to ask her what she remembers or  
22 not, I guess that's a different question.

23 MR. MARTIN: That is a different question.

24 BY MR. MARTIN:

25 Q Do you remember how many times Mr. Reeves leaned

1 over and came in very close physical contact of Mr. Oulson  
2 prior to --

3 MR. MICHAELS: Same objection.

4 BY MR. MARTIN:

5 Q -- going to the manager?

6 MR. MICHAELS: I'm going to ask her not to  
7 answer. We can certify the question. Unless we're  
8 going to show her the video, I'm not going to allow  
9 her to answer the question.

10 MR. MARTIN: As far as I'm concerned, you're  
11 obstructing my depo, then, Mr. Michaels, because  
12 that is a fair question.

13 I asked her what she recalls. She indicated  
14 she watched the video, she is prepared for this  
15 depo, and she has made a statement that Mr. Reeves  
16 had contact with Mr. Oulson.

17 I'm going to ask her to answer the question.

18 I appreciate --

19 MR. MICHAELS: She's not going to answer the  
20 question.

21 You can certify it and --

22 MR. MARTIN: I'm not going to certify it.

23 MR. MICHAELS: If you feel I'm obstructing the  
24 deposition, then we can end it and we can go before  
25 the judge and let the judge make a decision.

1 I don't think it's fair to again characterize  
2 how you're characterizing what's on the video or  
3 isn't on the video without looking at it and  
4 discussing it.

5 So she's not going to answer that question.

6 BY MR. MARTIN:

7 Q Did you review the video before coming in to the  
8 depo today, at any time?

9 A I've reviewed -- I looked at the videos.

10 Q Okay. The videos. Plural.

11 A Yes. There was a video -- actually, there were  
12 multiple videos from the camera -- several cameras inside  
13 the movie theater.

14 Q All right. And at this time do you recall, prior  
15 to going to the manager's office, how many times Mr. Reeves  
16 leaned over and came in close proximity of Mr. Oulson? Do  
17 you recall at this time?

18 A I've been asked not to answer the question.

19 Q This is a different question. He hasn't told you  
20 not to answer that question.

21 Do you recall at this time how many times  
22 Mr. Reeves leaned over and came in close proximity of  
23 Mr. Oulson prior to going to the manager? Do you recall at  
24 this time?

25 A I would have to look at the video to see whether

1 it was one or two.

2 Q Would it make a difference if it was one, two or  
3 three?

4 A No.

5 Q Okay. And whether it was one, two or three  
6 whatever your recollection is, is that an example of  
7 Mr. Reeves trying to take control of the situation and his  
8 environment?

9 A Yes. He was trying to deal with a noisy and  
10 aggressive-reacting Mr. Oulson.

11 Q Okay. In your threat assessment of Mr. Reeves  
12 that you conducted on February, 2016, we've been discussing  
13 his law enforcement background and subcategories of that,  
14 subtopics of that.

15 Is there anything else that you discussed with  
16 Mr. Reeves regarding his law enforcement background?

17 A Just the overview.

18 No.

19 Q All right. You mentioned that it is summarized,  
20 the overview is summarized in the stand your ground motion.

21 A There's information in the stand your ground  
22 motion that I remember that dealt with this. And again, I  
23 haven't memorized all the material to respond.

24 Q To respond to what?

25 A To your question.



1 Q I haven't asked one yet.

2 A You did. Was it summarized -- all summarized --

3 Q And you read it?

4 A I read it, but I didn't memorize it. I would have  
5 to go back and look at it to see if it was all summarized.

6 Q And regarding this particular area that you  
7 covered, his law enforcement background, it's your testimony  
8 that you can't recall everything that he said. Is that  
9 right? I asked you for specifically what did he say about  
10 his background, and you said, "I can't recall everything he  
11 said."

12 A I can't -- can't give you the detailed  
13 conversation, you know, that I had with him.

14 I can clearly summarize, as I have, the background  
15 of his education, his promotion through law enforcement, his  
16 record of being a leader, his record of being asked to set  
17 up this tactical SWAT team which -- SWAT team which he  
18 co-ran and then ran.

19 This is a guy who gave me a series of his analyses  
20 of his performance, his experience and his pride in his  
21 performance as a law enforcement officer.

22 Q Okay. And once you received that information,  
23 what conclusions or opinions did you draw from that that is  
24 relevant to Mr. Reeves and the incident that took place in  
25 January, 2014?

1           A     The historical account is central to understand  
2 Mr. Reeves as a police officer and to rule out from his  
3 statements that this was a man who was a problem and was  
4 capable of explosive violence, and this was a man that had  
5 never shot a gun, who was proud of what he'd done.

6                     So my conclusion is, the, what's known as  
7 antecedent information or historical information, tells me  
8 that this was a cop who took pride and served well. I saw  
9 no evidence of violent difficulties.

10          Q     It's difficult for me to assess your assessment  
11 without knowing specifically what Mr. Reeves said. So --

12          A     I think --

13          Q     -- I appreciate, you know, you giving me the  
14 topics, but you indicated that historically you ruled out  
15 from his statements whether or not he was prone to violence.

16                     But those statements is what, as someone doing a  
17 critical review of your assessment, would want to know so  
18 that they can also make a assessment.

19                     So what -- help me out.

20                     What were the statements? You gave me broad  
21 areas. He talked about being a cop.

22                     Well, what statements? Can you tell me?

23          A     I've given you several statements.

24          Q     You gave me topics.

25          A     I gave you --

1 Q "He talked --"

2 Wait a minute.

3 A I'm sorry.

4 Q "He talked about doing the tactical. He talked  
5 about his accomplishments and his goals. He talked about  
6 these things."

7 But not what he said.

8 So what were his statements? What facts did he  
9 provide you?

10 A I'm having trouble understanding your question and  
11 lack of perceiving my lack of not giving you the details of  
12 what he said.

13 In a threat assessment, you start with a baseline  
14 of history and you move forward to a period where you have a  
15 movie theater incident leading to Mr. Oulson's death.

16 You can't -- at this time I cannot give you  
17 verbatim his answers. That would only be done with a tape  
18 record.

19 I have given you my understanding, my assessment  
20 of how he presented himself and what he accomplished in very  
21 direct terms. And that laid the basis to move ahead to the  
22 next subarea, which is, why did you retire after all of the  
23 service.

24 I did not see the need to -- in what was to be an  
25 interview, relatively, you know, short, under two hours, to

1 go into great detail because this information was provided  
2 in other kinds of documents. I wanted to hear -- I wanted  
3 to hear him tell me what he evaluated about himself.

4 Without a tape recorder, I cannot give you the  
5 details.

6 Q Okay. The next area that you discussed.

7 A Was why he chose to retire from the police  
8 department.

9 Q All right. And what did he say about that?

10 A There, he was very specific about having multiple  
11 medical issues, ranging from sciatica to back problems,  
12 arthritis, that the years of wear and tear as a police  
13 officer, particularly in the -- his 15 years that he was a  
14 tactical commander, really led to significant medical  
15 problems and disabilities, where he did not feel he was  
16 capable of being a police officer and performing at a level  
17 that would protect the safety of the public and be  
18 responsive to his -- his peers.

19 Q Those are his words or your assessment?

20 A I'm using his words and giving them to you as a  
21 summary of what he said.

22 Q Did he provide you with any other fact regarding  
23 that particular topic?

24 A He presented himself as being significantly unable  
25 to perform his duties. He wanted to do something else. And

1 I don't think he was clear about why he took the Busch  
2 Garden security job. I think it was probably offered to  
3 him. But that was something that he took on.

4 And again, my role was to assess what Mr. Reeves  
5 thought about why he was making decisions.

6 Q Okay.

7 A And he created -- he presented doing training,  
8 beefing up security and maintaining the Busch Gardens  
9 security and safety for 12 years or so, until at which point  
10 he felt he medically, physically, was too old, too sick, to  
11 carry out that job responsibly as was expected of him.

12 Q And what issues did he identify for you or  
13 self-report to you that were taking place while employed  
14 with Busch Gardens?

15 A Could you restate that?

16 Q Yeah.

17 What did he self-report to you as the issues or  
18 problems that he was dealing with, either mentally or  
19 physically, while working at Busch Gardens?

20 A He didn't present any mental problems.

21 He really described an exacerbation and continued  
22 deterioration affecting his shoulders, his knees, his back,  
23 his hands, to the point where he really didn't feel that he  
24 was capable of doing what he needed to do. It was a  
25 progression of medical conditions, which happens when people

1 get older and have that history of wear and tear.

2 Q And once you received those facts that you just  
3 related to me regarding why he chose to retire, what  
4 conclusions or opinions did you draw from those facts that  
5 are relevant to Mr. Reeves in the shooting of January of  
6 2014?

7 A The conclusion is --

8 Q Either conclusions or opinions, whatever you want  
9 to call them.

10 A Okay. My opinions, based upon his conversation  
11 about his medical issues, was that he was -- he knew he was  
12 deteriorating. He knew he was having other problems, which  
13 even extended out of the workplace, to doing things that he  
14 enjoyed doing, from shooting bows to machine shop kinds of  
15 things, and what he realized, that he could no longer  
16 continue in that role. And he had the maturity and insight  
17 to know, to recognize, that his level of physical  
18 functioning was poor, and that he needed to -- he needed  
19 to -- to leave.

20 And that ability to know that your body's changing  
21 and that it's impairing your ability to function and that  
22 it's causing disabilities is critical to his insight about  
23 his aging and his health.

24 Q You mentioned -- and I didn't want to interrupt  
25 you -- but you mentioned that he needed to leave.

1 I didn't know how that fit in to what you were  
2 trying to explain to me.

3 Needed to leave what? It just kind of hung there.

4 A I'm sorry.

5 His -- his assessment of his inability to function  
6 went into his conclusion that leaving the work environment  
7 was essential because he was too old and too impaired and  
8 too disabled to have these responsibilities.

9 Q Okay. I appreciate that.

10 Going back to my original question to you, was  
11 what opinions or conclusions did you formulate after  
12 receiving that information that is relevant to Mr. Reeves at  
13 the time of the shooting in January of 2014?

14 And the reason I bring that back to your  
15 attention, because you indicated to leave is leave the work  
16 environment, which is not really responsive to the question  
17 that I asked.

18 So could you help me out? Did we cover everything  
19 as far as how -- what you think is relevant on January 13th,  
20 2014?

21 A My opinion is that his compromised health status  
22 and functioning, when he left Busch Gardens --

23 Q Mm-hmm.

24 A -- as he decided to do --

25 Q All right.

1           A     -- the nature of his chronic conditions would only  
2 progress and get worse as he got older.

3           Q     Mm-hmm.

4           A     And so the conclusion is we now have an aging man  
5 who, at the time of this event, was 71 years old, and had  
6 gained weight, had continued deterioration. Which is --  
7 which happens to people in this age group. So that we now  
8 have not -- we can't look at Mr. Reeves as a retired police  
9 officer. We have to look at him as an old, impaired man.

10          Q     Okay. And how does that relate to the incident  
11 that occurred on January 13th, 2014? How is that relevant?

12          A     It's relevant because Mr. Reeves' perception is  
13 that, when he came back and the manager did not come back,  
14 that he then escalated.

15                   He had leaned forward and asked -- and told  
16 Mr. Oulson -- he saw he had turned it off and he said, you  
17 know, "I'm sorry. I went and reported it."

18                   And Mr. Oulson became quite insulting, quite  
19 agitated, and turned around and was threatening, through the  
20 cell phone, and was beginning to encroach on Mr. Reeves'  
21 territory, threatening, and having hit him once in the head  
22 with what appears to have been a cell phone; that he  
23 perceived, one, he wasn't physically capable as a  
24 71-year-old man to take on this 42, 43-year-old man; that he  
25 was backed into the chair. He had no options. His



1 perceptions of control were zero because there was no place  
2 he could go. And he perceived imminent threat and severe  
3 threat. And as an old man, unable to protect himself in  
4 this situation, he was scared and had no other alternative  
5 in his mind than to pull the gun.

6 So his age, his disability and the probability of  
7 threat, the severity of the threat, play into this old man  
8 who was cornered.

9 Q You mentioned some facts to me. And I'm just  
10 going to ask you the source of the information that you  
11 provided.

12 What is the source of the information that a cell  
13 phone was thrown?

14 A Mr. Reeves, in his interview in the police car  
15 afterwards -- it was obviously immediately after. Everybody  
16 was in a state of shock at that point -- knew that he had  
17 been hit by something, and that the cell phone was found at  
18 his feet, and so he alluded to probably the cell phone.

19 My -- so that again I'm approaching this from his  
20 perception of vulnerability because he made the action.

21 Q I know, but you've stated this as facts. You  
22 stated that he threw the cell phone. And then just a moment  
23 later you indicated having been hit in the head with a cell  
24 phone.

25 So where are you getting your information that the

1 cell phone was thrown?

2 A From --

3 Q What is --

4 A From Mr. Reeves.

5 Q And is that in the interview with Mr. Proctor?  
6 Detective Proctor?

7 A There are -- there's a back and forth that, you  
8 know, he thought he had been hit with a fist. He wasn't  
9 sure. And -- and it was probably the cell phone.

10 So at that point in the interview that transpired  
11 between Mr. Proctor, it was up in the air.

12 Q Okay. But this goes into your threat assessment  
13 as far as the severity of threat.

14 A Right.

15 I'm -- I'm --

16 I hope I didn't interrupt.

17 I'm trying to portray that my evaluation is  
18 focused entirely on Mr. Reeves' perception of  
19 vulnerability --

20 Q Okay.

21 A -- and having felt that he was assaulted once.

22 And then having Mr. Oulson standing on the chair  
23 and starting to climb over, felt as if he could -- he had  
24 put his arm, his left arm out in front and felt like he was  
25 almost touching his chest. And so he's back in his chair.

1                   And the issue is what he perceives as his imminent  
2 danger --

3           Q     Okay.

4           A     -- and why he acted the way he did.

5           Q     All right. You mentioned another fact. And you  
6 stated as a fact that Mr. Oulson was standing on his chair,  
7 starting to climb over.

8                   What is your source of --

9           A     I'm reporting --

10          Q     Where did you get that information?

11          A     From Mr. Reeves. I'm reporting it based upon  
12 Mr. Reeves telling me his perception.

13                   Forgive me if the use of the word "fact" becomes  
14 confusing.

15          Q     I just want to know the source of the information.

16          A     Mr. Reeves.

17          Q     All right. No other place.

18          A     I don't have a clear memory, because I didn't look  
19 at it recently, of the enhanced surveillance tape, which  
20 suggests that something was thrown.

21                   But again, my expertise is on Mr. Reeves'  
22 perception.

23          Q     When you say the enhanced tape, what tape are we  
24 talking about?

25          A     Enhanced video.

1 Q All right. Suggesting something was thrown?

2 A There was an original theater surveillance video  
3 and BeckTech enhanced surveillance video.

4 Q Okay.

5 A And again, these videos are very difficult to look  
6 at, given the quality of the videos and the ability to  
7 identify what objects are there.

8 Q Would your opinion that you just gave change at  
9 all if you later believed or learned that Mr. Reeves was not  
10 hit in the face with a fist or the cell phone was not thrown  
11 or he was not hit with the cell phone; simply a bag of  
12 popcorn was tossed in his face?

13 A No.

14 Q Would your assessment change?

15 Take all those facts away and just leave a bag of  
16 popcorn being tossed at Mr. Reeves.

17 A Those aren't all the observations.

18 Mr. Reeves perceived that he was being -- going to  
19 be attacked --

20 Q Mm-hmm.

21 A -- was going to be beat up, and had no way out.

22 Q Okay.

23 A So regardless of your presumption, there are a  
24 series of events that say he perceived, he was too old, too  
25 sick, too physically compromised --

1 Q All right.

2 A -- to protect himself.

3 Q All right. You've just used a term, there was a  
4 series of events that led Mr. Reeves to perceive that he was  
5 going to be attacked.

6 What series of events are we talking about?

7 A I believe I already stated them.

8 That Mr. Reeves -- I'm sorry -- that Mr. Oulson  
9 became very nasty, cursing, threatening him, and was  
10 going -- was standing on the chair and was starting to climb  
11 over, threatening aggressivity and to hurt him.

12 That's what I mean by a series of events.

13 Q Okay. Now, this series of events, is that before  
14 or after the popcorn was thrown?

15 A The popcorn being thrown was part of that -- that  
16 interaction. There's -- there's -- from Mr. Reeves'  
17 perspective, popcorn was thrown. Mr. Oulson grabbed it,  
18 threw it. But also believes that he was hit by a cell  
19 phone. So it's in that constellation.

20 Q Other than the self-reporting by Mr. Reeves that  
21 he was hit by the cell phone, is there any other witness,  
22 tangible evidence, to corroborate his self-serving statement  
23 that he was hit in the face with a cell phone?

24 A My area of expertise is limited to Mr. Reeves'  
25 assessment of threat of vulnerability. Those -- what he

1 believed was happening --

2 Q Mm-hmm.

3 A -- led him to do what he did.

4 Other sources of corroboration have nothing to do  
5 with what Mr. Reeves is thinking in this vulnerable period.  
6 And that's my level of testimony, opinions.

7 Q Okay. Based on your training and experience,  
8 then, regarding the assessment of Mr. Reeves, is there an  
9 explanation for Mr. Reeves perceiving something that did not  
10 occur?

11 A Like ...

12 Q Like being hit in the face with a fist.

13 A This all happened in a relatively short, short  
14 period of time.

15 Q Yes.

16 A Mr. Reeves saw Mr. Oulson climbing over the  
17 chair --

18 Q Mm-hmm.

19 A -- and he was being threatened.

20 And the issue is whatever was or was not thrown  
21 was just one component. But that doesn't negate  
22 Mr. Oulson's nasty threats and his physical actions  
23 threatening to do harm to this old man, who couldn't get  
24 away.

25 Q All right. Well, let's focus on that then.

1           What is your source of information, other than  
2 Mr. Reeves, that after the popcorn was thrown, Mr. Reeves  
3 was in fact climbing over the chair?

4           A     I go back to, the issue is, I'm responding to what  
5 Mr. Reeves thinks is happening.

6           Q     Okay.

7           A     There are other witness reports. There are varied  
8 witness reports all over the place. Some reported seeing  
9 him standing and climbing. Some didn't even know what was  
10 going on.

11                But this is a very, very quick event in a quarter  
12 to half-filled movie theater with people seated all over.  
13 And so corroborating evidence of him standing is not the  
14 issue. The issue is what Mr. Reeves saw and felt.

15                And there's -- and --

16           Q     Now, you use the term saw and felt, and before, we  
17 were using the word "perceived." There's a difference  
18 between perception and seeing.

19           A     No. You see what you perceive.

20           Q     You can --

21                Yeah.

22           A     Yeah.

23           Q     So bottom line is what he perceived.

24                So my question to you now is --

25           A     What he perceives?

1 Q Yeah. What he perceived was self-reported by  
2 Mr. Reeves to you, correct?

3 A Correct.

4 Q Okay. So based on your expertise, when we're  
5 talking about -- and you refer to Mr. Reeves as this aged  
6 old man, the process of aging and what occurs, based on your  
7 expertise, is there any explanation why Mr. Reeves would  
8 perceive something that did not exist?

9 A There's no reason.

10 Q Okay. So either he perceived it and it did occur  
11 or it did not occur and Mr. Reeves is not being forthright  
12 about what he saw. It's one of those two things.

13 A No, it isn't.

14 This happened in a very short period of time. And  
15 it wasn't an extended event. So that he -- he perceived it.  
16 Whether in his mind, he felt assaulted.

17 Q I understand that.

18 But I'm talking about in your area of expertise --

19 A Yes.

20 Q -- we're talking about the aging process and how  
21 maybe our motor skills, our cognitive abilities diminish  
22 over time.

23 It seems to me, Dr. Cohen, that you're delving  
24 into areas that's not within your expertise. That's why I'm  
25 trying to ask you, because you're talking about this



1 happened in a very shortened time.

2 That's not really your expertise, is it?

3 A Only to the extent that I'm interpreting  
4 Mr. Reeves being confined and threatened in a very short  
5 period of time.

6 The issues of --

7 Q But we're talking about the aging process --

8 A Right.

9 Q -- and the state of mind and physical attributes  
10 of Mr. Reeves on January 13th, 2014.

11 And now --

12 That's your expertise.

13 And now you're also talking about, well, things  
14 occurred in a short period of time so that's how he  
15 perceived it.

16 What's that got to do with the aging process, is  
17 what I'm trying to figure out.

18 A It is a -- in threat assessment, you do --

19 I'm going to go back to the area to try to -- to  
20 be responsive.

21 In a threat assessment, you not only need to, you  
22 know, look at individual or individuals involved; you're  
23 looking at the context of how these occurred.

24 Mr. Reeves did not have, when I saw him, any  
25 evidence by his abilities of cognitive issues of depression.

1 He was an old man who went to a movie theater, who had never  
2 been scared to death like this before by an aggressive  
3 younger man who wanted to hurt him.

4 Threat assessment is an area where I have  
5 opinions.

6 And the aging is relevant because here you have a  
7 man who had glasses on, claimed his glasses had, you know,  
8 come off, but he curved them around his ear, claimed that  
9 there were, you know, issues with his eye. Something  
10 happened. And at this stage he had glasses so, we're  
11 assuming some visual impairment. His hearing was fine when  
12 I saw him.

13 But the issue is an old man, physically disabled  
14 and impaired, who is being -- being threatened in a very  
15 short period of time, with no ability to extract himself  
16 from the situation. That's why the timing is relevant.

17 MR. MARTIN: We've been going for almost two  
18 hours and Donna needs a break.

19 (A recess was taken.)

20 BY MR. MARTIN:

21 Q All right. Before we broke for the morning break,  
22 we were talking about your threat assessment interview of  
23 Mr. Reeves in February of 2016. We've covered two areas  
24 with some subtopics: Him being at Tampa Police Department  
25 and then why he retired, and it kind of delved into his

1 working at Busch Gardens.

2 What is the next main topic in that interview in  
3 February of 2016 that you had with Mr. Reeves?

4 A It was a brief -- it was a topic that required a  
5 relatively brief -- it was a topic that had to do with his  
6 perceptions of his health. And the issue really related to  
7 how he perceived his health in the past, how he perceived it  
8 in 2014, and how he perceived his health now.

9 I asked him about physician utilization. He had a  
10 regular doctor. He went in for routine blood tests, EKGs  
11 and so forth. And was -- he just really reported that, you  
12 know, he was -- he didn't have any significant, acute health  
13 issues; that he monitored himself; that he still had the  
14 chronic conditions which also required monitoring, in terms  
15 of the arthritis, in terms of the chronic pain and all of  
16 his major joints and the sciatica.

17 He perceived that he was in pretty good health --  
18 good health, actually, as -- as a police officer, until he  
19 acquired a series of issues.

20 And he talks about, you know, becoming crippled,  
21 becoming progressively impaired by -- by his problems and  
22 through today.

23 Q All right. I'm going to start backwards.

24 He indicated that he perceived that he has become  
25 crippled, and progressive pain.

1           What did he mention -- how did he describe being  
2   crippled?

3           A     It's a term he used for himself in terms of -- and  
4   also referring to his retiree buddies, when they get  
5   together, as being a bunch of cripples.

6           His specific presentation was, "I cannot do  
7   things." It is painful for him to use his fingers, his  
8   wrists, his shoulders, his knees, his back, so that it  
9   becomes impossible to do hobbies that are very important to  
10   him.

11          Q     Like what?

12          A     Like using -- apparently he's an archer, bow-type  
13   person. I don't know much about the sport. But was unable  
14   to pull back on the bow. And as I -- as I remember, he was  
15   looking into some kind of alternative.

16                He mentioned having some hobbies that required --  
17   I believe it was metal shop. He just couldn't do things  
18   that required any kind of picking up of heavy objects or  
19   moving them.

20                And being crippled really refers to the fact that  
21   he saw himself, in 2014 and now, as a man who was vulnerable  
22   because he had medical pathology. He had chronic conditions  
23   which caused impairment and disability; disability meaning  
24   he can't do things.

25                And this was a relatively brief discussion of how

1 he saw himself then, 2014, and now.

2 Q What was the next topic that you covered?

3 A The next topic was, broadly, threat assessment. I  
4 specifically asked him what threat assessment was, what was  
5 involved in assessing threat, as a police officer who had  
6 seen a lot of -- as many -- as all police do, circumstances  
7 where people are hurt and killed.

8 Q Mm-hmm.

9 A I asked him to discuss the difference if any  
10 between reasonable threat and imminent threat. And he told  
11 me there was no difference; that if you're assessing  
12 reasonable or imminent, it means that, you know, he's going  
13 to get -- he's not going to be able to physically respond in  
14 situations and he's not going to be able to control the  
15 situation.

16 I asked him very specifically what threat did he  
17 perceive in January, 2014, when he was in the movie theater,  
18 and he described much of what I've told you before; that --

19 And as he told the -- Officer Proctor in the  
20 interview afterwards and as he told me, he was scared  
21 shitless. Those were his words. He said that several  
22 times. He was desperately afraid. He had never been this  
23 afraid in his life. And went through describing what he  
24 thought was happening in the interaction with Mr. --  
25 Mr. Oulson, and kept saying, "I'm old. I can't -- I can't

1 physically defend myself in this situation."

2 He was yelling, threatening --

3 Q Wait a minute.

4 Who, "he"?

5 A I'm sorry. Mr. Oulson.

6 Q Could you start over just a little bit?

7 Describing what he thought happened, can't  
8 physically --

9 And then I got caught up on who we were talking  
10 about.

11 A Right. Got you.

12 Described what happened in terms of what we  
13 discussed before: The cursing, the verbal threats, the  
14 behavioral actions of standing, crossing over and putting  
15 him in a compromised position.

16 Mr. Reeves said, you know, he was looking for a  
17 way out but there was no way to get out of the seat. He had  
18 put his arm in front of him because he just wanted to keep  
19 some distance and realized there was no way he was going to  
20 be able to block Mr. Oulson. And being stretched out in the  
21 seat and nowhere to go, he just knew that, as an old man, he  
22 couldn't -- he couldn't protect himself and he was not about  
23 to be hurt, and just scared to death.

24 Which he repeated several times to Officer Proctor  
25 and repeated several times to me.

1           In his mind, he was old, disabled, impaired, and  
2   there was no way out, and what was going to happen to him  
3   was not going to be nice.

4           Q     All right. What was the next area?

5           A     It was a subtopic within the -- the same area. I  
6   asked him would he have acted the same way 20 years ago, 30  
7   years ago as a police officer in the situation? Would he  
8   feel that he was able to respond?

9           And he said that, as a younger officer, it was a  
10   different -- it was a different game. He was more  
11   physically capable, at least until he retired, I guess, in  
12   his 50s.

13           He -- I asked him, two years later, 2016, would he  
14   have been better able to protect himself? And he said no;  
15   that he was old and had the problems that people his age  
16   have, in fact exacerbated by the wear and tear, and there  
17   was no way out for him.

18           Q     Okay. Any other subtopics in that area?

19           A     No.

20           Q     Okay. Next area?

21           A     I said that was -- that was really the last area  
22   that we --

23           Q     I'm sorry. You said it was a subtopic of that  
24   one. I didn't know it was the last one.

25           A     It's still been two and a half hours.

1 I'm sorry.

2 Q You're fine.

3 A The last part of the interview, I do what I always  
4 do, which I ask if there's anything that we didn't cover  
5 that he wanted to talk about.

6 Q All right. What did he say?

7 A It was really a statement that he had always felt  
8 great pride and -- about what he had done over his life, his  
9 career. He was proud of what he did as a police officer, as  
10 a family man, as a member of the community, and was  
11 devastated by the fact that he was going to go down, if you  
12 Googled him, as a killer, which is exactly what he wasn't.  
13 And just sad about --

14 He -- we just had some -- some summary  
15 discussions.

16 And he did comment that he wasn't sure what was  
17 going to happen in this interview. And even though, you  
18 know, we talked about the beginning of the interview, and  
19 what he said was he felt like he had a chance to tell his  
20 story and he felt that I had listened and heard it and felt  
21 much better with the interview as it went along and  
22 concluded, and appreciated the opportunity and the time.

23 Q All right. Any other --

24 Did that conclude your interview or is there any  
25 other part of the interview --



1           A     It concluded.

2           Q     -- that took place?

3                     Now, after you acquired that information from  
4     Mr. Reeves, is that what you would call a threat assessment;  
5     what we just talked about?

6           A     Within the domain of his perception of events,  
7     yes.

8           Q     Okay. Within the domain of his perceptions.

9           A     Right.

10          Q     What does that mean?

11          A     It means that I am making opinions about his  
12     perceptions of vulnerability which are relevant to why he  
13     did what he did. That's the domain. The domain is his  
14     perceptions of what happened.

15          Q     All right. And based on his perceptions of what  
16     happened, what opinions have you formed regarding  
17     Mr. Reeves?

18          A     That Mr. Reeves, who shot Mr. Oulson in 2014, was  
19     an old, functionally impaired, disabled man, who was scared  
20     to death and knew that he was going to be hurt, potentially  
21     badly; and that he's in a situation, like many older people,  
22     of being vulnerable. And he was not going to be able to  
23     survive a physical encounter with Mr. Oulson.

24                     So he perceived his vulnerability. He did  
25     everything he could in this controlled situation.

1           And this is not police officer Reeves; this is old  
2 man Reeves, who was aggressed upon, scared to death and  
3 unable to defend himself, who pulled a gun.

4           Q     You indicate that it is your opinion that he  
5 perceived he was vulnerable, correct?

6           A     Correct.

7           Q     And then you made the statement he did everything  
8 he could to prevent -- and my notes stop. I assume prevent  
9 the situation.

10           That statement. Did everything he could to  
11 prevent.

12           Is there a "perceived" in front of that? He  
13 perceived he did everything or is this your conclusion,  
14 based on your understanding of the facts, that he did  
15 everything he could to prevent?

16           I'm trying to figure out whose belief is this,  
17 that one statement.

18           A     Mr. Reeves believed he did everything he could and  
19 I believe, based upon what he told me, that he did  
20 everything he could.

21           He -- he was looking for a way to escape. He put  
22 his hand out to try and maintain some distance. He was  
23 looking for a way that he could extract himself, but could  
24 not.

25           And when Mr. Oulson continued to physically

1 threaten and psychologically -- verbally and physically  
2 threaten, he had no choice. He was old, disabled. He could  
3 not do anything but what he did.

4 Q Any other opinions or conclusions that you made  
5 once you interviewed Mr. Reeves? Is that basically the sum  
6 and substance of it --

7 A That summarizes --

8 Yes.

9 Q All right. I kind of want to go back to the  
10 beginning.

11 The association that you said that you taught and  
12 worked under the umbrella of, threat assessment, what was  
13 that again, so I don't have to go back and look at my notes?  
14 What was that over?

15 A Sure.

16 The -- throughout my career --

17 Q No. What's the name of the organization?

18 A Oh. I'm sorry.

19 The American --

20 Q American.

21 A -- Association -- I'm sorry. Association of  
22 Threat Assessment Professionals.

23 Q Association of Threat Assessment Professionals.

24 A Right.

25 And they have -- there's a Florida branch or

1 there's a branch in every state.

2 Q All right. I want to talk about that  
3 organization.

4 Who's in charge of that? How did it get started?

5 A Oh, I would have to go back and -- and review all  
6 that.

7 Q All right. Well, let's talk about, are there any  
8 publications or guidelines that are provided to the  
9 professionals that belong to that association as to how to  
10 do a, quote, threat assessment?

11 A There are a variety of resources.

12 The reason for my training had to do with my  
13 specialty in threat assessment in older people. So I have  
14 not reviewed other materials. But I have done specific  
15 training in the area of aging and vulnerability and  
16 assessment of threat.

17 Q All right. Is there some standardized -- I'm  
18 going to use it as an example.

19 Let's talk about an MMPI. You know what that  
20 means?

21 A Yeah.

22 Q Okay. Standardized test. Been around for years.  
23 A ton of research backing up that there's some good science  
24 there.

25 So now I want to take that example and go to the

1 threat assessment.

2 Is there similar guidelines or standardized way  
3 that professionals, so you can talk apples to apples among  
4 professionals, that a threat assessment is done? Something  
5 written down --

6 A Yes.

7 Q -- that I can go read.

8 A Yes. There are guidelines.

9 Q Okay.

10 A And they vary from the type of threat, from  
11 terrorism, which is a very difficult environmental issue, to  
12 the assessment of immediate threats.

13 So there are consensus guidelines. There's  
14 variation, depending upon the part of the country.

15 Q Okay. What guidelines do you use in order to do,  
16 like we said, the threat assessment of Mr. Reeves? It's not  
17 terrorism. So what guidelines do you use?

18 A The guidelines I used are really based upon the  
19 research I've done and the experience I have working with  
20 older people who, in situations, are threatened by violence.

21 And research and lethal violence got the attention  
22 of these other groups because they didn't understand the  
23 subtleties of threat assessment in older people. So my  
24 research partly developed these guidelines. But it is  
25 consistent with the categories of assessment that are done

1 as part of threat assessment.

2 Q Let's go ahead and look at Deposition Composite  
3 Exhibit Number 2, your CV.

4 A Mm-hmm.

5 Q Is any of the materials regarding -- in your CV,  
6 is it documented what research you did that developed the  
7 guidelines that you and I just talked about that are  
8 identified in here?

9 A I have not published a paper on guidelines for  
10 threat assessment. I do talk about in the articles on  
11 lethal violence and do talk about -- I do talk about risk  
12 factors that trigger an evaluation of whether violence is  
13 going to occur. So it's -- it's embedded in some of the  
14 research articles and some of the review articles. But I do  
15 not have a specific paper that says "here are threat  
16 assessment guidelines for older people."

17 Q Okay. Could you go through the CV for me? And  
18 specifically what research would touch upon the threat  
19 assessment -- because you haven't published specifically  
20 guidelines, which research articles apply?

21 MR. MICHAELS: I have a copy. If you don't  
22 mind, I'll give her that.

23 MR. MARTIN: Oh, yeah. I thought she had one  
24 in her stack.

25 MR. MICHAELS: No.

1 MR. MARTIN: Oh, I'm sorry.

2 A My printer was broken.

3 BY MR. MARTIN:

4 Q Okay. So we're looking at Deposition Composite  
5 Exhibit Number 2. It is page numbered.

6 And Dr. Cohen, as you go through it and you  
7 identify the articles that I'm requesting, if you would just  
8 give page number and then the paragraph number, if there is  
9 one. That way we can readily find it. If not, we'll count  
10 down or something.

11 A Sure.

12 Q Thank you.

13 A On page 12 --

14 Q Okay.

15 A -- which is the start of the bibliography.

16 Q Yes, ma'am.

17 A Labeled "books and monographs."

18 Q Yes, ma'am.

19 A The last book listed under in print, Cohen and  
20 Eisdorfer, An Integrated Textbook of Geriatric Mental  
21 Health, has information on threat assessment. Again, that's  
22 not a research article, but it's a written textbook. It's  
23 not an edited textbook where threat assessment is discussed.

24 Q Okay. Hang on just a second, if you don't mind,  
25 please.

1           Let's talk about Integrated Textbook of Geriatric  
2 Mental Health. Looks like I can buy one off of Amazon  
3 maybe.

4           But the content of the book includes  
5 biopsychological aging process?

6           A     Yes.

7           Q     Is that what --

8                     And specific pathologies prevalent to later life?

9           A     Yes.

10          Q     Looks like, under part 2, a clinical guide,  
11 paragraph 3, comprehensive geriatric assessment.

12          A     Yes.

13          Q     Is that the -- what we're talking about? Is that  
14 what you're referring to as where I could find the  
15 information about this?

16          A     There's several chapters on that. That  
17 includes -- comprehensive geriatric assessment includes  
18 multiple dimensions. And I believe the material on risk for  
19 violence is there. I may have moved it to another part of  
20 the book.

21          Q     Where would it be in the book?

22          A     It would be -- there is a chapter -- just  
23 identify ...

24          Q     I'll tell you what: I made a copy of the contents  
25 of the book. How about you just look at it and just tell me



1 which one it's in?

2 A Part of it may be in chapter 3, which you've  
3 identified.

4 Q All right.

5 A It would also be in part 3, elder abuse and  
6 violent deaths, which is chapter 17 and 18.

7 Q All right. Now, can you kind of give me an  
8 abstract about what I would find in those chapters, looked  
9 like chapter 3, 17 and 18, that deal with assessment  
10 guidelines as you perceived them and as you developed? What  
11 is in there?

12 A There are two chapters that are devoted to the  
13 epidemiology of violence in the older population. They go  
14 through discussion of suicide, homicide and  
15 homicide-suicide, evaluating risk factors and what to do and  
16 how to intervene. It's written primarily for an audience  
17 that is medical students, graduate students and healthcare  
18 professionals, so the chapter on elder abuse specifically  
19 targets the epidemiology of elder abuse, the types of elder  
20 abuse, how to evaluate it generally, and how to intervene.

21 Q Okay. How does that dovetail into threat  
22 assessment?

23 I'm trying to --

24 I see the term "threat assessment."

25 A Threat assessment is defined in different ways.

1 But you're really talking about evaluating the likelihood,  
2 the severity of a threatening situation to harm or to kill.  
3 So that when you look at the violence specifically to  
4 homicide and suicide and talk about what you're looking for  
5 in the characteristics of the perps, the victims, and what  
6 you're looking for in the events that unfold leading to  
7 that.

8 So there's assessment of risk and what to do.

9 Q And this was written for individuals that would be  
10 in a position to potentially prevent some type of  
11 homicide-suicide pact or suicide --

12 A Homicide-suicides are not pacts.

13 Q Okay. Well, they may or may not be.

14 But yes, homicide-suicides or suicides.

15 A And homicides.

16 Q So that's what you --

17 What kind of homicides?

18 A Homicide against the person. Family caregiver  
19 homicides, as well as ...

20 Q All right. The son who loves his dad, but just  
21 can't take it anymore.

22 A It does review homicides generally in the  
23 epidemiology, but the content that's really devoted to  
24 evaluating violence -- because most physicians don't  
25 evaluate violence or screen for it in any kind. So it's

1 letting them know that this can occur. Homicide can occur  
2 without homicide-suicide.

3 Q All right. Let me ask you this:

4 In regard to Mr. Reeves, the threat assessment  
5 that you conducted, I guess that's the way I'll phrase it,  
6 and then the opinions that you derived from that threat  
7 assessment interview, the perception by Mr. Reeves of -- to  
8 the extent that he was threatened was self-reported by  
9 Mr. Reeves, correct?

10 A Correct.

11 Q Okay. Do you have any other information other  
12 than what Mr. Reeves self-reported to you in making the  
13 opinions you just talked about?

14 Because we talked about his perception.

15 A Correct.

16 Q All right. Is there any other information?

17 A I have a narrow area of expertise in terms of  
18 perceived vulnerability of this old, disabled man.

19 In reviewing the case, there's lots of background  
20 information. It is not relevant to his perception of the  
21 potential, the severity, the violence, that tragic day in  
22 Cobb Theater.

23 Q Would it be correct to say that what you told me  
24 is based upon your opinion as his perception of exactly what  
25 Mr. Reeves told you his perception was. You didn't change

1 that in any way.

2 A Of course not.

3 Q Okay. So if Mr. Reeves took the stand and said,  
4 "I felt this way. I felt this way. I felt this way," A  
5 through Z, you would take the stand and say "A through Z,"  
6 right? Because you don't have any other information other  
7 than what he told you.

8 A The point that's critical here --

9 Q Mm-hmm.

10 A -- is a violent response of Mr. Reeves --

11 Q Mm-hmm.

12 A -- who is sick and scared and old and is scared to  
13 death 'cause he can't take care of himself --

14 Q Mm-hmm.

15 A -- is the reason he used his gun and killed  
16 Mr. Oulson. That is the relevant issue. An old man who  
17 can't defend himself, just like lots of old people out  
18 there, he is not to be looked at as a cop. He is to be  
19 looked at as an old, sick man who can't find any way out of  
20 a situation.

21 What he believes -- and he says it multiple times  
22 to Proctor and he said it multiple other times -- he did not  
23 plan to do this, but he also knew that he could not protect  
24 himself.

25 So the issue that Mr. Reeves would say A to Z, and

1 as you presented it, I would interpret that in terms of  
2 perception of vulnerability of an old, sick man, consistent  
3 with perceptions of vulnerability of lots of old people who  
4 can't take care of themselves.

5 Q Your opinion, as far as the perception of  
6 Mr. Reeves, that is no different than the perception that  
7 Mr. Reeves holds.

8 Your opinion is the same opinion that Mr. Reeves  
9 also holds. Mr. Reeves says, "I'm an old man. I can't  
10 defend myself. He's going to beat the crap out of me. I'm  
11 scared." That's his perception.

12 A And it's also the perception of lots of older  
13 people.

14 Q Okay. But we're talking about Mr. Reeves.

15 A I know. But he's an old man.

16 Q Okay.

17 A And the perceptions of vulnerability and being  
18 hurt are common in the older population who are  
19 characterized as a vulnerable population.

20 Q Okay. And that is relevant how in this particular  
21 case?

22 A I don't understand --

23 Q Okay.

24 A -- the question.

25 Q We have Mr. Reeves, on January 13th, 2014, holding

1 certain beliefs that you've already articulated for us,  
2 right? His perceptions.

3 You asked him specifically what were his beliefs  
4 and perceptions in the theater.

5 A Right.

6 Q And you've told us that.

7 A Correct.

8 Q Okay. Based on that, you've rendered an opinion  
9 that, based on those perceptions, that, what? His  
10 perceptions are valid?

11 I'm trying to determine why your testimony is any  
12 different than Mr. Reeves' testimony on the stand.

13 A My testimony is as an expert in the area of  
14 aging --

15 Q Yes.

16 A -- and with the subspecialties of violence and  
17 threat assessment, where I am interpreting the sequence of  
18 events that occurred that scared the crap out of this person  
19 and what he couldn't do. So that I'm providing that kind of  
20 limited expertise.

21 This is why he was so scared.

22 And when you look at threat assessment areas and  
23 you look at what happened, he was physically unable.

24 Q Mm-hmm.

25 A He was old. He had no control of the situation.

1 Q Mm-hmm.

2 A He had an aggressive, angry, threatening  
3 individual.

4 Q Mm-hmm.

5 A And it was reasonable that he did what he did  
6 'cause he had no other choice than to be potentially badly  
7 beaten or worse.

8 Q All right. So one of your opinions is that his  
9 conduct was reasonable under the circumstances as he knew  
10 it.

11 A He had no other --

12 Q Is that your opinion?

13 A My opinion is he had no other choice, given what  
14 happened.

15 Q Than what?

16 A Pardon?

17 Q Than what? He had no other choice than what?

18 A I already described --

19 Q No, no.

20 A -- the areas.

21 Q No, no.

22 He had no other choice than, what? Walk up and  
23 leave? Call on his phone to the police? Shoot Mr. Oulson.

24 A He couldn't --

25 Q What did he have no other choice to do?

1           A     Given what happened --

2           Q     Mm-hmm.

3           A     -- he is being threatened by a younger man coming

4 over the seat towards him, threatening. He is back in his

5 seat. He can not escape.

6           Q     Yes, ma'am.

7           A     There is no way, given the imminence of

8 Mr. Oulson's violent action, potentially damaging -- to

9 move.

10                   He couldn't move.

11          Q     Mm-hmm.

12          A     He was trapped and scared to death. He had no

13 other choice than to do what he did because there were no

14 other options in that fast sequence of events.

15          Q     So your opinion of what he did was reasonable.

16                   Is that your opinion?

17          A     Given the circumstances, he had no other choice.

18          Q     I'm going to ask one more time.

19                   Is your opinion what Mr. Reeves did, shooting

20 Mr. Oulson, was reasonable under the circumstances as you

21 know them?

22          A     Yes.

23          Q     Is that your opinion?

24          A     Yes.

25          Q     Okay. I'm going to follow up on that.



1 And let's get through this book, though.

2 This particular book -- it is meant for  
3 clinicians, doctors, professionals that deal with aged  
4 individuals or individuals who are caregivers, right?

5 A General -- targeted, as you said, towards  
6 professionals.

7 Q Sure.

8 A And it's a professional book. It's a textbook.

9 Q Okay. It's not a peer reviewed article, right?

10 A It's a book.

11 Q Is it peer reviewed?

12 You know what peer reviewed is, Dr. Cohen?

13 A Oh, yes.

14 Q Is it peer reviewed?

15 A Yes.

16 Q Who reviewed it other than the co-author?

17 A The reviewers.

18 Q At the publishing office. I understand that.

19 A No.

20 Q I'm talking about other scientists --

21 A No --

22 Q -- and other --

23 A Other scientists were chosen to review the book.

24 Their names are not revealed. That's the way publishers  
25 work.

1 I know one person. I don't know the other.

2 One reviewer was Gary Kennedy, who was a  
3 psychiatrist in geriatrics. The other reviewer -- and they  
4 did extensive reviews which led to editing.

5 And they don't release the identities. It's  
6 standard practice.

7 Q Would you just describe for me what  
8 biopsychological aging process is? That's just in a squib  
9 here on the book. What are they -- what are they talking  
10 about?

11 A They're talking about the range of processes and  
12 changes that occur biologically, physiologically,  
13 psychologically, psychosocially, environmentally.

14 And aging is what happens to people -- aging is a  
15 series of processes that interact with each other, and they  
16 occur at the biologic level from the genetic, up to the  
17 physiologic, up to the organ level. They occur at the  
18 psychological level and the sociological level and the  
19 environmental level.

20 So it really is talking about the multiple  
21 dimensions of aging.

22 Q One of the other marketing phrases to get you to  
23 buy the book is "specific pathologies prevalent in later  
24 life."

25 What are they talking about there? What is that?

1           A     It's referring to the other chapters that are  
2 listed.

3           Q     Okay.

4           A     You know, the Alzheimer's disease and other  
5 disorders, the anxiety disorders --

6           Q     Okay.

7           A     -- the paranoid disorders, et cetera.

8           Q     Okay. All right. I haven't forgot about  
9 Ms. Vivian Reeves, okay? We will get to that.

10          A     I knew you would get to her.

11          Q     But I think it's a good segue to start talking  
12 about your understanding of the stand your ground law in  
13 Florida.

14                The reason I say that, you are using buzz words  
15 that have legal significance to attorneys: "Reasonableness"  
16 and "imminent."

17                Have you read the statute that we commonly refer  
18 to as the stand your ground law?

19          A     I have not read through this entire statute.

20          Q     Okay. Did you read through the part that deals  
21 with use of force in defense of a person?

22          A     I did not read it. I have a copy of it. It's on  
23 my list of things to read after the deposition.

24                I'm not an expert on the stand your ground law.

25          Q     No, I'm just trying to understand what your life

1 experience is as far as acquiring knowledge and what the law  
2 is in the state of Florida.

3 Do you have a internal general understanding,  
4 based on your limited own research and curiosity, about what  
5 the stand your ground law is in Florida?

6 A I have a very general understanding.

7 Q Would you go ahead and tell me what your --  
8 currently your general understanding is?

9 A General understanding that, under certain  
10 circumstances, individuals -- under certain circumstances,  
11 individuals who feel they are threatened for whatever reason  
12 can not be held accountable for hurting an individual.

13 I am not aware -- I am just generally telling that  
14 you I'm aware the law permits it under certain  
15 circumstances. It's complex to defend, as has been well  
16 advertised in certain prominent cases.

17 Q You've used the term "reasonable" numerous times  
18 when dealing with the conduct of Mr. Reeves.

19 I'm going to withdraw that half of the question.  
20 I'm going to think of another one.

21 A Okay.

22 Q One of the terms you used was "imminent."

23 What is your understanding of the word "imminent"?  
24 What does that mean?

25 A Imminent is a term used in the violent death

1 literature, scientific literature, to refer to the immediate  
2 consequences of a presenting situation. So that suicide can  
3 be imminent. Homicide can be imminent. And there are  
4 things you do when faced with a situation that is about to  
5 occur or has a high probability of occurring with a high  
6 level of severity.

7 Q Okay.

8 MR. MICHAELS: May we go off for a moment?

9 MR. MARTIN: Mm-hmm.

10 (A discussion was held off the record.)

11 BY MR. MARTIN:

12 Q Okay. Let's talk about Mrs. Reeves.

13 In February of 2016, did you have an occasion to  
14 interview Vivian Reeves?

15 A Yes, I did.

16 Q And was that here at the office of Mr. Escobar and  
17 Mr. Michaels?

18 A Yes.

19 Q And about how long did that interview take place,  
20 length of time?

21 A Not quite a half an hour.

22 Q Did you take notes?

23 A No, I did not.

24 Q Was it tape recorded?

25 A No, sir.

1 Q Anybody take notes on your behalf?

2 A No, sir.

3 Q Anybody tape record on your behalf?

4 A No, sir.

5 Q Have you reviewed any notes or tape recordings

6 prior to the depo regarding your interview with Mr. --

7 Mrs. Reeves?

8 A Of my interview, no.

9 Q You have reviewed interviews of Mr. -- of

10 Mrs. Reeves by police officers.

11 A Correct.

12 Q Okay. I understand.

13 All right. What was the purpose of interviewing

14 Mrs. Reeves?

15 A I wanted to learn about her marriage and family

16 life with him. I wanted to learn her perspective of him,

17 husband, father, grandfather. And really ended up talking

18 about her distress about the aftermath of what had happened,

19 the impact on the family in many dimensions. So generally I

20 wanted to learn her perspective on him, what he was like as

21 a husband.

22 Q And what did you learn?

23 A I learned that they've had a long and happy

24 marriage, she loves him dearly, perceives being loved dearly

25 back, sees him as a caring, effective husband, father,

1 grandfather.

2 She indicated that, you know, he can't do a lot of  
3 things that he used to be able to do, and really opened up  
4 that this has had a dramatic impact on the family since he  
5 can't travel to the granddaughter's school and can't do  
6 certain things, and the young girl doesn't understand  
7 things.

8 There's some other things going on in the family,  
9 the kids' relationships, that are upsetting, and just living  
10 with this -- the event, and then these several years since,  
11 has taken a great strain.

12 So I really focused a lot on trying to just listen  
13 to her.

14 Q And what did you perceive as being relevant that  
15 you received from Mrs. Reeves that formulated your opinions  
16 regarding Mr. Reeves as far as his conduct on January 13th,  
17 2014?

18 A That she validated that this was a good man in all  
19 dimensions of his life.

20 And you know, I asked her specifically had he ever  
21 hurt her, or any other kinds of problems, which hasn't  
22 happened.

23 Q You talking about domestic violence?

24 A Right. It's a standard question.

25 I didn't think so, but it's something that you ask

1 about.

2 I wanted to know that she saw him as a good, kind,  
3 effective person who didn't have violent tendencies. And it  
4 was only relevant in that she's -- she knows him better than  
5 probably anybody else.

6 Q Okay. Let's go back to your CV.

7 Do you have that in front of you?

8 A Yes, sir.

9 Q Depo Exhibit Number 2.

10 One of the -- under bibliography, books and  
11 monographs in print, 1981, psychological -- Psychopathology  
12 of Aging.

13 What is that book about? Can you kind of give me  
14 an abstract, kind of a little paragraph? What's that book  
15 about?

16 A That's a monograph.

17 Q What is a monograph in your profession?

18 A A monograph is a -- basically a very short book.  
19 The monograph really summarizes the state of the art about  
20 psychological, psychiatric issues in later life.

21 Q And what are they? What would this book tell me?  
22 Psychopathology. What is -- what would it tell me?

23 A It would cover, a'la 1980s --

24 Q Yeah, I'm sure.

25 A -- the literature on Alzheimer's disease and the



1 other 50 related dementias. It would talk about -- review  
2 depression, anxiety disorders, schizophrenia and paranoid  
3 disorders, and some limited discussion about the interaction  
4 of psychiatric health and physical health.

5 There's a big difference between that and the text  
6 book of 2011.

7 Q Oh, I'm sure there is.

8 That leads to the question, as far as you know,  
9 has anyone diagnosed or have you diagnosed Mr. Reeves as  
10 being -- suffering from Alzheimer's, dementia, depression,  
11 anxiety disorder, paranoid, schizophrenia; anything --  
12 anything that we would find in the DSM?

13 A I do not know of any evidence that he had any  
14 cognitive or emotional disorders.

15 Q Under journal articles and book chapters,  
16 paragraph 10, a 1977 book, Sex Differences and Spacial  
17 Performance In the Elderly, a Review of the Literature and  
18 Suggestions for Research.

19 A I'm sorry ...

20 Q I guess my question is, what are we talking about  
21 as far as spacial performance?

22 A You are looking at article 10? I had my --

23 Q Yeah.

24 A -- my pages mixed up. I'm sorry.

25 Q Oh, I'm sorry.

1                   Yeah. Number 10. 1977 Sex Differences. Do you  
2 see that?

3           A     Yes, sir.

4           Q     Just tell me what spacial performance is.

5           A     Spacial performance refers to the ability to draw  
6 certain kinds of geometric figures, to recognize figures in  
7 different rotational patterns, and to utilize information  
8 about orientation in real space or, you know, psychological  
9 test-measure space of, really, nonverbal kinds of behaviors.

10          Q     Have anything to do with threat the assessment  
11 that we've been talking about?

12          A     No, sir.

13          Q     Number 14, The Cognitively Impaired Elderly,  
14 Differential Diagnosis, 1978.

15                   I guess -- let me just shorten this up.

16                   Does that in any way have to do with --

17          A     No, sir.

18          Q     Okay. 1979, number 19, Cognitive Theory and the  
19 Assessment of Change In the Elderly.

20                   Does that in any way have to do with the threat  
21 assessment that you administered?

22          A     No, sir.

23          Q     Okay. Number 37, Biological Markers of Cognitive  
24 Change In the Aged.

25                   Does that in any way have to do with the threat

1 assessment --

2 A No, sir.

3 Q What are the markers that you're talking about,  
4 the biological markers?

5 A The biologic markers are measures of immunological  
6 functioning --

7 Q Okay.

8 A -- and certain genetic markers.

9 Q Okay. Number 39, The Assessment of Organic  
10 Impairment In the Aged, 1982.

11 Does that in any way impact or play into your  
12 threat assessment?

13 A No, sir.

14 Q And what is Assessment of Organic Impairment?  
15 What are you talking about?

16 A The language in the early '80s often referred to  
17 organic impairment as dementia. And it's not a term that I  
18 used a great deal. But the focus is on cognitive issues  
19 that are nonreversible rather than reversible.

20 Q Okay. We're going to change topics again. We're  
21 going to talk about certain cognitive abilities and motor  
22 performance, and how that changes, if it does at all --  
23 you're the expert -- changes at all with the aging process.  
24 And we're going to go into some very specific opinions. But  
25 I want to get some general information first and then I'll

1 ask if you have an opinion specific to the information that  
2 you've provided, okay?

3 A Okay.

4 Q All right. And this is general. We're not going  
5 to relate this to Mr. Reeves. But at the end, I'm going to  
6 relate it to Mr. Reeves. So be thinking about that. I just  
7 want to know generally at this point.

8 In dealing with high anxiety or highly emotional,  
9 highly charged situations, in your research or opinion, does  
10 the aging process in any way impact on the perception that  
11 one draws from witnessing that very high intensity, high  
12 anxiety situation?

13 Not the normal one where you reach for a cup of  
14 coffee and you're talking to your wife. I'm talking about  
15 you're walking in the street and here comes a bus. You  
16 know, there's a guy with a gun. That's what I'm talking  
17 about, high anxiety, high intensity, okay? And that's what  
18 I'm going to refer to in all of them.

19 So as we age, does that in any way change how we  
20 perceive, make our perceptions, our mind react to that very  
21 highly-charged, highly-emotional situation?

22 A It can in some people. There's -- one of the  
23 characteristics of aging is great variability among  
24 individuals.

25 But older people are vulnerable to stress and

1 their reactions to stress are a function of aging.

2 Q Now, remember, I'm talking about perception.

3 A Pardon?

4 Q Perception. Seeing.

5 A Seeing. Right.

6 Q Okay.

7 A But seeing it is a stressor.

8 Q Okay. I didn't quite take it that far. I was  
9 thinking more of perceiving and then formulating a plan,  
10 judgments, recall, memory. I didn't think of as perception  
11 as being stressful. So maybe I didn't do that right for  
12 you. So let's do it that way.

13 When we talk about perception and how it relates  
14 to, one, formulates a plan, exercise judgments or recalls  
15 events, you know, that perception, does the aging process in  
16 any way impact upon the way one initially perceives a high  
17 intensity or highly emotional event as it relates to those?

18 A There's great variability in the aging population.

19 Q Okay.

20 A In some people it does, and some people can make  
21 decisions very quickly. There's a -- there's no singular  
22 pattern.

23 Q Okay. Same question:

24 Does the aging process affect when something is  
25 perceived to exercise judgment in order to react to that

1 highly-emotional or high-anxiety stimuli?

2 A It can in some people.

3 Q And how would that -- if it does impact, what  
4 would the outward manifestations be? Do you know? Am I  
5 stretching it too far?

6 A Yeah. You'd have to repeat the question so I  
7 can --

8 Q Yeah.

9 A -- be responsive.

10 Q I understand. No problem. And I appreciate you  
11 doing that.

12 Through the aging process -- we talked about  
13 perception. You said that the aging process can affect some  
14 people.

15 But once something is perceived, and whether it's  
16 accurately perceived, not accurately perceived, that's their  
17 perception -- does the aging process in any way impact on  
18 the judgment that is used to react to that high-intensity  
19 stimuli?

20 A My answer is the same. There's variability in how  
21 people do that.

22 Q All right. Once something is perceived and then a  
23 judgment is rendered on how to react to the stimuli, does  
24 the aging process in any way impact on how you record those  
25 events so that you can later recount them?

1           The cognitive ability of memory basically is what  
2 we're talking about.

3           A     There is a large literature in and out of the  
4 scientific world and the legal world showing that people  
5 have diverse reactions to stressful situations and their  
6 decisions.

7           Q     There's no general one way someone acts. This is  
8 so individualized it's just up to the individual?

9           A     If I can digress without --

10          Q     Please.

11          A     -- going too far afield, a key concept in aging  
12 and psychology has to -- key concept in aging and psychology  
13 has to do with individual variability --

14          Q     Okay.

15          A     -- where I actually started my research.

16                It's really looking at the patterns of variation  
17 in populations.

18                So yes, aging and aging with disease will affect  
19 your reactions to a stressful situation, but that's highly  
20 dependent on individual variability.

21                So we're not talking people. We're talking  
22 populations.

23          Q     Does the aging process impact on one's ability to  
24 respond to a given high-intensity or high-anxiety situation?

25                And I say respond as far as time. Quickness.

1           A     Yes. In most people, yes.

2           Q     Explain that to me. How does that occur and what  
3 is the research that supports that?

4           A     There's a large literature on reaction time and  
5 perceptual slowing and motor slowing with advancing age, so  
6 that that is a area of change and decline with advancing  
7 age.

8           Q     Is there any way to quantify it or bracket it?  
9                 And let me give you an example:

10                40 to 50, you're good to go. 50 to 60, you're  
11 slowing down. 70 to 80, you're in a chair and can't  
12 respond.

13                You know what I'm saying.

14          A     Right.

15          Q     Is there a way to --

16          A     There are tables with --

17          Q     And where would I find those tables?

18          A     They're references. I don't have them right off  
19 the top of my head, but there are a number of references  
20 that quantify age differences and gender differences.

21          Q     What would be the quickest way to try to query  
22 that so I could find it?

23          A     Google.

24          Q     I didn't ask what search engine to use. I asked  
25 what key words to put in the search engine.



1           A     I would look at age and gender differences in age  
2 groups, population groups.

3           Q     Okay.

4           A     You may have to fine tune some words, but  
5 that's -- you're picking up -- those data are out there.  
6 And you can also use Google Scholar which may pull up.

7           Q     Google Scholar.

8                   Okay. As far as the aging process, does it impact  
9 on cognitive abilities such as memory?

10          A     Yes.

11          Q     All right. And how does that occur, and what  
12 research would support that?

13          A     There is a long and huge literature looking at  
14 cognitive changes, which include memory and other categories  
15 of cognition. And there are changes in short-term memory.  
16 There's again great individual variability. There's also  
17 data showing that you can retrain people to remember better  
18 even when they're older. There's standards of memory  
19 changes, but there are different kinds of memories. Verbal  
20 memory, nonverbal memory. And the rates are different.

21          Q     I'm going to go through some specific opinions.  
22 You may or may not have an opinion. I'm bobbing for apples,  
23 okay?

24          A     Okay.

25          Q     So I'm going to do the best I can.

1 All of this relate to the defendant. Not  
2 generally but specifically to Mr. Reeves.

3 As an example, I will ask you, do you have an  
4 opinion as to X as it relates to Mr. Reeves. Not the  
5 general. And either you do or you don't. It might be no, I  
6 can't, because there's too much individuality or whatever,  
7 but this is specifically for Mr. Reeves. And it's going to  
8 deal with the aging process and how it affects him  
9 specifically.

10 I want to get through these and then I'm going to  
11 go through some of the medical records and I'm going to go  
12 through the list of material that you reviewed. But I want  
13 to get this out of the way since we've been talking about  
14 the threat assessment and everything, all right?

15 A Correct.

16 Q All right. So let's start going through. And  
17 like I said, I don't have a report so I'm bobbing for  
18 apples.

19 So my question to you, Dr. Cohen, if you were  
20 asked and if you were allowed to answer in court, do you  
21 have an opinion as to what extent Mr. Reeves' motor skills  
22 were impaired by age on January 13th, 2014?

23 Do you have an opinion?

24 A Yes.

25 Q And what is that opinion?

1           A     That based on my observations and anchored in my  
2 knowledge of people in his age group, with his medical  
3 issues, that it did affect those abilities.

4           Q     When you say those abilities, you're talking about  
5 motor skills.

6           A     Yes.

7           Q     And when I say motor skills, I know what's going  
8 through my head.

9                     So what's going through your head? When I say  
10 motor skills, what are we talking about in your mind?

11          A     Motor skills, you're talking primarily about the  
12 use of the hands and any kind of daily activity, hobbies,  
13 work. Motor skills also refers to the ability to navigate,  
14 to walk, to transfer. Anything that requires the movement  
15 of various parts of your body or the entire body. So it's  
16 from fine motor skills to working with a hobby to  
17 locomoting.

18          Q     And of course my question was as of January 13th,  
19 2014.

20          A     Yes.

21          Q     Okay. You mentioned one thing about walking.

22                     Now, we know that, subsequent to this event, he  
23 fell and he hurt his hip and he had surgery.

24                     Prior to January 13, 2014, talking about his motor  
25 skills, what is your source of information that led you to

1 opine that, on that date in the theater, his motor skills  
2 were impaired by aging? What are some of the facts that you  
3 are relying on? People told you? You saw?

4 A Watching him moving.

5 Q That was in 2016.

6 A I'm sorry?

7 Q That was in 2016.

8 A No. In the movie theater, walking in and out of  
9 the movie theater.

10 Q Okay. What did you see, walking in the movie  
11 theater?

12 A Well, you see him -- you're asking for the basis.

13 Q Yes.

14 A As he's walking out, you see him leaning on  
15 chairs. He's walking slowly.

16 In 2016, saw evidence of impairment, motor  
17 impairment.

18 But these aren't things that -- other than the  
19 hip, breaking his hip and hip replacement, there are chronic  
20 degenerative issues that affected his shoulders, his hips,  
21 his knees, his back, that impaired his ability to walk.

22 Q Okay. If you were asked in court and allowed to  
23 testify by the judge, do you have any opinion as to whether  
24 or not the aging process affected Mr. Reeves' ability to  
25 accurately perceive an event?

1           And I'm going to relate this specifically to the  
2 event of January 13th, 2014.

3           A     Would you repeat? Accurately perceive ...

4           Q     Perceive. 'Cause we talked about perception. So  
5 did the aging process at all impact on his ability to  
6 accurately perceive the event?

7           A     I have an opinion with caveats.

8           Q     Well, let's do the opinion and then we'll caveat  
9 it.

10          A     The ability to perceive involves vision,  
11 primarily. And it was a darkened theater.

12                So my opinion is that the aging process, which  
13 affected his ability to see, particularly in a dark  
14 environment, would have affected his perception.

15          Q     Okay. Let me just tackle that.

16                I've looked at a medical record, but I don't have  
17 any medical records regarding his vision.

18                So is there something in the medical record other  
19 than him wearing glasses --

20          A     Other than --

21          Q     -- and the --

22          A     -- his glasses.

23          Q     Okay. So it was in a darkened theater, and how  
24 well or not well Mr. Reeves sees, quote, in a dimly-lit  
25 situation, would be purely speculative on your part. You

1 have no testing, you have no records, no doctor reports.

2 A I have no testing, but I'm relating it to  
3 literature that has to do with -- with sensory perception  
4 changes. And it's likely there were visual changes that  
5 were corrected.

6 Q And what literature would that be?

7 A There is literature on degenerative changes in  
8 terms of --

9 It can be Googled. I don't have the article with  
10 me.

11 Q I understand. And I appreciate that it can be  
12 Googled. But this is my opportunity to find out what you  
13 know.

14 So is there a particular literature that's coming  
15 to your head right now?

16 A Yes.

17 Because part of spending my academic professional  
18 career in aging is to know and work with these population  
19 statistics.

20 And there are clear publications which identify  
21 the sensory motor changes with aging, cognitive changes with  
22 aging. So I'm relying upon a vast body of data in the field  
23 of aging.

24 Q I appreciate that.

25 And remember when we started this, I wanted to

1 have it specifically to Mr. Reeves.

2 A Right.

3 Q I know there's a lot of data out there. And as  
4 you indicated before, when we talked about some of the aging  
5 and how it impacts, you said it was so individualized that  
6 it can in some and can't in others.

7 So talking specifically with Mr. Reeves, have you  
8 reviewed any type of medical report, testing, or anything to  
9 indicate and to quantify Mr. Reeves' ability to see as we've  
10 been discussing --

11 A No.

12 Q -- in dimly-lit situations.

13 No. You're just relying generally, and can't --

14 Are we under the same caveat that it varies  
15 individually, just like you said before? Varies from  
16 individual to individual?

17 A It's based on him wearing glasses and being in a  
18 dim theater and the population statistics. I have no --

19 Q The population statistics for what?

20 A For visual changes, auditory changes with aging.

21 So ...

22 Q But you cannot quantify that for Mr. Reeves.

23 A I cannot.

24 Q Okay. And if you were asked and allowed to  
25 testify by the court, do you have an opinion as to whether

1 or not the aging process affected Mr. Reeves' ability to  
2 exercise judgment in response to the stimulus in the  
3 theater?

4 Remember we talked about judgment, plan. How do  
5 you respond? Is it good? Is it bad? Do I run? Do I hide?  
6 Fight or flight? All those are judgment things. So that's  
7 why I'm asking.

8 Did the aging process in your opinion in any way  
9 affect Mr. Reeves' judgment in how he responded to the  
10 stimuli on January 13th, 2014?

11 A My opinion is that the aging process did not  
12 affect his judgment.

13 Q Some of these, we've already covered. I'm sure  
14 you're thankful for that.

15 A Oh, gosh, yes.

16 Q Okay. Let's go now, change topics a little bit.  
17 Let's talk about the material that you reviewed -- I'm  
18 sorry -- the material that was provided to you for review in  
19 this particular case.

20 Were you provided a set of police reports? Pasco  
21 County Sheriff's Office?

22 A Yes.

23 Q Did they include the tech service reports?

24 A I believe so, yes.

25 Q Okay. Did they include --



1 A That was the video service, correct?

2 Q No.

3 A No?

4 Q Those would be the individuals that collected  
5 evidence and took photographs and did --

6 A Yes.

7 Q Okay. Did you receive the paramedic reports?

8 A I don't remember.

9 Q Do you know whether or not, when Mr. Reeves was  
10 examined by the paramedics, that they determined that his  
11 face was -- had any injuries whatsoever? Do you know?

12 A I --

13 Q I'm talking about the paramedics. Not what  
14 Mr. Reeves told you.

15 A The paramedics.

16 I do not remember.

17 Q Okay. We're going to go into details about some  
18 of the contents when we talk about witnesses in the reports,  
19 but I just want to get some general areas.

20 Photographs. What photographs if any were  
21 provided to you for your review?

22 A Photographs including videos?

23 Q Videos are the next topic. Don't jump ahead.  
24 Photographs.

25 A Trying.

1 Q I know.

2 A The photographs were stills from several cameras  
3 in the movie theater --

4 Q Okay.

5 A -- from Mr. Reeves and his wife Vivian coming in.  
6 And there were several different cameras, and so there were  
7 several different stills.

8 Q Okay.

9 A So those are the only photographs that I saw.

10 Q Stills of Mr. and Mrs. Reeves coming into the  
11 theater.

12 A I believe there were three, four cameras. And  
13 they showed various views of coming in, going to the  
14 concession desk.

15 Q I know which ones you're talking about now.

16 So there were stills buying the ticket?

17 A Yeah.

18 Q Walking through the door?

19 A Correct.

20 Q Walking from the door, then standing; looks like  
21 he's playing with his phone, talking to Mrs. Reeves in front  
22 of the concession area?

23 A I wasn't sure he was on a phone, but --

24 Q Not talking on the phone, but looking down at  
25 something in his hand.

1 A It was in the concession area, yes.

2 Q Okay. Black and white photos? So he and  
3 Mrs. Reeves in the concession area?

4 A Yes.

5 Q All right. Color still photos of Mr. Reeves at  
6 the complaint desk; I'll call it the manager's desk?

7 A No color. Everything was black and white that I  
8 had.

9 Q Okay. Were you shown a video of him walking from  
10 the area of Theater 10 up to the complaint desk where he  
11 made the complaint?

12 A The video was him going out of the theater. There  
13 was no video of him --

14 Q I know what you're talking about now.

15 Any other photographs of -- I'll call the crime  
16 scene -- inside the theater, after the shooting, dealing  
17 with where he was seated, where evidence was located,  
18 anything like that, were you shown or provided?

19 You can look at your list. Just tell me what you  
20 were provided.

21 A All I have is the listing, and the complete Pasco  
22 report which had the various photographs.

23 I did not focus on after the shooting occurred  
24 'cause I was focused entirely on Mr. Reeves.

25 Q All right. Well, let's go to the video then.

1           The video that you received and looked at, you  
2 mentioned BeckTech.

3           So you know who BeckTech is.

4       A     I know them by --

5       Q     BeckTech.

6       A     Right.

7       Q     I understand.

8           What was the content of the video?

9           There's several videos by BeckTech. There's a  
10 whole time sequence. There's little snippets of movement.

11          What did you -- what were you provided?

12       A     I was provided the BeckTech surveillance video.  
13 There were multiple segments that were timed.

14          I did look at them. It's very difficult to see  
15 the -- anything other than, you know, major movements on  
16 those. And it was very -- impossible for me to identify  
17 anything, specific object.

18          And again, that was background information to  
19 understand, you know --

20       Q     I understand.

21       A     -- what information was provided.

22       Q     BeckTech produced a video that is black and white  
23 and also one that's kind of greenish in color, almost like  
24 you were looking through an infrared or night vision  
25 goggles. You know, that type of greeny color.

1 A Mm-hmm.

2 Q Were you provided videos that were both black and  
3 white and a greenish hue to it?

4 A I remember the black and white because they were  
5 so difficult to look at, and that's not my area of  
6 expertise. I didn't --

7 Q Okay.

8 A -- look through the entire thing.

9 Q All right. Let's go back to the police reports.  
10 And I'm going to segue into also depositions.  
11 Were you provided any depositions to review?  
12 Transcripts?

13 A I was provided, I think, 16 transcripts.

14 Q All right. And who -- just give me people that  
15 you were provided.

16 What depositions were you provided?

17 A There were transcripts. I have a list.

18 Q Do you know -- can we just make a copy and attach  
19 this?

20 A That's fine.

21 Q Save us some time?

22 (A discussion was held off the record.)

23 (Deposition Exhibit Number 4 marked for identification.)

24 MR. MARTIN: We're looking at Depo Exhibit

25 Number 4 which was handed to me by Dr. Cohen, a list

1 of items, slash, documents sent to Donna Cohen  
2 mailed on November 25th, 2015.

3 Let me give this back to Dr. Cohen.

4 BY MR. MARTIN:

5 Q Dr. Cohen, I'm going to go through a list of  
6 individuals that I'm going to ask you if you read their  
7 deposition. And some of them have written statements. Some  
8 of them also have tape recorder statements. And the written  
9 statement would be probably part of the police report where  
10 they actually wrote it in their hand. Then you have the  
11 officer's record of what they said. And then on some  
12 occasions you had a tape recording. You may have been  
13 provided a CD.

14 A I was not.

15 Q Okay. So in the information that you reviewed,  
16 did you review the deposition of Angela Hamilton?

17 A I quickly scanned the transcript.

18 Q All right. Did you quickly scan all these  
19 transcripts?

20 A Yes.

21 Q Do you have specific recollection of any of the  
22 information in any of the transcripts as we sit here today?

23 A My recollection is a diverse set of individuals'  
24 reports about what they heard, what they saw, what happened  
25 sitting in various parts of the theater. There was no

1 consistency. So my memory is --

2 The reason for skimming it was to look at the --  
3 to see if there was a range of responses. 'Cause witnesses  
4 were -- particularly with these kinds of events, don't  
5 really know what's going on.

6 And again, my area of expertise is not -- does not  
7 extend beyond my assessment of Mr. Reeves' vulnerability and  
8 perception of vulnerability.

9 Q Okay. May I have that back?

10 Regarding Deposition Exhibit Number 4, you listed  
11 that you were provided the deposition transcripts of  
12 Corporal Alan Hamilton, James Sumner -- Summers. I'm  
13 sorry -- Jeanine -- Jennie Manera, Derek Friedhoff, Angela  
14 Hamilton, Sylvia Kerr, Robert Kerr, Luis Perez, Gladys  
15 Perez, Mary Houston, Gary Houston, Nerida Abreu, Anthony  
16 Colello, Elaine Ajamain, Peter Stolmeier and James Pek.

17 Is there anything from your reviewing of those  
18 deposition transcripts that relate specifically or in  
19 support of any of the opinions that you and I have  
20 previously talked about?

21 A These were witness transcripts.

22 Q Yes, ma'am.

23 A They did not relate to Mr. Reeves' perception of  
24 vulnerability and therefore are not contrary to any opinion  
25 that I expressed.

1 Q Okay. It's not on the list, but the list went out  
2 November 25th, 2015. The transcripts may or may not have  
3 been available. So let me ask you this:

4 Were you provided the deposition transcript of  
5 Vivian Reeves, that I took? I took Mrs. Reeves' deposition.  
6 Were you provided that?

7 A I listened to the audio tape of her --

8 Q To the police department.

9 A Correct. I don't remember her deposition.

10 Q Okay. Were you provided the deposition of Matt  
11 Reeves?

12 A No, I was not.

13 Q Were you --

14 The one that I took. I took that deposition.

15 A No, I was not.

16 Q I took the deposition of Jennifer Shah. Did you  
17 review that deposition?

18 A No.

19 Q I took the deposition of Dr. Adams. He's a  
20 pathologist.

21 Did you read that?

22 A No, sir.

23 Q Were you provided the deposition of Nicole Oulson?  
24 That's Mr. Oulson's wife. She was also shot at the theater.

25 A No.



1 Q You can refer to your list, but to your knowledge  
2 were you provided the deposition of Mark Turner, one of the  
3 patrons at the theater?

4 A No.

5 Q Joanne Turner?

6 A No.

7 Q Mark Roy?

8 A Mark what?

9 Q Roy?

10 A Roy?

11 No.

12 Q Jane Roy?

13 A No.

14 Q Alex Cummings?

15 A Spell the last name.

16 Q C-U-M-M-I-N-G-S.

17 A No.

18 Q Charles Cummings?

19 A No.

20 Q Allen Wolf?

21 A Wolf?

22 Q Mm-hmm.

23 A No.

24 Q Based on your review of either the police reports  
25 or the depositions, are you aware of any witness testimony

1 that would suggest that Mr. Reeves was the aggressor in this  
2 case?

3 A I am not aware of testimony that he was the  
4 aggressor.

5 Q Okay. Did you receive medical records regarding  
6 X-rays and MRIs?

7 A Yes.

8 Q Other than the X-rays and the MRIs, did you review  
9 any other medical records of Mr. Reeves, like from his  
10 personal physician or anything like that?

11 A No, sir.

12 Q So just the X-ray and the MRIs?

13 A Right. The interpretation.

14 Q Yeah. The one-page reports for each one, for each  
15 knuckle, each thumb.

16 A Right.

17 Q Okay.

18 A Correct.

19 Q Did you review any medical records regarding his  
20 hip replacement?

21 A No, sir.

22 Q Or his hospital records --

23 A No.

24 Q -- for that?

25 Did you interview any of his doctors?

1 A No, sir.

2 Q As far as the X-rays, did you glean anything from  
3 them other than the fact that maybe the X-rays are  
4 consistent with the self-reporting impairment issues that  
5 Mr. Reeves gave you in 2016?

6 A No. I'm not an expert in X-rays.

7 Q There's a report --

8 A There's a report. Right.

9 Q -- saying he's got --

10 A He's got all kinds of issues.

11 Q He's got degenerative narrowing, whatever that  
12 means, and --

13 A We all have it.

14 Q I hope so. I don't want to be alone.

15 All right. So there is nothing that impacted upon  
16 your review of this case or your review of the threat  
17 assessment involving X-rays and the MRIs.

18 A Nothing beyond what I know.

19 Q When you say what you know, that's what Mr. Reeves  
20 told you? I ache here. My shoulders hurt. My fingers  
21 hurt.

22 A Correct.

23 Q You mentioned that you reviewed the stand your  
24 ground immunity pleading, and you also referred me back to  
25 that particular pleading as far as relating to the

1 self-reporting of -- by Mr. Reeves of his pains and what he  
2 perceived as being impairments.

3 Remember that part of the depo?

4 A Correct.

5 Q Okay. Did you assist in any way in writing that  
6 section of the immunity --

7 A No, sir.

8 Q -- pleading?

9 Did you review it prior to it being filed?

10 A No, sir.

11 Q I'm just going to go through and hit some  
12 highlights and you tell me what Mr. Reeves told you about  
13 it, since you refer to it.

14 What did Mr. Reeves tell you about his  
15 difficulties in performing the physical tasks necessary to  
16 remain on the SWAT team? What did he tell you about that?

17 A I believe, as I stated earlier, he was  
18 experiencing difficulty with the chronic degenerative  
19 changes and did not feel that he could perform at the level  
20 that was expected for that --

21 Q I'm trying to figure out exactly what the  
22 degenerative changes were. Was it his shoulder? His back?  
23 His eyebrow?

24 You know, I'm being facetious, but what  
25 specifically was he complaining of that he couldn't perform?

1           A     I would have to look at the stand your ground  
2 motion to tell you exactly what he complained of at that  
3 time.

4           Q     It's not in here. That's why I'm asking.

5           A     Okay. You said you were referring back to that,  
6 so forgive me.

7           Q     I am. And I just read you the paragraph. Or I  
8 just read you the sentence. It's not in there.

9                     So what did he tell you?

10          A     Mr. Reeves has a consistent statement and  
11 assessment of his declining ability, pain of sciatica, pain  
12 in the back, pain in the legs, and the bodily wear and tear  
13 that comes from that type of assignment. So it was again  
14 chronic degenerative changes in the various joints of his  
15 body.

16          Q     You mentioned that after he retired, he took  
17 nonsurgical steps -- or he took steps to ease his pain and  
18 to have a better quality of life.

19                     Did he tell you specifically what he was doing as  
20 far as self-help, self-medication, whatever it was, to --

21          A     I --

22                     Question: I don't believe I said that.

23          Q     All right. This was after he retired from Busch  
24 Gardens. We were talking about what he was doing in his  
25 activities, how he was trying to stay fit or stay active.

1           A     I believe I talked about staying active, but I  
2 didn't talk about medical self-help kinds of things.

3           Q     I embellished just a little bit.

4                     So what was it that he was trying to do to stay  
5 active, which I took to mean that it was self-help, in order  
6 to alleviate what he perceived as being pains about his  
7 body? What did he say he was doing?

8           A     My memory, my interpretation is that his  
9 activities, particularly exercising by riding a bike, were  
10 to, as is well known, maintain his cardiovascular status,  
11 his health. It was something he enjoyed doing, and is  
12 highly recommended for people his age to do that.

13          Q     Did he mention anything else?

14          A     I don't remember the exact hobbies, but there were  
15 some things he did, I believe, with his son. And again ...

16          Q     Did he talk about going on walks?

17          A     He referred to walks. He referred to doing things  
18 with his son and wanted his son to take certain things that  
19 were heavy, pieces of equipment that he couldn't handle.  
20 And so he seemed to scale his lifestyle activities to things  
21 that he could do that would maintain his health and  
22 engagement to the best of his impaired ability.

23          Q     Did he talk about shooting a shotgun, engaging in  
24 sporting play?

25          A     I believe so. I remember the archery and the bow.

1           Q     What do you remember about the archery and the  
2 bow?

3           A     That one of his favorite hobbies, pastimes, was  
4 this activity, and that he couldn't draw the string anymore  
5 because it was too difficult.

6                     I do recall something about from the interview  
7 with the officer in the car that he was surprised that he  
8 could pull the trigger because he had been unable to use --  
9 to use a gun in some activity prior.

10          Q     Were you provided records from Shooters World  
11 indicating that Mr. Reeves, just several days, if not two  
12 weeks prior to this shooting, was at the pistol range,  
13 firing his pistols?

14          A     No.

15          Q     Were you provided any information that, two weeks  
16 prior to this shooting on January 13th, 2014, he went on a  
17 hunting trip with his son?

18          A     I don't remember. I don't believe I was provided  
19 information.

20          Q     Do you recall whether or not you were provided  
21 information -- and this would be through the deposition of  
22 Matt Reeves, his son -- that while on the hunting trip, he  
23 used a climbing deer stand to shimmy up a tree 10-foot up in  
24 the air so he could harvest deer from the area with his bow  
25 and arrow? Do you recall that?

1           A     I never saw the deposition. I know nothing about  
2     that.

3           Q     When you hear information like that from Matt  
4     Reeves -- that's what he swore to under oath, that he did.  
5     And we have the records from Shooters World -- does that in  
6     any way, change or cast a cloud upon your opinions as to  
7     exactly to what extent Mr. Reeves is accurately  
8     self-reporting his physical infirmities?

9           A     No.

10          Q     Do you know what a climbing tree stand is?

11          A     Vaguely.

12          Q     You know how it works?

13          A     Nope. My assumption is it's what it is: It's  
14     something you use to climb a tree.

15          Q     Have you ever fired a firearm?

16          A     Yes.

17          Q     Pistol?

18          A     No.

19          Q     Do you know the difference between a pistol and a  
20     revolver?

21          A     No.

22          Q     When I refer to a magazine as being a component of  
23     a firearm, do you know what that is?

24          A     I assume it holds the bullets, the ammunition.

25          Q     Have you ever placed single -- I'll call it



1 bullets, ammunition, whatever you want to call it -- into a  
2 spring-loaded magazine?

3 A No.

4 Q Have you ever shot a shotgun?

5 A A long time ago. Once or twice.

6 Q Did you bruise your shoulder?

7 A No, I didn't. I was out --

8 No, I didn't.

9 Q You held it tight?

10 A Pardon?

11 Q You held it tight?

12 A I was on a hunting trip with my husband at the  
13 time.

14 Q That's not what I asked you.

15 A I know.

16 Q Did you hold that shotgun butt tight to your  
17 shoulder?

18 A I did what he told me.

19 Q That's not my question.

20 Did you hold it tight?

21 A I don't remember. We're talking in the '70s.

22 Q All right. Was it a 12-gauge?

23 A I don't know. I really don't.

24 Q How many times did you shoot it?

25 A A couple times.

1 Q And how close in succession, do you know?

2 A I'm sorry?

3 Q And how close in succession?

4 A Oh.

5 Q One, two, three times every three hours, or --

6 A Oh, no. Just once or twice.

7 Q Okay. Any discomfort in your shoulder?

8 A Not that I remember.

9 Q Okay. Have you ever been sporting clay? Do you

10 know the sport?

11 A I know the sport, but I've never ...

12 Q Where you walk from station to station and you

13 shoot between 50 and a hundred birds over the course of

14 fire?

15 A I know what it is from Andy Williams.

16 Q From Andy Williams?

17 Okay. I'll bite. What is that?

18 A It's a TV show in the '70s.

19 I am not familiar nor have I participated in that

20 sport.

21 Q All right. Dr. Foley has been listed as an

22 expert. He's a forensic radiologist. He's the one that's

23 going to testify regarding the MRIs and the X-rays, not the

24 guy who wrote the report.

25 Did you talk to Dr. Foley at all?

1 A No, sir.

2 Q Okay. I'm going to jump around just a little bit  
3 so I'm giving you a heads up I'm jumping around. It's not  
4 going to be any specific topic.

5 A I appreciate that.

6 Q Yeah.

7 The e-mail that we talked about at the very  
8 beginning of the depo regarding your fee schedule and what  
9 it was, does that still exist?

10 A Yes, sir.

11 Q And would you be willing to provide a copy of that  
12 for me?

13 A Yes, sir.

14 MR. MICHAELS: If you send us a letter, we'll  
15 get it for you, Glenn.

16 MR. MARTIN: Thank you.

17 So Dino, just so we're clear, the letter will  
18 be for the e-mail as far as fees and then the  
19 articles that were sent to you on vulnerability?

20 MR. MICHAELS: The articles?

21 MR. MARTIN: Yeah. On vulnerability that she  
22 said she provided for you.

23 MR. MICHAELS: Yeah. I may have it before you  
24 leave.

25 MR. MARTIN: Okay. Well, I'll follow up with a

1 letter.

2 MR. MICHAELS: All right.

3 MR. MARTIN: So it'll be those two things.

4 BY MR. MARTIN:

5 Q The threat assessment -- and I'm going to call it  
6 a tool, whether it's written down or just --

7 A Sure.

8 Q -- in your head.

9 But the threat assessment tool that you utilized  
10 for -- in your interview of Mr. Reeves, is there anyone else  
11 other than you that uses that precise threat assessment  
12 tool?

13 A There are people who use the tool but with  
14 variations and modifications. It's not a standardized MMPI.

15 Q When I talk about what you used for Mr. Reeves, I  
16 know there may be variations for terror threats and other  
17 type of threats.

18 So I'm going to narrow it down to specifically  
19 what -- the threat assessment tool that you used when you  
20 did your interview with Mr. Reeves, does anyone else other  
21 than you use that tool?

22 A Yes. The subcomponents of it, yes.

23 Q And who would that be? Give me a broad range, and  
24 let's try to narrow it down.

25 A I would have to, you know -- in the threat

1 assessment --

2 I can't answer that concisely for you.

3 Q Okay.

4 A Threat assessment is a tool that uses information  
5 collected in different categories.

6 What I collected in my interview with Mr. Reeves  
7 is not inconsistent with the areas covered in threat  
8 assessment.

9 Q Once you collect the information using the threat  
10 assessment tool and you render an opinion, is that opinion  
11 subjective to your personal interpretation?

12 A Not at all.

13 Q And why not?

14 A The threat assessment leads to an interpretation  
15 of his, Mr. Reeves', perceived vulnerability to being  
16 threatened. There is nothing subjective about the  
17 assessment. It is -- it is based upon my evaluation of him,  
18 the circumstances with Mr. Oulson according to the various  
19 domains or areas of vulnerability.

20 Q And how is that not subjective?

21 A It's an interview based upon my expertise in this  
22 area. I am not a layperson who's asking him questions. I'm  
23 asking him for information about what he perceived so that I  
24 can arrive at a -- an opinion of why he did what he did.

25 Q Okay.

1           A     It is a scientifically reasoned opinion.

2           Q     How is it scientifically reasoned?

3           A     It's based upon this huge literature on threat  
4     assessment, vulnerability, elder abuse, violence. My  
5     background and training, my research, my education and  
6     instructional activities, are -- have developed this  
7     expertise, and I've been asked to train people on the  
8     special issues of the elderly. And this includes law  
9     enforcement here in Florida and nationally who are  
10    incorporating this into their threat assessment strategies.

11          Q     You mentioned various areas of domain.

12                When you're talking about --

13                You said "my evaluation according to various areas  
14    of domain."

15                What are the various areas of domain that just  
16    went through your head when you made that statement?

17          A     I mentioned these earlier but I will mention them  
18    again.

19                We're talking about the ability to physically  
20    respond, the ability to perceive that they -- he can control  
21    the situation and the environment, the perceived likelihood  
22    that the event will occur or occurred quickly, and the  
23    perception of the likelihood of severe damage, injury or  
24    worse. And something else that's called group control,  
25    which refers to the situation that Mr. Oulson and Mr. Reeves

1 in the interaction that led to the shooting.

2 Q And once you received that information, then I  
3 believe, as you have indicated in your depo, you have opined  
4 whether or not the response by Mr. Reeves was reasonable or  
5 not reasonable.

6 Was that the ultimate opinion that we discussed?

7 A Yes. It was the only thing open to him to do.

8 Q So in your opinion, what he did was reasonable.

9 A Under the circumstances.

10 Q In your interview with Mr. Reeves, did you ever  
11 ask him why he carries a firearm?

12 A Yes.

13 Q And what did he say?

14 A His answer was that he felt that it was better to  
15 be able to -- be able to protect others than to be ever in a  
16 situation where he couldn't protect others.

17 Q Any other comments when you asked him why he  
18 carried a firearm? Was that his only statement?

19 A It was -- I think what I had was, from my  
20 knowledge, that many retired officers carry permits to do  
21 this. And it was just a short statement that this makes him  
22 feel like he's in a position to help, assist, in an unsafe  
23 circumstance, and he'd rather be able to -- to protect  
24 others rather than to be in a position where he could not.

25 Q In your interview on conducting the threat

1 assessment, did you ask Mr. Reeves at what point in the  
2 situation he made the decision that it was necessary to use  
3 a firearm; at what part of the scenario did he make that  
4 decision? Did you ask him that?

5 A He actually provided the information. 'Cause I  
6 had asked him an open-ended question about the events,  
7 circumstances that led to him feeling vulnerable.

8 And he proceeded to describe the scene, Mr. Oulson  
9 cursing, threatening, standing up. He tried to back off.  
10 He described to me that he's trying to do the things that he  
11 could do to protect himself. And of course his wife and  
12 other people were in the theater.

13 And then he described holding the popcorn out  
14 because it was something between him and the assailant  
15 Mr. Oulson. And he was looking around seeing what he could  
16 do.

17 And as Mr. Oulson, as he reported, stood up and  
18 was coming over the chair, he was backing off, looking,  
19 trying to see if there was any way to escape, and was, as I  
20 said before, cornered and scared to death that this would  
21 have only one conclusion, because he wasn't able to fend him  
22 off or escape.

23 And that the -- being scared again -- his terms,  
24 he used several times, absolutely scared shitless, never  
25 this afraid in his life, never in this kind of situation,



1 being threatened -- that that was what he could do.

2 And he did it.

3 And he did it. I'm sorry. Speak up.

4 Q Did Mr. Reeves tell you and/or acknowledge that  
5 that popcorn was thrown at him?

6 A Yes.

7 Q What did he say about that?

8 A Not much more.

9 Q Okay. Well, kind of run through -- kind of give  
10 me the front and the back of that.

11 So "the popcorn was thrown at me" in the middle.  
12 Help me put it in context.

13 What did he say?

14 A He didn't say. He said it was one of the -- my  
15 memory is that he held the popcorn out. Mr. Reeves threw it  
16 at him and --

17 Q Wait a minute.

18 He held the popcorn out. Mr. Reeves through it at  
19 him.

20 A I'm sorry.

21 Q Yeah.

22 Go ahead. Start over.

23 A I'm glad you caught that.

24 Q Start over.

25 A Mr. Reeves held out his arm with the popcorn.

1 Mr. Oulson grabbed it and threw it at him. Because  
2 Mr. Oulson's popcorn was on the floor in front of his chair,  
3 as I understood it.

4 And at that point, whatever Mr. Reeves perceived  
5 as something being thrown at him occurred. So I would have  
6 to go back and look carefully to see if it was popcorn.

7 Then --

8 Q What would you have to look at?

9 A Hmm?

10 Just go back and just rethink it. Sometimes with  
11 all these -- these facts, it helps to rethink it.

12 But my -- my best memory is that Mr. Oulson threw  
13 the popcorn, and then, according to Mr. Reeves, threw  
14 something at him, fist, slash, phone. Probably a phone.  
15 Probably. Probably.

16 You can't see these things in the videotapes.

17 Q Okay. I'm going to ask you to do this for me --

18 A Yes, sir.

19 Q -- 'cause we've gone through this.

20 I'm going to ask you just to take a moment and  
21 think about what Mr. Reeves told you, during the threat  
22 assessment, about what occurred. 'Cause I've asked you a  
23 couple things, and when I ask you some pointed questions,  
24 you know, things can come out.

25 Like I said, I don't have a report. I don't have

1 a taped interview.

2 A I understand.

3 Q I don't know what was said.

4 But now we've added some things to what you told  
5 me previously: About the gun, how he felt about that; about  
6 holding the popcorn out in front of him.

7 So would you just take a moment?

8 And you said you had to go back and look at it.

9 Is there anything that you need to look at before  
10 you answer that question?

11 A "Look at," colloquialism for think about it,  
12 rather than the --

13 Q 'Cause I'd -- what I'd like for you to do is just  
14 start from the beginning and kind of mesh all of the times  
15 that we've talked about it together.

16 What is it that he said?

17 I'm trying to get everything that he said.

18 Now, you see, at the end of the depo, I'm getting  
19 more information. I'm bobbing for apples and I'm drowning  
20 here. So help me out.

21 What did he say?

22 A The information I've added as you've asked your  
23 questions, I don't believe, change my opinion.

24 To be responsive, to tell you in summary, that  
25 prior to the shooting, Mr. Reeves reported Mr. Oulson

1 cursing, threatening, standing up. Mr. Oulson threw  
2 popcorn. Mr. Oulson, by Mr. Reeves' account, threw  
3 something else at him that he said grazed his head,  
4 something he's unable to identify. But knowing that he had  
5 been assaulted and then being in this perilous high-risk,  
6 high-likelihood of being seriously injured or worse.

7 Those circumstances, actions, are what he  
8 reported.

9 I can't -- I can't add anything else to that.

10 Q What did Mr. Reeves tell you he said to Mr. Oulson  
11 when he returned from complaining to the manager?

12 A He reported telling -- saying that Mr. Reeves'  
13 phone was off -- I'm sorry -- Mr. Oulson's phone was off,  
14 and leaned over and said, "I see you've turned it off," and  
15 something to the effect, "I'm sorry. I reported you." Or  
16 you know, "I'm sorry. I went to the manager." And then  
17 either sat down or sat back in his chair.

18 Q Did you ask Mr. Reeves why he had contact with  
19 Mr. Oulson when he returned from the manager's office --  
20 manager's complaint desk?

21 A No.

22 Q And what did Mr. Reeves say occurred once he made  
23 that statement to Mr. Oulson?

24 A That Mr. Oulson stood up, and something to the  
25 effect -- there were some statements about, you know, again,

1 threatening and cursing and angry statements towards  
2 Mr. Oulson -- Mr. Reeves about being in his business and,  
3 you know, the range of things.

4 And at that point it escalated to Mr. Oulson.

5 Q All right. Let me stop you there.

6 Between the time he leaned in and said the  
7 statements that you related to me to Mr. Oulson, did  
8 Mr. Reeves tell you the time period from the time he said  
9 that statement and then you're telling me that Mr. Reeves  
10 said Mr. Oulson stood up?

11 A It was apparently fairly fast. He didn't tell me  
12 the time.

13 Q But it's fairly fast. You say "apparently."

14 A It's fairly fast. I mean, this is not a long,  
15 extended event.

16 Q What does fairly fast mean to you? I'm trying to  
17 narrow it down, quantify it.

18 A I can't quantify it. I'm going by Mr. Reeves'  
19 assessment of what's happening.

20 And there was no abatement, I mean, from the  
21 escalation and cursing and threats to him moving. So it was  
22 a -- as Mr. Reeves presented it, it was something that  
23 transpired with relative quickness rather than stopping and  
24 starting.

25 That's the best I can do.

1 Q Did you ask Mr. Reeves, when he fired his firearm,  
2 did he perceive Mr. Oulson coming towards him or going away  
3 from him? Did you ask him?

4 When he fired the firearm, what was Mr. Oulson  
5 doing?

6 A I didn't ask him the question. Mr. Reeves told  
7 the story.

8 Q Okay. What did Mr. Reeves say? When he fired the  
9 firearm, what was the activity of Mr. Oulson?

10 A Coming towards him.

11 Q Did you ask Mr. Reeves where the firearm was on  
12 his person when he entered the theater?

13 A I didn't ask him. He told me.

14 Q What did he say?

15 A He said it was in his pocket.

16 Q Did you ask Mr. Reeves how he retrieved the  
17 firearm from his pocket before he fired it and killed  
18 Mr. Oulson?

19 A I didn't ask him. He told.

20 Q What did he say?

21 A He told his narrative, that he --

22 Q What did he say?

23 A He -- Mr. Oulson is coming over the chair. He has  
24 no escape. He's laid back and his legs are out and his  
25 firearm is in his pocket.

1           That's all he told me.

2           Q     What do you mean his legs are out? I don't  
3 understand that.

4           A     He was -- he was captured. He was leaning back.

5           Q     I just --  
6                 You were moving underneath here ...

7           A     I'm sorry.

8           Q     What does he say he's doing? Show me? He's  
9 leaning back.

10          A     What he told me was that he was being trapped and  
11 leaning back.

12          Q     Okay. And his leg? 'Cause I saw movement under  
13 the table and I couldn't see.

14          A     Oh, no. I'm sorry. It was just -- I had a cramp.

15          Q     Oh, I apologize.  
16                 All right. So what did he say?

17          A     He just said, you know, "I'm out there. I have  
18 no -- my gun's in my pocket."

19          Q     How did you say he got the gun out of his pocket?

20          A     He said he just pulled it out.

21          Q     How did he say he did that?

22                 I'm nit-picking here.

23                 How did he say he did that?

24          A     The very best, accurate response I can give you is  
25 that he is in harm's way, and knows his gun is there, and

1 pulls it out and shoots him. It's apparently a very  
2 trigger-fast event.

3 No pun intended.

4 That's all I can say.

5 Q Have you ever worn pants that have pockets like  
6 men's pockets on the pants that you wear? Like a pair of  
7 jeans?

8 A Oh, yeah.

9 Q Pair of --

10 A Yeah.

11 Q Sitting like I am now, have you ever tried to  
12 retrieve something out of your pocket? Sitting in this  
13 position, where your butt's in the chair and your feet are  
14 out 90 degrees and your torso is up another 90 degrees?

15 You ever try to get something out of your pocket?

16 A Not that I specifically remember, but I'm sure.

17 Q Did you have to stand up and move to get it out of  
18 your pocket or could you do it with that crease there at  
19 your -- at your groin area? Could you put your hands in  
20 your pockets and get whatever item out?

21 A The answer is I can. I can.

22 I don't see the relevance to --

23 Q Well, the relevance is for me to decide.

24 A No. I know. But I'm trying to see it to answer  
25 you --



1 Q I understand.

2 A -- constructively.

3 Well, sure, you can get things out without  
4 standing up. Depends on what it is.

5 Q How would you do that?

6 A Pardon?

7 Q How would you do that?

8 A Well, I've got jeans on now, but no pockets.

9 Q Okay. But when you did that you rolled over to  
10 your left hip and stuck your leg out, right?

11 A Right.

12 But I could not see how Mr. Oulson was.

13 Q Well, I understand. We're not talking about  
14 Mr. Oulson. We're talking about Mr. Reeves.

15 A Right. I'm sorry.

16 Q That's okay.

17 A It's the long deposition. For all of us.

18 The -- no. For me to retrieve something from my  
19 pocket, depending on what it was, I wouldn't have to move,  
20 or I could. It's -- in the scheme of my life, I don't keep  
21 a lot of things in my pants pocket.

22 From a video, it's impossible to see all the  
23 details clearly of the two victims you see going forward,  
24 moving back. You can't see those, that level of detail.

25 Q Okay. Prior to testifying, do you plan on making

1 any type of exhibits, demonstrative aids, to aid or to  
2 assist in your testimony? Any charts, graphs, scales,  
3 blow-ups, poster boards, anything that you're planning on  
4 doing so that whoever's listening to your testimony can  
5 maybe acquire it and understand it better? That's what I'm  
6 looking for. Anything like that?

7 A It's possible, yes.

8 Q PowerPoints, do you have, to assist in aid of your  
9 testimony?

10 A My experience at PowerPoints or anything  
11 technologically in court can backfire on you, so it's likely  
12 that it will be something that's, if I do it, will be  
13 presentable.

14 Q And what will that be? Give me generically, what  
15 would it be? A picture of a cat? A picture of a horse?  
16 You know what I'm saying.

17 A Right.

18 Q Just generically.

19 A It could be a poster board with issues relating to  
20 what you've talked about. The functional changes in 70,  
21 75-year-old people.

22 I haven't decided on the use of an aid. It's  
23 likely. But that's an example.

24 Q Any other example you can give me?

25 A Not right now.

1 Q Not asking for specific --  
2 A Not right now.  
3 Q Just examples.  
4 A There won't be a lot.  
5 Q Any photographs that you're planning on using that  
6 wasn't provided by the defense?  
7 A No, sir.  
8 Q Did you take any photographs of Mr. Reeves or  
9 Vivian Reeves?  
10 A No, sir. No.  
11 Q Did you go to Cobb Theater and go inside the  
12 theater number 10?  
13 A No, I haven't.  
14 Q You mentioned that you have taught or  
15 instructed -- and I use the term loosely -- threat  
16 assessment to police officers.  
17 What is it that you're -- give me kind of a  
18 snapshot of that course outline. What are the topics that  
19 you are instructing the police officers on as far as threat  
20 assessment?  
21 A Pardon?  
22 Q Regarding threat assessment.  
23 A It's really talking about the -- I'm not going to  
24 give you a curriculum, but I'll give you the areas that  
25 would be covered.

1           The -- and really, relating to these are the kinds  
2 of risks and threats older people deal with from the  
3 environmental to the personal/physical.

4           We'll talk about ways to recognize populations at  
5 risk for threat. We'll go through case examples using  
6 homicide, homicide-suicide, elder, physical abuse situations  
7 and families. And we'll go through the cases I find very  
8 instructive because it shows the cops what's different about  
9 older people and the way they perceive the world, the things  
10 that make them feel vulnerable, from living in a high-crime  
11 area to natural disasters.

12           We'll actually have law enforcement role play  
13 situations and how they will respond to things.

14           I do have the curriculum for things I've used for  
15 threat assessment. But those are major areas that I would  
16 cover.

17           Q     Do you have curriculum currently, when you teach  
18 professionals, caregivers, threat assessment, like the  
19 threat assessment tool that we've been talking about -- when  
20 you teach that to other individuals, do you have written  
21 curriculum that you pass out or that you go by when you  
22 teach other individuals?

23           A     I do have those materials that I've used in the  
24 past, yes.

25           Q     And do you consider them proprietary in any way?

1           A     Some, yes, giving the personal identity  
2 information. But mostly not proprietary.

3           Q     Is it something that can be provided  
4 electronically?

5           A     Pardon?

6           Q     Is it something that can be provided  
7 electronically?

8           A     Probably. If not, I can scan it.

9           Q     And what would that be called? That would be  
10 curriculum for -- what? What would be the --

11          A     Threat assessment, violence assessment.

12               MR. MARTIN: Dino, I'm going to add that to my  
13 letter.

14               MR. MICHAELS: We have to look over the stuff.

15               MR. MARTIN: I'll just add it to the letter  
16 and --

17               MR. MICHAELS: That's fine.

18               MR. MARTIN: -- we'll go from there.

19               MR. MICHAELS: Very good.

20 BY MR. MARTIN:

21           Q     The curriculum that you have developed, has the  
22 curriculum been peer reviewed in any way?

23           A     It's not -- peer reviewed, I haven't written -- as  
24 I said at the beginning of the deposition, I have not  
25 written an article that would be in a peer reviewed journal.

1           Q     Okay. What's the significance of having an  
2 article peer reviewed? What does that do for the author of  
3 the article? What does that mean in the big scope of  
4 things, to have something peer reviewed?

5           A     The gold standard for journal articles is to be  
6 published in a peer reviewed journal. There are many  
7 nonpeer reviewed journals out there. These peer reviewed  
8 journals are rated in different ways: The top, the middle  
9 and the bottom. So it is the goal to strive for.

10                     But there are times, particularly when you're  
11 opening up a new area, where the existing journals don't --  
12 don't have those areas of interest, and so people will  
13 publish in peer reviewed, but lower standard. And then  
14 there are things like monographs and so forth that may or  
15 may not be peer reviewed.

16           Q     What we've been discussing, would this be one of  
17 those new areas that, if a peer reviewed journal was looking  
18 at, that they would consider it a, quote, new area, new area  
19 of interest, new area of research?

20           A     Yes. I think so.

21           Q     Okay. When an article is peer reviewed, the  
22 individuals who are selected for the peer review, what is  
23 their purpose or goal in peer review? What is your  
24 understanding of what they're supposed to do?

25           A     For journal articles, for grant proposals, each

1 individuals who have expertise, whether it's clinical  
2 experience, research experience or research and  
3 demonstration experience, are called to review a manuscript.  
4 Typically three people independently review the manuscript  
5 and both highlight the strengths and identify the  
6 weaknesses.

7 And then the editor or the editorial staff make a  
8 decision about whether revisions are appropriate to be made,  
9 and they invite the paper to be resubmitted.

10 It's not uncommon to have papers go through three  
11 or four revisions before they're accepted.

12 It's the best science has to offer in terms of a  
13 group of your peers looking at your work, even though, in  
14 multidisciplinary areas, you can't always cover the base of  
15 expertise. But it's the best we've got.

16 Q And as far as the tool assessment we've been  
17 talking about, you have not gone through that process. You  
18 have not submitted your -- that tool assessment and your  
19 guidelines or your criteria --

20 A Not that --

21 Q -- for that process.

22 A Not that specific development. But I have other  
23 priorities that --

24 Q I know you've done other things.

25 A Right.

1 Q But I'm talking about --

2 A Right.

3 Q -- what we've discussed here.

4 A Right. It's on the list.

5 Q But it hasn't been done yet.

6 A No.

7 MR. MARTIN: I have no further questions.

8 MR. MICHAELS: She'll waive.

9 THE DEPOSITION WAS CONCLUDED AT 1:26 P.M.

10 STIPULATION

11 It was stipulated by and between the respective parties and  
12 the deponent that the reading and signing of this deposition  
13 be waived.

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1  
2 CERTIFICATE OF OATH

3 STATE OF FLORIDA )

4 COUNTY OF PINELLAS )

5 I, the undersigned authority, certify that DONNA COHEN  
6 personally appeared before me and was duly sworn.7 WITNESS my hand and official seal this 8th day of July,  
8 2016.9  
10  
11  
12 DONNA M. KANABAY, RMR, CRR, FPR.  
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1  
2 REPORTER'S DEPOSITION CERTIFICATE3  
4 STATE OF FLORIDA )

5 COUNTY OF PINELLAS )

6 I, DONNA M. KANABAY, Registered Professional Reporter,  
7 certify that I was authorized to and did stenographically  
8 report the deposition of DONNA COHEN; that a review of the  
transcript was not requested; and that the transcript is a  
true and complete record of my stenographic notes.9 I further certify that I am not a relative, employee,  
10 attorney or counsel of any of the parties, nor am I a  
relative or employee of any of the parties' attorney or  
11 counsel connected with the action, nor am I financially  
interested in the action.

12 DATED this 8th day of July, 2015.

13  
14  
15  
16 DONNA M. KANABAY, RMR, CRR, FPR.  
Notary Public  
17 State of Florida at large.  
18  
19  
20  
21  
22  
23  
24  
25

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EXPERT WITNESS EXPERIENCE  
SEPTEMBER 1992 THROUGH PRESENT\*

1. Florida Department of Health and Rehabilitative Services vs. Doris Frank

Jeanne Williamson, Esq., representing Mrs. Frank  
Bay Area Legal Services  
Tampa, Florida

Inappropriate Nursing Home Discharge of Patient with Dementia

Deposition and Hearing Testimony

Hearing was terminated when Mrs. Frank deteriorated. She was  
moved to another nursing home for proper care

1993-1995

2. Brevard County, Florida Circuit Court

The Guardianship of ELLEN C. LEPP a/k/a ELLEN C. LEPP WARD

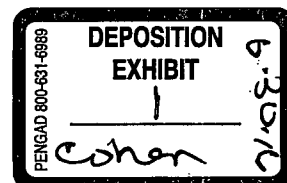
Grady White, Esq., representing Mrs. Lepp  
Melbourne, Florida

Family Dispute Re: Nursing Home Discharge of Woman with Alzheimer's  
Disease to Live with her Husband in California

Deposition

JUDGE RULED IN FAVOR of Mrs. Lepp

1994





3. Pinellas County, Florida Circuit Court

The Trust of JOAN A. KIDROWSKI. FSB vs. JOHN KIDROWSKI and  
COMERICA BANK & TRUST. FSB vs. BLANCHE M. TULLY

William Fletcher Belcher, Esq., representing Comerica  
St. Petersburg, Florida

Undue Influence

Consultant Expert

CASE TRIED AND COURT RULED in Favor of Comerica

1996

4. Pinellas County, Florida Circuit Court

DONNA LYNN MURRAY, Personal Representative of the Estate  
Of RICHARD JAMES GRUFF, JR vs. EVELYN VAIL SAUNDERS

John A. Lloyd, Esq., representing Mrs. Murray  
St. Petersburg, Florida

Personal Injury, Impact of Bereavement of Son's Death on Mother Following  
Traffic Accident

Deposition

CASE SETTLED in Favor of Mrs. Murray

1997

5. Port St. Lucie County, Florida Circuit Court

STATE OF FLORIDA vs. RODNEY WALTER OPP

Cliff Barnes, Esq., representing Mr. Opp  
Ft. Pierce, Florida

Defense of Older Husband Who Attempted a Homicide-Suicide

Testified in Sentencing Hearing

Mr. Opp Released on Probation for Ten Years with Mental Health Treatment

1997-1998

6. United States District Court

Middle District of Florida, Orlando Division

United States Department of Justice (Washington, D.C.)  
Reed Stephens, Esq. (and associates)

FRANCINE M. METTEVELIS and RHEA ROOWAN vs  
CHARTER HOSPITAL OF ST. LOUIS, INC., d/b/a  
CHARTER HOSPITAL ORLANDO SOUTH and  
CHARTER HOSPITAL SYSTEMS, INC.

Medicare Fraud and Abuse in Psychiatric Care of Older Patients

Consultant Expert

CASE ENDED with Charter Having to Be Monitored for Two Years in Order Not  
To Lose Certification

1996-1998

7. United States District Court  
Middle District of Florida, Tampa Division

WARD vs. WARD, Case No. 19-1136-CIV-T-26F

Susan Salvatore, Esq. and Robert W. Boss, Esq., representing the Defendant  
Ruden, McClosky, Smith, Schuster, & Russell  
Tampa, Florida

Family Dispute over Mother's Will

CASE SETTLED in Favor of Defendant

1998

8. United States District Court  
Middle District of Florida, Orlando Division

CAMPOS, et al., vs. INS et al.  
98-2231-CIV-GOLD (S.D. Florida)

Office of the Inspector General (Washington, D.C.)  
Joseph Gatewood, Esq.

Medicare Fraud and Abuse of Nursing Home Patients

DR. CAMPOS Did Not Renew License and Left Country

1998-2000

9. In the Supreme Court of Florida (Before a Referee)  
Hillsborough County Circuit Court

THE FLORIDA BAR vs. PHILIP W. DANN  
SC Case No. 94.171  
TFB Case No. 98-10, 679 (GA)

Scott Tozian, Esq., representing Mr. Dann  
Smith & Tozian  
Tampa, Florida

Testamentary Capacity of a Client with Dementia

Deposition and Trial Testimony

Referee's Recommendation Was to Suspend License for 90 Days.  
However, Investigation Showed Key Witness for the Bar Committed  
Perjury. Criminal Charges Not Filed Against Mr. Dann.

1999-2002

10. Pinellas County, Florida Circuit Court

JULIA ESPOSITO vs. BAYTREE LAKESIDE ALF

Mark H. Wright, Esq., representing Mrs. Esposito  
Cohen, Jason & Foster  
Tampa, Florida

Wrongful Death of a Resident with Alzheimer's Disease

Consulting expert, Withdrew when case was transferred to  
another firm re: attorney conflict of interest

1999-2001

- 11-15. Hillsborough County Circuit Court

SEELEY vs. BRIAN CENTER

BEASLEY vs. BRIAN CENTER

WEBSTER vs. BRIAN CENTER

BREWER vs. BRIAN CENTER

WILSON vs. BRIAN CENTER

Hinshaw & Culbertson representing the Brian Center  
Tampa, Florida

Nursing Home Abuse/Neglect

ALL BUT TWO CASES SETTLED in Favor of Brian Center

1999

16. Highlands County, Florida Circuit Court

STATE OF FLORIDA vs. TELFORD MILLER

Jack Edmund, Esq., representing Mr. Miller

Defense of Older Man Who Killed His Wife in a Homicide-Suicide Attempt

MR. MILLER RELEASED on Probation to Live with Son in California

Wrote Report with Opinions Presented to the Judge

2000-2001

17. Port St. Lucie, Florida Circuit Court

LOIS BRENNAN vs. MEDICAL CENTER PORT ST. LUCIE

Jonathan Berkowitz, Esq., representing the Medical Center  
Gay, Ramsey, & Warren  
West Palm Beach, Florida

Family Lawsuit Against the Medical Center for Involuntary Commitment of  
Mrs. Brennan Who Threatened to Kill her Terminally Ill Husband and  
Herself

CASE DROPPED by Family

2000-2001

18. Phoenix, Arizona

David Spencer, State Farm Claim

E.J. Kotalik, Esq., for State Farm Fire and Casualty  
Peshkin, Kotalik & Burghart  
Phoenix, Arizona

Homeowners Insurance Claim by Family of Homicide-Suicide Victim

CASE SETTLED in favor of State Farm

Filed Letter with Opinions

2000-2001

19. State of Florida vs. American Family Publishers

Florida Attorney General Bob Buttersworth

Economic Crimes

CASE SETTLED in Favor of the State

2001

20. Minnesota District Circuit Court  
Hennipen County, Minnesota

SALLY MASON vs. ALTERRA

Stephen Muth, Esq., representing Mrs. Mason's Son and Daughter-in-Law  
Minneapolis, Minnesota

Wrongful Death of a Resident with Dementia in an Assisted Living Residence

CASE SETTLED in Favor of Mrs. Mason's Family

Wrote Affidavit

2001

24. Collier County, Florida Circuit Court

STATE OF FLORIDA vs. JOSEPH LASCO

Jerry Berry, Esq. and Janeice Martin, Esq., representing Mr. Lasco  
Berry, Day, and McFee  
Naples, Florida

Defense of Mr. Lasco Who Killed His Terminally-Ill Ex-Wife

Filed Letter that Mr. Lasco Met Criteria for the Insanity Defense and Met  
Informally with District Attorney Instead of A Deposition

Plea Bargain: 3 Years in Prison (With Credit for 22 Months Served in Jail) and  
5 Years Probation

2001-2002

25. Phoenix, Arizona

EVANS vs. SHEARMAN AND STATE FARM FIRE AND CASUALTY CO.

E.J. Kotalik, Esq., representing State Farm Fire and Casualty Co.  
Peshkin, Kotalik & Burghart  
Phoenix, Arizona

Homeowner's Insurance Claim by Family of Homicide-Suicide Victim

Ongoing

Wrote Letter with Opinions

2001

21. Hillsborough County Hearing Master

THELMA FLASTERSTEIN vs. BEVERLY ENTERPRISES

Inappropriate Discharge of a Nursing Home Resident

Testified Before Hearing Master on behalf of Mrs. Flasterstein

FINAL ORDER Found In Favor of Mrs. Flasterstein

2001, 2005

22. United States District Court  
Western District of Missouri

UNITED STATES OF AMERICA vs. DANIEL F. WARD

United States Department of Justice (Kansas City, Missouri)  
Christina Tabor, Esq.

Nursing Home Medicare Fraud and Abuse

Wrote Report Submitted to the Judge.  
Scheduled to Testify at Trial But Case Pled.  
Dr. Ward Sentenced To One Year in Prison.

December 2000-August 2002

23. Volusia County, Florida Circuit Court

STATE OF FLORIDA vs. LEONARD VISCO

Marc NeJame, Esq., representing Mr. Visco  
Marc NeJame Lawfirm (Orlando, Florida)

Defense of Mr. Visco Who Killed His Wife

Testified in a Court Bond Hearing and before the Grand Jury

Testified in Sentencing Hearing

Mr. Visco Sentenced to 5 Years, But Sentence Was Suspended, 5 Years Probation  
with Transfer to New York to Live With Son

2000-2001



26. Hillsborough County, Florida Circuit Court

Cohen, Jason & Foster representing the plaintiff. Judy Pulido  
Tampa, Florida

Nursing Home Wrongful Death Suit

Case settled

2001-2003

27. Retained National Expert Witness for Paxil Suicide/Homicide-Suicide Litigation

Reviewed 4 Suicide and Homicide Cases

Cindy Kaplan Bennes, R.Ph., Esq.  
Phillips Lytle representing GlaxcoSmithKline  
Buffalo, New York

2001-Present

28. Retained National Expert Witness for Suicide/OxyContin Litigation

Reviewed 4 Suicide Cases

Diane Janulis, Esq. and William Hoffmann, Esq.  
King and Spaulding representing Purdue-Pharma  
Atlanta, Georgia

2001-Present

29. Ft. Lauderdale, Florida

Estate of Lizette Maldonado vs. Towers Retirement Home

Todd R. Ehrenreich representing Mrs. Maldonado  
Fuller & Suarez  
Coral Gables, FL

Wrongful Death in Assisted Living Residence with Limited  
Mental Health License

Settled in mediation in favor of estate

October/November 2001

30. Ft. Lauderdale, Florida

Kleinman v. Marriott

Hugh Wood, Esq., Peter Sotolongo, Esq., Jeffrey Creasman, Esq.  
Quintairos, McCumber, Prieto & Wood, PA representing Marriott

Assisted Living Resident with Dementia Killed another Assisted Living  
Resident

Deposition and trial testimony scheduled. Case tried in December 2004 with a  
defendant decision

2002-2004

31. Atlanta, Georgia

Daniel Colwell v. State of Georgia

William Hoffmann, Esq.  
King & Spalding  
Atlanta

Kevin Napper, Esq.  
Carlton Fields  
Tampa

Georgia Resource Center  
Atlanta, all representing Mr. Colwell

Death Penalty Case

Letter to the Court re: Colwell's Mental State and Lethality for Suicide

2002

Colwell Committed Suicide on Death Row in December 2002 Before the  
Hearing.

32. Tampa, Florida

Beatrice Wilson vs. Living Centers Southeast, Inc.

Daniel Shapiro, Esq. and Michael Stein, Esq.  
Cole, Scott, & Kassane

Nursing Home Death Case Settled

2002-2003

33. Hendersonville, N.C.

Will of Fielding V. Miller, deceased  
Ashe County, N.C. Estate File #01-E-217

E.K. Morley representing Mr. Miller

Undue Influence

2003-2004

Wrote report as consulting expert

34. Tampa, Florida

Jesse Camerieri, for the estate of Michael Camerieri (deceased) v. Michael Yanuk, M.D., Morton Plant Mease Primary Care, John Shim, M.D., Henry W. Hanff, M.D., P.A., Harborside Healthcare Gulf Coast, Pablo Acevedo, M.D., P.A., Esteban A. Ruiz, M.D., and Esteban R. Ruiz, M.D., P.A.

Glenn Wadell, Esq.  
Cohen, Jayson, & Foster representing Mr. Camerieri

Nursing Home Death Case

2004

Case settled.

35. Sarasota, Florida

Armbruster ads State, Case No.: 2003 CF 015789 NC

Jackson R. McGill, Esq., P.A. representing Mr. Armbruster

Defense of Mr. Armbruster Who Killed His Wife with Alzheimer's disease But Was Not Able to Kill Himself.

Testified at Sentencing.

2004

Mr. Armbruster plead guilty to second-degree manslaughter and was sentenced to time served, 10 years probation, mental health evaluation and treatment, and transfer to an assisted living residence.

36. Roanoke, Virginia

Commonwealth of Virginia v. Cindy Gail Countess

Anna M. Bagwell, Esq.  
Darren M. Welch, Esq.  
Assistant Public Defenders

Defense of Cindy Countess, Who Killed Her Mother After Years of Caregiving  
Trial Consultation and Testimony at Sentencing.

2002-2004

Cindy Countess was found guilty of second-degree murder and sentenced to 30 years in prison, to be suspended after she has served 14 years.

37. Tampa, Florida

Estate of Mary Allen, Deceased v. Bon Secours Maria Manor

Glenn Wadell, Esq.  
Cohen, Jason, & Foster representing Mrs. Allen

Wrongful Death

2004

Case settled.

38. Atlanta, Georgia

Estate of Emma Simon, Deceased v. Beverly Enterprises, Inc. et al.

Trish Peters  
Hawkins & Parnell representing Beverly

Dementia Resident Elopement from Nursing Home and Wrongful Death.

2005

Case settled.

39. Boynton Beach, Florida

Whaley v. Homewood Residence of Boynton Beach

Peter Molinelli  
Quintairos, Prieto, Wood & Boyer representing Homewood

Dementia Resident-on-Resident Violence

2004-2005

Case settled.

40. Tampa, Florida

Floyd v. Glisson

Jeremy E. Gluckman  
Jeremy E. Gluckman, PA representing Mrs. Glisson

Competence of Dementia Patient

Deposition and testimony at bench trial.

2005

Judge ruled in favor of Mr. Floyd.

41. Greenville, South Carolina

Edward P. Holder, Jr., as Personal Representative of the Estate of Mary C. Holder, Deceased, Plaintiff vs. American Retirement Corporation, d/b/a Homewood Residence at Cleveland Park, and ARC Management Corporation, Defendants.

Luanne Lambert Runge  
Gallivan, White, & Boyd, P.A. representing ARC

Standard of Care of an ALF resident

2006-2007

Wrote report.

Case settled.

42. Ft. Lauderdale, Florida

Kleinman v. Marriot

Jeffrey Creasman, Esq.  
Quintairos, McCumber, Prieto & Wood, PA representing Marriott

Assisted Living Resident with Dementia Killed another Assisted Living Resident

Deposition and trial testimony. A second trial took place because of error in Judge's instructions to the jury.

Case settled before end of trial.

2008-2009

43. Edgecombe County, North Carolina

Joyner v. Abdul Khalid, MD

Robert Clay, Esq.

Young Moore and Henderson, PA representing Dr. Khalid

Foreseeability by a consulting psychiatrist that dementia patient would kill husband.

Case settled.

2013-2015

- List does not include expert witness consulting and trial experience in age discrimination cases. My work with the Equal Employment Opportunity Commission in more than 10 age discrimination cases 1976 through 1990 led to many important legal decisions upholding the rights of older police, firefighters, and pilots in the workplace.

Of special note are EEOC and Criswell et al vs. Western Airlines and EEOC vs. United Airlines. Both concerned the rights of pilots age 60 to downbid to the flight engineer's position, and the United Airline decision was upheld in the U.S. Supreme Court.



August 2015

## **CURRICULUM VITAE**

**Donna Cohen, Ph.D.**

### **PERSONAL DATA**

Business Address: Department of Child & Family Studies  
Louis de la Parte Florida Mental Health Institute  
College of Behavioral & Community Sciences  
University of South Florida  
13301 Bruce B. Downs Blvd., MHC 2406  
Tampa, Florida 33612-3807

Business Telephone: (813) 974-4665 FAX: (813) 974-7743

E-mail: cohen@usf.edu

### **EDUCATION**

1975 Ph.D., Psychology, Specialization in Adult Development and Aging, University of Southern California, Los Angeles, CA

1973 M.A., Psychology, Specialization in Adult Development and Aging, University of Southern California, Los Angeles, CA

1969 B.S., Zoology, Duke University, Durham, NC

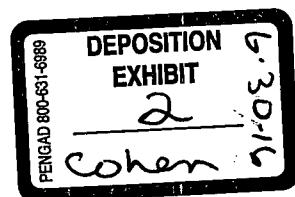
### **PROFESSIONAL EXPERIENCE**

2011- Present Professor, Department of Child & Family Studies, College of Behavioral & Community Sciences, University of South Florida, Tampa, FL

2011-Present Head, Violence and Injury Prevention Program, Department of Child & Family Studies, College of Behavioral & Community Sciences, University of South Florida, Tampa, FL

2007-Present Research Director, Caregiver Youth Project, American Association of Caregiving Youth, Boca Raton, FL

2000 -2003 Director, National Scholars Development Program, Honors Undergraduate Program, University of South Florida, Tampa, FL



- 1997 - 2011      Head, Violence and Injury Prevention Program, Department of Aging and Mental Health Disparities, University of South Florida, Tampa, FL
- 1994 - 1996      Founding Director, Institute on Aging, University of South Florida, Tampa, FL
- 1993 - 1995      Chairman, Committee to Establish the Ph.D. in Aging Studies, University of South Florida, Tampa, FL
- 1993 - 1995      Chairman, Steering Committee for the Memory Disorder Clinic, University of South Florida, Tampa, FL
- 1993 - 1994      Director, Aging Studies Initiative, University of South Florida, Tampa, FL
- 1992 - 2011      Professor, Department of Aging and Mental Health, Florida Mental Health Institute
- 1992 - 2011      Professor, Department of Psychiatry and Behavioral Sciences, College of Medicine; University of South Florida, Tampa, FL
- 1992 -1997      Chairman, Department of Aging and Mental Health, Florida Mental Health Institute, University of South Florida, Tampa, FL
- 1986 - 1992      Deputy Director, University of Illinois Gerontology Center, Chicago, IL
- 1986 - 1992      Professor, School of Public Health, University of Illinois at Chicago, Chicago, IL
- 1982              Visiting Professor, Shaare Zedek Hospital, Jerusalem, Israel
- 1981 - 1985      Associate Professor, Department of Psychiatry, Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY
- 1981 - 1985      Director, Geriatric Psychiatry Postgraduate Fellowship Training Program, Department of Psychiatry, Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY
- 1981 - 1985      Director, Geriatric Psychiatry Residency Training Program, Department of Psychiatry, Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY
- 1981 - 1985      Division Head, Unified Division of Aging and Geriatric Psychiatry, Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY
- 1981 - 1984      Director of Research and Training, Beth Abraham Hospital, Bronx, NY
- 1980 - 1981      Associate Professor, Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington, Seattle, WA

- 1978 - 1980 Co-Director, Geriatric Psychiatry Postgraduate Fellowship Training Program, Department of Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA
- 1976 - 1979 Assistant Professor, Department of Psychiatry and Behavioral Sciences, School of Medicine, University of Washington, Seattle, WA
- 1976 - 1978 Principal Investigator, Behavioral Biology Unit, Geriatric Research Educational and Clinical Center, Seattle/American Lake V.A. Hospitals, Seattle, WA
- 1974 - 1976 Research Psychologist, Psychogenetic Unit, Brentwood Veterans Administration Hospital, University of California at Los Angeles, Los Angeles, CA
- 1971 - 1974 Social Science Analyst, Psychogenetic Unit, Brentwood Veterans Administration Hospital, University of California at Los Angeles, Los Angeles, CA
- 1971 Instructor, Department of Psychology, University of Southern California, Los Angeles, CA
- 1969 Instructor, Department of Biology, Duke University, Durham, NC

#### **EDITORIAL APPOINTMENTS**

- 1994 - 2004 Editor-In-Chief, Journal of Mental Health and Aging
- 2000 - 2004 Editorial Board, Geriatric Times
- 1995 - 2004 Editorial Board, Journal of Aging and Identity
- 1986 - Editorial Board, American Journal of Alzheimer's Care
- 1990 - 1994 Book Review Editor, Behavior, Health, and Aging
- 1977 - 1986 Editorial Board, Experimental Aging Research
- 1977 - 1984 Editorial Board, Generations

#### **CURRENT MEMBERSHIP IN PROFESSIONAL AND SCIENTIFIC SOCIETIES**

American Association of Suicidology (Director, Clinical Division; Member, Council of Delegates, 2005- 2008)

American College of Forensic Examiners Institute, American Board of Psychological Specialties, Diplomate in Medical Psychology

American Psychological Association (Member, Executive Committee, 1978-1981)

American Psychological Society (2010-2013)

American Psychotherapy Association, Diplomate

Association of Traumatic Stress Specialists

National Committee for the Prevention of Elder Abuse (Member, Board of Directors, 2005 – 2013; Chair, Nominations Committee, 2007-2011; Member, Board Development Committee, 2012-2013)

### **HONORS AND AWARDS**

- |             |                                                                                                                                                                          |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2010        | USF Ambassadors Apple Polishing Award                                                                                                                                    |
| 1998        | Founders Commemorative Award, National Alzheimer' Association, Chicago, IL                                                                                               |
| 1997        | Honors Undergraduate Medallion, University of South Florida                                                                                                              |
| 1997        | Who's Who in Medicine and Healthcare                                                                                                                                     |
| 1995        | Annual Author's Award, University of South Florida                                                                                                                       |
| 1991/1992   | Special Citation, 39th Annual Progressive Architecture Awards, Design of Architectural Interventions in Day Care Settings for Older Persons                              |
| 1988        | Listed "100 Women Shaping Chicago's Future," <u>Today's Chicago Woman</u>                                                                                                |
| 1988        | Metropolitan Chicago's Health Care Council Award for Health Care Management                                                                                              |
| 1987        | Founders Award, Alzheimer's Association                                                                                                                                  |
| 1987        | Honorable Mention from the American Medical Writers Association for <u>The Loss of Self: A Family Guide for Alzheimer's Disease</u> , in the category of Best Trade Book |
| 1971 - 1974 | NINCHD Traineeship                                                                                                                                                       |
| 1965        | Bausch and Lomb Science Award Medal                                                                                                                                      |
| 1965        | Regional Award, Future Scientists of America, National Science Teachers of America                                                                                       |

### **NATIONAL AND INTERNATIONAL RESPONSIBILITIES**

- 2015- Member, NIH Study Section, Social Psychology, Personality, and Interpersonal Processes, Bethesda, MD
- 2015 White House Conference on Aging Regional/National Meeting
- 2010-2014 Member, Independent Scientific Peer Review Panel (ISPRP) and Member, ISPRP Executive Board, Military Suicide Research Consortium, American Association of Suicidology, Washington, DC
- 2009-2010 Reviewer, Community Grant Awards Program, National Committee for the Prevention of Elder Abuse
- 2009 Reviewer, NIH Phone Study Section Review, Bethesda, MD
- 2007- Medical and Scientific Advisory Board, Alzheimer's Foundation of America, New York, NY
- 2006 Expert Panel Member, Mental Health First Aid Standards Project for Suicidal Behavior, University of Melbourne, Australia
- 2006 Member, NIH Study Section, Psychosocial Development, Risk, and Prevention Study Section, Bethesda MD
- 2006- Reviewer, Bailey-Family Foundation Scholarship Committee
- 2005-2008 Director, Clinical Division, American Association of Suicidology, Washington, DC
- 2005-2008 Member, Council of Delegates, American Association of Suicidology, Washington, DC
- 2005 Member, NIH Study Section, Psychosocial Development, Risk, and Prevention Study Section, Bethesda, MD
- 2005 Member, Review Panel, Pennsylvania Department of Health, Centers of Excellence for Research on Neurodegenerative Diseases, Philadelphia, PA
- 2004-2013 Board Member, National Committee for the Prevention of Elder Abuse, Washington, DC
- 2004 Invited Presentation on "Violent Deaths Across the Lifespan," Annual Meeting American Association of Suicidology, Miami, April 16, 2004
- 2004 Panel, Testimony on "Violent Crimes and Dementia," before the U.S. Senate Special Committee on Aging, Hearing on "Crimes without Criminals? Seniors,

Dementia, and the Aftermath,” March 22, 2004

- 2003 Hurwitz Lecture Series, “Crime in Dementia: Legal, Ethical, and Policy Issues,” Washington Consortium on Aging Research and Washington, D.C. Area Geriatric Education Center Consortium and Hebrew Home of Greater Washington
- 2003 Panel, Testimony on “Depression and Violent Deaths in Older Americans: An Emergent Public Health Challenge,” before the U. S. Senate Special Committee on Aging, Hearing on “Senior Depression: Life-Saving Mental Health Treatments for Older Americans,” July 28, 2003
- 2002 - Member, Panel on Caregiving and Alzheimer’s Disease, Roslyn Carter Institute for Human Development
- 2001-2002 Member, NIH Study Section, Risk Prevention and Health Behavior Special Review Group (RPHB-1), Bethesda. MD
- 2000- Member, Advisory Board, AgeLess Care, Orlando, FL
- 2000 - Scholarship Reviewer, Bailey Family Foundation, Tampa, FL
- 2000 - Member, Board of Advisors, Raising Awareness About Elder Suicide, State of the Art, Inc., A Multimedia Communications Company, Washington, DC
- 1999 -2001 Member, NIH Study Section, Risk, Prevention, and Health Behavior Initial Review Group (RPHB-2) Bethesda, MD
- 1999 -2000 Member, Long Term Care Advisory Group, The Honorable Jim Davis, U.S. Congress, House of Representatives
- 2000 Ad Hoc Member, NIH Study Section, Risk Prevention and Health Behavior Initial Review Group (RPHB-1), Bethesda, MD
- 2000 Chair, NIH SBIR, Special Emphasis Panel, ZRG1 SSS-D(01), Bethesda, MD
- 2000 Chair, NIH SBIR, Special Emphasis Panel, ZRG1 SSS-D(02), Bethesda, MD
- 1999 - Member, Advisory Board, Mental Health and Older Adults: An Educational Series, State of the Art, Inc., A Multimedia Communications Company, Washington, DC
- 1999 Member, Advisory Board, The Encyclopedia of Care of the Elderly, Springer Publishing Co., NY
- 1999 Member, NIH SBIR Special Emphasis Panel, ZRG1 SSS-D (01), Chevy Chase, MD

- 1999                   Presenter, Medicare Reform Panel, Convened by Senator Bob Graham, Conducted a statewide survey and focus groups and presented results to a congressional panel, Tampa, FL
- 1998 - 2000           Consultant, The Office of the Inspector General, U.S. Department of Health and Human Services, Washington, DC
- 1998                   Chair, NIH Biological and Physiological Sciences Special Emphasis Panel SBIR ZRG2 SSSC-01, Bethesda, MD
- 1998                   Consultant, ABC Good Morning America and ABC Nightly News, research and commentary on Homicide-Suicide in Older Persons
- 1998                   Consultant, CBS 60 Minutes II, research and commentary on Homicide-Suicide in Older Persons
- 1998                   Consultant, E-clipse Productions (German National Television), Los Angeles, CA
- 1997 - 2000           Consultant, Alaska Commission on Aging, Juneau, AK
- 1997 - 1999           NIH Study Section, NIA Biobehavioral and Social Sciences Initial Review Group, Human Development and Aging 2 Study Section (HUD 2), Rockville, MD
- 1997 - 1998           Advisor, Adventist Health Systems, Orlando, FL
- 1997 - 1998           Member, Editorial Advisory Board, *Aging Well Newsletter*, Ageless Foundation, New York, NY
- 1997 - 1998           Task Force Committee Member, Joint Commission for the Development of the Treatment Statistical Manual of Behavioral and Mental Disorders
- 1997                   Chair, NIA NRSA Postdoctoral Fellowship Review Group, Biological and Physiological Sciences Special Emphasis Panel (ZRG2-HUD-2-03), Rockville, MD
- 1997                   Consultant, NBC Nightly News, research and commentary on "Elder Abuse"
- 1997                   Consultant, New York Times, research and commentary on Aging Drivers
- 1997                   Member, Personal Health Management Distinguished Advisory Board, International Business Communications, Southborough, MA
- 1996 - 2000           Member, Advisory Board, Alterra, Brookfield, WI
- 1996 - 1998           Consultant, Department of Justice, Washington, DC

- 1996 - 1998      Member, Blue Ribbon Panel Advisory Board, National Alliance on Caregiving, Bethesda, MD
- 1996              Chair, NIA SBIR Biological and Physiological Sciences Special Emphasis Panel, Human Development and Aging Study Section (ZRG-HUD-2-02), Rockville, MD
- 1995 - 2000      Member, The Conference Board, Work and Family Council, New York, NY
- 1995 - 1996      Consultant, ABC 20/20, research and production of Against Their Will, a program on abuse of the Florida Baker Act to hospitalize older persons in Broward County
- 1993 -2000      Advisor, Menorah Manor, St. Petersburg, FL
- 1991 - 1993      Member, Advisory Board, Center for Aging and Development, Medical College of Wisconsin, Milwaukee, WI
- 1990 -            Member, Technical Advisory Committee, National Nutrition Screening Initiative sponsored by the American Academy of Family Physicians, The American Dietetic Association, National Council on the Aging, Washington, DC
- 1989 - 1992      Founder and Head, Committee for Physical Thought, University of Illinois School of Architecture and Gerontology Center
- 1988 - 2000      Member, Blue Ribbon Advisory Board, Alzheimer's Disease Alliance of Western Pennsylvania, Pittsburgh, PA
- 1988 - 1992      Contractor to plan the 1995 White House Conference on Aging
- 1988 - 1989      Board Member, Parkside Senior Services, Lutheran General Health System
- 1987              Member, LEIF, Center for Intergenerational Learning, Temple University, Philadelphia, PA
- 1986 - 1987      Member, Organizing Committee, International Psychogeriatrics Association
- 1986              Member, Committee on Nursing Homes and Patient Care, Alzheimer's Disease and Related Disorders Association, Chicago, IL
- 1985 - 1986      Member, Clinical Advisory Committee on Alzheimer's Disease Hospitals, National Medical Enterprises, Los Angeles, CA
- 1983 - 1988      Board Member, Hillhaven Foundation, Tacoma, WA



Curriculum Vitae  
Donna Cohen, Ph.D.

- 1983 - 1988      Member, Board of Scientific Counselors, National Institute on Aging, National Institutes of Health, Bethesda, MD
- 1983 - 1987      Member, Advisory Committee on Health and Behavior, Institute of Medicine, National Academy of Sciences, Washington, DC
- 1981              Invited Participant, Mini-White House Conference on Aging: Alzheimer's Disease, Washington, DC
- 1981              Invited Participant, Mini-White House Conference on Aging: National Dialogue for the Business Sector, La Quinta, AZ
- 1980              Consultant, V.A. Merit Review Board
- 1979 - 1985      Founding Member of the Board and Medical and Scientific Advisory Board, Alzheimer's Association, Chicago, IL
- 1979 - 1982      Chairman, Education Committee, Alzheimer's Association, Chicago, IL
- 1979 - 1982      Member, Study Section, Psychopathology and Clinical Biology, NIMH, Rockville, MD
- 1978 - 1981      Member, Executive Committee of Division 20, American Psychological Association
- 1978 - 1992      Age Discrimination Consultant, Equal Employment Opportunity Commission, Washington, DC (Litigation against Western Airlines, United Airlines, and Boeing re: retirement age for pilots. United Airlines case was upheld in the United States Supreme Court.)
- 1978 - 1981      Member, National Academy of Sciences Committee on Animal Models for Research on Aging, Institute of Laboratory Animal Resources, National Academy of Sciences, Washington, DC
- 1979 - 1981      Member, Board of Directors, Alzheimer's Service Information and Support Team (ASIST), Seattle, WA
- 1978              Advisory Board Member, University Day Care Center, Seattle, WA
- 1978              Board of Directors Member, Pike Street Community Clinic, Seattle, WA
- 1975              Board of Directors Member, Projects for People Agency, Los Angeles, CA
- 1972              Consultant, Public Broadcasting System KCET, Los Angeles, CA

1971 - 1972 Summer Faculty, Summer Institute University of Southern California Ethel Percy Andrus Gerontology Center

1971 Staff, White House Conference on Aging

**SELECTED LOCAL RESPONSIBILITIES IN FLORIDA/USF**

2015 - CBCS Committee to develop Ph.D. in Behavioral and Community Sciences

2015 - CFS Subcommittee, Masters in Child & Family Behavioral Health

2015 - CBCS Promotion & Tenure Committee

2014 – 2015 CBCS Committee to revise Tenure & Promotion document

2014 - 2015 CFS Committee to revise Tenure and Promotion document

2009 – 2014 Chair, FMHI Promotion and Tenure Committee

2007 USF Campus Safety Committee

2003-2004 Member, Florida Task Force on Suicide Prevention, Tallahassee, FL

2003 Alzheimer Summit, Florida House of Representatives

2002 Alzheimer Summit, Florida House of Representatives

1998 – 1999 Member, Advisory Committee to the Brookes Commission Panel for the Study of End-of-Life Care mandated by the Florida Legislature, Tallahassee, FL

1998 - 2000 Member, Executive Committee, Elder Court, Hillsborough County

1997 - 1999 Advisory Board Member, University Community Hospital Senior Care

1997 Honorary Board of Trustees, Florida Silver-Haired Legislature

1996 Honorary Member, Florida Silver-Haired Legislature

1996 - Member, Advisory Board, Gulf Coast Community Care, Hillsborough County Advisory Board

1995 Consultant, St. Petersburg Times on A Dangerous Age, a 5 part series on abuse of the Florida Baker Act to hospitalize older persons in Pinellas County (winner of 3 national journalism awards and 3 southeastern regional awards)

1995 Tampa General Hospital Ad Hoc Space Committee Member

Curriculum Vitae  
Donna Cohen, Ph.D.

- |             |                                                                                                                      |
|-------------|----------------------------------------------------------------------------------------------------------------------|
| 1995 - 1999 | Advisory Board Member, Ethics Center of the University of South Florida                                              |
| 1995        | Advisory Committee Member, Area Health Education Center, University of South Florida                                 |
| 1995        | Chair, USF Keel Club, United Way (1994 - Co-Chair, USF Keel Club)                                                    |
| 1994 - 1996 | Member, Applied Ethics Public Service Committee, Office of Sponsored Research, University of South Florida           |
| 1994 - 1996 | Member, Advisory Board, Florida Policy Exchange Center on Aging                                                      |
| 1994        | Member, Committee on Aging, Florida Medical Association                                                              |
| 1993        | Advisory Committee Member, Project Upbeat, Veteran's Administration Hospital Consortium (Miami, Bay Pines, J. Haley) |

## **BIBLIOGRAPHY**

### **BOOKS AND MONOGRAPHS**

#### **IN PRINT**

Eisdorfer, C., Cohen, D., Kleinman, A., & Maxim P. (1980). *Conceptual bases of psychopathology*. New York: Spectrum.

Eisdorfer, C., Cohen, D., & Veith, R., (1981). *Psychopathology of aging*. Kalamazoo, MI: Scope Publications.

Eisdorfer, C., & Cohen, D., (1982). *Mental health care of the aging: A multi-disciplinary curriculum*. New York: Springer.

Cohen, D., & Eisdorfer, C. (1982). *A handbook for families caring for a relative with dementia*. New York: Health Advancement Services.

Cohen, D., & Eisdorfer, C. (1986). *The loss of self: A family resource for Alzheimer's disease and related disorders*. New York: W.W. Norton.

Published as softback (New York: Plume, 1987) and in French, Spanish & Japanese

Cohen, D. (1989). *Towards a 1991 White House Conference on Aging: Proceedings of hearings before the Federal Council on Aging*. University of Illinois at Chicago, Chicago.

Cohen, D., & Eisdorfer, C., (1993). *Seven steps to effective parent care: A planning and action guide for adult children with aging parents*. New York: Jeremy Tarcher/George Putnam.

Published in paperback as *Caring for your aging parents: A planning and action guide*. New York: Tarcher/Putnam, 1995. Also in Spanish.

Cohen, D., & Eisdorfer, E. (2001). *The loss of self: A family resource for Alzheimer's disease and related disorders* (2<sup>nd</sup> ed.). New York: W.W. Norton.

Published as paperback September 2002.

Cohen, D., & Eisdorfer, C. (2011). *An integrated textbook of geriatric mental health*. Baltimore: The Johns Hopkins University Press.

#### **IN PREPARATION**

Cohen, D., *Family Caregivers who kill: Research, practice, policy, and legal issues*

## **JOURNAL ARTICLES AND BOOK CHAPTERS**

1. Jarvik, L.F., & Cohen, D. (1973). A biobehavioral approach to intellectual changes with advancing age. In: C. Eisdorfer, & M.P. Lawton, M.P. (Eds.), *The psychology of adult development and aging*. Washington, D.C.: American Psychological Association.
2. Jarvik, L.F., & Cohen, D. (1974). Relevance of research to work with the aged. In: I. Mensch & A. Schwartz, A. (Eds.), *Professional obligations and approaches to the old* (pp. 301-331). New York: C.C. Thomas.
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**IN PRESS**

Kavanaugh, M., Stamatopoulos, V., Cohen, D., Zhang, L. Unacknowledged caregivers: A scoping review of research on caregiving youth in the United States, *Adolescence Research Review*.

### **SUBMITTED/IN PREPARATION**

Cohen, D., Krajewski, A. Family caregivers who kill: Research, policy, and legal issues, submitted.

Greene, J., Cohen, D., Toyinbo, P., Siskowski, C. The impact of family caregiving on the mental health of young adults ages 18-24, submitted

Olson, E., Cohen, D., Crystak, C., Kavanaugh, M., Siskowski, C. Educating caregiving kids: Scaling up best practices for reducing educational inequalities among U.S. caregivers, in preparation

Cohen, D., Loyer, E., Siskowski, C. Evaluation of a caregiving youth project in middle schools

Cohen, D., Conover, L., Krajewski, A. Linguistic analysis of the Columbine journals of Eric Harris and Dylan Klebold, in preparation

Cohen, D., Krajewski, A., Loyer, E. Non-physician caregiver homicides in the United States, 1980-2013, in preparation

Cohen, D. Homicide-suicides involving children 16 years and younger: A five-year state-wide study.

Cohen, D., Greene, J., Piquet, T. A national study of the annual incidence of homicide-suicides: 2000-2009.

Cohen, D., Siskowski, C. Health and social policies for caregiving youth.

Cohen, D., Morgan, R., Flowers, R. Caregivers who kill: emotion and the law.

Cohen, D., Molinari, V., Schinka, J. Geriatric violence risk assessment

### **TECHNICAL REPORTS IN PRINT**

1. Chiriboga, D.A., Becker, M., Brown, L., Anderson, S., A., Cohen, D., Dupree, L., et al. (2005) The Florida Alzheimer's Disease Medicaid waiver program: An evaluation of Alzheimer's beneficiaries prior to program initiation. Policy Brief. Tampa FL: University of

South Florida, Louis de la Parte Florida Mental Health Institute.

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3. Chiriboga, D.A., Jang, Y., Brown, L. Cohen, D., Dupree, L., et al. (2006) Racial and ethnic behavioral health disparities: A study of the prevalence of diagnosed disorders. Tampa FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.
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7. Cohen, D., Martinez-Tyson, D., Greene, J. (2010) Evaluation of the impact of the caregiver youth program by children and family members. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

## **TEACHING EXPERIENCE**

Undergraduate Courses:

Statistics

Research Design  
Biology of Aging  
Psychology of Aging

Honors Undergraduate Courses  
(USF, since 1993):

Seminar on Alzheimer's Disease  
Challenges of an Aging Society  
Seminar on Aging  
Applied Ethics of Aging  
Seminar on Death and Dying  
Major Works/Major Issues Seminars Fall and Spring  
(Youth Caregiving, Potentially Dangerous Residents in  
Long-Term Care, Staying Healthy and Safe on Campus)  
Discovery: People, Processes, and Ideas  
Pre-Thesis Preparation  
Thesis Preparation

Graduate Courses:

Adult Development and Aging  
Psychopathology of Aging  
Aging and Mental Health  
Psychology of Aging  
Dying and Death  
Biopsychosocial Aspects of Aging

Medical Student Teaching:

Modules on Behavioral Sciences, Death and Dying, Violent  
Death, Geriatric Care, Dementia,

Electives on Clinical Research Issues, Clinical Care Issues,  
Ethical Issues

Law Student Teaching

Homicide-Suicide  
Homicide

Continuing Education:

Give 15-20 programs annually.

Chaired or served on 25 doctoral and 14 masters committees.

Chaired more than 50 honors thesis committees.

Supervised 15 medical students in research electives.

Supervised 12 dental students in research electives.

Supervised 5 pharmacy students in research electives.

Supervised 8 postdoctoral fellows in geriatric psychiatry and 5 postdoctoral fellows in geriatric psychology.

Faculty preceptor for more than 20 investigators.

Funded by NIMH to establish the country's first geriatric psychiatry curricula (including Chief Residency) in psychiatric residency program at Albert Einstein College of Medicine (1983-1985).

Funded by NIMH to establish one of the country's first post-doctoral training programs in Geriatric Psychiatry at the University of Washington (1978-1981).

Chaired the interdisciplinary university committee that created the Ph.D. in Aging Studies approved by the State of Florida Board of Regents (1993-1994). The Ph.D. in Aging Studies is the first of its kind in the world.

Established the Florida Care College within the Department of Aging and Mental Health at the University of South Florida to provide certificate training for long term care staff in assisted living and nursing homes.

### **CURRENT TEACHING**

Committee Thesis Chair or Committee Member Honors College

Fall Semester: Honors College Thesis Preparation

Fall Semester: Honors College Discovery Course for Discovery Scholars

Spring Semester: Honors College Pre-Thesis Development  
Honors College Thesis Preparation  
Chair Honors Thesis Committees



7 Aug 80

D.O.E. 9 Oct 66

**EMPLOYEE PERFORMANCE EVALUATION**

1. Please keep this document **CONFIDENTIAL**. 3. When completed send to Personnel Services.  
 2. Use additional sheets where necessary.

Employee Name (Print Last, First MI)

REEVES, Curtis J.

Class Title

Police Lieutenant

Type of Rating

☒ Annual☐ Probationary☐ Special☐ Other

Department Name

Tampa Police

Division Name

Uniform District II

Social Security No.

EVALUATION PERIOD

From

5 Aug 79

To

5 Aug 80

**INSTRUCTIONS:** Carefully evaluate employee. Do not refer to previous ratings. Consider the employee's typical performance within the evaluation period only. Check the phrase which is most descriptive of the employee's performance. Complete by hand.

**1. Dependability in fulfilling job assignments:**

- ☐ Completely reliable, requires minimum direction  
☐ Requires normal supervision  
☐ Requires close supervision  
☒ Only occasional instructions and checking required  
☐ Needs direction and frequent checking

**2. Knowledge of present job:**

- ☐ Understanding of job limited in some areas  
☐ Satisfactory knowledge of job.  
☒ Very well informed on all phases of work  
☐ Sound working knowledge of most phases of work.  
☐ Definite weaknesses in knowledge of major items.

**3. Judgement:**

- ☐ Frequently makes incorrect decisions  
☒ Generally makes sound decisions in any situation  
☐ Consistently makes sound decisions  
☐ Judgement sound under normal circumstances  
☐ Occasionally makes incorrect decisions

**4. Attitude toward job, supervision, other employees and department:**

- ☐ Indifferent and uncooperative at times.  
☒ Definitely interested and cooperates well.  
☐ Generally interested and cooperative  
☐ Exceptionally enthusiastic and cooperative  
☐ Often disinterested and uncooperative

**5. Amount of effort employee applies to the job:**

- ☐ Steady Worker  
☐ Frequently wastes time  
☒ Hard Worker  
☐ Occasionally wastes time  
☐ Extremely industrious

**6. Conduct on the job:**

- ☒ Creates excellent impression  
☐ Sometimes creates an unfavorable impression  
☐ Frequently impresses people unfavorably  
☐ Impresses people favorably  
☐ Generally creates a satisfactory impression

**7. Quantity of acceptable work produced by employee:**

- ☒ Output consistently above requirements of job  
☐ Output occasionally above the requirements of job  
☐ Meets normal production requirements of job  
☐ Output occasionally below requirements of job  
☐ Production frequently below job requirements

Remarks (State Specific examples to support ratings)

Lt. Reeves has developed very well in his first year as a Lieutenant. He is dependable as ever and requires very little checking. He is very thorough and insists on completed work before forwarding in chain of command.

He keeps himself abreast and current of all information relating to his job as Field Commander and his position with the Tactical Response Team and Police Firearms Instructor.

Decisions have proven to be sound and based on knowledge and experience. Lt. Reeves makes himself readily available to subordinates for assistance and has always given sound advice when consulted.

Definitely has an attitude favorable to the Department and his co-workers. Accepts constructive criticism in the proper frame of mind. He is supportive of Department goals.

Keeps himself busy and applies his learning. Plans his time well. Gives alot of his off time to the T.R.T., police related instructions and Pistol Club.

His performance results and contact with the public leaves an excellent impression as evidenced by letters of commendation and favorable comments I receive.

Performs his responsibilities without hesitation. As stated above, puts forth extra effort consistently for Department, T.R.T., instructing, and Pistol Club.

DA 167 (10/79) (Formerly CS 140)

PENGAD 800-331-6989

DEPOSITION  
EXHIBIT3  
Cohen

5-30-16



8. Use this space for rating supervisory personnel only. Summarize employee's supervisory, managerial abilities. Be Specific.

Lt. Reeves has performed very well in his first year as Lieutenant. He performs his routine supervisory tasks without delay. He keeps himself and subordinates abreast of current information. He does not hesitate to offer guidance or to counsel subordinates. Demonstrates above average leadership qualities.

9. Note the employee's strong points (Use for all employees).

Lt. Reeves' strongest quality lies in his keeping abreast of current information that pertains to his position as Field Commander and T.R.T. member, and his forceful personality. These qualities have shown to be assets to his performance. Driver's license and all Department equipment checked. Personnel jacket has been purged.

10. Note the employee's weaker points (use for all employees).

NONE NOTED THIS PERIOD.

11. Employee's Attendance

46 1/2 No. Hours Sick 0 No. Hours Absent W/O Pay  
0 No. Hours AWOL or Suspended Feb 79-Aug 80

Comments on attendance

Good

12. This employee's work performance has been:

☒ Satisfactory PLUS

☐ Unsatisfactory

☐ Outstanding

13. This employee is:

☒ Recommended for Step Increase ☐ Not Applicable

☐ Not recommended for Step Increase

NOTE: Items 1 - 13 should be discussed with the reviewer prior to discussing it with the employee.  
14. What plans have you and the employee agreed upon which will help improve the employee's performance.

CONTINUATION OF DEVELOPMENT

This evaluation is based on my observation of this employee for the period indicated. It represents my best judgement of this employee's performance.

How long has this employee worked under your supervision?

One year

Employee's Acknowledgement: (Comments if desired)

I have read this evaluation of my work and discussed it with my supervisor

☐ I disagree with this evaluation

☒ I agree with this evaluation

I realize that, if I wish to do so, I may submit a written statement about this evaluation within two (2) working days after discussion with my immediate supervisor.

Employee's Comments

NONE

☒ I concur with this evaluation

☐ I do not concur with this evaluation

Reviewer's Signature

7/1/80

Reviewer's Comments

See attachment: g.

☒ I concur with this evaluation

☐ I do not concur with this evaluation

Department Director's Signature

7/1/80

Department Director's Comments:

I AM ALSO IMPRESSED WITH  
LT. REEVES DEMONSTRATED LEADERSHIP  
SKILL. DEFINITELY AN ASSET TO OUR  
DEPARTMENT.

## List of Items/Documents sent to Donna Cohen

On **November 25, 2015** we mailed Donna Cohen the following:

- Stand Your Ground Motion
- Discovery Received 04.09.15
- Acknowledgment of Additional Tang Evidence-Complete PCSO Report
- Transcript-Cpl Alan Hamilton
- Transcript-James Summers
- Transcript-Jennie Manera
- Transcript-Derek Friedhoff
- Transcript-Angela Hamilton
- Transcript-Sylvia Kerr
- Transcript-Robert Kerr
- Transcript-Luis Perez
- Transcript-Gladys Perez
- Transcript-Mary Houston
- Transcript-Garry Houston
- Transcript-Nerida Abreu
- Transcript-Anthony Colello
- Transcript-Elaine Ajamain
- Transcript-Peter Stolmeier
- Transcript-James Pek

On **December 18, 2015** we mailed Donna Cohen the Following:

- Curtis Reeves Interview
- Vivian Reeves Interview
- Original Theater Surveillance Video
- BekTek Enhanced Surveillance Video

On **February 3, 2016** we mailed Dr. Donna Cohen the Following:

XRAYs & MRI (CDs) & Reports

Nov 19  
Jul 26

