

IN THE CIRCUIT COURT FOR PASCO COUNTY, FLORIDA

CASE NO. CRC14-00216CFAES

STATE OF FLORIDA

vs.

CURTIS J. REEVES,

Defendant.

KEN BURKE
CLERK OF CIRCUIT COURT
AND COMPTROLLER

2016 JAN 12 PM 2:34

FILED
JAN 12 2016
CIRCUIT COURT RECORDS

DEPOSITION OF: VERNON IRVIN ADAMS.

DATE: December 18, 2015, 10:21 a.m.

PLACE: Pinellas County Criminal Justice
Center
Clearwater, Florida.

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

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

2016 JAN 15 AM 10:18

FILED FOR RECORD
PASCO COUNTY, FLORIDA

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4 Attorney for State of Florida.

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1 (The deponent sworn.)

2 THE DEPONENT: Yes, I do.

3 VERNON IRVIN ADAMS,

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

6 DIRECT EXAMINATION

7 BY MR. MARTIN:

8 Q Dr. Adams, would you state your full name on the
9 record, please?

10 A Vernon Irvin Adams.

11 Q And Dr. Adams, I have received a CV from the
12 defense. I believe it's the most current CV, so I don't
13 plan to go through everything on the CV. But I have
14 reviewed it and I just want to go through a couple of
15 items with you, all right, sir?

16 A Sure.

17 Q All right. If you would, leading up to you
18 being licensed in the state of Florida, would you just
19 briefly describe the training and the education that you
20 received, what schools and what years, that led you up to
21 finally being licensed as a medical doctor in Florida?

22 A All right. Bachelor's degree in chemistry from
23 the University of Maine, MD from Tufts University.

24 Q Would you spell that? Which university?

25 A Tufts, T-U-F-T-S.

1 Q Okay.

2 A In Boston.

3 And then six years of postgraduate training in
4 pathology, the first year in anatomic pathology at the New
5 England Medical Center Hospital, which is now known as the
6 Tufts Medical Center.

7 The next four years in anatomic and clinical
8 pathology at the Mayo Clinic in Rochester, Minnesota. And
9 the final year in forensic pathology at the Dade County
10 medical examiner's office and the University of Miami in
11 Miami, Florida.

12 Q All right. Go ahead, sir. I apologize.

13 A You wanted me to take it up to --

14 Q Your license in 1983.

15 A Right.

16 I got that license while I was still in training
17 in Minnesota at Mayo.

18 Q Okay. Have you been current -- are you
19 currently licensed in the state of Florida?

20 A Yes.

21 Q All right. In the state of Florida, since 1983,
22 what requirements have you had to comply with in order to
23 maintain and be a licensed medical doctor in good standing
24 in the state of Florida? I'm talking about seminars,
25 continuing education. What have you done since 1983 so

1 that your license is current?

2 A Oh, I've taken the continuing medical education
3 credits that are required. I think it's 40 credit hours
4 every two years. And a certain number have to be in
5 subjects that are -- that change from time to time
6 depending on whether you're a new licensee or an
7 established licensee, such as domestic violence, HIV
8 infection, medical errors, that sort of thing.

9 Q And regarding medical errors, is there anything
10 that has resulted since 1983 where there has been a
11 complaint, whether it's been either unfounded or founded,
12 where someone investigated an allegation of some type
13 of -- I'm going to say impropriety, as far as the medical
14 field, that for some reason your licensing board had you
15 under scrutiny for any reason.

16 A There were no founded allegations. There was
17 one unfounded allegation from a woman who had an
18 accidental death policy on her husband, those cheap
19 policies that only pay for accidents. And she didn't like
20 the natural death certificate, so she filed a complaint.
21 And I just got the evidence together, and they said it's
22 unfounded.

23 Q And said what?

24 A They said it's unfounded.

25 Q Okay. All right, sir.

1 A It was a man with a stroke. She wanted it to be
2 head trauma.

3 Q All right. There is some indication in your
4 background that you obtained a license to practice
5 medicine, I believe, in 2012 out of West Virginia.

6 A Yes.

7 Q How did that come about and what did you go
8 through in order to meet the requirements for your West
9 Virginia medical license?

10 A Well, I had to submit a lot of paper, and they
11 got references and verified everything that I'd done.

12 You know, the longer -- the more places you go
13 and the longer you live, the longer it takes you to do
14 this and the more pieces of paper you have. So I did all
15 that. And they have an unusual requirement in West
16 Virginia.

17 The candidates for licensure have to have a
18 personal interview with a member of the committee that is
19 the board of medicine. And they have to bring all their
20 diplomas with them. Yeah.

21 Q Okay. All right. And you went through that
22 process?

23 A I did all that.

24 Q All right. We'll talk about your stint as a
25 professor in West Virginia after you left the MEO office

1 in Hillsborough.

2 My question to you regarding your license in
3 Virginia, are you currently licensed in Virginia to
4 practice medicine?

5 A I'm not licensed in Virginia and I never have
6 been.

7 Q Then what was it in 2012? I must have misread
8 the documentation.

9 Were you in fact licensed as a medical doctor in
10 2012 or in any year in West Virginia.

11 A In West Virginia, yes.

12 Q What did I say?

13 A Virginia.

14 Q I apologize.

15 A When I went up there, I learned there's a big
16 difference, and not to make that mistake ever again.

17 Q Okay. Well, I'll accept your life experience so
18 that I don't make that mistake again.

19 Your West Virginia license. Is it still
20 current?

21 A Yes, it is.

22 Q Okay. And same questions regarding the West
23 Virginia license:

24 At any time did you become under scrutiny by the
25 licensing board for any type of complaint or allegation,

1 whether it be founded or unfounded?

2 A No.

3 Q I want to talk about some current associations
4 you may or may not belong to.

5 Can you go ahead and go about for me the
6 associations that, as of today, working backwards, that
7 you are currently associated with?

8 A The College of American Pathologists, the
9 American Academy of Forensic Sciences, the National
10 Association of Medical Examiners, the Hillsborough County
11 Medical Association.

12 Q Okay. Is that it?

13 A I think that's it for professional associations,
14 yes.

15 Q Okay. Now, when we talk about professional
16 associations, there are some associations that just
17 require that you are in fact licensed within a particular
18 field.

19 Without -- I don't mean this to be derogatory,
20 but the signature ones are vanity, where you just -- you
21 have a doctor's license, you're a member.

22 There are other associations that actually
23 require some additional education, testing, board
24 certification, you know, that type of thing.

25 So when we go through these associations, any of

1 the ones that you currently list require any type of
2 additional training, schooling, seminar, testing in order
3 for you to be a member, or was it simply as a status of a
4 medical doctor practicing in the field, you became
5 eligible to belong to an association?

6 A I understand.

7 For the College of American Pathologists, they
8 require board certification in some field of pathology --

9 Q Okay.

10 A -- which necessarily entails being licensed.

11 Q Okay.

12 A The National Association of Medical Examiners,
13 they have licensure for residents in training -- not
14 licensure, but membership for people in training, who have
15 completed medical school but are in pathology training.
16 And they have full membership for people who have
17 completed training. And I think they distinguish -- they
18 created a category called fellow for people who are board
19 certified, and I have that.

20 Q Okay.

21 A And then the American Academy of Forensic
22 Sciences, they have membership categories. Pathology and
23 biology is one. Questioned documents. There's one for
24 lawyers. And in pathology and biology, that would include
25 physicians, forensic entomologists, and anybody that's

1 biological that doesn't fit into some other membership
2 category. And I'm a fellow in that organization.

3 And as I recall, they keep track of board
4 certification but they don't require it. The fellow
5 standing is based on going to a certain number of meetings
6 within a specified time frame.

7 Q Okay. As far as the board certification, would
8 you explain to me exactly in what area -- I'll call it a
9 certificate, diploma, whatever -- that acknowledges that
10 you are in fact board certified.

11 Would you go ahead and give me the area and what
12 were the requirements for you to obtain that
13 certification?

14 A Well, the first certificate I got was in
15 anatomic and clinical pathology. And that required
16 residency training in anatomic and clinical pathology, and
17 sitting for an examination.

18 Q Okay. Any other certifications?

19 A The second certification was in forensic
20 pathology.

21 Q Okay.

22 A That required a year of training in forensic
23 pathology and sitting for a board examination.

24 Q All right. As far as the anatomical and
25 clinical, when were you board certified?

1 A 1984.

2 Q As far as the forensic pathology, when were you
3 board certified?

4 A 1986.

5 Q When we talked about the continuing educational
6 requirements to hold your license, you already discussed
7 those.

8 Anything above that in order to maintain your
9 board certification?

10 A The board certification at that time was for
11 life. They now have recertification requirements for the
12 younger people, but I don't -- I'm not subject to that.

13 Q You were grandfathered in under the old rule?

14 A If you want to call it that, sure.

15 Q I wasn't being derogatory. But your
16 requirements in order to continue to indicate that you're
17 board certified, there's no additional --

18 A No additional requirements. Right.

19 Q You have met them all, and that was for life,
20 even though it's changed now.

21 A Yes.

22 Q You don't have to comply with those.

23 A That's right.

24 Q Have you done anything, even though you didn't
25 have to, go back to any of the schools or seminars or

1 whatever that are being offered now just because you
2 wanted to?

3 A Oh, sure. I attend professional meetings from
4 time to time and I get the CME credits. They're the same
5 credits that I use for license renewals.

6 Q Okay.

7 A So I do some of those in my specialty of
8 forensic pathology. Others sometimes in anatomic
9 pathology. And some of them are in areas of clinical
10 medicine, because autopsy pathology you need to know a
11 little bit about almost everything.

12 Q All right, sir. As far as any type of
13 publications -- and "publications," I'm going to paint a
14 very broad brush, whether the abstracts, seminar, outlines
15 that you did, authors, a couple of chapters maybe in a
16 treatise someplace ...

17 Have you published at all during your career
18 since 1983?

19 A Yes. I think you have that. If you have my CV.

20 Q I do. I just -- just quickly bull it out for
21 me, what you've got.

22 A Okay. Well, it's all the things you mentioned.
23 Peer-reviewed articles, some chapters, one book on how to
24 write autopsy reports.

25 Q Okay. The book about how to write autopsy

1 reports, when was that? Was that a book that you authored
2 or was there a co-author, or did you participate by
3 saying -- asking --

4 Got a little tongue-tied. I apologize.

5 Were you asked simply to devote your time to a
6 particular topic or chapter within the book and it was a
7 culmination of a -- collaboration of a bunch of people?

8 A Well, that's a multiple choice question.

9 Q Yes, it is. But you can handle it.

10 A As a matter of logic, if any one of the elements
11 you posited are true I could just say yes.

12 Q Yeah, you could.

13 A Then you have to ferret out what I mean.

14 Q Yeah, but we don't want to be here all day, do
15 we?

16 A No.

17 Q Thank you.

18 A I'm a sole author.

19 Q And could you just go ahead, and let's put that
20 book on the record then.

21 What is the name of the book?

22 A I'd have to look at my CV to get the exact name.

23 Q I didn't bring it down with me.

24 A Okay.

25 MR. MICHAELS: Can I show him a copy of it,

1 Glenn?

2 MR. MARTIN: Sure.

3 MR. MICHAELS: Looks like there are about four
4 pages of publication. I'll give you the
5 bibliography.

6 A The title is Guidelines for Reports by Autopsy
7 Pathologists, published in 2008.

8 BY MR. MARTIN:

9 Q All right. And to your knowledge, is that book
10 available through a particular publishing house; Amazon,
11 through your Web site? How -- how do you buy this book?

12 A You can get it through Amazon, I know that. And
13 the publisher -- you can certainly get it from the
14 publisher.

15 Q Okay.

16 A It's been around for a while. I really haven't
17 looked into it.

18 Q Any updates on that -- regarding that book?

19 A No.

20 Q Any other specific publications dealing with the
21 writing of autopsy reports or gunshot wounds?

22 I want to focus specifically on gunshot wounds
23 'cause that's the case that we're dealing with here.

24 A Well, with respect to writing autopsy reports, I
25 played a large hand in authoring the practice guidelines

1 for Florida medical examiners, which are incorporated into
2 the Florida Administrative Code.

3 With respect to gunshot wounds, tangentially
4 probably the only thing I've written was a paper or two on
5 veinous air embolism. And a lot of the cases were the
6 result of firearm wounds to the head.

7 Q I probably didn't associate veinous air embolism
8 with a gunshot wound.

9 How -- what paper is that? Is that an abstract?

10 A No. It's a paper.

11 Q It's a paper?

12 Sometimes, these papers, you've got to pay \$150
13 to become a member and then you have to buy the paper.

14 Is that one of those papers? Is it in the
15 American Journal of Medicine? Is it in a particular --

16 A I'd have to --

17 Q If you won't mind just looking at that one and
18 then we'll move on.

19 MR. MICHAELS: Yeah.

20 A Okay. Here's one, Veinous Air Embolism In
21 Homicidal Blood Impact Head Trauma. That's not gunshot
22 wound.

23 BY MR. MARTIN:

24 Q No.

25 A So let me go back a little ways here.

1 Number 21, Venous Air Embolism from Head and
2 Neck Wounds, 1989 co-authored with Dr. Hirsch.

3 Q And how do I obtain a copy of that? Is there --
4 is it on the Web site? Is it -- like I said, some of the
5 medical -- you know, you go to an abstract, and in order
6 to get the full paper, you've got to be a member. I don't
7 qualify to be a member and I can't get it.

8 A Well, you could go up to the medical library at
9 USF.

10 Q I've done that before. Yeah. That's a lot of
11 fun.

12 A Yeah. Takes a lot of time, but that's probably
13 only 15 cents a page or something.

14 Q All right. Would you have a copy of that
15 electronically?

16 A No. It's too old for that.

17 Q And would you have a hard copy?

18 A I might. I have a fair number of the older
19 papers.

20 Q And if I would be willing to pay whatever the
21 state statute says I can pay for each page of a copy,
22 would you be willing to do that for me?

23 A I'd be more willing to do it if I didn't collect
24 the 15 cents a page. That's really onerous.

25 Q I'm just trying to be fair.

1 A When I was the medical examiner in Hillsborough,
2 when I arrived, they would count the pages, send a letter
3 to someone, and say, "It's a seven-page report. You owe
4 us a dollar-forty-five or something."

5 Q Right.

6 A I said, "Stop it. Just send them the report.
7 Your time is worth more than that."

8 Q Would you be willing, if I sent a letter through
9 Mr. Michaels, to provide me a copy of that?

10 A Sure. Just send me an e-mail.

11 Q Well, I'm not in the 21st century. I don't have
12 outside e-mails in this office. I actually have to write
13 a letter.

14 A But I can tell you right now, that paper has
15 nothing on range of fire or stippling or anything other
16 than the fact that the bullet put a hole in a dural sinus
17 in the head, which then sucked in air that went to the
18 heart. That's what the paper was about.

19 Q All right. So you have an air embolism, that's
20 bad.

21 A Right.

22 Q I got that even as a layperson. I know air in
23 the heart is bad.

24 A Well, it depends on which side of the heart.

25 Q Right. Left or right side, it's all academic.

1 A A little bit on the right side is not bad. A
2 little bit on the left side is bad.

3 Q Is bad.

4 A A lot on the right side is bad.

5 Q Okay. Well, then I'll think about that request.

6 When we talk about -- and that's where I want to
7 go next, is your life experience and your -- regarding
8 muzzle-to-target and distance determination.

9 So let's talk about that topic very generally in
10 your life experience.

11 And I want to begin with any type of experiments
12 or testing that you have actually conducted where you
13 would take a firearm, some particular ammunition, and set
14 up the test to make the determinations, just like I know
15 you've read Ms. Clark's FDLE report and know everything
16 that she went through.

17 Do you have that life experience? Have you set
18 up those type of tests and actually attempted to make a
19 determination?

20 A Oh, with comparison firings?

21 Q Yes.

22 A No, I haven't done that.

23 Q Okay. In your field, do you rely on the
24 expertise of other individuals who have the life
25 experience of setting up test firings to determine

1 distance determination, as far as formulating any of your
2 opinions based on your observations of what you see in an
3 autopsy?

4 A That could be done if someone wanted something
5 to the nearest inch or the nearest centimeter in
6 collaborations with a firearms examiner.

7 I'm told that the firearms examiners at FDLE are
8 deferring to the medical examiner for range of fire these
9 days.

10 Q Well --

11 A Let me finish.

12 Q Okay.

13 A For the vast majority of murder cases, no one
14 seems to be interested in anything to the nearest inch.
15 They're happy to say "it's within arm's length." "It's
16 more than a couple inches and less than 15 to 18." That
17 seems to work for most situations.

18 And coupled with the textbook answer that the
19 range for a close range fire, where stippling is
20 deposited, is out to 15 to 18 inches for a standard
21 hypothetical handgun.

22 Q Okay. One of the things that we have in this
23 case -- we'll talk a little bit more -- but we do have --
24 by the time the bullet enters Mr. Oulson, there are three
25 intervening factors, his wrist, Ms. Oulson's finger, and

1 then his shirt, before it actually gets to his chest.

2 Now, in looking at the distance determination by
3 FDLE, of course, they didn't have Mr. Oulson's hand or
4 Mrs. Oulson's hand. They can't do the chemical test, the
5 burn, based on Mrs. Oulson.

6 So yeah, sometimes we do look at the medical
7 examiner. And that's probably why you're here, and we're
8 going to get into that in more detail.

9 But it's the combination of everything.

10 So my question to you is, with human flesh, what
11 is your life experience --

12 And let's go to the fact that you were MEO in
13 the Thirteenth District for over 20 years.

14 How many gunshot autopsies did you perform,
15 while at the Thirteenth District, involved stippling on
16 the fleshy area of the body? Not on a -- on the clothing.

17 Do you know?

18 A No. I mean, there would be a lot. But I don't
19 have any idea of the exact number.

20 Q Could you tell me what "a lot" is?

21 And let me -- and let me clarify the "lot" or
22 distinguish it a little bit by saying homicides.

23 A I don't keep track. I did a lot of homicides
24 over my career. Most of them were firearm wounds. Some
25 of them were closed. In some cases I had the clothing to

1 look at. In some cases I didn't. I can't give you an
2 exact number.

3 Q All right. Is there any particular treatise,
4 authoritative source, that you would go to or went to in
5 this case for the general information dealing with
6 muzzle-to-target determinations? Is there something that
7 you've read, that you've always used in the past? A
8 treatise, authoritative state -- where is it that you're
9 getting your information the difference between close,
10 intermediate and long-range wounds and what would be the
11 outward manifestations of each one of those? What is your
12 source of --

13 A Well --

14 Q -- information?

15 A -- you had two questions.

16 Q Yeah.

17 A What sources are available, and did I use any in
18 this case.

19 Q Yeah.

20 A No, I didn't go look up any sources in this
21 case.

22 As to available sources, any textbook of
23 forensic pathology has this information.

24 Q Let me ask you this:

25 How did you become aware of the distinction

1 between close, intermediate and long-range gunshot wounds
2 and their representative characteristics? What is your
3 training to learn that information?

4 A It's my -- my training in forensic pathology.

5 Q And would you specifically tell me what that
6 training would be?

7 A Well, that was the one year I spent in Dade
8 County.

9 Q Okay. And the reason I'm asking this question,
10 Dr. Adams, is because you do not, when you have an
11 autopsy, do the distant comparisons like FDLE does. So
12 you're looking at the characteristics of a wound and then
13 basing it on something -- this is an assumption on my
14 part -- you've either read, learned at a seminar or
15 whatever; are making general observations and conclusions
16 based on your observations.

17 So that's -- my question is, what is the source
18 of that information if you're not doing specific testing?

19 A It's the training and the reading I did.

20 Q Okay.

21 A There was a lot of reading when I was in
22 training.

23 Q I bet there was.

24 A And the books that I mentioned. They all say
25 the same thing.

1 Q And can you give me --

2 A You know, one might say 15 inches, one might say
3 18 inches.

4 So when I testify, I'll make reference to the
5 hypothetical standard handgun of 15, 18 inches with a few
6 outliers going out to a couple of feet. Then I say if you
7 want -- if you need a more specific opinion, you have to
8 do comparison firing with a weapon, and you need a
9 firearms examiner to do that.

10 And as I mentioned, most of the time, it
11 doesn't -- it doesn't come to that.

12 Q Okay.

13 A People are happy to understand that it's close
14 range, somewhere less than the length of a person's arm.
15 That seems to do for most situations.

16 Q Did you find in this particular situation that
17 is not the case; that more detailed information is being
18 sought by all parties in the case?

19 A Well, I can't speak for all parties. I -- you
20 know, I've talked with Mr. Michaels prior to today, but as
21 to what your needs are in this case, I'm just beginning to
22 learn.

23 Q My needs are to know what you know.

24 A Yeah.

25 Q All right. Let's talk about your current

1 occupation as we talk right now.

2 When you left West Virginia in approximately
3 2012, you returned to Florida and began anew, so to speak.

4 Once you come back to Florida, what business did
5 you start, become involved in; what are you doing now as
6 your occupation?

7 A I am doing private consulting. And so far it's
8 all been for attorneys. It's mostly cause of death
9 determination. And most of that is in civil lawsuits,
10 wrongful death lawsuits, some of which are medical
11 malpractice suits.

12 Q As far as criminal cases, have you -- other than
13 this particular case, have you been hired by other defense
14 attorneys involved in a criminal case requesting your
15 services, other than Mr. Reeves?

16 A I have one other criminal case that's active at
17 this point, and I think I've been named in that, so ...

18 Q And that is?

19 A That is in federal court. It's U.S. versus
20 Feldman.

21 Q Is that the pill case?

22 A Yes.

23 Q I read about it in the paper.

24 A Yeah.

25 Q Sorry you've got to do it again.

1 A That's the way it goes.

2 Q All right. So that is the only -- that's the
3 only other case, criminal.

4 A That's the only other case where I've been sent
5 materials. I've had calls on other cases. I've turned
6 down a couple.

7 Q And of course, that case does not involve a
8 gunshot.

9 A No.

10 Q As a consulting forensic pathologist, the work
11 that you're doing now, is the Reeves case the first case,
12 then, you've been hired that has involved a gunshot wound?

13 A Well, your question assumes that I started doing
14 consulting when I left West Virginia. I've been doing
15 consulting on the side since 1989. And going back all
16 that time, I think there might have been one criminal case
17 that I worked on.

18 Q All right. When you were the chief medical
19 examiner in the Thirteenth District, did your contract
20 allow you to perform services other than that of the chief
21 medical examiner?

22 A Yes.

23 Q Okay. I did have a chance to again look at your
24 CV and also look at your -- at your Web site.

25 One of the things you indicated on your Web site

1 is your focus of consulting:

2 "Cause of death, complex cases involving mix of
3 trauma and disease.

4 "Number 2, wound interpretation.

5 "Number 3, review of autopsy reports for
6 omissions or errors."

7 Those are just the three things I found on the
8 Web site.

9 Are there any others that you feel that -- any
10 other services that you would provide to a client other
11 than those three that you listed on your Web site?

12 A I get asked about survival interval or the
13 period of -- during which someone might be capable of
14 voluntary motion. A couple of times I've been asked about
15 actuarial questions about the expected life span of
16 someone.

17 Q Okay. With that in mind, let me just make a
18 quick note so that we can cover that later.

19 Your Web site also indicates that you're on the
20 editorial review board of the Journal of Forensic Medicine
21 and Pathology. Are you still on that board?

22 A Yes.

23 Q And that was, according to your Web site, 2001
24 to present. Is that correct?

25 A Sounds about right.

1 Q Okay.

2 A You can cross check it with my CV.

3 Q My question to you regarding being on the
4 editorial review board, did you have any occasion to
5 review other papers, abstracts, articles, anything dealing
6 with gunshot wounds?

7 A I think there have been a couple, and they dealt
8 with large aggregates of data, suicide versus homicide --

9 Q Okay.

10 A -- survival intervals, that sort of thing.

11 Q All right. Any of the papers that you reviewed
12 dealt with muzzle-to-target determinations? Not maybe
13 specifically, but it was encompassed in the article where
14 you reviewed it before it was placed in the Journal of
15 Medicine.

16 A It might have been incidental to the -- one of
17 the -- a couple of papers.

18 Q Okay. I'm going to break this up a little bit.
19 Because I know, as the medical examiner of the Thirteenth
20 District, of course, you testified in trial, and of
21 course, you've been accepted as an expert. That's a
22 given.

23 What I want to know is, once coming back to
24 Florida after leaving West Virginia and this new position
25 as a forensic consulting pathologist, have you in fact

1 testified in court? We already talked about the Felman
2 case -- Feldman? Felman, right?

3 A Feldman.

4 Q Feldman.

5 Other than the Feldman case, have you testified
6 in any other trials?

7 A Okay. This is since July of this year?

8 Q Yeah. Since coming back to --

9 A Right.

10 I don't think I've testified in any other
11 trials.

12 Q Any other hearings?

13 A Is a deposition a hearing?

14 Q That was going to be my next -- I'm going to
15 go --

16 A Okay.

17 Q Okay. So how about depos? Let's just do that.

18 A A couple of depos.

19 Q Have any of those depos encompassed in any way
20 gunshot wounds or muzzle-to-target determination?

21 A No.

22 Q And that would have been from, what; 2012 to
23 date? Is that about what we're talking about? As far as
24 your new position.

25 A Oh, the only thing new about it is that I have a

1 separate office and an address.

2 Q Okay.

3 A I don't do any more of it.

4 Q Since you left your position as a professor at
5 West Virginia and returned to Florida, that's the time
6 period. Is that approximately 2012?

7 A I was in West Virginia from the summer of 2012
8 until the summer of 2015.

9 Q I apologize. I have the dates backwards.

10 A Oh, okay.

11 Q So 2015. We're talking the last 11 months then,
12 since you were a professor then in West Virginia?

13 A Well, I left there -- my last day on paper, I
14 think, was August 1st, so it's not been that long.

15 Q It's not been that long. I understand.

16 You indicated, now that you have office space
17 and you're set up a little bit, we talked about the
18 trials.

19 In the Feldman case, when they tendered you as
20 an expert, in what field did the attorney tender you as an
21 expert?

22 A Forensic pathology.

23 Q Was there any other specific subcategory, if you
24 will, other than forensic pathology? Because I know the
25 Feldman case dealt with pills. So did they try to qualify

1 you any further?

2 A No.

3 Q Tox or anything like that?

4 Okay. We talked a little bit about the services
5 that you are advertising that you would be able to perform
6 for clients in the area.

7 Have we exhausted all of those that we went
8 through that's on your Web site, including survival, the
9 voluntary motion after, you know, someone is injured? Is
10 there any other services that you provide other than those
11 for you?

12 And that's painting a very broad brush, I
13 understand. But is there any other services?

14 A That's really about it.

15 Q Okay. And do you have a fee schedule that is
16 set up in order to let your potential clients know the
17 compensation that you expect for the services and your
18 time?

19 A If they ask me, I'll send them a one-page sheet
20 that gives my rate.

21 Q All right. And can you tell me what that is,
22 please, sir?

23 A \$450 per hour.

24 Q Do you contract on a flat fee, where --

25 MR. MARTIN: Let me strike that, Donna.

1 BY MR. MARTIN:

2 Q When you indicate it's \$450 an hour, is that
3 what your contract states or do you say, "I will review
4 this case for \$10,000?" I'm being a little bit tongue in
5 cheek and facetious, but you know what I mean.

6 But is there any type of flat fee, "I'll do it
7 for this," or is it always four-fifty an hour?

8 A It's always by the hour. And there's no
9 contract, except what's in the rate schedule where it says
10 that the attorney is my client, not the attorney's client,
11 and the attorney's responsible for paying it.

12 Q Right. Okay.

13 A So presumably they read that. Sometimes they
14 say they're agreeable. But there it is.

15 Q All right. In this particular case, the Reeves
16 case, how many hours have you billed to Mr. Escobar or
17 Mr. Michaels?

18 A I think it's less than five at this point.

19 Q We're going to go through everything that you've
20 kind of outlined on your abstract. But at this point, you
21 said that less than five hours at this point.

22 Do you anticipate anything further after this
23 other than testifying at a hearing? Any other work,
24 review, anything?

25 A Oh, I don't anticipate any further document

1 review.

2 Q Okay.

3 A They may ask for another meeting.

4 Q Right. To prepare you for your testimony.

5 A Right.

6 Q Yeah. I understand that.

7 A And I understand there's a hearing coming up in
8 January and that they may want me for that.

9 Q Okay.

10 A And the estimate on time is just an estimate. I
11 didn't look at the billing records before I came here.

12 Q Okay. I want to talk a little bit about your
13 employment at West Virginia University.

14 And again, I see that I misspoke my dates. Was
15 2012-2015.

16 Were you a professor of pathology there?

17 A Yes.

18 Q And in 2015 why did you leave?

19 A I missed Tampa.

20 Q Any other reason?

21 A No. I'd had enough of the professor gig and the
22 bureaucracy of a combined medical school and hospital and
23 dealing with the state medical examiner office.

24 Q Your associations with the University of South
25 Florida while you were in Tampa working as the chief

1 medical examiner for the Thirteenth District, could you
2 explain to me the dates you were involved over at USF and
3 exactly what your duties were there, please?

4 A Well, that goes back to 1991 when I became the
5 chief medical examiner.

6 We always had USF pathology residents rotating
7 through the medical examiner office, and then I created a
8 fellowship training program in forensic pathology. And
9 Hillsborough County was the sponsor of that until about
10 1996, thereabouts, at which time USF became the sponsor,
11 and USF started paying the fellows and Hillsborough County
12 paid USF for their services.

13 So -- and also around '93 or so, working with
14 Dean Marvin Dunn, the late Marvin Dunn, we executed a
15 formal affiliation agreement so that the Hillsborough
16 County medical examiner department became a formal
17 teaching affiliate of USF medical school.

18 So all the medical examiners -- and I assume
19 they still do -- had and have faculty appointments in the
20 department of pathology.

21 Q Okay. Talk a little bit about your position as
22 a chief medical examiner for the medical examiner's office
23 in the Thirteenth District.

24 Basically from 1991 to 2012?

25 A Yes.

1 Q And during that entire time, you were under
2 contract by the Hillsborough County --

3 A I was an employee.

4 Q An employee?

5 A Yes.

6 Q As the chief medical examiner?

7 A Yes.

8 Q And how often did you actually perform autopsies
9 as a medical examiner the last 10 years that you were
10 there?

11 A The same as it was the first 10 years.

12 I -- my autopsy schedule, when we were fully
13 staffed was about half as much as the associate medical
14 examiners. And when we were down a person or two people,
15 I would pick up a lot of the slack.

16 Q All right. So you have a rough count of the
17 autopsies that you did the last 10 years over there?

18 A I have a count but I'd have to look at it to
19 tell you what it is.

20 I can tell you how many autopsies I've done in
21 my lifetime.

22 Q Well, I'll accept that for right now.

23 A Okay. It's about 6800.

24 Q All right. Let's move on again to the last 10
25 years.

1 Of the autopsies you did in the last 10 years,
2 do you know how many of those included homicide involving
3 a gunshot wound?

4 A I can give you estimates.

5 10 percent or less of the caseload, autopsy case
6 load in the office was homicides. The bulk of the
7 homicides were gunshot wounds. There were certainly
8 stabbings and the occasional strangulation and the odd
9 arson case. But I can't give you a number.

10 Q Okay. Did you do the bulk of the homicides that
11 came in that were gunshot wounds or you just did some?
12 How -- do you know --

13 A I -- we didn't divide cases up by whether they
14 were homicides or not. Whatever I did was in proportion
15 to what everybody else did.

16 Q What I'm trying to find out is your life
17 experience of dealing with gunshot wounds in your capacity
18 as a forensic pathologist.

19 A Mm-hmm.

20 Q Some people's might be far greater than someone
21 in a rural area. You know what I mean. So I'm just
22 trying to get a feel for your life experience in dealing
23 with gunshot wounds in an autopsy.

24 Can you give me a feel for the number that you
25 did?

1 A I don't have an exact number. I did, you know,
2 many of those autopsies myself, and I also supervised
3 trainees, and I supervised the associate medical
4 examiners. So I was being consulted on difficult cases
5 all the time.

6 Q Okay.

7 A I don't know what to tell you beyond that.

8 Q All right, sir. In your capacity as a chief
9 medical examiner for the Thirteenth District, your
10 experience in testifying in court, have you testified in
11 court relating to gunshot wounds specifically that
12 involved muzzle-to-target determinations?

13 A Yes.

14 Q And do you know how many times you've done that?

15 A No. I don't keep track of the number of times I
16 testify, except on the private consulting cases because of
17 the federal requirements.

18 You can get -- as a matter of public
19 information, you can get a printout from the database at
20 Hillsborough County. I think that would go back to about
21 '96 or '98. And that'll break it out by criminal or
22 civil, and the jurisdiction. But I don't know what the
23 numbers are.

24 Q Again, just following up, as far as the number
25 of autopsies where stippling was involved, do you have any

1 breakdown as far as the number of cases, whether it be
2 suicide or homicide, where your autopsy included the
3 interpretation of stippling found on the body?

4 A No. All I can say is that it's a substantial
5 number. But I don't even know how many times I've
6 testified.

7 I can give you a total number of autopsies. If
8 you want a breakout, you can go to the Hillsborough County
9 medical examiner department and get information there from
10 about '96 or '98 when the database was created.

11 Q Okay. We're going to start talking about this
12 case, okay? .

13 This particular case is the state of Florida
14 versus Curtis Reeves.

15 When were you first hired as a consulting
16 forensic pathologist in State versus Curtis Reeves?

17 A I think it might have been three or four months
18 ago.

19 Q Okay. We're in 2015, December. So if we just
20 go back, we're talking about August? July, August?

21 A Could be.

22 Q Is there a contract or is this a handshake?

23 A No contract.

24 Q What memorialized that you are -- you accepted a
25 position as an expert in State versus Curtis Reeves and

1 establishing the fee which would be a binding contract
2 that would be enforceable? Is there any type of
3 documentation? Any type of --

4 A Well, probably some e-mails. It might have been
5 a phone call. But in a case where there's no insurance
6 company, I typically get a two-hour retainer. So that
7 might constitute memorializing something.

8 Q And the e-mails regarding the fees would be
9 memorializing \$450 an hour on either a two-hour retainer,
10 and then I'll invoice you at the end? I'm guessing but
11 I'm just trying to help you out. What are we talking
12 about?

13 A Yeah. Or they might have just asked for a rate
14 schedule and I sent that to them.

15 Q Okay. Would you be willing to provide me with
16 your rate schedule?

17 A Sure.

18 Q What I'll do is at the conclusion of the depo,
19 I'll send a letter to Mr. Michaels, and we'll go through
20 him.

21 Fair enough?

22 A Sure.

23 Q The e-mails that you mentioned between the law
24 office of Mr. Escobar, other than fees, did your e-mails
25 contain any type of documentation of results of any

1 reviews or any opinions?

2 A No.

3 Q I did receive an abstract, and the abstract,
4 just so the reader of this record will know what I'm
5 talking about, it is a multipage document that identifies
6 certain aspects of the autopsy report, the deposition of
7 Dr. Thogmartin, photographs of Chad Oulson, photographs of
8 Nicole Oulson, and also a review of the ballistic report
9 by Jennifer Clark. It also identifies certain tangible
10 evidence, a cover sheet that you received that was signed
11 by Manny Garcia.

12 While there are several conclusions or opinions
13 that you drew in that report, basically it's just facts
14 right out of other people's reports, is that correct?

15 A That's a long question, and it's not quite
16 correct, the assumptions that you threw in there.

17 The abstract does not include my observations on
18 the photographs. The abstract is just notes that I took
19 pulling information out of the records that I reviewed.
20 It does not include any opinions unless they're
21 specifically labeled that way, parenthetically, so to
22 speak.

23 My notes on the photographs, since they
24 constitute my own observations, I put that in a separate
25 file document.

1 So you can construe that as a casual report if
2 you want. The abstract is not a report. They're simply
3 notes. It's much tidier and easier to deal with a
4 deposition than being asked to produce, you know, a
5 six-inch stack of photostatic records with pencil scrawls
6 in the margin.

7 Q I understand.

8 Other than the abstract, are there any other
9 notes, whether they be handwritten or tape recorded, that
10 are still in existence?

11 A Only the documents that were provided to me by
12 Mr. Michaels' office.

13 Q Okay. The documents that are noted in the
14 abstract, are those the only documents that you received?
15 Autopsy report, autopsy photo, photos of Nicole Oulson's
16 hand, Jennifer Clark's ballistic report.

17 A There's one other thing.

18 Q Okay.

19 A The -- where is it -- motion to dismiss.

20 Q We're going to go over that.

21 A Yeah. They wanted me to read this. So it might
22 have been sent to me initially and I just ignored it, but
23 it came up that they really wanted me to read this, so I
24 read it just the other day.

25 Q Okay. While you have it there, go ahead and

1 turn to page 27. And then you can just set it down and
2 we'll be ready to go when we get to it.

3 A Okay.

4 Q All right. Very good.

5 Other than communications to Mr. Escobar or to
6 Mr. Michaels, have you had any communications with any of
7 the other experts hired in this case? Mr. Hayden,
8 Mr. Knox, Mr. Koenig, Mr. Foley who is a forensic
9 radiologist.

10 Any communications with those individuals?

11 A No. And this is the first time I've heard their
12 names.

13 Q What I'd like to do now, again, I have a -- I
14 have a list of documents. And I know that you went
15 through some of them. And I'm going to -- I have those
16 first to cover but I'm going to save those till last.

17 Let me go through some documents just to figure
18 out if we need to talk about it at all, okay?

19 A Sure.

20 Q The theater surveillance video.

21 Regardless of the form or source, have you
22 viewed the surveillance video documenting Mr. Reeves at
23 the theater and the shooting involving Mr. Oulson?

24 A No.

25 Q Okay. Is that something that you would want to

1 do as it relates to any of the opinions that we may
2 discuss about later? Is viewing that video in any way
3 helpful to you or would be helpful to you to make an
4 informed decision specifically as to muzzle-to-distance
5 calculations, sequence of events or anything like that?

6 A I'm willing to look at the thing. I can't tell
7 in advance if it's going to be helpful.

8 Q But you haven't done it as we speak today.

9 A That's right.

10 Q Okay. Mr. Reeves made a tape recorded statement
11 to law enforcement the night of the shooting.

12 Did you read his statement?

13 Now, I know some of his statement is in the
14 motion to dismiss. But the police report is 15, 20 pages
15 of a typed-up transcript.

16 Did you read that?

17 A No. I didn't have the police report. So -- I
18 think that's why I hesitated. I must have seen it in the
19 motion.

20 Q Yes. There's some reference to it.

21 But what was actually tape recorded by the
22 officer, did you read that?

23 A No.

24 Q Along those same lines, did you interview
25 Mr. Reeves?

1 A No.

2 Q Did you review the X-rays taken by Dr. Foley of
3 various appendages, arms, legs, hips of Mr. Reeves?

4 A X-rays taken by Dr. Foley?

5 Q Yes. There's X-rays -- I believe there's an
6 MRI.

7 A Of a dead body?

8 Q No. On Mr. Reeves, defendant.

9 A X-rays of Mr. Reeves.

10 Q Yes.

11 A Oh. No. No, I did not.

12 Q Did you interview any of the witnesses listed on
13 the state witness -- and I'm specifically talking about
14 people that were patrons inside the theater at the time of
15 the shooting.

16 A No.

17 Q I know you indicated that you did not review any
18 police reports, but did you review any depositions,
19 handwritten statements of any of the patrons that were
20 inside the theater at the time of the shooting?

21 A No.

22 Q I believe we went over this a little bit.
23 You did no testing, independent testing
24 yourself, regarding muzzle-to-target determination.

25 A That's correct.

1 Q Okay. And this is just kind of summing up
2 everything, 'cause we're at the end.

3 Any other documents of any kind? Reports,
4 photographs, letters, correspondence, e-mails,
5 submissions, sketches, diagrams, videos, crime scene 3D
6 mapping, letters, SOP manuals, Web site, media documents,
7 anything like that?

8 A No. Everything I looked at is in that abstract.
9 The photograph description. And then, on top of that, the
10 motion.

11 Q Okay. One of the things you did have in your
12 abstract was acknowledgment of additional tangible
13 evidence. And I couldn't tell exactly what that was or
14 what was on that list.

15 Could you look at that, please, and see if that
16 jogs your memory?

17 A It was a cover letter for the crime lab report.
18 I used the header that the Escobar office used, and it
19 turned out to just be a cover letter for the crime lab
20 report.

21 Q Nothing of significance there that you --

22 A No.

23 Q -- recall.

24 A No.

25 Q Okay. Then we can dispense with that.

1 Okay. Let's go through the things that you did
2 review.

3 Now, one of the things I didn't mention when we
4 talked about police reports -- and again, I'm just going
5 through generically all the reports that are available --
6 the police reports would include reports of witness
7 statements; technicians, as far as photographs taken,
8 measurements taken; the taped statement of Vivian Reeves,
9 several other witnesses; Mr. and Mrs. Hamilton. It would
10 include the obtaining of the surveillance videos and how
11 we went through that.

12 Is there anything -- all that's included in the
13 police reports.

14 Is there anything like that that you reviewed
15 prior to today?

16 A No.

17 Q What I'd like to do -- and it's in no particular
18 order to your abstract. But if you would go to your
19 abstract.

20 And let's talk about the ballistics report. And
21 that was the report by Jennifer Clark from Florida
22 Department of Law Enforcement.

23 MR. MARTIN: Dino, did you bring a copy of her
24 report?

25 All right. I have one here. So if you need to

1 scoot up or whatever when we refer to it, feel free,
2 okay, sir?

3 BY MR. MARTIN:

4 Q Regarding the ballistic report, I want to go
5 down to where it says "exam of shirt" in your report.

6 A Okay.

7 Q Page 2 of 4.

8 You can look at --

9 A Oh, in my abstract, right?

10 Q Yes, sir. Do you have that with you, sir?

11 A I do. Yeah. I thought you were referring to
12 the actual --

13 Q No.

14 A -- ballistic report.

15 Q I have that here. And I have, I believe,
16 documented the page numbers in the report that you're
17 referring to. So we're just going to quickly go through
18 that, okay, sir?

19 A I have that with me, but it's on a CD-ROM, which
20 is how I got it.

21 Q I understand.

22 A Yeah.

23 Q Did you happen to note, to document the
24 particular page? 'Cause I went through it and I'm
25 guessing.

1 A No.

2 Q But you'll correct me if I'm wrong.

3 A It might be from several pages because --

4 Q Sure.

5 A -- you'll notice I've combined the formal report
6 with some handwritten notes that I found in there.

7 Q Yeah. You do. So I think I've ferreted all
8 that out.

9 A Okay.

10 Q You ready to go through it?

11 A Sure.

12 Q And in that big paragraph, I broke down each
13 sentence, okay?

14 "Examination of shirt hole in upper front area,"
15 correct?

16 A Yes.

17 Q All right. Then you have "area around hole had
18 partially unburned gunpowder and bullet wipe."

19 Let's just talk about the two terms, gunpowder
20 and bullet wipe.

21 First of all, based on your life experience,
22 what do you mean by gunpowder? I know it says unburned
23 gunpowder. Tell me -- tell me what you mean.

24 A Well, first of all, I didn't write that report.
25 It's more important to know what that person meant.

1 But I'll tell you what I mean by gunpowder.

2 Q That's what I'm asking. What do you mean by
3 gunpowder?

4 A Gunpowder is -- it's usually in flake form.
5 It's the propellant that is ignited, and it's a controlled
6 explosion that pushes a bullet out of a muzzle.

7 Bullet wipe is basically the oil and dirt that's
8 on a bullet that can leave a ring of soiling in the hole
9 in a garment that's perforated by a bullet.

10 Q And do all bullets have oil and grease?

11 A I think they all do but to a varying extent.
12 The bullets fired from revolvers tend to be a little
13 dirtier than the bullets fired from semiautomatic pistols.

14 Beyond that, I couldn't give you any opinion.

15 Q And in your life experience, is there any
16 difference between a fully jacketed bullet and a lead
17 bullet, as far as the grease that is used in order to seat
18 the bullet in the casing?

19 A I don't know what kind of grease or oil is used
20 in the weapons.

21 Q Do you even know, in a jacketed bullet, whether
22 it's necessary to have grease or any type of lubricant
23 prior to the seating of the bullet?

24 A No.

25 Q The reason that we're going through these is

1 because you mentioned them in your abstract.

2 So that particular sentence, is there anything
3 about that sentence that you said, when you read it, "I'm
4 going to put this in my abstract."

5 Why is that important for you to have
6 memorialized in your abstract?

7 A Well, as you notice, this -- there's only one
8 paragraph under this ballistics report. The others are
9 just one-line notes.

10 Q Yes, sir.

11 A And I was interested in whether the firearms
12 examiner came up with anything that would be useful for a
13 range of fire. Because the examination of the dead body
14 itself, since the torso was clothed, and clothing filters
15 out almost all modern flakes of gunpowder.

16 The autopsy was inconclusive for range of fire.
17 It was indeterminate for the torso.

18 It was implied by the wound on the wrist.

19 Q Yes.

20 A But for the actual wound on the torso, it was
21 indeterminate in terms of the actual examination of the
22 clothing.

23 So I'm interested in the fact that gunpowder is
24 found -- a few flakes of gunpowder around the actual hole
25 isn't all that helpful because flakes of gunpowder can

1 travel with the bullet. It's the gunpowder that's found
2 beyond the hole that's useful for determining that this is
3 a close-range fire.

4 Q When you say beyond the hole, you're talking
5 about interior in the hole?

6 A No.

7 Q What do you mean by beyond the hole?

8 A Outside the hole on the fabric.

9 Q Oh, okay.

10 A I'm not talking about flakes that traveled
11 piggyback on the bullet. I'm talking about flakes that
12 had an independent life.

13 Q Independent life that were disbursed --

14 A Yes.

15 Q -- around the hole.

16 A Yes.

17 Q Okay.

18 A Yes. Which, from my reading of this report, was
19 what was found.

20 It was more specifically laid out in the
21 handwritten notes than on the actual report. There's a
22 reference to a sparse pattern and medium density, and it's
23 up to four inches on the upper left and a few --

24 Q Yeah. We'll get to those in just a minute.

25 A So this all tells me that this is close range.

1 Now, whether these distances correlate with
2 distances that might have been found on the body in the
3 absence of a shirt, I can't say. Typically there's not an
4 exact correlation.

5 Q Let's go ahead and define some terms as you know
6 them.

7 Define and distinguish between these three
8 terms: Close range, intermediate range and long range.

9 Just how, in your mind, do you distinguish
10 between those three?

11 A Close range is the same as intermediate. It's
12 the zone where gunpowder is striking the skin outside the
13 wound or striking the clothing.

14 The range that's closer than that would be loose
15 contact, contact, where there's soot deposited. Out
16 beyond an inch or two, there's no soot. There's just
17 gunpowder.

18 And then between 15 to 18 inches, there may be a
19 few flakes of gunpowder but there's really no gunpowder
20 pattern. There's no stippling. So beyond that 15 to
21 18 inches, or more or less, depending on the actual
22 weapon, that's long range.

23 That sounds peculiar to say, that 20 inches
24 might be long range, but that's the way we sort it out in
25 forensic pathology.

1 Q Okay.

2 A From the standpoint of a body and determining
3 range of fire, there's no distance -- there's no
4 difference between a muzzle-to-target distance of, say,
5 24 inches and a muzzle-to-target distance of 24 feet or
6 2400 feet. Because there's nothing but the bullet hole --

7 Q Okay.

8 A -- and the abrasion collar.

9 Q All right, sir. Let's go ahead and keep going
10 through that paragraph.

11 A Mm-hmm.

12 Q "Comparable patterns were found at distance less
13 than 36 inches muzzle to object."

14 Then you say -- then you write in your abstract,
15 "pattern is sparse and the area is small of medium
16 diversity." I mean density. I apologize to you.

17 A Right. That's from the handwritten notes.

18 Q I understand that.

19 A Right.

20 Q And that, I believe -- and I'll show you -- is
21 page 10 of 31.

22 The reason I bring this to your attention is the
23 sentence, "Pattern is sparse and the area is small of
24 medium density," I did not really find that on -- in that
25 particular note.

1 A It's right here. It's by chemical testing.

2 Q It says "small area of pattern medium density."

3 A Right.

4 Q "Some particulate."

5 A "Small area of pattern, comma, medium density."

6 No punctuation. "Some particulate lead, comma, no

7 vaporous lead, comma, BLS," whatever that is.

8 Q BP and BW. Bullet wipe.

9 A Oh, it could be BW. Right.

10 Q Right.

11 A Right.

12 Q Okay. And that's why I'm asking the question.

13 'Cause you wrote in your abstract, "The area is small and

14 medium density."

15 I'm asking -- I was trying to wrap my head

16 around what you were trying to mean.

17 So did I find the correct passage that you were

18 referring to?

19 A I think you did.

20 Q So the way it's written in the report on page 10

21 of 31 of Ms. Clark's FDLE report is "Chemical, small area

22 of pattern, comma, medium density, small --" you believe

23 it's "particulate"?

24 A It says "particulate lead" up here.

25 Q "Particulate."

1 Okay.

2 A Yeah. And then there are further notes down
3 here about the --

4 Q Yeah. We'll get to that.

5 A But you know, you'd have to ask the firearms
6 examiner what all this means and what that person's
7 opinion is. Those are her notes or his notes, whoever
8 this is.

9 Q I understand. I just --

10 A Right.

11 Q -- saw a difference between the way you
12 summarized it and the way it was in writing. And I'm
13 trying to figure out what is your thought process in
14 writing it the way you did.

15 A Oh.

16 Q Is there some thought process that you're at --

17 A They're just notes.

18 Q What do you mean by --

19 A All the notes tell me is that there's probably
20 sufficient information in the notes and in the report for
21 the firearms examiner to render an opinion on
22 muzzle-to-target distance.

23 Q Regarding the shirt.

24 A Regarding the shirt.

25 Q Okay.

1 A Right.

2 Q All right. In that same paragraph, "out to four
3 inches and very little out to seven inches."

4 Again, page 10 of 31.

5 A Right.

6 Q The griess test? G-R-I-E-S-S, test?

7 A Right.

8 Q Do you know what that is?

9 A No, I don't. That's why you have to ask the
10 firearms examiner what this means.

11 Q And again, the reason I ask if you know what it
12 is, because you put it in your abstract. I was thinking
13 it has some significance to your thought process.

14 Is there anything of significance that --

15 Why you put that in your abstract?

16 A Just to tell me that there's some information
17 here that might permit the firearms examiner to opine
18 muzzle-to-target distance for the shirt.

19 Q Okay. It goes on to say, "Front of shirt,
20 medium density to four inches. Very few out to seven
21 inches."

22 A Right.

23 Q Okay. Again, the same questions.

24 You documented that in your abstract.

25 What was your thought process? Why did you feel

1 that was important to document?

2 A Well, it doesn't. Just because I wrote it
3 doesn't necessarily mean I thought it was important.

4 Q Don't know until I ask you.

5 A Right.

6 When I'm going through records, I don't always
7 know what's important until I'm at the end --

8 Q Okay.

9 A -- and so I'm -- some of the notes I make are
10 useless.

11 Q Okay.

12 A You mentioned --

13 Q That's okay. I get it.

14 A Yeah.

15 Q You documented this.

16 A You mentioned some things on the photographs.
17 You said, "I'm not interested in his hair color and his
18 weight and so forth. We'll move on."

19 Q Okay.

20 A So it's the same thing.

21 Q All right. Again, on page 10 of 31 of
22 Ms. Clark's report, "reference to sparse pattern on back
23 of shirt."

24 Again, that's an area of the griess, G-R-I-E-S-S
25 test?

1 A Mm-hmm. Right.

2 Q Again, these are just notes you're putting down
3 for posterity in case you have a thought process they
4 might be useful?

5 A The back of the shirt didn't have a hole in it.
6 So I don't know what use that information is and I'm not
7 sure I even abstracted that.

8 The four inches that I made note of was for the
9 front of the shirt.

10 Q I understand.

11 A Right.

12 Q But again, I'm just -- I'm just going by what
13 you wrote in your abstract, your summary.

14 A Mm-hmm.

15 Q That's what I'm --

16 A Sure.

17 Q And dealing with the back of the shirt, do you
18 know if Ms. Clark was talking about the physical back of
19 the shirt that would be on someone's back, or the back of
20 the shirt being the inside of the front of the shirt?

21 Do you know?

22 A I do not know.

23 Q Okay. On page 11 of 31 -- and again, this is
24 just me trying to figure things out -- "Photo with yellow
25 pins showing each GPP."

1 A Gunpowder particle.

2 Q Yeah.

3 A That's how I interpreted it.

4 Q And I believe you're correct.

5 A Yeah.

6 Q What was the significance of that photo and ...

7 A Well, this gives a visual pattern to correlate
8 with the written notes.

9 Q And again, significance?

10 A It's showing that gunpowder struck the front of
11 the shirt and an array disposed around that hole.

12 Q Okay. Now, did it dispose equally around the
13 entire circumference of the hole or just partially?

14 A There's a sparse pattern on the upper left area,
15 which, as you're looking at it, would be 1 or 2:00 with
16 reference to the hole. And then there's a somewhat closer
17 and more dense pattern at, say, 7 to 10:00, basically on
18 the -- to the left of the hole as you're looking at it, to
19 the right, if you're the person wearing the shirt.

20 Q All right.

21 A Yeah.

22 Q And there's other photographs. Let me just move
23 this little sticker so you can see all of it.

24 In looking at the pattern that was finally
25 deposited by the gunshot, is there any significance that

1 the pattern does not completely --

2 A That it's not radially symmetric.

3 Q Thank you. I was having -- that's a good way to
4 put it. I like that.

5 A I don't -- I don't attribute anything to that
6 because this shirt was handled before it got to the
7 firearms examiner. And gunpowder can fall off. I know it
8 falls off the body between the time the body's seen at the
9 scene and the time it's examined at the office, ME office,
10 and so I'm sure it works the same with shirts, and it can
11 move too --

12 Q Okay.

13 A -- so --

14 Q Is there any --

15 A -- this tells me it was found on the shirt on
16 the same side as the hole.

17 Q Fair enough.

18 Is there anything about the known fact that
19 there are two intervening objects between the muzzle of
20 the gun and the shirt as far as the depositing of the
21 gunpowder particles?

22 A Well, intervening objects certainly could shield
23 out a sector of the shirt from being struck by gunpowder.
24 I don't have an opinion as to whether that is the cause of
25 these gaps on the shirt or whether the gunpowder just fell

1 off.

2 Q Okay. Thank you.

3 Before we move away from Ms. Clark's report, I
4 know that you have the photo of shirt with hole and
5 measurements of the hole, test firing.

6 Other than those particular abstracts, is there
7 anything about the distance determination that she did
8 with the lab ammo and then subsequently tried to confirm
9 with the stock ammo provided from the scene?

10 Did you read through --

11 I'm trying to get what they call that sheet.
12 Give me just a minute, please.

13 It's called a distance determinations test
14 worksheet.

15 Did you go through each of those in Ms. Clark's
16 report?

17 A I don't remember.

18 Q Would you mind, just look and see? I believe --
19 let me look -- I think each purple tab here is her --

20 Yes. And if you could just --

21 Right.

22 So if you would look at page 15 of 31, 19 of 31,
23 22 of 31, 27 of 31?

24 You agree that's a 7?

25 A Yeah.

1 Q And 30 of 31.

2 I just want to know, did you have a chance to
3 look at those or --

4 You don't mention it in the abstract. That's
5 why I was curious if you did.

6 A I don't remember whether I saw these or not. I
7 might have seen them and thought they were just
8 representative and redundant to what I had already seen.

9 Q All right, sir. Every little purple tab is the
10 one we put on the record.

11 A I probably went through this pretty rapidly.

12 So this is the test fire where they were firing
13 at prescribed distances: Three, six and 12 inches --

14 Q With --

15 A -- and noting the density of the pattern by
16 description and by griess test.

17 Q With the lab ammo out of the lab and not the
18 ammo that was submitted that was found in the -- in the
19 magazine of the pistol that was recovered.

20 A Well, I -- I can't comment on that. I have no
21 idea.

22 So it becomes light density as it goes out.

23 Okay. So it goes from heavy at 12 inches to
24 light at 18 inches. And they're still finding a few
25 particles up to 30 inches. Which is -- which is typical.

1 A firearms examiner will be able to find powder
2 out to two feet, three feet from stray pieces of
3 gunpowder. And when one flake of gunpowder hits the skin,
4 it doesn't make a pattern. It makes just one little
5 divot. And the medical examiner's not going to make an
6 opinion based on that.

7 Q All right. We're done with Clark's report.

8 What I'd like to do --

9 And this is going to be somewhat laborious. And
10 I apologize for that.

11 I'll tell you what. Let's do this first, then
12 we'll get Dr. Thogmartin all at the same time.

13 What I'd like to do is go through the
14 photographs that we identified in which you made either
15 observations or notes so that you could go back and later
16 talk about it.

17 Dr. Adams, prior to the deposition, you had an
18 opportunity to go through the photographs that were taken
19 by the Pasco County sheriff's office of Ms. Nicole
20 Oulson's injured hand, correct?

21 A Yes. We went through them and then you labeled
22 them.

23 Q All right. And what we have is photographs 1,
24 2, Composite 3, 4 --

25 MR. MARTIN: I'm sorry, Donna. We're going to

1 start over, because apparently I made a big mistake
2 in numbering this.

3 Sorry, Donna.

4 BY MR. MARTIN:

5 Q All right. Photograph 1, photograph 2,
6 photograph 3A and B. Then it's going to be photograph 4A
7 through K, okay?

8 And let me ...

9 And I have provided a copy of the same
10 photographs marked similarly for Mr. Michaels.

11 And these will not be attached to the
12 deposition. However, we will refer to them in the
13 deposition.

14 Photograph number 1 simply sets forth the
15 placard card giving the type of offense, homicide; the
16 Pasco County Sheriff's Office case number 14-1529; the
17 date that the photograph was taken, at 1-15-14; the time,
18 1652 hours; and the technician was Weigand, W-E-I-G-A-N-D.
19 Correct? So that just kind of sets up this packet of
20 photos.

21 Now, in dealing with -- get your abstract.

22 You indicated that photograph number 2,
23 depicting Ms. Oulson, you mentioned in your abstract as
24 being the woman that had a hand in a bandage, and you
25 referred to it as a splint, correct?

1 A Yes.

2 Q All right. And photographs 3A and 3B simply
3 show Ms. Oulson's left hand in the splint that you
4 described.

5 A Yes.

6 Q Okay. So let's go ahead and talk about in
7 detail Exhibit 4 Composite, A through K.

8 You indicate in your abstract, "There are some
9 sparse red stippling on the dorsal aspect of the left hand
10 on radial aspect near base of thumb," correct?

11 A Yes.

12 Q And for the record, if you would, would you
13 identify those photographs, 4A through K, that represent
14 that description in your abstract?

15 A The photographs that show the stippling on the
16 back of the hand are labeled 4A, 4B, 4C, 4D, 4E, 4F, 4G,
17 4H, 4I, 4J and 4K.

18 Q All right, sir. In regards to the red stippling
19 on the dorsal aspect of the left hand, for the record,
20 what do you mean by dorsal aspect?

21 A The dorsal aspect is the -- commonly referred to
22 as the back of the hand.

23 Q Okay. You also use the term "radial aspect near
24 base of thumb."

25 What do you mean by that?

1 A The -- using "radial" and "ulnar" as a reference
2 point -- as a reference to the bones of the forearm, the
3 radius bone terminates on the side where the thumb is and
4 the ulnar bone terminates on the side with the fifth
5 finger.

6 So it's a little bit redundant to say "base of
7 thumb radial aspect."

8 Q Okay. As far as the red stippling, did you find
9 any stippling from the fourth finger up towards the fifth
10 finger to the edge of the palm?

11 A The stippling is concentrated on the radial
12 aspect so that the back of the hand, at the base of the
13 fourth and fifth finger -- it's mostly at the base of the
14 fifth finger or the ulnar aspect -- does not have
15 stippling.

16 Q Okay. And with the wound being on the fourth
17 finger --

18 And what is this part of the finger right here
19 called?

20 A The bones are called phalanges.

21 Q Okay.

22 A One is a phalange.

23 We can call them finger bones.

24 Q Finger bones.

25 So this would be the second, or how would you --

1 A There's a distal, a middle and a proximal
2 phalange.

3 Q All right.

4 A And then for the thumb just a proximal and a
5 distal.

6 Q All right. So on the fourth finger, the middle
7 finger bone is the injury, correct?

8 A The middle bone and the -- looks like over the
9 joint between the distal and the middle bone.

10 Q And we're referring to photograph 4A, correct?

11 A Yes.

12 Q Now, on the fifth finger, there appears to be
13 some reddening on the inside of the fifth finger.

14 A Reddening --

15 Q Laceration.

16 A Contusion, and some small lacerations along the
17 cuticle.

18 Q Okay. Would that be suggestive that, at the
19 time the bone penetrated the middle bone of the fourth
20 finger, that the fifth finger, first bone, was in fairly
21 close proximity to the fourth finger for the bone -- for
22 the bullet to also -- to -- I'm sorry -- for the bullet to
23 cause injury to both the fourth and fifth finger?

24 A Yes. That's how I see it.

25 Q Okay. The lack of stippling from the fourth

1 finger towards the edge of the palm where the fifth finger
2 is, do you have any -- is there any significance to that
3 at all?

4 A Well, yes. It reflects the direction from which
5 the photograph is taken.

6 Q What does that mean?

7 A The photograph is not taken from the same
8 vantage point enjoyed by the bullet.

9 If we talk about a gunshot wound to the chest
10 that exits the back --

11 Q Yes, sir.

12 A -- you would expect the stippling, if any, to be
13 on the chest. And you wouldn't take a photograph of the
14 flank to show the stippling pattern and you wouldn't
15 comment on the absence of stippling on the flank and
16 wonder, "Why is that?" It would be intuitive.

17 Here, we're looking --

18 Q Let's go ahead and try to refer to numbers if
19 you don't mind.

20 A Sure.

21 Any of those photos will do, 4A and 4B.

22 Here, we're looking at the -- a wound where the
23 wound path, the entrance and the exit, are all visible.
24 Because the wound is like a gutter. It's a trough.

25 Q Yes, sir.

1 A The bullet doesn't perforate the skin and go
2 into an interior object and then exit.

3 So this photograph is not aimed at the entry
4 point on that finger. It's aimed at the broadside of a
5 wound path.

6 So let's go through here and see if we can find
7 a photograph that more closely approximates the --

8 Q Okay.

9 A -- the vantage point that the bullet had.
10 There's only one such photograph --

11 Q Okay.

12 A -- and --

13 Q That'd be 4G.

14 A Right.

15 And you notice in 4G, that you can't see that
16 part of the back of the hand which is at the base of the
17 fifth finger. If the bullet can't see it, the gunpowder
18 can't see it either.

19 If you put -- if you rotate the -- if -- the
20 hand, so it's lined up with the bullet like this --

21 Q Yes.

22 A And I'm gesturing here for the record.

23 The bullet and the gun powder are coming in this
24 direction so you would expect stippling here on this part
25 of my hand, but not here, 'cause the gunpowder can't reach

1 it.

2 Q Okay. Well, let's do this.

3 If --

4 I'm going to use her left hand.

5 And I have it palm on the wall, okay?

6 Now, the position of the hand at the time it was
7 shot, based on the stippling, in your opinion, is it with
8 the whole palm on the wall or is it the edge of the palm
9 on the wall? That's what I'm trying to figure out.

10 A Closer to that position.

11 Q When you say that, which is --

12 A The one that you have now, with the edge of
13 your -- the ulnar aspect of your hand against the wall.

14 You could rotate it down a little bit so it's
15 45 degrees or so. Rotate it back up.

16 What you need to do is line that up so that the
17 bullet wound is coming across this finger and going right
18 through there.

19 Q Yes.

20 A So you don't want it this way and you don't want
21 it this way. You want to rotate it up just about that
22 way.

23 And so when you do this, and here the bullet's
24 coming up a little bit 'cause I'm crouched down --

25 Q Yes.

1 A -- the powder is hitting the base of the thumb,
2 the big web area between the thumb and the index finger.
3 And then there's a little bit on the back of the hand
4 close to that, but none on the back of the hand at the
5 base of the fifth finger.

6 Q All right. And are you crouched down over the
7 chair here, or are you anticipating that the firearm was
8 lower than the -- than Ms. Oulson's hand?

9 A I just didn't want to get in your face.

10 Q I appreciate that.

11 All right, sir. So when we're talking about the
12 position of the hand, it's --

13 What did you call this?

14 A The ulnar aspect.

15 Q The ulnar aspect of the palm is flat against the
16 wall. You're almost at a 45-degree angle. Close?

17 A Well, you've got -- you've got the edge of your
18 hand against the wall and your fifth finger against the
19 wall.

20 Q Yes.

21 A And your thumb is out maybe five inches from the
22 wall.

23 Q Yes.

24 A So I think --

25 Q Is that pretty close?

1 A For the transcript, that's pretty close.

2 Q I agree.

3 All right. And so when the bullet comes into
4 the fourth finger, the explanation for -- we see the
5 pattern of stippling from the fourth finger below and not
6 from the fourth finger up is, what?

7 A It's the way the bullet is coming.

8 It doesn't matter --

9 If the muzzle is down here, you can rotate your
10 hand down to recreate that pattern. If the muzzle's up
11 here, you rotate your hand up to recreate that pattern.

12 Q Okay. And if the muzzle is up, like you said,
13 and the hand is rotated up, how come the first, second --
14 well, the fourth, fifth -- whatever this finger is --
15 fifth, fourth, third and second finger aren't damaged?

16 A Spread your fingers out.

17 Q I have them spread. They won't go any more.

18 A Yeah. We don't know exactly how her fingers
19 were arranged. If you spread them out, you can flex them
20 in different directions.

21 Q All right. But we know, because of the wound,
22 that the fourth and fifth finger have to be of such close
23 proximity that the circumference of the bullet would have
24 hit both of them, one more than the other.

25 A They can be spread out. The bullet can be

1 guttering off that wound on the fourth finger, and then
2 here I've got my fingers spread out, and it's trying to go
3 between the fingers so to speak, but it dings the fifth
4 finger a little bit.

5 Q Okay. And the reference that we were using with
6 my hand on the wall, we were initially talking about
7 photograph 4G and that's how we got into that
8 conversation.

9 A Yes.

10 (A discussion was held off the record.)

11 BY MR. MARTIN:

12 Q Okay. So let's go to the next part, under
13 photographs.

14 We have, "gutter like gunshot wound running
15 transversely across the dorsal aspect of the fourth finger
16 over middle flange, comma, with radiating lacerations on
17 the ulnar aspect, comma, and tissue swelling on the ulnar
18 aspect."

19 Let's just stop right there.

20 Can you give me the photograph or photographs
21 that illustrate that point, please, sir?

22 A They all illustrate it. Different photographs
23 are better for certain aspects.

24 Q Okay. Let's talk about the better ones dealing
25 with that.

1 I know the wound is not sutured. That's fine.

2 A Yeah.

3 Q And we know "there's some meaty part of the
4 tissue that's exposed." That's the next part. That's
5 fine. "No bone in view." Yeah, I know about that.

6 So let's -- let's just talk about that first
7 sentence that you wrote in your abstract.

8 A The photographs, right?

9 Q Yes, sir.

10 A The transverse aspect is well illustrated by 4A,
11 where it looks like -- there's a -- you see a red stripe
12 going across the back of that finger.

13 It's not perfectly orthogonal to that finger.

14 Q I'm sorry. What word?

15 A Right angles to the hand, or parallel. I'm not
16 sure what the word is.

17 You can see that it's angling across the back of
18 the finger.

19 Q All right. And you're looking at 4G right now.

20 A 4G. You can see the entrance is on the inside
21 of that fourth finger that abuts the third finger, but
22 it's really toward the back of the finger.

23 And then if you go to -- well, let's see --

24 4E --

25 Q Yes, sir.

1 A -- or --

2 There are some other photographs that were set
3 aside that show it better.

4 Q All right. Let's --

5 A The wound is running so that it's actually
6 getting toward the fleshy part of the finger on the side
7 that abuts the fifth finger.

8 Q Here's the ones we've set aside. And if you
9 pick it out, we'll just make it next in order on 4.

10 A Okay. This is as good as any here.

11 Q All right. So this will be 4L.

12 All right. So using 4L, what is it that is
13 illustrative of your testimony on that?

14 A This is the exit wound.

15 So the exit side of this gutter wound on the
16 fourth finger, is starting to involve the fleshy part of
17 the finger, whereas the entrance part is well away from
18 the fleshy part. So it's -- this accounts for the
19 trajectory where it dings the fifth finger. It's almost
20 trying to go between the fingers. And if you spray the
21 fingers out like that, that's how it went.

22 Q All right.

23 A Not like this, but like this.

24 Q So the way you have your hand -- and I'm going
25 to put my palm flush to the wall just for the purposes of

1 what you just demonstrated.

2 Come and put my fingers where they would -- in
3 your opinion, they would be when the --

4 A Yeah. Spread your fingers out.

5 Q Okay, sir.

6 A And in some of the photographs, the bullet track
7 looks like it's going this way. If you look at entrance
8 and the exit, you can see that it's angled.

9 Q All right. So you have the path or the
10 trajectory of the bullet not being perpendicular to the
11 chest but at an angle coming from --

12 A Well, let's put it this way.

13 Q Low to top.

14 I don't know how else to put it.

15 A It's not parallel to the flat of the hand; it's
16 not perpendicular to the flat of the hand. It's at some
17 angle in between.

18 Q Okay. And would that put the muzzle of the
19 firearm below or perpendicular to the hand?

20 A Well, it's not perpendicular. It's at an angle.

21 But you can rotate the hand to recreate any
22 scenario. This doesn't tell you whether the shooter was
23 low or high.

24 Q Okay.

25 A It just -- you could rotate your hand down for a

1 low shooter or rotate it up a little bit for a tall
2 shooter.

3 Q I got you.

4 A Yeah.

5 Q All right. I'm going to take the ones away that
6 we don't have marked, okay?

7 A Sure.

8 Q But if you need them we can use them.

9 Is there anything else that we need to go over
10 as far as that one sentence that you wrote in your
11 abstract, where we start with "gutterlike gunshot wound"?

12 A I think we've covered everything in that
13 particular bullet point.

14 Q Let's go to the next one.

15 "Some dark soiling on dorsal aspect of fourth
16 finger, proximal, P-R-O-X-I-M-A-L, segment.

17 A Right. Near the joint.

18 Q "Could be gunpowder or bullet wipe."

19 A Or it could be a contusion. I don't have an
20 opinion as to what it is. I don't trust the color on
21 these paper renditions of digital photographs. But this
22 actually looks like the color that I saw on the computer.

23 So it's soiling, and it's been there for
24 whatever period of time had elapsed before this photograph
25 was taken.

1 Q Well, you know these photographs were taken two
2 days after the incident, after she's been washed, cleaned
3 and everything.

4 A Well, I don't know how much washing went on
5 here.

6 Q Well, the doctors cleaned it up and sent her
7 home until she had her surgery.

8 So you're right. We don't know --

9 A Well, soiling -- you can see smears of blood on
10 the inside of the fifth finger here. But some of that
11 could have been oozing out of that wound.

12 So I just made a note of that dark coloration to
13 remind myself that it was there, but I don't have an
14 opinion as to what it is.

15 Q You don't know if --

16 A I gave a couple of possibilities.

17 Q But you have no idea what it is.

18 A Well, I have an idea. They're just reasonable
19 possibilities. They're not opinions.

20 Q Okay. So what would be a reasonable
21 possibility?

22 A Gunpowder, bullet wipe, contusion with an
23 unusual hue.

24 Whoever examined that finger, if any medical
25 person did, would be in a better position to determine

1 that.

2 Q Okay.

3 A But if you'd had Dr. Thogmartin examine that
4 finger, we'd have a good opinion.

5 Q Well, we can't bring our MEOs to the hospital to
6 do victims.

7 A Sure you can.

8 Q No.

9 Okay. Let's do the next one.

10 "The fifth finger has no --"

11 MR. MARTIN: I'm sorry. Donna. Back up. Start
12 me over, please.

13 (A discussion was held off the record.)

14 BY MR. MARTIN:

15 Q "The fifth finger has nonspecific lacerations,
16 superficial on inside," and I have "radial," "aspect of
17 distal segment."

18 A Right.

19 Q Where is that?

20 A That's the bullet injury that we talked about.
21 It's nonspecific only if you view the finger in
22 isolation and without a history.

23 Q What number?

24 You're looking at 4F? That's what you were
25 pointing at.

1 A 4F is as good as any.

2 Q All right.

3 A 4D.

4 Q And the significance of that?

5 A Well, judging it by the company it keeps, in my
6 opinion, this wound is caused by the bullet that caused
7 the wound in the fourth finger.

8 Q Okay. The next part of your abstract is
9 "direction of fire, radial to ulnar."

10 What does that mean, sir?

11 A It means it's proceeding from the side of the
12 hand that the thumb is on to the side of the hand that the
13 middle finger is on.

14 Q Okay. Again, if I put my hand flat --

15 A But it's not exactly in that line. It's an
16 algo --

17 Q See, my hand's flat on the wall with a pen in
18 between my fingers, as best I can, perpendicular to the
19 wall.

20 That's not what we're talking about?

21 A No.

22 Q And --

23 Okay.

24 A And it's not strictly radial to ulnar too.

25 Radial to ulnar would be, I have a pen flat against the

1 back of my hand here.

2 In this case, you have to tip the pen up at an
3 angle.

4 Q Okay.

5 A On that note, I was just working out which side
6 of that red trough was the entrance and which was the
7 exit.

8 Q So we're kind of like that -- forget I'm just
9 using this finger to hold the pen --

10 So we're talking that?

11 A No. Not really. Because you've just -- you've
12 just gone into contortions to end up with a pen that's
13 parallel to the back of the hand.

14 Q Well --

15 Okay.

16 A It's angled like this. So it's radial to ulnar
17 in the sense that it's going from this side to this side,
18 but it's also going from back of the hand to the palm to a
19 slight degree.

20 Q Okay. So my palm is not flat on the wall. It's
21 out like you showed me before.

22 A Well, you can rotate the hand out and then have
23 the pen perpendicular to the wall.

24 Q Okay.

25 A This is going to look crazy on the transcript.

1 No one's going to have a clue.

2 Q But you and I will.

3 A Unless you whip your cell phone out and take a
4 picture.

5 Q The next part is "range of fire, close range."

6 Again, I took that more as an opinion, an
7 observation, conclusion.

8 What is it -- why did you write that in your
9 abstract at this point in reviewing the pictures?

10 A Oh, it is an opinion, but it's based on the fact
11 that there's stippling present.

12 Q Okay. If you would, let's go ahead and pull
13 together the photographs in the Composite 4. And it's
14 probably all of them. I know all of them have stippling.
15 But if you could pick out -- if you were asked to pick out
16 two or three to present to the jury in court to illustrate
17 your testimony, which ones would you pick out?

18 A There some others that are not in this pile.

19 Even though there's a glare and bad lighting on
20 4B, I think 4B and 4G -- 4G is the photograph where the
21 lens of the camera most closely approximates the direction
22 that the bullet is coming from, and 4B shows the entirety
23 of the back of the hand.

24 Q Okay. And what does close range mean to you?

25 A Close range means it's between a couple of

1 inches and, say, 15 to 18 inches. And those numbers are
2 flexible because that's for a standard hypothetical
3 handgun.

4 Q Okay. Next is "position of body left upper
5 extremity out to left side, comma, woman facing shooter."

6 Again, I didn't take that as a picture I had.
7 More of a conclusion, observation or opinion.

8 Why did you write that in this section?

9 A It's fitting it with the other information,
10 obviously. This is one possible scenario for this -- for
11 this wound.

12 If we assume that there's one shot fired and
13 it's creating the hand wounds on both people and the chest
14 wound on the man, then they all have to be lined up
15 somehow. And we know the position of the woman and the
16 man in the theater. So if he's standing and she's
17 probably standing, her arm has to be out. It has to be in
18 the line of fire.

19 And we talked about the position of the hand,
20 you know, how it's rotated with respect to the
21 presentation of the muzzle.

22 So that's what that is.

23 Q And did you read the deposition of Nicole
24 Oulson? She's the -- Chad Oulson's wife. She's the one
25 shot in the hand.

1 Did you read her deposition?

2 A No. No, I didn't.

3 Q Did you read any of the police reports regarding
4 her account of the events leading up to the shooting and
5 how she got shot?

6 A No.

7 Q And did you read any other witness's statement
8 about the position of Ms. Oulson when she was shot?

9 A No.

10 Q And how did you come to the conclusion that
11 Ms. Oulson, being the woman, was facing the shooter?

12 A Well, we really only know how her hand was
13 presented to the shooter.

14 Q Okay.

15 A The rest of it is inferred from the
16 circumstances, the investigative information that I have
17 comes from the medical examiner's records, the
18 investigative narrative.

19 Q Okay. Please. How does it interrelate then
20 that the woman was facing the shooter?

21 A Oh, it doesn't say that. That's just a scenario
22 that I'm positing there.

23 Q Okay. And what are the inferences or the
24 assumptions that you're relying on that indicate that that
25 is one possible scenario?

1 A Well, if she has the hand in front of her
2 husband's chest, she could be facing the shooter or she
3 could be turned like this and facing her husband. She's
4 nearby.

5 Q The question is -- I guess we need to go back
6 further --

7 A Sure.

8 Q -- what facts are you relying on for the
9 inference or the assumption that she was actually
10 standing?

11 A She doesn't have to be standing. That's one
12 possible scenario.

13 Q Okay. But she doesn't have to be standing.

14 A She and her husband could both be sitting. I
15 don't know how that would work in a theater --

16 Q Okay.

17 A -- since the seats face the other way.

18 Q I apologize for interrupting you. My fault.

19 If Mr. Oulson is standing, can Ms. Oulson be
20 seated or just getting up out of her seat?

21 A Well, the seats in a theater all face forward.
22 And my understanding is that the Oulsons were in a row in
23 front of Mr. Reeves.

24 Q Mm-hmm.

25 A So when they were seated, they were not facing

1 Mr. Reeves. To face him they would have to be out of the
2 seat.

3 Q Okay.

4 A Have I misconstrued how the theater's arranged?

5 Q No, sir.

6 A Okay.

7 Q I'm just trying to get your thought process of
8 why you've eliminated or found it even less likely that
9 Ms. Oulson could be facing the screen and in a position to
10 still have her hand in front of her husband's chest.

11 A Facing the movie screen?

12 Well, if her husband is facing Mr. Reeves, who's
13 in the row behind, and she has her hand like this --

14 Q Well --

15 A -- to face the screen, she has to be turning
16 like this.

17 Q You know her thumb is down.

18 A Yeah. Her thumb's down. I'm trying to get the
19 twist in here.

20 Q And you can't do it with your arm if she's
21 standing, can you?

22 A Oh, you can do this. It's not necessarily a
23 natural position. It's hard to imagine a circumstance
24 where she'd be like that.

25 Q Okay. And you know how --

1 A It's physically impossible.

2 Q And do you know how tall Nicole Oulson is?

3 A I don't know the measurements. She looks like
4 she's probably on the tall side, from the photographs.

5 Q And do you know the height of Mr. Oulson, Chad
6 Oulson?

7 A Mr. Oulson had his length recorded in the
8 autopsy report.

9 Let's see.

10 76 inches. So six feet, four inches.

11 Q All right. And do you know whether or not, if
12 Ms. Oulson was standing shoulder to shoulder, facing the
13 defendant, as you have postulated --

14 A No. I don't know that.

15 Q No. I'm saying if you would assume that.

16 A No. That's one possible scenario.

17 Q I know. But just for the purpose of my
18 question, if you would assume that, how would Ms. Oulson
19 get her hand in front of Mr. Oulson, who is six foot,
20 four, and she's shorter? How would that work?

21 A Well, there's a lot of mobility in the shoulder
22 joint. It shouldn't be hard at all for her to get her
23 hand in front of his chest.

24 Q Okay. Are there any facts that we haven't
25 talked about which you are drawing the inference that she

1 was facing Mr. Reeves when she was shot?

2 A I just -- that's one possibility. I'm not
3 giving that as an opinion to the exclusion of any other
4 possibility. I have an opinion as to where her hand was
5 and what the attitude of the hand was. And I'm of the
6 opinion that her hand was attached to her arm, and her arm
7 was attached to her torso. But as we get farther and
8 farther away, joint by joint, I'm less and less sure of
9 where those parts were.

10 Q Okay. And based on the medical testimony, her
11 hand was in front of his chest, around the thorax area,
12 right around his heart?

13 A Oh. I -- it's based on the one shot.

14 Q Yes.

15 A I'm given to understand that there was one shot.

16 If that's not correct, then --

17 Q No, there's one shot.

18 A One shot.

19 Okay.

20 Q And her hand was in between Mr. Oulson's hand
21 and his shirt and his subsequent chest.

22 A Yes. So her hand had to be in the line of that
23 fire for the one shot.

24 Q For the one shot to go from the muzzle to Chad
25 Oulson's -- I'll call it the wrist.

1 A It is the wrist.

2 Q And --

3 Good.

4 And her fourth and fifth finger, and then into
5 the thorax area and finally lodged in his chest.

6 A Mm-hmm.

7 Q So when we talk about from muzzle to chest, that
8 is the scenario that you believe occurred, is, the wrist
9 area of Mr. Oulson, the fingers of Mrs. Oulson, and then
10 his shirt, and then his chest.

11 A Yes.

12 Q Okay. And what we know from the medical
13 evidence is that her hand was in line of fire when the gun
14 was fired.

15 I mean, correct? She was shot.

16 A Yes.

17 Q We can't dispute that.

18 A Everybody believes it.

19 Q Everybody believes it.

20 But where we have room for discussion is
21 exactly -- once we get to Ms. Nicole Oulson's shoulder,
22 exactly how her body was aligned relative to Mr. Reeves
23 when she was shot, right? Either facing; sitting, almost
24 getting up out of the seat; turning sideways ...

25 Once we get past her left shoulder, her body

1 could be anywhere as long as it'll result in her hand
2 being in line of the bullet.

3 A Right.

4 Some of those scenarios will be both physically
5 possible and comfortable and plausible, and some will be
6 physically possible and uncomfortable, and therefore not
7 plausible.

8 Q Okay.

9 A Less likely, I should say.

10 Q And which ones would be uncomfortable and less
11 likely? Can you just help we with those?

12 A Well, we were standing up there, and I was
13 twisted around so that I was facing what would be the
14 movie screen with my back to the -- to the muzzle of the
15 gun, but my hand in front of your chest.

16 Q Okay. Well, let's do this.

17 I'm going to bring a chair around --

18 And just for the purposes of asking you these
19 questions, because the seat doesn't come up, so we're just
20 going to put this back a little bit.

21 We're going to have you be Mr. Oulson and I'm
22 going to be Mrs. Oulson.

23 Could you just have a seat, please? Not a seat,
24 but stand.

25 A Mm-hmm.

1 Q And the defendant would be towards the wall. So
2 you can just turn. We just have to get you in a position
3 where you're standing. But I know there's no seat back in
4 front of you, but there would be a seat back here, okay?

5 A What does this represent?

6 Q Well, we're going to -- we're going to pretend
7 for this, because we don't have a seat that moves up.
8 Because when you get out of the theater seats, the seats
9 move up so you have more room to be closer.

10 So I'm just putting this chair here to represent
11 the seat back, would be in line here. I'm just giving you
12 a place to stand.

13 So you are facing --

14 A Okay. I still don't --

15 This is -- this represents the theater chair.

16 Q Yes. But pretend that this is right here at
17 your belt buckle, because we can't do it because I can't
18 cut this seat.

19 A I'm lost. I don't understand what you're doing.

20 THE DEPONENT: Do you understand, Mr. Michaels?

21 BY MR. MARTIN:

22 Q Let me -- look, don't worry about the chair.

23 Mr. Reeves was -- Mr. Oulson was standing facing
24 the defendant --

25 A Yeah.

1 Q -- okay?

2 And there was a seat back that came about to
3 where your belt buckle is.

4 So if you could just turn there.

5 And his knees were close to the seat back that
6 was up.

7 So let's just pretend all that there.

8 A Okay. So I'm Mr. Oulson.

9 Q Yes, you are.

10 A And you want me face that wall?

11 Q This wall. This is where Mr. Reeves is, right
12 behind --

13 A Okay.

14 Q -- Nicole. So he's here.

15 A Okay.

16 Q And Vivian Reeves is in front of you --

17 A Okay.

18 Q -- okay?

19 A All right.

20 Q So Mrs. Reeves is here.

21 MR. MICHAELS: You mean Mrs. Oulson?

22 MR. MARTIN: Yeah. Thank you.

23 BY MR. MARTIN:

24 Q Mrs. Oulson is here.

25 And we know that his arm is out here somewhere

1 because he gets shot, right?

2 A All right. You've got her seated facing the
3 screen.

4 Q Yes.

5 A And -- but I'm beside that chair.

6 Q Yes.

7 A Is there a space beside the movie chair?

8 Q No. This is -- movie chairs are movie chairs.

9 A Usually they're in a row. There's no space to
10 stand beside it.

11 Q Okay. There is a space to stand beside it if
12 the theater seat retracts up. You can stand in the void
13 where the seat has moved out of the way.

14 Are you familiar enough with theater seating,
15 that seats don't stay all the way down all the time?

16 A Sure.

17 Q They do recline up.

18 A But you've got these seats facing the opposite
19 direction.

20 Q Just pretend this seat's not here.

21 A It's not working for me. Sorry.

22 Q I want you to stand there and turn around.

23 A Okay.

24 Q Turn around this way.

25 A This way.

1 Q That's okay, Dr. Adams.
2 Face this way.
3 A This wall?
4 Q Yes, sir.
5 A Okay.
6 Q And you would put your arm out, please, for me.
7 And 'cause we know that there's a --
8 A Yeah.
9 Q -- right here at the wrist.
10 A Yeah.
11 Q All right. And if you would -- I know
12 there's --
13 If you could come closer to me this way.
14 A Mm-hmm.
15 Q All right. Now, Ms. Oulson sitting here, is the
16 position that we see Ms. Oulson getting up out of her seat
17 and reaching under her six-foot-four --
18 A Mm-hmm.
19 Q -- consistent with the medical examination --
20 the medical testimony?
21 A Yeah. That could work.
22 Q Okay.
23 A Yeah.
24 Q Thank you. I apologize I couldn't explain
25 myself any better.

1 A Well, I guess I'm too literal.

2 Q No, that's okay, sir.

3 (A recess was taken.)

4 MR. MARTIN: We're back on the record after a
5 quick break.

6 Before we left the break, Dr. Adams and I were
7 positioning our bodies in a manner that I was asking
8 a hypothetical, if Ms. Oulson's body could be in the
9 position that I suggested hypothetically, with her
10 left arm across her chest underneath the armpit of
11 Mr. Adams so that it reaches the thorax area, and
12 would that be consistent if not possible based on the
13 medical testimony?

14 BY MR. MARTIN:

15 Q Did I accurately describe our little scenario
16 there, Dr. Adams?

17 A Yes.

18 Q Okay. And you indicated that, yes, that would
19 be one possibility.

20 A Yes.

21 Q Okay. What I would like to do now is go to
22 Dr. Thogmartin.

23 Do you know Dr. Thogmartin?

24 A Of course.

25 Q You work cases with him together, as medical --

1 Sixth and 13th Circuit?

2 A Not that we worked cases together. We've served
3 on committees together with the Florida Association of
4 medical examiners and we've interacted on medical examiner
5 commission business.

6 Q Okay. The very first page of your abstract
7 deals with your review of Dr. Thogmartin's autopsy of Chad
8 Oulson, is that correct, sir?

9 A Yes.

10 Q One of the things that we talked about at the
11 beginning of the interview is that one of the services you
12 provide is a review of autopsy reports for omissions or
13 errors.

14 So let me just cut right to the chase.

15 In the autopsy that you reviewed of
16 Dr. Thogmartin regarding Chad Oulson, did you find any
17 omissions or errors that you would like to note?

18 And if there's none, you can just say none.

19 A I'm going to pull out the actual autopsy report
20 here.

21 Q Sure.

22 Let me do the same, if you can give me just a
23 moment.

24 A No errors.

25 Q All right.

1 A And for omissions, under cardiovascular --

2 Q If you would refer to a page, please, sir.

3 A Page 3 of 3.

4 Q Page 3 of 3, under cardiovascular, where it
5 begins, "The heart is three-ninety"?

6 A Yes. That paragraph.

7 Q All right.

8 A This is devoted to the cardiovascular system.

9 And it's evident that he dissected the coronary
10 arteries, but it's not evident that he opened or otherwise
11 dissected the heart. There's no description of the
12 valves, there's no description of the endocardium, there's
13 no description of the myocardial cut surfaces or the
14 chamber configuration.

15 Q And is that a material omission? Is that an
16 omission that has no significance?

17 What -- even though it might be something that
18 you would describe --

19 Tell me why you believe that's an omission
20 and --

21 A Those are standard things to describe in an
22 autopsy report.

23 It's not material because we can infer that he
24 did some kind of an examination of the heart because he
25 traced the path of the gunshot wound through the heart.

1 In the next paragraph, under respiratory system,
2 it's not apparent that the lungs were dissected at all.
3 There's no description of the bronchi, pulmonary arteries
4 or the veins or the cut surfaces.

5 He may well have dissected them and he just has
6 a brief report.

7 Q Okay. Now, with the gunshot wound that passes
8 through the ventricle, the atrium of the heart, and
9 there's a lodging in the lower lobe of the lung, is the
10 fact that he does not go into the detail on the
11 respiratory system of any significance as far as being --

12 A It's not material to any of the opinions that he
13 expressed or that I --

14 Q Okay.

15 A -- entertained.

16 Q All right, sir.

17 A But you asked.

18 Q Yes, sir. I understand.

19 Anything else?

20 A I don't see any content for the urinary bladder.
21 It just says "the urinary bladder's unremarkable." It's
22 customary to say whether there's urine, and if so, an
23 estimate of how much.

24 Q Again, material to the manner or cause of death?

25 A No.

1 Q All right, sir.

2 A That's enough.

3 Q Okay, sir. On page 1 of your abstract, you did
4 identify three areas that I would like to talk about.

5 The first area that you've underlined is
6 "gunshot wound, chest." The second area is "gunshot
7 wound, wrist." And then you have "two paths" underlined.

8 See those three paragraphs?

9 A Yes.

10 Q If you would, just start with the first one.
11 "gunshot wound, chest."

12 Why did you extract the information that we see
13 in the abstract from the autopsy of Dr. Thogmartin and
14 memorialize it? For what purpose? What was your thought
15 process, that you potentially wanted to go back and have
16 that memorialized in your abstract?

17 A It's the same that I do with any other record
18 that I review in a case. I pull out information that I
19 think I might want to get at rapidly. The abstract is a
20 concise summary of the information that I think is
21 pertinent. And naturally, as a pathologist, an autopsy
22 pathologist, I'm going to be pulling more information from
23 the autopsy report than I would from, say, a deposition of
24 a family member.

25 Q Okay. And the significance of that particular

1 paragraph, as far as the contents that you wanted to
2 summarize under "gunshot wound, chest," how does that --
3 what is the significance of that to you?

4 A Well, what I've written down here is basically
5 the -- what you call the -- you used the word "material"?

6 Q Yes, sir.

7 A The material parts of the autopsy report shorn
8 of all the boilerplate.

9 Q Okay. All right. Well, then let's do the same
10 for the "gunshot wound, wrist."

11 Is that the material part of the autopsy
12 relating to the wrist wound?

13 A Yes.

14 Q All right. And you wrote that down so you would
15 have a ready reference in the event that any questions are
16 asked of you.

17 A Could be for that or it could be if I have
18 questions myself, and I just want to review it.

19 Q Very good.

20 A I typically write enough down that I don't have
21 to do a complete reread of all the records the night
22 before a deposition. I'll spot check a few things that
23 occur to me.

24 Q All right, sir. And then the next paragraph,
25 "two paths correspond when right wrist is held in front of

1 thorax. Likely single bullet."

2 Again --

3 A That's straight out of the autopsy report.

4 That's not me. That is Dr. Thogmartin.

5 Q Correct.

6 But you wrote that again for the same reason.

7 A Right.

8 Q All right. So when we get more into your
9 conclusions and opinions, then quite possibly you'll be
10 referring back to that information.

11 A Yes.

12 Q Okay. You did have an opportunity to go through
13 the deposition of Dr. Thogmartin. And you wrote down --
14 I'm sorry -- you memorialized, beginning on page 24
15 through 86 of his deposition, various statements that were
16 contained in the depo.

17 You see that on page 3 and --

18 A Yes.

19 Q -- 4?

20 Again, is there any omission or error that you
21 found as it relates to the autopsy when you correspond
22 that to the deposition of Dr. Thogmartin in any of those
23 sections that you documented on pages 24 through 86?

24 A I take it you're basically asking if I disagree
25 with anything.

1 Q Yes, sir.

2 A I mean, if you ask me if there's an omission in
3 a deposition, you're basically asking me to comment on
4 whether the attorney asked all the right questions.
5 There's no way for me to know that.

6 Q The question, I guess --

7 You're right.

8 What I'm asking is, are you taking exception to
9 any of the statements that you place in your abstract, 24
10 through 86. Let's start with that.

11 A All right. Let me just go through these, then.

12 Q Yes, sir. Thank you.

13 A Page 33, he used the description to indicate
14 that the bullet is yawing. Wobbling. It's like a car
15 fishtailing in the snow.

16 Q All right. And --

17 A It could have been yawing a little bit, but the
18 characteristics that we see on the photograph are not
19 classic for having an intermediate target which put the
20 bullet in a sideways motion with a big wound and a big
21 irregular abrasion collar.

22 In this case, the abrasion collar was there, but
23 it was split by several lacerations in the skin. That's
24 what made the wound bigger than it otherwise would have
25 been; not the bullet per se traveling sideways.

1 Q Well, I guess the question becomes -- he used
2 the description to indicate that the bullet is yawing, but
3 you don't indicate and put it in context, was it yawing
4 when it hit the chest? Was it yawing after it hit the
5 rib? Was it yawing once it got into the heart and then we
6 get down to the lobe?

7 I mean --

8 A Well, the context is here on the preceding --

9 Q Do you have the depo with you?

10 A No.

11 I can tell, from the way this is arranged, that
12 the questioning before that was involving the chest wound.

13 Page 32, used the word "square" and "triangular"
14 to describe a hole that is not round.

15 Page 33, still talking about the same wound. He
16 used the description to indicate that the bullet is
17 yawing.

18 I don't know if he used the word yawing or if
19 I'm just summarizing what he's saying here.

20 Q Okay.

21 A He's thinking that bullet is traveling sideways
22 to some extent.

23 I agree with him that it's traveling sideways to
24 some extent, but not a whole lot --

25 Q Okay.

1 A -- based on my examination of the photographs.

2 Q All right. Any other -- you take any exception
3 to any other statements that you've listed?

4 A Well, let me just go through this.

5 Q Please, sir.

6 A Page 51, "range of fire would be best determined
7 from the video in the theater."

8 That assumes that the video is well lighted and
9 continuous and shows everything just perfectly. It may be
10 a crummy video. I haven't seen it. I don't know if he's
11 seen it or not.

12 Page 55, he talks about the wife's hand or
13 something else obscuring the stippling.

14 I don't remember if he's talking about the torso
15 wound or the hand wound creating a shadow effect on the
16 stippling. But you know, with a torso wound, the shirt
17 can filter out all the gunpowder. You'd have to use an
18 old fashioned weapon with ball powder to get gunpowder to
19 go through fabric in most garments.

20 Q So there, you don't know what he's saying is
21 obstructed.

22 A I don't know if he's talking about the hand or
23 the chest. I'd have to go back and look.

24 So let's see ...

25 Q Let's just take them both.

1 If it's the hand, what is your issue with the
2 statement? Her hand.

3 A Oh, her hand.

4 Q It says -- talks about wife's hand or something
5 else obscuring the stippling.

6 A That would be obscuring the stippling on the
7 husband's wound.

8 Q Okay. That's the interpretation I get.

9 A Right.

10 Q So --

11 A But which wound, I can't tell from this
12 language.

13 Q Well --

14 A It must have been the wrist wound.

15 Q Well, why would it be the wrist wound if he said
16 her hand was in between his chest and her -- and his hand.

17 A You're asking me to get inside his head. I
18 can't tell you why he would say that.

19 Q Okay. Well, do you know if he's saying the
20 wrist wound or the stippling on the torso?

21 A No. I'd have to go back to the actual
22 transcript. I don't have that with me except on that
23 CD-ROM.

24 Q Okay. Well, let me ask you this, Dr. Adams:
25 With the scenario that you have proffered -- and

1 I gave you a hypothetical --

2 A Right.

3 Q -- the hand was in between the chest and the
4 wrist.

5 A Her hand.

6 Q Her hand.

7 So when we talk about wife's hand or something
8 obscuring the stippling, isn't the logical inference that
9 her hand is obstructing the stippling on the shirt or his
10 chest? Because that's --

11 A If we assume that's where he's putting the
12 wife's hand, yes.

13 Q Okay.

14 A And then you have to ask, well, if the torso was
15 clothed, why are we even talking about it? We wouldn't
16 expect any stippling on the torso.

17 Q All right. Well, is there anything to indicate,
18 other than the two scenarios that you had talked about,
19 that the medical testimony would put her hand in front of
20 Mr. Oulson's hand at the time the gun was fired?

21 A No.

22 Q Okay. So we're on pretty solid ground then that
23 her hand was obscuring his chest, and whatever stippling
24 might go through all the intervening objects, that's what
25 we're talking about. Her hand was obstructing whatever

1 stippling went on her hand instead of his chest.

2 A Right. Any gunpowder that struck her hand could
3 not get to his chest.

4 Q There you go.

5 So --

6 A Put it this way: Couldn't get to his shirt.

7 Q Get to his shirt.

8 A And might account for the gaps on the photograph
9 with the yellow pins.

10 Q Sure.

11 A Right.

12 Q So why do you take an exception to 55? I guess
13 that's what I'm trying to figure out.

14 A Oh, I didn't say I did. I just stopped there to
15 try to figure out what I wrote.

16 Q Okay. I apologize to you. I thought you took
17 an exception to that.

18 A No. I'm going through this one by one to try to
19 answer your question.

20 Q You let me know when you come to one you take an
21 exception to.

22 A On 59, he's talking about the direction of fire
23 with respect to the wound on her hand. "Bullet coming
24 from the dorsal side."

25 I can't tell from this summary whether we're in

1 agreement or not.

2 Q Okay. Let's assume -- because this is my one
3 chance to talk to you.

4 A Yeah. Well, you know --

5 Q Assuming you're in disagreement, what is the
6 issue that you have with him?

7 A I don't know that I'm in disagreement. You know
8 what my opinion is on the stippling on her hand. That you
9 rotate the hand so that the gunshot wound's aligned with
10 the bullet, and then the stippling is all explained.

11 There may have been some shadow effect from some
12 intervening object, but you don't have to invoke it. You
13 don't have to invoke it at all. The stippling pattern
14 that she has on her hand is entirely explainable without
15 invoking the stippling effect of his hand.

16 Q See, we didn't get into that in that detail when
17 we talked about it.

18 A I thought we'd gone into it in a lot of detail.

19 Q Well, we got -- but we never factor in the --
20 that the shielding of his wrist and hand, that you could
21 take that out of the equation. And if her hand was in the
22 position that you discussed when the bullet was fired,
23 that we would see the same pattern.

24 A Yeah. You do not have to invoke the shielding
25 effect to explain any of the stippling on her hand.

1 Q Well, let me ask you this:

2 If you take away the shielding effect, why
3 wouldn't we see a complete radius of stippling around the
4 wound?

5 A Because of the angle of the hand. The
6 bullet's -- if the hand is bent like this, the bullet's
7 coming from this direction. No stippling can be up here.
8 It's shielded. It's like the dark side of the moon. It's
9 not a striking surface. The striking surface is down
10 here.

11 That's what we went through on the wall there.

12 Q Okay. But we know that his hand was in front
13 because the bullet has to go in a straight line.

14 A Yeah. I'm not saying there wasn't any shielding
15 effect. I'm just saying you don't have to invoke it to
16 explain the stippling pattern on her hand.

17 Q Got it. I understand.

18 A And if there was some shielding, it didn't
19 amount to much.

20 Q I understand.

21 Okay. Thank you.

22 If you could, keep going through the -- your
23 abstract, please, sir.

24 A Her hand on his hand could do it.

25 Well, I don't think her hand was --

1 Q If you could give me a number?

2 A 56. Yeah.

3 Her hand was closer to his torso than his hand
4 was to the torso.

5 So if he's saying the wife's hand is closer to
6 the muzzle than the husband's hand, I don't agree with
7 that.

8 Q Do you know if this is the section where there
9 was asking of questions: Could they have been holding
10 hands?

11 A I don't know.

12 Q Okay. So we really don't know the content of
13 that particular statement without having the deposition
14 here.

15 A Well, the previous page, 55, it's talking about
16 obscuring the stippling.

17 And --

18 Q Okay.

19 A -- with deposition transcripts there's usually
20 only one concept per page.

21 Q All right. We could keep going then, please,
22 sir.

23 A Yeah.

24 "Tears and tags corroborate direction of dorsal
25 to ventral."

1 I agree with that.

2 65, "Density of the stippling. It looks like
3 her hand is farther away from the muzzle than his."

4 I agree with that.

5 He said, "But nonperpendicular orientation could
6 reduce the density of her stippling."

7 Well, as an abstract concept, that's true. But
8 if you rotate the hand so that it's not perpendicular to
9 the muzzle, then the gunshot wound rotates out of the
10 path. You have to take the gunshot wound and the
11 stippling together.

12 Q Okay.

13 A We went through that.

14 Q Yes, sir. I remember that part of it. Yes,
15 sir.

16 A 68, he says the bullet's coming from lateral to
17 median side of the finger.

18 He may have medial and lateral mixed up here.

19 In a standard anatomic position, the hand is
20 down at the side with the palm facing out, so the ulnar is
21 medial, and radial is lateral. It's an unnatural
22 position. That's why I never use "medial" and "lateral"
23 for hand references, so ...

24 Q Well, is that the same thing as back side of the
25 hand to the palm side of the hand?

1 A No. Lateral and medial are sides.

2 Q Okay. All right.

3 A 75, "His arms are so long that his hand could
4 have picked up stippling and the shirt would not have."

5 I assume here that he just doesn't have access
6 to the lab report at this point. But with the same
7 information, I would say the same thing.

8 Q Okay.

9 A That's it.

10 Q Okay. Let's go ahead to the photographs.

11 Prior to the deposition, we had an occasion to
12 go through the MEO photographs. And we marked a series of
13 photographs, again, with Composite 1A through E. That's
14 where we talked about, in your abstract, you have "one
15 centimeter dry, dark red abrasion on skin over
16 midsternum."

17 A Yes. That's this one right here.

18 Q Okay. Why don't we go ahead and just --

19 A You can mark it. It's just paper.

20 Q No. I'm thinking about how I want to do it so
21 that we're not referring to either a number or a letter.

22 Why don't you just circle it? Why don't you
23 circle what we talked about.

24 A I'll circle it with hash marks.

25 Q That'll be great.

1 Okay. "No stippling, no penetration, no pattern
2 consistent with chest compression or --" is that
3 "missile"?

4 A Yes.

5 Q "-- about six centimeter from gunshot wound."

6 What is that? What are you talking about there?

7 A Well, I just did a visual estimation here. I
8 don't know what the actual distance is.

9 Q Oh, okay.

10 A It's just to place it in the photograph.

11 Q Now, do we know what caused that particular
12 wound?

13 A No. I don't know. It could be either jacketing
14 or a button or something.

15 Q Could it be a piece of bone from Ms. Oulson's
16 finger?

17 A If that -- if the wound penetrated bone. I
18 don't know that any bone was missing, but it -- it was
19 some hard object that impacted there. And it could be a
20 missile, a flying object. It could be from CPR, although
21 usually CPR produces contusions.

22 Q Right.

23 A And when it does produce abrasions, they're kind
24 of yellowish-pink like this one down here.

25 This one, I would attribute to the resuscitation

1 effort.

2 I agree with Dr. Thogmartin that this is more
3 likely to be some kind of stray missile incidental to the
4 gunshot.

5 Q The one that you believe is consistent with CPR,
6 could you do that in a triangle?

7 A Sure.

8 Q Again, we're doing it dots or hashes --

9 A Yeah.

10 Q -- in a triangle.

11 A Yeah.

12 Q All right, sir. We then have -- and we're going
13 to refer to photographs 1A and 1D -- vertical yellow
14 abrasion over -- I can't read it -- xiphoid area.

15 A That's the one I just put a triangle around.

16 Q Very good.

17 And then we also see that on D right there?

18 A Yes.

19 Q All right. I'm going to do the same thing on D.
20 I'll just do the hash marks triangle.

21 And then you would agree the one right above the
22 ruler, that is the, quote, potential missile wound or
23 whatever we're talking about?

24 A Yes.

25 Q And just like you did, I'll just do the circle

1 hash mark, okay, sir?

2 Did I do that correctly?

3 A Oh, that's beautiful.

4 Q All right. Then we have the "gunshot wound left
5 center of chest anterior to left and midline."

6 And then you go on to say "no definite stippling
7 but the skin on right side has a few punctuate abrasions"?

8 Is that what you wrote, sir?

9 A Punctate.

10 Q Okay. "That could represent stippling filtered
11 by shirt."

12 And we previously identified photographs 1A, B,
13 C and D.

14 So in dealing with the wound itself -- let's
15 first talk about the wound itself. Maybe we could use a
16 square and hash marks?

17 A Let's mark this one to identify which wound it
18 is.

19 Q Okay. 1A, we're going to do hash mark in a
20 square.

21 All right. And then if we could, let's talk
22 about "no definite stippling but the skin on right side
23 has a few punctate abrasions."

24 What would that be?

25 A You can see that here on 1C.

1 Q Yes, sir.

2 A Over here, these little red marks in the skin.
3 It could be stippling or it could just be where the hair
4 was shaved.

5 So I don't attach any opinion to that with
6 regard to stippling. I just make a note.

7 Q Okay. Can we do a hash mark and an oval?
8 We're going to run out of shapes in a minute.

9 A Around these little punctate things?

10 Q Yes.

11 And you don't really know what those are.

12 But why would you believe it's consistent with
13 stippling?

14 A I didn't say it's consistent. A stipple is just
15 a little divot in the skin, a little abrasion that's dug
16 out by a piece of gunpowder flake.

17 Q Okay.

18 A Sometimes there's a flake still in it at the
19 scene. And usually at the autopsy office, the flakes are
20 gone, leaving just a little abrasion.

21 If you see one little abrasion it's just an
22 abrasion. If you see a pattern of them around a wound,
23 it's stippling.

24 Q Let me show you 1E. And that is a close-up of
25 the wound that we've described as potentially could be

1 from a missile, a fragment or something that we have hash
2 marked in the shape of a circle on the photographs.

3 Right above that, there is another mark.

4 Is there any significance to that particular
5 mark?

6 A It looks like a spot of blood that wasn't
7 cleaned off.

8 Q Okay.

9 A So I don't have an opinion.

10 Q Let's go to the wrist.

11 You indicate "right wrist wound is transverse
12 across radial edge dorsal to ventral, guttering out soft
13 tissue."

14 And we have identified photograph 2A through H
15 which I have in front of you.

16 Let's just talk about that part of the sentence
17 before we get into the stippling.

18 Is there one particular photograph, one or two,
19 that represents the guttering of the soft wound? And then
20 we can go into what you mean by "transverse across radial
21 edge."

22 A I think 2 --

23 Is this B?

24 Q Yes, sir. It is.

25 A This probably does the best job. It shows the

1 trough in the skin and soft tissue created by the bullet,
2 and it shows the stippling pattern. And this photograph
3 is taken from the vantage point of the muzzle, so it's a
4 good photograph to look at the stippling pattern.

5 Q Okay. Then let's go to the next part of your
6 statement in the abstract.

7 "Medium density stippling on dorsal aspect of
8 hand and wrist, no flakes."

9 And let's just continue with 2B, since you say
10 that's a good -- from the position of the muzzle, correct?

11 A Yes.

12 Q Okay. Let's just stick with 2B.

13 What do you mean by that, your observation?

14 A My what?

15 Q Your observation regarding the stippling.

16 A Well, it's medium density because this -- the
17 aggregate of numbered particles in this area is something
18 I would call a medium density as compared to other cases.

19 As opposed to Mrs. Oulson, the distribution on
20 her hand would be, I would say, is sparse.

21 Q Okay.

22 A Dense would be when it's really carpeted with
23 the stipples.

24 Q And the significance of medium density
25 stippling, when there's a issue as to muzzle-to-target

1 determination, how does that factor in?

2 A In this case, it puts his hand closer to the
3 muzzle than hers.

4 Q Okay. Then the other part of that statement, we
5 talk about, "the wound is transverse across radial edge
6 dorsal to ventral."

7 Just explain in lay terms what that means.

8 A It's starting on this side of the wrist, the
9 hairy part --

10 Q Okay.

11 A -- and going to this side of the wrist, the
12 nonhairy part.

13 Q The top side.

14 A Yes.

15 Q That's all that means.

16 A Yes.

17 Q Okay. Good.

18 Then we have "X-ray, fragments in the chest."

19 So let's just put these away for a moment. We
20 may come back to them.

21 So we have photographs A through D.

22 Where was the bullet and the jacket of the
23 bullet found in the body? Do those X-rays help us in any
24 way show the -- show the relationship or the path of the
25 bullet once it strikes the chest?

1 A Oh, they don't show the path of the bullet.

2 They just show the --

3 Q Final resting spot?

4 A Well, not even the spot, because this is a
5 silhouette. It's a shadow.

6 Q Okay.

7 A It's two-dimensional. So you can't tell from
8 this whether that's sitting on the surface of the skin or
9 whether it's in bone.

10 Q I see.

11 A Yeah.

12 Q And you've pointed to photograph 3B. And there
13 is kind of an irregular shape on -- if you're looking at
14 the photograph, on the right side of the letter R, and
15 that's what you were pointing at.

16 A Yeah. That's the radiodense particle. There's
17 another one on the other side of the R.

18 And -- however, you can triangulate using X-ray
19 visions taken from two different directions. And that's
20 typically what we do at autopsy, before the autopsy, is,
21 we take an AP X-ray, front to back.

22 Q I don't know what AP means.

23 A Front to back. Anterior/posterior.

24 Q Okay. Very good.

25 A And then a lateral X-ray, side to side.

1 And then you could tell whether this would be on
2 the surface or inside of the body. You get a pretty good
3 idea of where to look for it inside the body.

4 Q Okay.

5 A So the best indication of where these are is
6 right in the autopsy report.

7 Q Okay.

8 A Whatever Dr. Thogmartin says, that's what it is.

9 Q Okay.

10 A "Yellow metal jacketing in the base of the
11 heart," and then the "lead core in the lower lobe of the
12 right lung."

13 Q Okay. I've moved the pictures as far as the
14 autopsy and Ms. Oulson's finger and the autopsy. I've
15 kind of set them aside. However, based on the questions
16 I'm going to ask you next, if you need to see anything, we
17 can -- we can grab it. I'm just cleaning up here a little
18 bit, all right?

19 A Okay.

20 Q If you would, get the motion to dismiss. I told
21 you that I was interested in one paragraph on page 27 --

22 A Yes.

23 Q -- where it says "the bullet grazed --"

24 A Yes.

25 Q Let me just set it up in the record, and then I

1 have some questions to ask you.

2 A I didn't write this.

3 Q I understand.

4 A Yes, sir.

5 Q But you said you were asked to review it. And
6 this is the only paragraph that is kind of concentrated on
7 testimony that you would expect to come from a forensic
8 pathologist. So that's the reason I want to put it in the
9 record and ask you some questions --

10 A Okay.

11 Q -- all right?

12 "The bullet grazed Mr. Oulson's right fist. The
13 medical examiner later concluded that Mr. Oulson's right
14 fist was in front of his thorax at the time it was grazed
15 by the bullet.

16 "The back of Mr. Oulson's hand has stippling on
17 it, indicating that it was in close proximity to the
18 barrel of the firearm when it was discharged. This was
19 consistent with Mr. Oulson attempting a third punch at
20 Mr. Reeves.

21 "The bullet that struck Mr. Oulson's right fist
22 also hit Mrs. Oulson's left hand ring finger, which she
23 had placed on her husband's chest in a failed attempt to
24 restrain him. That same bullet then penetrated
25 Mr. Oulson's chest, causing his death."

1 Did I accurately read the paragraph into the
2 record?

3 A Yes.

4 Q Okay. Let's talk about certain statements made
5 in there, since you were asked to review it.

6 The paragraph or the sentence that says, "The
7 medical examiner concluded that Mr. Oulson's right fist
8 was in front of his thorax at the time it was grazed by
9 the bullet."

10 First of all, let's deal with the description of
11 Mr. Oulson's right hand as being a fist.

12 Is there anything in the medical records that
13 would support the conclusion that Mr. Oulson's right hand
14 was in a fist as opposed to any other position?

15 A No.

16 Q Okay. Whether we call it a fist or a hand or
17 whatever we call it, it goes on to say, "in front of his
18 thorax at the time it was grazed by the bullet."

19 Is that consistent with the medical evidence in
20 this case?

21 A Yes.

22 Q Okay. "The back of Mr. Oulson's hand had
23 stippling on it, indicating that it was in close proximity
24 to the barrel of the firearm when it was discharged."

25 Is that sentence supported by the documents that

1 you have reviewed, being both the autopsy, the photographs
2 and Jennifer Clark's FDLE report?

3 A Yes.

4 Q Okay. It goes on to say, "This was consistent
5 with Mr. Oulson attempting a third punch at Mr. Reeves."

6 From a medical standpoint, is there any support
7 to that statement based on the autopsy report, the
8 ballistic report by Ms. Clark or the photographs of Chad
9 Oulson's hand or chest or Nicole Oulson's hand?

10 A It's -- yes. It is consistent.

11 Q Okay. And how is it consistent?

12 A Because assuming that Mr. Reeves is holding a
13 handgun close to his person, Mr. Oulson's hand was fairly
14 close to Mr. Reeves.

15 Q Okay. Then how -- the sentence was, "is
16 consistent with Mr. Oulson attempting a third punch at
17 Mr. Reeves," not "the proximity of his hand to the
18 muzzle."

19 A Well, yeah. It's consistent with that.

20 Q So how do we get it's consistent with attempting
21 a third punch?

22 A Well, the punch just brings motion of the
23 extremity into play, and intent.

24 I can't opine intent. I can't tell you whether
25 it was a punch or not. All I can say is, yeah, it's

1 consistent. If this is the scenario that's posited, yes,
2 the findings are consistent.

3 Q Okay. You have not seen the surveillance video.

4 A No.

5 Q Is your observation that this sentence is
6 consistent with the medical testimony based solely on the
7 fact of the proximity of Mr. Oulson's hand to the muzzle
8 of the gun?

9 A Yes.

10 Q And nothing more.

11 A Well, that it's attached to Mr. Oulson.

12 Q I understand.

13 But nothing more.

14 A Not really.

15 Q Okay. "The bullet that struck Mr. Oulson's
16 right fist also hit Mr. -- I'm sorry -- hit Mrs. Oulson's
17 left hand."

18 Medical autopsy, all photographs consistent with
19 that statement?

20 A Yes.

21 Q "Oulson's left hand ring finger, which she had
22 placed on her husband's chest."

23 I'm going to stop there. Because unless you
24 have an opinion "in a failed attempt to restrain him," is
25 there anything in the medical record indicating that she

1 was attempting to restrain him or was failing in any way?

2 A Well, I regard that as a question for the jury.

3 Q Okay. So let me stop at that point, 'cause
4 you're not -- you don't have an opinion on that, correct?

5 A Whether she was attempting to restrain him?

6 Q Yeah.

7 A Or reach for a hanky in his pocket at the moment
8 he was being shot?

9 No.

10 Q Okay. So let's just go for the first part of
11 the sentence. "Oulson's left hand ring finger, which she
12 had placed on her husband's chest."

13 Does the medical evidence support that the hand
14 was actually touching his chest or in front of it?

15 A That it's in front of the chest.

16 Q Okay. Is there any medical testimony that
17 conclusively shows that the hand was actually on the
18 chest?

19 A No.

20 Q Okay. Then the last sentence, "The same bullet
21 that penetrated Mr. Oulson's chest caused his death."

22 Do you agree with that?

23 A Yes.

24 Q Okay. All right.

25 We're almost done.

1 We've gone through all the material that you
2 reviewed. We've discussed all the your observations, the
3 significance of the observations.

4 So let's get down to the final conclusions and
5 opinions, all right, sir?

6 And because this is a little bit of bobbing for
7 apples for me, I really don't know what your potential is,
8 I'm going to have to ask a lot of "is it going to be
9 this," and you can tell me yes or no. And that's what I
10 want to do first. Then once we get all the yes and nos
11 sorted out, then I want to concentrate on the yesses.

12 Fair enough?

13 A Any way you want to do it.

14 Q Very good. I appreciate the accommodation,
15 then.

16 Now, without giving me any conclusions at this
17 point, do you expect or do you know whether or not a
18 subject matter of any opinion that you're going to give
19 will include the accuracy or omissions in Mr. Thogmartin's
20 report. Dr. Thogmartin's report.

21 And we talked about a couple of omissions that
22 you said were not material.

23 So my question is, do you believe, based on your
24 review of everything, that one of the areas that you would
25 be asked to render an opinion on would be any errors or

1 omissions in Dr. Thogmartin's report?

2 MR. MICHAELS: I'm going to instruct him not to
3 answer that. That's work product.

4 BY MR. MARTIN:

5 Q Then we're going to do it this way:

6 If you were asked and allowed by the court to
7 render opinion, have you derived any conclusions or
8 opinions regarding the accuracy or errors in
9 Dr. Thogmartin's report?

10 A Yes.

11 Q And what are your opinions or conclusions
12 regarding the accuracy or errors in Dr. Thogmartin's
13 report?

14 A That his opinions are accurate; that his
15 observations are accurate; and that there were a few
16 things that were omitted that are customarily included in
17 any autopsy.

18 Q Which we already discussed as being immaterial
19 to the gunshot wound that's under scrutiny in this
20 particular case.

21 A Yes.

22 Q Okay. If asked and allowed by the court to
23 render an opinion, have you derived any conclusions or
24 opinions regarding Dr. Thogmartin's interpretation of the
25 cause of death?

1 A I agree with his opinion.

2 Q If asked and allowed by the court to render
3 opinion, have you derived any conclusions or opinions
4 regarding Dr. Thogmartin's interpretation of the manner of
5 death?

6 A Well, I agree with it.

7 But let me say that when a medical examiner
8 gives a manner of death opinion, it is strictly as an --
9 as a de facto agent of the department of health to help
10 them classify the death.

11 Q I'm aware of the five areas, and one of them
12 that he has to choose from is homicidal; an incident,
13 being accidental, natural and all the other ones.

14 A Right.

15 Q That's the only ones you get to pick.

16 A Rating.

17 Q So based as -- as a former medical examiner, the
18 manner of death being described as homicidal is consistent
19 with the protocol of every other MEO in the state of
20 Florida.

21 A Yes.

22 Q Okay. And so in this particular case, you would
23 agree that the manner of death is in fact homicidal.

24 A Yes.

25 Q Okay. If asked and allowed by the court to

1 render opinion, have you derived any conclusions or
2 opinions regarding the accuracy of the Florida Department
3 of Law Enforcement determination of distance determination
4 in this case? That would be Jennifer Clark's report that,
5 you know, we went over.

6 A No. I have no comment on her opinions. I'm not
7 a firearm examiner.

8 Q Okay. So you'd have no opinion on that.

9 A Right.

10 Q If asked and allowed by the court to render an
11 opinion, have you derived any conclusions or opinions
12 regarding the distance between the muzzle and the initial
13 target being Chad Oulson's right hand?

14 A Yes.

15 Q And what are those opinions or conclusions?

16 A That it was more than a couple of inches and
17 probably less than 18 inches.

18 Q From muzzle to --

19 A Muzzle to wrist.

20 Q Muzzle to wrist.

21 More than a couple, right? More than a couple
22 inches?

23 A Yes.

24 Q And more likely ...

25 A And probably less than 18.

1 Q And do you give a range, a low range, if 18 is
2 the high range, less than 18 is your bottom range, then a
3 couple of inches to less than 18? Is that the range?

4 A That's -- that's a general range for all close
5 range or intermediate range wounds.

6 In his case, with the medium density stippling
7 on the wrist, the wrist was probably on the close end of
8 that range, and the torso was farther away. But I can't
9 give you a number. That's all that I can say, is that the
10 wrist was closer than the torso. And his wife's hand was
11 closer than the torso but not as close as his wrist.

12 Q Okay. If asked and allowed by the court to
13 render opinion, have you derived any conclusions or
14 opinions regarding the position of Mr. Reeves, Mr. Chad
15 Oulson and Nicole Oulson in relation to one another when
16 the shot was fired?

17 A Typically, when I'm asked that kind of question,
18 I ask for the question to be reframed to posit a scenario
19 with which I can say the autopsy findings are consistent
20 or not consistent. Because there can be an infinite
21 number of scenarios in an abstract sense. You can place
22 the shooter and the victim in multiple different ways to
23 account for a particular autopsy finding. But the number
24 of possibilities, of course, is constrained by the known
25 circumstances and what the witnesses say.

1 Q Okay.

2 A So the easiest thing is to posit a hypothetical
3 question. I just say yay, nay.

4 Q Okay. Today in the depo you postulated one
5 hypothetical, I postulated another hypothetical. And I
6 believe your testimony previously is, both of those
7 scenarios would be consistent with the medical testimony.

8 Did I summarize that correctly?

9 A Well, maybe you can remind me what those
10 scenarios were.

11 Q Well, one was, as you pointed out in your
12 abstract, that Nicole Oulson was in fact facing the
13 defendant at the time that Mr. Reeves fired the weapon;
14 that her left extremity was outward; and that her hand was
15 in front of Mr. Oulson's chest in between his wrist and
16 his chest.

17 A Oh. Right. The seated versus standing
18 question.

19 Q There you go.

20 A Right.

21 And my opinion is that the wrist was in position
22 in the line of fire and her torso could have been turned
23 one way or the other.

24 Q Okay. Consistent with both the standing and the
25 sitting scenario that you and I worked out here at the

1 depo.

2 A Yes.

3 Q Okay, sir. You indicated to me earlier that you
4 did not read the tape recorded statement of Mr. Reeves,
5 correct?

6 A Right.

7 Q But I'm going to have to ask you the question
8 anyway.

9 If asked and allowed by the court to render an
10 opinion, have you derived any conclusions or opinions
11 regarding whether or not Mr. Reeves' statement to law
12 enforcement regarding the events encompassing the shooting
13 is consistent with the medical evidence?

14 A I don't know what his statements were, so I --

15 Q So you have no opinion on that.

16 A No opinion at this time.

17 Q All right. If asked and allowed by the court to
18 render an opinion, have you derived any conclusions or
19 opinions regarding specifically Mr. Reeves, any type of
20 injuries that potentially could have been sustained by
21 being hit with a fist or a cell phone?

22 A Yes. If I'm asked that question, I will give
23 opinions.

24 Q All right. And would you please go through
25 those conclusions and opinions with me?

1 A Okay. Just to make sure I've got the question
2 right, you want to know the potential injurious effect of
3 a --

4 Q Blunt trauma.

5 A -- cell phone used as a missile.

6 Q Sure. And a fist as a blunt trauma.

7 A Right.

8 Okay. Well, the cell phone has some mass, and
9 it could cause orbital fractures. It could damage the
10 eyeball. It could fracture the squamous portion of the
11 temple bone in the temple. That could in turn lacerate a
12 meningeal artery and cause an epidural hematoma, which
13 would press on the brain and cause cerebral swelling. It
14 could fracture the nose. It could fracture a tooth.

15 If it struck the chest right over the sternum,
16 it could induce a cardiac concussion. That is, stun the
17 heart into ventricular fibrillation or asystole.

18 A fist could do all of these same things.

19 A fist could also topple him over so he strikes
20 his head on a hard surface and gets a subdural hematoma
21 leading to brain swelling, or contrecoup contusions of the
22 brain --

23 Q Woop. Do that one again.

24 What kind of contusions?

25 A Contrecoup.

1 (A discussion was held off the record.)

2 A Contusions of the brain.

3 BY MR. MARTIN:

4 Q Okay.

5 A Moving head striking a fixed object, again
6 leading to brain swelling and coma.

7 A fist applied to the abdomen can rupture a
8 hollow organ, lacerating the spleen, lacerating the liver.

9 And any injury that would put a man of his age
10 in the hospital could be complicated by pneumonia and
11 sepsis or by deep vein thrombosis and pulmonary embolism,
12 resulting in death.

13 Q Okay. Let's talk about the cell phone.

14 There have been suggestions, allegations,
15 whatever you want to call them, that a cell phone was in
16 fact thrown towards Mr. Reeves. And you indicated certain
17 injuries that may or may not occur if struck in certain
18 areas with a cell phone.

19 To your knowledge, on January 13, 2014, did
20 Mr. Reeves sustain any such injuries, the ones you
21 described as being potentially hit with a cell phone,
22 that -- which you described as having mass.

23 A He had a red mark on one eyelid, which it's
24 conceivable that it represents a contusion from a cell
25 phone, but it may represent something else. So I have no

1 opinion to a reasonable degree of certainty that he
2 sustained a wound from a cell phone.

3 Q One of the things then that I noticed in the
4 abstract, and we went over, I did not note that you viewed
5 any photographs of Mr. Reeves. It's not in your abstract.
6 So I never asked any questions about that.

7 So did you -- how do you know that he had a red
8 mark above his eyelid?

9 A I think I was shown the photographs at the
10 Escobar law office.

11 Q And do you know what photographs you were shown?

12 The reason I asked, because there were
13 photographs taken while he was seated at the theater.
14 There was also photographs taken at booking.

15 A Oh, I don't know.

16 Q So that's why -- the theater's, you can see the
17 surrounding of the theater around him. He's in a blue
18 shirt.

19 A I don't remember. I didn't make notes.

20 This was a conference that they asked to have at
21 their office.

22 Q We're almost at the end of the depo, but I have
23 those photographs on my desk. You mind if we take a
24 five-minute break? That way we don't have to come back.

25 A Sure.

1 Q Let me just go get those photographs, and I'll
2 be right back.

3 A Sure.

4 MR. MARTIN: Fair enough.

5 (A recess was taken.)

6 BY MR. MARTIN:

7 Q Mr. Adams, before you are the photographs that I
8 have available of Mr. Reeves, either taken on
9 January 14th, 2014 at the theater, or at the time of
10 booking.

11 Are any of the photographs that I have provided
12 you the ones that you looked at and opined there may have
13 been some redness on Mr. Reeves' face consistent with him
14 being hit with a cell phone?

15 A These look familiar. I can't say I looked at
16 the exact same photographs.

17 In this photograph, the left --

18 Q Well, let's go do this. 'Cause I didn't know
19 which one we were going to use.

20 A These might be better too. I don't know.

21 Q It's a copy of all the same --

22 A Oh, they're all the same.

23 Q Do you want to look at that one?

24 A Not if it's the same.

25 Q Looks like the color may be a little --

1 A Well, similar, but not --

2 Q Well, the --

3 A The light's better on this.

4 Q So let's use that one.

5 The tone ...

6 MR. MICHAELS: I want to make sure he's
7 comfortable.

8 BY MR. MARTIN:

9 Q Is this one any better of Mr. Reeves in his blue
10 shirt, sitting in the theater seat with the glasses on?

11 A This has the best lighting. It doesn't have any
12 highlights or glare.

13 Q Okay. We'll do this as Number 5.

14 MR. MARTIN: Dino, do you want to mark yours
15 Number 5?

16 MR. MICHAELS: Thank you.

17 BY MR. MARTIN:

18 Q Okay. Before you is photograph number 5, taken
19 of Mr. Reeves probably within the hour after the shooting.
20 He's seated in the theater seat. It appears that his eyes
21 are closed. His glasses is on. He is handcuffed in
22 front. He's wearing a blue shirt with gray pants,
23 correct?

24 A Yes.

25 Q All right. Now, you indicated to me that you

1 observed in a photograph some redness that may or may not
2 be attributed to being hit by a cell phone, correct?

3 A Yes.

4 Q Does photograph A -- is that illustrative of any
5 type of red mark that you may attribute to being hit with
6 a cell phone?

7 A Are you referring to the photograph that you
8 marked 5?

9 Q Yes, I am. And I said 5A, and I apologize.
10 Thank you for correcting me.

11 5.

12 A Yes.

13 In this photograph, the left upper eyelid has an
14 area of redness on the lateral aspect, the outside aspect.

15 Q All right. And would you circle that, please?

16 A Well, I can if you want, but I think everyone
17 can figure out which one is the left eye.

18 Q I know. But my concern is whether or not we can
19 discern the red mark that you're referring to, to the rest
20 of the facial blemishes on his face and his hands and his
21 arms that we see.

22 A How about if I just draw an arrow here on the
23 chair, so that no part of the face is obscured.

24 Q That'll be fine.

25 A Okay.

1 Q Can you get it a little bit closer to his --

2 Where are we talking about?

3 I'm going to put --

4 A The left upper lid.

5 Q All right. Just put a little tiny black dot
6 right at where his eyeglasses are.

7 A All right.

8 Q And would you do the same for Mr. Michael's
9 copy, so when he gets back to the office, he'll have the
10 same benefit?

11 And as I pointed out in my question to you,
12 there are other facial blemishes on Mr. Reeves from the
13 neck up. We also see some on his arms, all consistent
14 with -- with the aging process, and, blemishes that show
15 up with people of a -- I don't want to say advanced age
16 because, I don't know what that means, but ...

17 Is that correct? Can we really distinguish the
18 one that you marked from any of the other blemishes that
19 we see on his face or his arms?

20 A The left upper eyelid is distinctly red in one
21 area.

22 Q I understand that.

23 A Yeah.

24 And the arms, there are a few little pink areas
25 on the forearms, but I don't see any senile ecchymoses.

1 The wrist and hands have some red ecchymoses that are
2 probably contusions or abrasions. It's hard to tell from
3 the photograph. And it might be from these manacles.

4 Q How about photograph number 6?

5 A This is a profile of the right side of the face.

6 Q Right.

7 And does that show the -- I believe you used the
8 term "ecchymoses," that is associated with aging?

9 A No. This has freckles or lentigenes.

10 Q I don't know what a lentigenes is.

11 A It's a fancy word for a freckle that a
12 dermatologist might use so they can charge you for it.

13 (A discussion was held off the record.)

14 BY MR. MARTIN:

15 Q And looking at photograph number 5, when you
16 looked at the photograph previous to the depo, do you know
17 if photograph number 5 is the photograph you actually
18 looked at, or were you looking at one that was blown up
19 even further? What --

20 A I don't recall.

21 Q Do you recall the photograph at all?

22 A I don't remember the exact photograph. All I
23 can say is it was similar to this series. They may have
24 been the exact same photographs.

25 Q And were you provided a copy of those

1 photographs or just asked to look at them, and then they
2 were taken away?

3 A I was not given a copy.

4 MR. MARTIN: Mr. Michaels, I'm going to make a
5 request for the exact photograph that he was shown.
6 I'll follow it up with the letter. But if you would
7 make a note of it.

8 MR. MICHAELS: Just get it to our office.

9 MR. MARTIN: I will do it.

10 BY MR. MARTIN:

11 Q Have you made up any demonstrative aids that you
12 plan on using to illustrate or to aid in the presentation
13 of your testimony? Have you personally made up any
14 demonstrative aids that you plan on using?

15 A No.

16 Q Do you plan on using any demonstrative aids that
17 you intend to create?

18 A No. I haven't -- I've not advanced that notion.

19 Q Is there any authoritative source, treatise of
20 any kind that you plan on bringing with you to any type of
21 hearing that you would refer to in support of your
22 testimony?

23 A No.

24 Q Based on the questions that I have asked you
25 during this deposition, as we sit here today, do you feel

1 there is a need for any further information or documents
2 to be provided to you to either firm up or confirm any of
3 the conclusions or opinions that you have provided with me
4 today? Is there anything else that you need to be given
5 to you?

6 A I don't feel a need for anything.

7 But then again, I don't know what's in the
8 records until I look at them. So it's possible that
9 there's something that has a bearing. And I'm glad to
10 look at anything that's presented to me to look at.

11 Q Is there anything that you're going to ask for
12 from the defense so that you can further your
13 investigation to make sure that your opinions or
14 conclusions are on as solid ground as possible?

15 A No. Nothing further.

16 Q Did you review any of the crime scene photos,
17 photos taken at the theater, where objects were
18 photographed and documented in relation to one another,
19 seats in relation to one another, that sort of thing?
20 That's what I'm talking about. The crime scene inside the
21 theater.

22 Did you look at any of those documents -- not
23 documents but photographs?

24 A I don't recall looking at them. Which isn't to
25 say that they weren't shown to me at the same time I saw

1 these photographs. I remember the eyelid reddening, but I
2 don't remember anything about the scene photographs.

3 Q Okay. Is it your understanding of the facts in
4 this case that Mr. Reeves was seated in a seat that the
5 back of his seat was flush up against a wall? Are you
6 aware of that?

7 A I think I've been made aware of that.

8 Q All right. And is it your understanding of the
9 facts that directly in front of Mr. Reeves sat Nicole
10 Oulson, as far as the seating?

11 A Yes.

12 Q And in relation to Mr. Reeves, Vivian Reeves,
13 his wife, was seated to his right.

14 A Yes.

15 Q Is it also your understanding that Mr. Chad
16 Oulson was seated to his wife's right, which would be in
17 front of Mrs. Reeves.

18 A Yes.

19 Q Do you know the riser height between the row
20 that Chad Oulson sat in and the row that Mr. Reeves sat
21 in? By riser I mean, you know, in theater seating they're
22 staggered as far as height.

23 Do you know what that height is?

24 A I do not.

25 Q Is it important in any aspect of your opinions

1 or conclusions to know what that height is?

2 A I don't think so.

3 Q In the event that you are asked and allowed to
4 be -- to testify by the court, do you have an opinion as
5 to whether or not the path of the bullet from the muzzle
6 to Mr. Oulson's chest was, by all intents and purposes,
7 perpendicular to the floor?

8 Straight across. Straight line.

9 A You mean parallel?

10 Q Well, yeah. I was thinking perpendicular to
11 chest, parallel to floor. Yes.

12 A Okay. Based on what I know about the seating
13 position, whether they're seated or standing and what you
14 revealed to me, that it would be roughly parallel to the
15 floor. Could be an angle up or a angle down, depending on
16 how the people are situated.

17 Q Okay. Give me just a minute. Then we can all
18 go to lunch.

19 MR. MICHAELS: I have a couple questions.

20 MR. MARTIN: I'll tell you what, Dino: Why
21 don't you do your couple questions. Let me mull over
22 how far I want to push the envelope on this one.

23 Then --

24 MR. MICHAELS: Okay.

25 MR. MARTIN: -- we'll go from there.

1 CROSS EXAMINATION

2 BY MR. MICHAELS:

3 Q I just want to direct to you that line of
4 questioning when Mr. Martin was talking to you about the
5 motion, page 27, and that one paragraph, okay?

6 A Mm-hmm.

7 Q You were asked the question, and it was
8 referring to that line regarding -- referring to
9 Mr. Oulson's right fist. "The bullet grazed Mr. Oulson's
10 right fist. The medical examiner later concluded that
11 Mr. Oulson's right fist was in front of his thorax at the
12 time it was grazed by the bullet."

13 And I think what the prosecutor asked you was
14 something along the lines of -- I made a note -- was there
15 anything in the medical record indicating a fist.

16 Do you remember that question?

17 A Yes.

18 Q Now, you appear to me to be kind of a literal
19 man.

20 So when he said "anything in the medical record
21 indicating a fist," did you mean that there was nothing
22 specifically mentioning a fist in the medical record?

23 A I don't recall any mention of a fist in the
24 medical record. When I read that, I just took it as a
25 typo or a spell check error for "wrist."

1 Q Okay. Well, let me ask you this:

2 You remember you made some notes, and you looked
3 at Dr. Thogmartin's deposition, right?

4 A Yes.

5 Q And on page 72, there's a line that says, "his
6 hand could be in a fist."

7 A That's right. Okay.

8 Q Okay?

9 Based upon your examination of the photographs
10 and the information contained in the autopsy, do you agree
11 that Mr. Oulson's hand could have been in a fist?

12 A Oh, yes.

13 Q And let me show you 2B.

14 That's a picture of Mr. Oulson's hand, right?

15 A Yes.

16 Q What in that photograph is consistent with
17 Mr. Oulson's hand potentially being in a fist coming
18 towards Mr. Reeves at the time of the shooting?

19 A There's nothing in particular about this
20 photograph that indicates a fist. There's nothing
21 inconsistent with it. It's just a photograph of a hand.

22 This photograph shows the stippling that puts
23 the hand in relationship to the muzzle. And it's not --
24 it gives us the position of a hand outside toward the --
25 Mr. Reeves, rather than palm toward Mr. Reeves.

1 So that by itself would -- the presentation of
2 the dorsal aspect of a hand toward Mr. Reeves is more
3 consistent with a fist than the palm presentation would
4 be.

5 Q Okay. So you agree with me that would be
6 consistent with a fist.

7 A Yes.

8 Q Also do you notice any stippling on the fingers
9 at all?

10 A No.

11 Q And would that fact be consistent with a fist?

12 A Yes.

13 Q Now, I think Mr. Martin asked you concerning
14 Mrs. Oulson. I know that you spent a great deal of time
15 on potential positionings. I believe your statement was
16 something to the effect of, "If you ask me hypothesis, I
17 will tell you if it's consistent or inconsistent with the
18 wounds or the injuries that I've observed."

19 Is that fair -- fair to say?

20 A Yes.

21 Q Okay. Now, the wounds on Mrs. Oulson's hand,
22 the bullet wound to her finger, is that consistent with
23 her attempting to hold her husband back?

24 MR. MARTIN: Just for the record, I'm going to
25 object to that as being speculative and beyond his

1 medical expertise, since he already answered that
2 question to the same effect when I asked him.

3 You can answer it, but when it comes to court,
4 I'm going to preserve my --

5 BY MR. MICHAELS:

6 Q Well, I think -- just so I can make clear on the
7 record, I think that the question wasn't posed to you
8 properly, which is, is her -- are her wound -- is her
9 wound consistent with her restraining Mr. Oulson?

10 A It's consistent whether you interpret that to
11 mean actual physical restraint or just the imparting of a
12 suggestion by putting the hand up, which would be a common
13 thing with a small wife and a large husband.

14 Q By looking at the wound, is it possible for you
15 to render an opinion as to whether her hand was actually
16 touching his chest?

17 A No.

18 Q Okay. So from looking at the wound, you don't
19 know if her hand was inches from his chest or actually
20 pushing on his chest, correct?

21 A That's right.

22 MR. MICHAELS: I don't have anything else.

23 MR. MARTIN: And I don't have anything else.

24 (A discussion was held off the record.)

25 MR. MICHAELS: Waive.

1 THE DEPOSITION WAS CONCLUDED AT 1:59 P.M.

2 STIPULATION

3 It was stipulated by and between the respective parties
4 and the deponent that the reading and signing of this
5 deposition be waived.

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2 CERTIFICATE OF OATH


3 STATE OF FLORIDA)

4 COUNTY OF PINELLAS)

5 I, the undersigned authority, certify that VERNON IRVIN
6 ADAMS personally appeared before me and was duly sworn.7 WITNESS my hand and official seal this 22nd day of
8 Decmber, 2015.9
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12 DONNA M. KANABAY, RMR, CRR, FPR.
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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 VERNON IRVIN ADAMS; that a review
9 of the transcript was not requested; and that the
10 transcript is a true and complete record of my
11 stenographic notes.12 I further certify that I am not a relative, employee,
13 attorney or counsel of any of the parties, nor am I a
14 relative or employee of any of the parties' attorney or
15 counsel connected with the action, nor am I financially
16 interested in the action.17 DATED this 22nd day of Decmber, 2015.
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Notary Public
State of Florida at large.

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