COURT CLERK: Thank you, have a seat.

Would you state your name for the record?

THE WITNESS: Yes, my name is Dr. William Manion.

COURT CLERK: Spell your first name.

THE WITNESS: W-I-L-L-I-A-M, M-A-N-I-O-N.

COURT CLERK: And your address, sir.

THE WITNESS: 4 Larsen Park Drive, Medford, New Jersey, M-E-D-F-O-R-D. Medford, New Jersey.

COURT CLERK: And the zip?

THE WITNESS: 08055.

COURT CLERK: Thank you.

THE COURT: You may inquire, Counsel.

MR. CERVINI: Thank you, Judge.

D O C T O R W I L L I A M M A N I O N, called as a witness by and on behalf of the Plaintiff, after having been first duly sworn, was examined and testified as follows:

DIRECT EXAMINATION

BY MR. CERVINI:

Q Good morning, Dr. Manion?

A Good morning.

Q Can you tell the jury what your occupation is, sir?

A Yes, I'm a pathologist working in New Jersey. I work as a hospital pathologist and also as a medical examiner in the counties of Burlington County and Ocean County, New Jersey.

Q And can you tell the folks what a pathologist -- your duties are about? What's a pathologist?

A Well, in the hospital, the pathologist runs all the labs like blood bank, microbiology, chemistry. When you get your blood drawn and there are tests to run, that's run in a laboratory, that's direct by a pathologist. We also look at biopsies. Anybody diagnosed with breast cancer, colon, lung cancer, those tissues come to someone like me, a pathologist, and we look at those tissues under a microscope to figure out what is the diagnosis.

In addition, we perform all of the autopsies. If patients die in a hospital, sometimes patients want an autopsy, families want to find out exactly what happened. Also, I work as a medical examiner and that involves the field of forensic pathology. And as a medical examiner, it's my job to figure out the cause and manner of death. For instance, did the person die naturally, did they have a heart attack or ammonia, was it a homicide, did somebody murder them, was it an accidental or a car accident or somebody electrocuted, that would be an accidental death. Was it a suicide, did the person leave a note, can we determine what happened. And then, finally, there is a "class undetermined". Sometimes it's hard to figure out why the person died and we have to do a lot of studies, toxicologies, get more medical records and more history.

So it's our job to determine cause and manner of death.

Q Can you briefly tell the jury here your educational background?

A Yes. May I get a glass of water, please?

With respect to college, I graduated from Villanova University in 1974 with a BA in Biology. I went on to graduate school at West Virginia University, and while I was at West Virginia, I entered medical school, also.

(Handing)

THE WITNESS: Thank you, so much.

COURT CLERK: You are welcome.

A So that what happened, I combined both programs and graduated with my M.D. -- with my PhD, 1981, and my MD in 1982. I then did a pathology residency training program so I could become a hospital pathologist; that is, work in a hospital and direct laboratories, diagnose cancer. I did that at the Graduate Hospital in Philadelphia from 1982 to '86. I then did a year of forensic pathology training in Columbus Ohio at the Franklin County Coroner's office. I sat for my Board in 1986, I became board certified in anatomic and clinical pathology. In 1987, I became board certified in forensic pathology.

Q Your PhD, what's your --

A In anatomy, and that involves gross anatomy where we would teach medical students all the parts of the body: Muscles, tendons, joints, bones, organs, cardiovascular system, renal system. All the different systems of the body. In

addition, we teach neuroanatomy: The brain. We study the brain and teach how the brain works and when there are certain injuries to the brain, what are the psychology of that. And we teach histology. And histology is looking at tissue under the microscope and saying, 'This is the section of liver, this is a section of kidney'. And just the normal histology.

Pathology involves diseases of the organs, so when we look at the liver as a pathologist, we may be trying to diagnose Hepatitis or cirrhosis or even cancer, hepatocellular cancer sometimes.

Q Do you hold any licenses presently in any sates?

A Yes, my medical license is in New Jersey, that's my active license. I have been licensed in other states, but since I don't practice there, they are inactive now. And that would include Ohio, Pennsylvania, New York, Delaware, I believe. Indiana, I have had inactive licenses there. I also completed a law degree in 1986 from Temple University in Philadelphia and I do have my law license, just so that I don't have to take the bar exam again. I try to keep them up to date so I don't have to sit for the bar again.

Q And any societies or associations you are affiliated with?

A Yes, namely the Pathology Society College and American Pathology, the American Society of Clinical Pathologists, and there is an organization, the National Association of Medical

Examiners, the name of the association.

Q Now, you mentioned forensic pathology, and I apologize if I missed it. Can you tell the folks here, what is forensic pathology?

A Well, forensic pathology involves deaths that are of legal interest. When people die in car accidents, people hit by a car, there may be prosecution for drunk driving or maybe prosecution for speeding, so that any death that is not a natural death has to be brought to the attention of a medical examiner. And if a doctor can't find that the person, you know, had a heart attack and died or had a stroke and died, then that case should come to the medical examiner's office because we want to make sure that the person did not die of something unusual, did not die of poisoning, for instance, did not die of some trauma that we don't know about.

Sometimes people can, you know, can fall and hit their head and think they are okay and go home and go to sleep and they are discovered dead the next day; that would be a medical examiner's case, why would this person, you know, die.

So that's where our main work is involved, making sure that we accurately determine cause and manner of death, document the autopsy we performed because we will later have to show our autopsy in court. And, often times -- we often times have to go before a grand jury and explain our autopsy finding.

My last appearance before the grand jury was in

Burlington County last week and I had a little baby that had been suffocated with a pillow and I had performed the autopsy and I had to go before the grand jury and explain why I believed that this was a suffocation of this child and why this child did not die of pneumonia or meningitis or mild myocardia or some disease that might explain her death.

Q You mentioned court. Let's take the last five or ten years; how often on an annual basis does your occupation involve the -- your coming to court to testify in front of people or judges or something other?

A In the last ten years, probably twenty-five times, thirty times. I think more frequent the last few years. My children are older now so I don't have to be at home, so my wife gives me permission to work on the side, so I testify every few months, every two or three months.

Q In those cases that you testified, is it a combination of private work where you work as a medical examiner? Give the folks idea as to how it breaks down.

A Most of it is private work. It may be med-mal cases, it may be criminal cases where I may be with the defense trying to defend someone in a case, they may be pain and suffering cases, and those are cases where a person was injured. Say they had a car accident and they were injured and before they died, they were conscious and did suffer and because of that, that case is of interest to jurors and attornies.

Q And have you ever been used as an expert witness by any of the media?

A Well, yes, I worked as an expert consultant with the Nancy Grace show and Jane Velez Mitchell. And they had asked me on today but I told them I can't, I'm up in New York today so I'm going to be on tomorrow night.

Q How do you figure out when -- you don't come to court, for nothing, Doctor, obviously. Is there some kind of a rate that you charge for your time and how you allocate it?

A Yes, I have a fee schedule for reviewing cases. My fee is $375 per hour, and then for courtroom testimony, it's $3,000 per half day, $6,000 for a full day.

Q And how do you base that? How do you come up with those kind of numbers? Is there some office you have to cover? How do you figure out?

A Well, I have to pay another pathologist today to cover me, and it's like any other profession, whether it's plumbing or being an expert witness, there are going rates that are out there and I'm in about the middle of the going rate. I think Michael Boggin (phonetic) charges a lot more than me, but that's okay.

Q At some point in the recent past, have I contacted you before to explain some medical issues involving some of my cases?

A Yes, you did. Yes, you have.

Q Can you give the jury an idea as how many times in the past have I called on you to explain medical issues involving some of my cases?

A I think twice. I think I worked on two cases with you.

Q Is today the first time that you and I have ever worked together in a courtroom where I have actually asked you questions?

A Yes, today is the first time I answered questions.

Q At some point in the recent past, did I contact you about the death of a young girl, Elvia Collado?

A Yes, you did, that's correct.

Q Did I provide you certain information regarding her death?

A Yes.

Q Can you give the jury an idea as to how much of the information I provided your office in order to assist in this case?

A Ms. Collado was in a car accident and eventually died so I had for my review the accident investigation from the police, the injury medical records from the ambulance that took her out of the car and took her to the hospital. And then I also had a -- hospital records where you could see the doctors really tried hard to save her. And, finally, I had the autopsy report where a medical examiner or a forensic pathologist had to determine why she died and classified the death so that if there

was going to be prosecution, that could happen. And in this case, there eventually was prosecution.

Q And when I provided you this information, Doctor, did I give you an idea as to what I was trying to get, any issues solved for me and my clients?

A Yes, and it was to review the records, make sure I agreed with the autopsy. That she did, indeed, died from that car accident. And you also asked me about pain and suffering; did this individual suffer any, or was she conscious of this accident before she died?

MR. CERVINI: Judge, at this time, I would like if possible to take the subpoenaed hospital records which is, I believe, Plaintiff's 5 or 6 in evidence, so that the doctor would have it, along with Plaintiff's 5 or 6, the autopsy and I would like the doctor to look at these records that he's seen before. Thank you.

THE COURT: Yes, please show Plaintiff's 5 and 6 to the doctor.

COURT CLERK: This is 5 and 6.

(Handing)

THE WITNESS: Thank you.

MR. CERVINI: And, Judge, at some point, with the Court's permission, I have taken certain appropriate, I think, pages -- or relevant pages of those documents and blown them up on the board which I would like the doctor to

be able to explain at some point.

THE COURT: Yes.

MR. CERVINI: Thank you, Judge.

Q Okay. Doctor, can you tell the folks here what it is that you are looking at right now, the documents, themselves?

A Yes. This first set of records includes --

THE COURT: What exhibit are you looking at, Doctor?

THE WITNESS: Exhibit 5.

A This includes the medical records from the hospital where they attempted to save her. And I believe it has a death certificate, it has an operation record where they showed that they did take her to surgery, they opened her chest and tried to stop her bleeding. In fact, they even massaged her heart as they were transfusing her. They did everything they could to try and save her.

Q Is there any report in there from the Emergency personnel?

A I thought it was here, but I'm having trouble finding it. Let's see. Here it is, I have it. It's -- there are also injury records here.

MR. CERVINI: This is why I would like to start that process, Judge. There are two.

THE COURT: Yes.

MR. CERVINI: There are two pages, or one page in

particular that I would like to.

Q And, Doctor, could you pull that out if you like, using that clip, as long as we don't lose the clip.

A Okay.

MR. CERVINI: And I have that same page blown up, Judge?

THE COURT: Yes, please show it to Counsel.

MR. CERVINI: I apologize, Judge. I don't have that one.

Q Doctor, would you be kind enough to take out -- and you can unclip it if you don't mind because I don't think it's stapled together.

MR. CERVINI: With the Court's permission, can the doctor come down from the stand and utilize this page and maybe point out certain sections so I could ask him questions?

THE COURT: Yes.

MR. CERVINI: Thank you, Judge.

THE COURT: You may step down.

(Whereupon, the witness leaves the witness stand.)

THE WITNESS: This sheet is from --

THE COURT: Is there a question?

Q If you would be kind enough to hold up what's in evidence, what is it that we're looking at that's in evidence?

A This is the ambulance call report and this documents

that the Elvia Collado was the patient. And it documents some of her physical findings: Her pulse, her -- how fast the heart was beating, her respirations. And then something I want to address in particular, something called the Glasgow Coma Scale.

Q Can you tell the folks here, what is a Glasgow Coma Scale?

A Well, the Glasgow coma scale is a way for doctors to try to see, how conscious is a person, how do they respond. And they look at several things, they look at a motor response. For instance, we can say, 'Move your -- lift your right arm', can you respond like that. That would be normal. And it goes to the other extreme where you can pinch a person very hard and they don't even move, they don't feel anything. So we want to see what their motor response is.

We also want to see a verbal response. If I ask you a question, do you answer appropriately, that would be the highest score. I might ask you a question and you just had a head injury and you are so disoriented that you garble out something that makes no sense.

In other cases we might ask a question and, nothing; there is no response at all, so that would be the lowest score.

And finally, we look at how the eyes are, can you move your eyes and you can do it, do your eyes open when we approach you or, you know, is the person just in a full coma, they are not responding to anything. They don't respond verbally, they

-- they can't moves their eyes and there is no motor response, if we pinch them. So, it can go from one extreme to another, to the other. The lowest score is 3, highest score is 15. And it helps doctors try to gauge where is this patient right now in terms of treatment, because we're trying to get information from the patient. 'Where do you hurt' is the most important information. And in this case, she was not able to give that kind of information.

Q Now, this chart that you were talking about with these scores, is it part of your notes or anything in relation to your preparation to explain this to the jury?

A Yes. I always use it in cases because it comes up quite frequently, what was the person's Glasgow coma scale. Because, like I said, if it's 3, then the person is completely out of it. In a coma, for instance, up to 15, a person is pretty normal, but there are areas in between where we can judge it. And it's especially important, for instance, somebody might come in with a 15 and they have pain in their head and then you go back a half hour later and now they are down to 10, now that means something is going on. They might have a bleed in their head and as blood is pressing on the brain, they are having problems, so we got to jump on that patient right away.

MR. CERVINI: This page, I do have blown up, Judge. It's not part of the hospital record, I'm just offering it for demonstrative purposes.

THE COURT: Yes, have it marked for identification. Show it to Counsel.

(Whereupon, the blow-up of hospital record was received and marked Plaintiff's Exhibit 7 for identification.)

COURT CLERK: You want this now?

MR. CERVINI: If I could.

THE COURT: Is there any objection to Counsel using it for demonstrative purposes?

MR. LEONE: No.

Q So, Doctor, again, briefly, could you give us an idea of what we're looking at and explain it to us briefly?

A This was actually developed in Scotland in the city of Glasgow and it made such good sense with doctors that it was adopted around the world, so now it's the most widely used scoring system to qualify level of conscious following trauma, so that a doctor could hear, if her Glasgow coma scale is five, she is hurt pretty bad. On the other hand, if her Glasgow coma scale is 12 or 13, well, she is having some problems but she is pretty close to normal.

And as I mentioned before, we look at eye opening. For instance, if you open your eyes spontaneously, a normal person blinks and opens their eyes spontaneously. On the other hand, you may be shaken up and your eyes are just closed because you are hurting a little bit and the only way you will open your

eyes if we say, 'Can you open your eyes?' And if you respond to that, well, that's pretty good, that gets a score of 3.

Finally, if you can't open your eyes to voice, we pinch you, will you open your eyes and that will be a response to pain. And then the lowest score would be one; the person can't open their eyes even if you pinch them, they didn't even respond to pain so that's a bad sign.

The next is the verbal response. The doctor would come in and can they engage you in normal conversation; are you in disoriented conversation. That may be someone under the influence of drugs or alcohol. So someone -- or even someone having a stroke could be disoriented because they are having some pressure on their brain.

Finally, Number 3. The people will speak words but they are not coherent.

Number 2 would be no words, only sounds like moaning and groaning. And I'll emphasize this because Ms. Collado demonstrated a 2 in the Glasgow coma scale. When they asked her, 'Are you hurt? Where do you hurt?' She couldn't respond with any words, but she moaned and she groaned so she was feeling pain.

And then finally, if the person doesn't respond at all, again, that's probably a sign that they are in a coma, they are completely unconscious.

The last discusses motor response, do you have a normal

motor response where we can ask you to move your arm, can you move it, how do you react to pain and that would be, you know, if -- again, if we pinch you, sometimes, you know, someone has a stroke, they may be paralyzed on their right side and if you pinch them on their right side, they will take their left hand and push you away. They can't move their right side because they had a stroke, but they can still push you away. So that's called localizing to pain.

On the other hand, if they still have their motor system intact, if you pinch them, most people would pull their arm away; that would be withdrawal to pain. Then we get into certain postures. If people have suffered you no know, head injuries, they, you know, the extremities may curl up like that because of a blood and pressure in the brain, and this would be a bad sign that something is going on in the brain.

Finally, if there is no motor response, you know, you are concerned, do they have the transection of the spinal cord. For instance, if the person can't respond at all -- in other words, if they are probably completely paralyzed from the neck down. So this is the most popular way that we evaluate patients for consciousness.

Q Now, Doctor, using the EMS report of Ms. Collado, first, is there a time associated with the arrival of the EMS people?

A Let's see, I believe it says "On scene 05/02, 1:02

a.m.". Yes.

Q If you could just put it in front of the -- is there a spot? Okay.

A Okay, well, they were 01 --

Q Okay, using the -- what's in evidence, the EMS report, when they arrived, can you give us an idea, what is the EMS personnel documenting regarding Ms. Collado's physical condition?

A Well, they want to see, first of all, is she conscious at all, can she respond to anything. And when they did the Glasgow coma scale, coma score of tests, they found that her eyes wouldn't open, even to pain. Even if they pinched her, she couldn't open her eyes. However, when they pinched her, she did moan -- well, in terms of a verbal response, verbal response when they said where do you hurt, she could moan and groan and communicate in that degree, but she wasn't conscious enough to speak to them or say, 'My belly hurts, my chest hurts, my head hurts'. She couldn't do that. But when they said, "where are you hurting", she couldn't say any words but she could moan in response -- and groan in response.

So she could respond in some way, but as we'll see from the autopsy, she had suffered some mild head injury, some mild brain contusions and that was probably what was limiting her ability. I think after a person is in a serious car accident, you are probably in a little bit of shock yourself.

Finally, in terms a motor response, they could not get a good motor response and so they -- what they did, they got her out of the car, they intubated her.

Q What does that mean?

A The first thing you want to do is keep the air waves open, so they will put a tube down the throat into the trachea and they could move air out and in to her lungs, she could get oxygen.

Q How does that effect anybody's ability to communicate with the medical emergency people, if at all?

A Once that happens, the person can't verbally respond because they have a tube down their throat and they also receive the drug that paralyzed the throat muscle, so after that, they really can't respond very well. So after, the Glasgow coma scale may not be that accurate after the intubation.

Q Are they recording anything, the emergency people regarding their pulse or blood pressure or anything like that?

A Oh, yes.

Q Where is that?

A It's in the lower left-hand corner. And they stated at 106, for instance, that's just 4 minutes after they arrived, her pulse was 142. Normal pulse is 70, 80. So, her pulse is rapid. Now what does that mean? Her pulse was probably rapid because she is bleeding inside and her heart has to work harder to move the blood along.

Q How do you know she was bleeding inside?

A Well --

Q Not at that moment, they didn't know. But how do you, based on your review of the documents, know that she was bleeding inside?

A Well, I've been able to see the whole case and I saw the operative report.

Q Okay?

A Where her main injuries were: Rib fractures. When she has ribs fracture, the end of the bones are very sharp and they actually go into the lung and the lung will start bleeding, so the blood will fill up the chest cavity. And, in fact, you have -- your lung is expanding like a balloon and sometimes you start bleeding so much that you collapse the lung, you collapse the balloon, and that's a serious situation where you can't breathe because blood is going up -- filling up your chest and what they do for that is, they make a hole in the side of the chest and put a chest tube in and drain that blood out so that the lung can expand and the person can get oxygen again. So --

Q So, I apologize. I interrupted you. You were telling us about the blood pressure and the --

A Yes. So her main -- I can tell you her main injuries were in the chest were bleeding and, in addition, she also had bleeding in the abdomen, the liver had lacerations and the spleen had lacerations. Spleen is a very fragile organ.

Sometimes people can be, you know, tackled in a football game and rupture the spleen. Sometimes people can be punched or hit with a bat and rupture.

The liver is a little bit tougher. To lacerate the liver, you have to be in a serious accident. I believe this was more of a seat accident, she was pulled forward and she sustained liver lacerations, spleen lacerations.

Q Are they recording respiration and pulse besides the first entry?

A Yes, they have -- let's see. Respiration is 36, pulse 162. I think blood pressure was just palpable, her blood pressure was very low so that you couldn't get a good number. Now, what that means is, you have got to get this person to the hospital as soon as possible and start -- they -- I believe they started -- and I have, they tried to get saline in, but usually they can't give blood until we get them to the hospital, but as soon as she got to the hospital, they started -- you would start for O Negative blood because you don't have type-to-type, and you cross the blood and you would use O Negative because of an injury because we can all accept O Negative blood and it's the universal donor blood.

Q So using the personnel of -- the emergency personnel, what is it telling us about her level of consciousness at this time?

A It's low, her level of the consciousness is very low

and the only time she responds to is 'where are you hurting', she will moan and groan in an effort to communicate 'I am hurting'.

Q But she is conscious?

A Yes, a lower level of conscious. They -- for instance, they describe her as AB obtunded.

Q What is that, Doctor, obtunded?

A Obtunded means you are less alert, less oriented, maybe like in a stupor. Someone in an alcoholic or drug stupor, you would say they are obtunded. Somebody could be having a stroke and could be obtunded. Also, it's a term commonly used in medicine; when we hear it, we all understand that the person is out of it.

Q Can you give us an idea, what are the emergency people doing from the time they attend to her to the time they get her to the hospital? Based on the record, what things are they performing on her?

A Well, they have her with her bag, let's see, bivalve mask here. And then they are sucking her mouth, making sure if she is bleeding from the mouth, that she is not going to breathe in blood or aspirate blood because that could cause problems in the lungs. They have a cervical collar on her and a long-board. And, basically, they just want to get her to the hospital as soon as possible.

Q With this type of injury, would they be doing anything

to her chest or abdomen or anything such as that?

A Well, I don't believe so. They don't put a chest tube in on the field, you have to be at the hospital for surgery and stuff.

Q Now, can you get us to the next -- to the hospital records. Using the hospital record, I mean, there is a second page to the EMS report, Doctor, but --

THE COURT: Are you finished here?

MR. CERVINI: No, because I have another report with the hospital record, we're going to just go through several pages of the hospital report.

Q So you have seen -- you have looked at, you have reviewed her hospital record at Jamaica Hospital?

A Yes, she was Triaged. In other words, the ambulance is calling in and they are letting them know her signs --

Q Can you --

A -- this is serious.

Q Can you pick out what you believe would be the relevant section of the hospital record which would give us an understanding of Ms. Collado's level of consciousness at the hospital?

A Yes.

Q And I believe there is a sticker on the back, Doctor, so before we begin?

THE COURT: Before you show that, could we please

have that marked for identification. Show it to Counsel, first.

(Handing)

MR. CERVINI: It's 2A in evidence, Judge.

THE COURT: Any objection?

MR. LEONE: No.

A All right. This is taken from the Jamaica Hospital Medical Center record, and let's see what they say about her.

I mean, initially, she is an unknown Hispanic female, you don't even have time to take their name or information. MVC, I think that's "motor vehicle collision" with tree. Passenger was restrained, so she was in her seat belt. These are things doctors deduce, a lot of information. If they are unrestrained, there are much more serious injuries. But if she is restrained, you are thinking she's got a chance. Glasgow coma scale of 5 on arrival.

Q So what does that mean?

A That means she improved a little bit in the Glasgow coma scale and so -- because she was getting oxygen because she was being resuscitated. And, like I said, when she hit the ER, they were putting tubes in her, IV tubes, and they start giving her blood because they have to replace the blood she is losing internally.

Q And what's her level of consciousness based upon your view of this?

A It's a little bit higher than what it was in the field. It is improving, but later they are going to have to -- after they do the CAT scan and know what's going on, you are going to have to give her morphine, give her pain relief and take her to the operating room and to surgery, so they have to knock her out through anesthesia.

Q I'm sorry, I cut you off. I stopped at the Glasgow coma scale of 5?

A Right.

Q Anything else?

A Well, no obvious fracture or deformity. They checked her extremities, there is a facial laceration in the mandibular area; that was the obvious thing.

Q Is there another page that -- of the hospital record that you think is relevant, Doctor, to tell this jury about Ms. Collado's level of consciousness at the hospital?

A Yeah, here it is. Well, this is the -- what's called multi-system examination in the hospital. And this is kind of interesting because her blood pressure is now improving in the hospital. She is, you know, 115 over 76, that's a great blood pressure, that's a normal blood pressure. Her pulse has dropped; it was 140 before, now it's dropped to 108, so she is improving. They describe her as having a C-collar in place. We heard that before that the C-collar, cervical collar, was put in place; that's to make sure if the person has a broken neck, you

don't want to move the broken bones on each other because you might -- you might injure the spinal cord and hurt the person. So you -- because you want to get them a collar and get them stabilized. And then finally, here's that word I mentioned before, "obtunded", meaning she is out of it. But, nevertheless, she is in acute distress, they know she is suffering.

Q How is that?

A Well, she has, as I mentioned before, she has a Glasgow scale of 5, so now she's responding a little bit better and moaning and moving a little bit and coming back. She is still like a person that's stuporous or drunk, but she is responding better, but they know she is hurting and we have to get some morphine into her and get her into the operating room and get her under anesthesia and see what the heck is going on inside.

Q Would a doctor put down "acute distress" if the person was unconscious?

A No, if she was unconscious, they would say comatose. That tells you in one word, "comatose".

Q So when you say, Doctor, that she is out of it, what do you mean by that?

A Well, again, she -- you -- she is in a lower level of consciousness where she can only respond to questions about pain, she only gives a verbal response, she may not give -- I mentioned before, she may not be able to open her eyes with a --

if they say 'Open your eyes for us, look to the right or the left', she can't do that, so she is in something like a stuporous state or confused state or obtunded state where you are just out of it, but she can he respond to pain and she is described as being in acute distress.

Q Is there a part of the hospital record or the autopsy record that's in evidence, Doctor, which claims to these function, what injuries with these claims she suffered, what injuries she actually suffered?

A Yes, the autopsy record would show that and I think this pathologist did a very good job because he also had the hospital record and he reviewed the hospital record as well.

Q Can you show it to defense counsel? And would you be kind enough, Doctor, to tell the Court reporter what marking is on the back of it?

THE WITNESS: Plaintiff's -- Plaintiff's 2C.

MR. CERVINI: In evidence?

THE WITNESS: In evidence.

Q Now, can you tell the folks here what is it that we are a looking at?

A Well, this is the type of report that a medical examiner prepares. This is the type of report I would prepare where I list who is the person who died at the scene. This is the pathologist -- the forensic pathologist who performed this is Coreen Ambrosi, M.D. You have to be a physician to be a

forensic pathologist. She is working out of the Chief Medical Examiner's Office. We have got a medical examiner case number and the date of the autopsy, August 11. Now, her job -- the job of the forensic pathologist is to explain why did this person die. And she starts out by saying --

Q Would that include a review of this person's injury?

A Oh, yes. In fact, she had -- I know she had the medical record because she knew that she had had surgery at the hospital; she uses the words. She knows the patient had been operated on at the hospital, but let's run through it. And "Blunt impact to torso". Torso means your chest and abdomen. And she can see just when -- her outside exam that they are hemorrhages in soft tissue, bruises and hemorrhages. And then multiple rib fractures and disarticulation of the clavicle. Clavicle is your collar bone. I have a feeling maybe when the seat belt may have caught back and popped the clavicle off the sternum, it disarticulated it.

The major injuries here are the rib fractures because they caused lacerations and hemorrhages to the lungs. So the ribs fracture, they dig into the lungs, the lungs start bleeding and "HH" in -- the word for blood in the chest is hemothorax. Hemo means blood, thorax means chest. So she had a lot of blood in her chest. In fact, when they placed the chest tube, they drained two liters of blood. A person her size probably has five liters of blood in her whole circulation. If you lose a

liter, a liter and a half, that's very, very serious, and you will die if that's not replaced.

Q What does two liters of blood in that part of the body, what does the body experience if it's conscious?

A Well, the main pain a person experiences here in the chest injuries would be the rib fractures. And the ribs, if you think about it, the ribs are moving all the time because we're breathing all the time. The ribs got to move up as we inhale, move down to exhale. A lot of times a football player would get a rib fracture being tackled and they will put them in a flack jacket, heavy-impact jackets to try to protect them. But when someone has a rib fracture, we try to sling it and put a tight belt around it because you don't want it moving because if it's fractured and if the bones are rubbing against each other, that really hurts. And the joke -- it's a sick joke with the patients, but we'll say, 'Yeah, that guy has rib fractures; it only hurts when he breathes'.

Q And she was breathing?

A Absolutely, she was breathing.

Q So that would be the main pain there, from the chest.

Now -- and I think the pathologist and I agree, felt that these were -- the most fatal injuries and the bleeding at were in the chest, but she also addresses the abdomen. And mentioned hemoperitoneum, a fancy word for it, and "hema" means blood, peritoneum's in the abdomen cavity. Whenever there is

blood in the abdominal cavity, that would cause sharp pain. For instance, there is a condition, endometriosis, that women sometimes have where the endometrial tissue goes through the cycle, it will bleed inside the peritoneal cavity and that would cause a sharp pain. If you have appendicitis and it becomes inflamed and hemorrhagic, that causes pain. So any blood in the abdomen causes pain. So they are two sources of pain.

The reason she was moaning and groaning when they were asking her were, 'Are you hurting', she couldn't localize, she was too out of it and she could only groan and moan because she was feeling the pain of the rib fractures and the blood in the peritoneum?

Finally, they did mention impact to the head and neck and they mentioned something called a subarachnoid hemorrhage, and we're going to get into the brain just to finish it off.

Q And, again, what number are we looking at, Doctor, and --

A This next exhibit is Plaintiff's Exhibit 1C. And in this case, the medical examiner had a neuropathologist look at the brain. A neuropathologist is a pathologist that's an expert in the brain, he is an expert in brain trauma and, also, tumors of the brain. And let's look what he says: The main -- she did have some brain injury, something called subarachnoid hemorrhage which he calls mild. In other words, there was some bleeding on the surface of the brain, subarachnoid hemorrhage, and it -- the

arachnoid membrane coats the brain and the hemorrhage would be underneath it, so it's like a little layer of blood over the brain. This is a mild -- he says "mild", because a really severe injury would be subdural hematoma where the bleeding is so great that it fully pushes against the brain.

You know, if you think about it, the brain is inside the skull. Skull is not going to expand, so if you have a bleed in the skull, as the blood moves into the skull, it's going to compress the brain and in fact push your brain out through the bottom of your skull where your spinal cord is and that's called herniation of the brain and that will result in death. If your brain herniates, the centers for breathing and blood pressure are there; you will die if your brain herniates. So, there is mild subarachnoid hemorrhage.

And then he describes contusions and he says here, "Cross section of the cerebrum reveal few recent cortical contusions on the orbital gyri; that's just a part of the brain, close to the eye, the left temple. This is the left temple (indicating), and left superior temple.

Let me explain what a contusion is: When the person -- when this decedent was in the accident and the car came to an abrupt stop, she was thrown forward and the seat belt held her back, but she suffered rib fractures, liver lacerations, spleen laceration and her brain went forward so hard that it actually bounced off the inside of the skull. The brain will actually

bounce, hit the inside of the skull and that's what caused these cortical contusions, little hemorrhages in the cortex that he could see.

Now, the type of injury is perfectly survivable, that -- there is not a fatal brain injury here. And this is what makes these cases very frustrating to doctors when they can't save somebody like this. If you try to save someone and then you later learn that they had a massive, you know, they had a skull fracture, a massive intracranial blood herniation of a brain, you know, you go, 'Well, we tried to save her but she was going to die anyway'.

But here, I want to emphasize, this is nothing -- there is nothing fatal about these injuries. If she could have survived her chest injuries, she would have walked out of that hospital.

Q What is it about the -- her head injuries that relates to her level of consciousness?

A Well, there is nothing here so severe. There isn't severe fractures, there isn't subdural blood. I mentioned, there is no bleeding inside the ventricles, there is no serious traumatic brain injuries that you would look at and say, 'She is in a coma'. She was not in a coma, she was not comatose.

Q Do you have an opinion based upon a reasonable degree of medical certainty in your field of forensic pathology, Doctor, as to the level of consciousness of Elvia from the scene

of the accident up until --

MR. CERVINI: I'll withdraw the question.

Q At some point, the doctor documented in the hospital chart, does Elvia go from consciousness to no consciousness and -- in other words, not aware of anything?

A Well, yes, because they have to take her to surgery so they are going to put her under the anesthesia.

Q And based upon your review of the hospital record, can you give these folks an idea as to when that was?

A I think that was around 1:50. Let's see.

Q Please, if you want to --

A Let me check.

THE COURT: Counsel, are you finished here?

MR. CERVINI: Almost, Judge. There is one more -- I don't have too much further, Judge.

A I recall it was around 1:55. I think she was conscious for about an hour, fifty minutes, roughly fifty minutes, then they have to get her under anesthesia and get her in OR and open her up and try to repair all these lung lacerations that she is bleeding from.

Q Can you summarize for us, what is Elvia experiencing during that one hour based on the hospital records, the EMS?

A She is moaning, she is groaning. She's been described as being in acute distress. She is in a lot of trouble now, it's in a lower level of consciousness, but she is still

conscious.

Q Is there some specific part of her body?

A Chest, rib fractures and the abdomen where the blood is, that's where most of the pain is coming from.

Q What is it about the area -- what would the body be experiencing, pain-wise?

A Well, like I said, very sharp pain from the rib fractures. And then the pain in the abdomen from bleeding, that people know about that that causes very sharp pain. If someone comes in complaining of sharp pain in the abdomen, that's something you are worried about; are they having a bleed, do they have a perforated ulcer, for instance, that's a sign. And you can't take a couple aspirin and ride that out overnight. That pain is terrible, it's probably like a kidney stone. Kidney stone is another type of pain where nobody can just stay home and take an aspirin and say 'I'll be fine tomorrow'.

Q Based on your emergency room record and the hospital record and the autopsy record, Doctor, do you have an opinion based on a reasonable degree of medical certainty in your field of expertise as to the competent producing cause of those injuries, what was it that caused those injuries?

A The cause of the injuries was the car accident.

Q And, Doctor, I think I have --

(Handing)

A One last.

Q -- one last question.

A Whenever we perform an autopsy in the medical --

THE COURT: Excuse me. Please identify that exhibit.

MR. CERVINI: Yes.

THE WITNESS: This is Plaintiff's Exhibit, in evidence, 1D.

A Whenever we perform an autopsy on someone involved in a motor vehicle accident, we will do toxicology.

Q What is toxicology?

A Toxicology is where we might take blood or urine or even a fluid in the eye, that's the vitreous humor here; sometimes we'll submit liver gastric contents, what was in the person's stomach, do we find any pills in their stomach. So here, her -- they received -- they received blood, "specimen received". They received blood and so they performed toxicology tests and alcohol to see, you know, what -- was the person drunk or was the person on benzoylecgonine -- is KK -- phenobarbitrates, phenabards, amphetamines, Benzodiazepines, Valium, antianxiety. Sometimes these are used illegally so we screen for these.

Q What, if anything, was found in Elvia's blood?

A Nothing. Absolutely nothing. No alcohol. Atomidine is a medication that we use in the hospital, lidocaine is an anesthetic we used.

Q What is the level of certainty of that toxicology report, Doctor?

A Well, this toxicology report was performed by the medical examiner's office, so this -- if this is going to come into court, this has to be done very carefully. We also do toxicologies in the hospital but not to the degree of certainty -- for instance, if a patient comes in, we will get -- sometimes if we think they are drinking too much, we will get a blood/alcohol and run it in the hospital to see, you know, they are really in trouble. Their blood alcohol is so high they may stop breathing. But normally the hospital blood/alcohol is not admitted into court. We would ask the police to take another specimen and 'Run that in your forensic laboratory' because that's going to be done more carefully and a better chain of custody. For instance, there is no mix up, this is her blood.

Q That's the type of report that we're looking at right now?

A That's correct.

Q Doctor, thank you, very much for coming. I appreciate it.

THE COURT: We'll take a five-minute recess.

COURT OFFICER: Jurors, please rise and follow me. The jury is exiting.

(Whereupon, the jury exits the courtroom.)

COURT OFFICER: Doctor, I'm going to ask that you

step all the way outside.

Thank you.

(Whereupon, a short recess is taken.)

THE COURT: You may be seated.

Excuse me, I think that some of those exhibits that were identified by the doctor are not --

MR. CERVINI: They are not. I'm sorry, Judge.

THE COURT: They were not identified as, or previously marked for the court records for identification. I know he identified them with an exhibit number, but were they identified?

MR. CERVINI: Yeah, they all have.

THE COURT: As the court record?

MR. CERVINI: He was reading, I apologize. I apologize, Judge.

THE COURT: Whatever it was, I just want to put that in the record. We could use the number that he used or a different one, but we have to put it in our record.

MR. CERVINI: I'll take care of that, Judge, and I'll put it on the record. They were exhibit markers from a previous trial.

THE COURT: We will take five minutes.

MR. CERVINI: Thank you.

(Whereupon, a short recess is taken.)

MR. CERVINI: It is hereby stipulated by myself on

behalf of the estate of Elvia and Ysidra Espinal that Dr. Manion's testimony, when he referred to -- one, two, three, four -- five boards which were blown up and he referred to exhibit numbers, they are not exhibit numbers -- Plaintiff's Exhibit numbers in evidence in this trial. They were -- those are strictly numbers that the doctors referred to for identification purposes only as exhibits and those exhibits are not part of the evidentiary record in this case.

COURT OFFICER: Is that good enough? She put that on the record.

THE COURT: Okay.

Ready for the jury.

COURT OFFICER: All rise. The jury is entering.

(Whereupon, the jury enters the courtroom.)

COURT CLERK: All seven sworn jurors are present and in their proper positions.

Please be seated.

Doctor, you may be seated.

May I remind you, you were previously sworn and, as such, you remain under oath and you are still required to tell the truth. Do you understand?

THE WITNESS: Yes, I do.

MR. LEONE: Thank you, your Honor.

CROSS EXAMINATION

BY MR. LEONE:

Q Good afternoon, Doctor.

A Good afternoon.

Q In preparation for your testimony here today, did you prepare a report dated April 3, 2011?

A Yes, I did.

Q And that report was based upon statements and documents that you reviewed regarding this case?

A Yes, that's correct.

Q And if I'm not mistaken, that's the time that you gave for consciousness was approximately 1 o'clock when the accident happened until about 1:50 when the patient went under anesthesia?

A Yes, I will -- that's what I said, yes.

Q Now, did you take, as part of your analysis and as part of the report that you generated, did you review witness statements?

A Yes, I believe I listed on the front page of my report what I reviewed. I believe I did see witness statements, yes.

Q Did you review a witness statement in which the -- a witness had stated that he went over to check on the occupants in the Honda vehicle and commented that the female passenger, Ms. Collado, was not coherent? Do you recall that?

A Yes. That sounds accurate, yes.

Q And you noted that 1:03, the ambulance was at the

scene; is that an approximate --

A Yes, that's correct.

Q Now, at the scene, you had indicated that the attendants had generated a Glasgow score of some type, is that correct?

A Yes, that's correct.

Q And --

MR. LEONE: Your Honor, may I?

THE COURT: Yes.

Q Feel free to step down.

A Okay.

Q And what was the overall Glasgow coma score at the scene, do you know?

A Only four. Yes, it was four.

Q So that four then is comprised of -- I think you said there was Number 1?

A Eye opening: None.

Q So, wait. She did not open her eyes at all in relation to any pain?

A That's correct.

Q Okay. And her motor response was also none?

A That's correct.

Q Okay. So she also did not withdraw from pain which would be four or any of the other two categories, she didn't show any of those signs?

A Well, they are pinching her and she is really not reacting to that.

Q So you are saying that Number 2, then, the verbal response, she had no words, only sounds?

A She is moaning and groaning when asked 'Where are you hurting'.

Q Okay. And unless you were at the scene of the accident, would you know if they were asking her questions and she responded with only sound, or was she just making sounds in general? Would you know that?

A Well, being that's what the Glasgow coma scale is, it's a verbal response. They are required to verbally respond. You ask them a question, they can answer appropriately.

Q So, do you know that she was comprehending that somebody was asking her a question and she was unable to respond, or that she was making sounds in response? That she was just making sounds in general?

A Oh, well, no. She was making sounds in response to questions, that's what the Glasgow coma scale is. If she was just moaning and groaning without any response to somebody asking a question, it would be 1, then.

Q And they would normally pinch somebody at the scene of an accident to see if they would feel that in addition to the -- all other pain that they were going through, if any?

A Yes, yes, they would.

Q Now, at 11 -- 1:11, we would have the hospital record, it's their arrival at the hospital?

A Very well, okay.

MR. LEONE: May I just go through these papers, your Honor?

THE COURT: Yes.

MR. LEONE: I just want to --

Q And if you don't mind leaving it on that page.

A Sure.

MR. LEONE: What time these documents say.

COURT OFFICER: Judge, should I take this down?

THE COURT: Are you finished with this exhibit?

MR. LEONE: I don't know.

A I have today's date. I'm having trouble finding. Is that 01/24, is that?

MR. LEONE: May I approach?

Q Would this be the time over here, 1:11?

A Oh, zero one, eleven, that's correct, that's the time.

Q So, at 1:11, about eleven minutes after the accident, would you say she was brought to the hospital and what is -- can you read any of that on the bottom?

A It's a very bad copy, but she was -- "Patient is on long board after being extricated from a car". It's very difficult to read this.

Q If I may direct your attention to line 5, the first

word in over here (indicating), can you read that? Right there, where it says -- which parts are starts with P?

A "Patient is" -- that may say unresponsive.

Q Okay. Okay.

A Unresponsive.

Q Thank you.

Now, on another page, there was two pages of the ambulance call report, I know one of them was blown up. I want to draw your attention to a page that was not blown up and shown to the jury yet?

A Very well.

Q This page right here, now that's about 1:30?

A Yes, 1:30 a.m., correct.

Q And at that point, did the patient lose consciousness?

A Well, it says here "Status post motor vehicle collision hit a tree, unresponsive", plus "loss of consciousness".

Q So at that point, the person was unconscious, correct?

A I believe she had a concussion at the scene of the accident and may have been unconscious there at the scene, but then she came back a little bit enough to be moaning and groaning, if somebody said to her, 'Are you hurting, are you in pain'. So I think, initially, she did have a loss of consciousness from the brain hitting the inside of the skull.

Q But you can't say from viewing those documents that they meant whether she was unconscious at the scene or whether

she was -- lost consciousness as she was unconscious at the hospital?

A Well, normally, the way it's phrased here, "Status post motor vehicle collision, hit a tree, unresponsive" and "loss of consciousness", that's important to know at the scene. That's much more important to know at the scene than at the hospital.

Q So do you know how long she was unconscious for at the scene?

A Well, she had a brief moment of unconsciousness until that Glasgow coma scale was administered.

Q And do you know whether that Glasgow coma scale was administered before she lost consciousness, after she gained consciousness?

A After -- no, no, no. She hit the tree, she would have a momentary loss of consciousness from a concussion. I had a concussion myself and lost consciousness one time so I feel like an expert on this because I have had it happen to me.

And after a concussion, after the brain hits the inside of the skull, you lose consciousness in a second that you can't communicate to other people, you can't communicate at all. So at the scene is when they want to document that.

When the ambulance arrived and they gave her the Glasgow coma scale, I think that was like 1:11, 1:14. A few minutes later, she was able to moan and grown. When they would say, "Where are you hurting", she was able to do that, but her

nervous system is being flooded with pain from her rib fractures and from her abdomen. So if you are in such terrible pain from all these other problems, if you pinch somebody, they may not respond to that because their nervous system is being overwhelmed with pain.

Q So then you know that the responses that she made, the sounds that she made, you know that they were in response to her -- to questions that were asked of her, "Are you in pain", you knew that she understood that?

A Well, that's -- well, if they weren't -- they weren't doing the Glasgow coma scale properly.

Q So could you tell me for what amount of time she was unconscious from the time that she had the accident up until the time that she was brought to the hospital?

A She came back then. Then, at the hospital, she is improving a little bit. They mentioned Glasgow coma scale of 5 at the hospital so she is improving a little bit, but I think it was 10, they put her under and took her to the OR, so it's about maybe 40 minutes.

Q 40 minutes. Okay.

And of those 40 minutes, from 1 o'clock when the accident happened up until about 1:11, she was unconscious at some point or they would have known that?

A From personal experience, I was out of it for about five minutes then came to. It's amazing, it's like you are

asleep. And I hurt myself playing basketball and people told me I was crying and moving about, but I have no recollection of that. And then I was taken to the hospital and they amused (phonetic) it was a concussion and kept overnight. But it's quite a remarkable experience; you don't remember anything. You can be completely out it even though you can be walking and crying or trying to communicate.

Q As you were walking and crying, had they known that you had lost consciousness?

A Yes, I couldn't respond appropriately to anybody.

Q There is not a loss of consciousness in walking and crying?

A Yes, yes, you can walk and cry and still be unconscious. Yes, where you are not aware of what you are doing and people are just trying to help me back to call my dad.

Q So during that period of unconsciousness, then you were not experiencing pain and suffering either?

A When you are under a concussion, you are not conscious and you don't experience pain. When I became conscious, I was hurting.

Q Do you know when you have a concussion for what amount of time you were conscious where you can be experiencing pain and suffering?

A Well, by definition, concussion is a momentary loss of consciousness and usually it's for several minutes. And if she

had remained unconscious, they would have said comatose, they would have said -- they wouldn't even have talked about loss of consciousness, she's been comatose since the accident.

Q So if we took away five minutes of consciousness, then you would say that the total amount of consciousness that she had sustained through the accident until the time she went under anesthesia was about 35 minutes?

A I think it's 1:11 when that Glasgow coma scale was administered. So I think from 1:11 until 1:50 is around 35 minutes?

Q I'm sorry, 39 minutes.

A 39 minutes or something, but she may have been unconscious between 1 -- 1 -- I don't know when she came out of it, but they definitely felt she lost consciousness.

Q Now, you said at the hospital it was Glasgow coma scale, 5?

A Yes. Yes.

Q Okay. So do you know how that 5 was comprised of those three categories? The numbers all together have to equal 5, right?

A Right. I have -- I don't know for sure, the guy didn't document which three things she checked.

Q So you can't say within a reasonable degree of medical certainty whether she was opening her eyes to pain or not, you don't know if she was at that level, right?

A That's a possibility, but he didn't -- he just said Glasgow coma scale of 5, he didn't write down -- break it down.

Q And you don't know whether her number was of her verbal response if she had any, did you?

A Well, she may have been intubated at that point so they ignored that after that.

Q And you don't know, likewise, what her -- what number she rated on the motor response scale?

A That's correct, she did not -- she was not decerebrate. Decerebrate means the brain is not connected to the body anymore. Decerebrate. So I believe, just by elimination, she must have had some eye-opening to pain, that's the only type that's left.

Q That's your opinion?

A That's mathematics. If we had -- well, if we need 5, we have to have 2 from eye opening to pain; we already had the 2 from moaning and groaning, 2 as a verbal response; and then we had -- we must have one because she is not decerebrate.

Q The middle one, verbal response, 1, that doesn't measure pain at all, right? That doesn't measure her response at all to any type of pain?

A No, they are talking to you.

Q Okay. So theoretically, then, she may have had 1 for eye opening which means that she had no response to pain and she may have had 1 to motor response which means that she didn't

withdraw from any type of pain that was induced on her?

A All right, well, 1 plus 1 plus 1 doesn't equal 5.

Q Right?

A You have to correct.

Q So the middle -- her middle response may have been the greatest which does not measure her amount of pain or suffering, correct?

A Well, I guess if that was taken before she was intubated -- let's see. That's possible. Then if that was taken before she was intubated, yes.

Q You said that earlier this was a mild head injury; is that what you said --

A In terms of neuropathology, that's a mild head injury compared to what we see from car accidents.

Q This Glasgow coma scale that you used, isn't it true that any total number that's below 8, that's associated with severe injury, isn't that right?

A Yes. People -- this is considered potentially severe head injury, yes.

Q Okay. So, a number below it is a severe injury, the worst score is a 3, she's at a number 5 which is a pretty severe head injury, right?

A Well, we just have to be careful here. By severe head injury, I would mean we are having a massive bleed in the brain; that's what the real severe stuff is, where the patient is in a

car accident and then comes to the hospital and then you start seeing them go -- fall apart in front of you. They initially had a Glasgow come scale of 10 and then they start getting worst and worst. Then once they drop below 8, they are dropping below 8 because they are having a massive hemorrhage in the brain. Then that's bad news, because you have to -- you had to get them to the OR. She did not have a massive hemorrhage injury to the brain.

Q But, any bleeding below 8, which you said is a severe head injury, would be a severe head injury, she scored 4 at the scene, and she scored 5 in the hospital, right?

A Well, she is not in that class of the type of severe injury that we're talking about, that someone would die from like a massive bleed, or a bleeding within the brain itself, an actual laceration of the brain. They did not have to operate on her head, they only had to operate on her chest. Those people you are looking at that had Glasgow coma scales dropping: 8, 8, 8, 7, 6, you had to drill in the skull to get the blood out of it.

Q So this part of the scale, then, you don't agree where the number is anything below 8 is associated with a severe head injury, you don't agree that that's accurate?

A Nothing is a hundred percent in medicine. Nothing.

Q As part of the report that you generated, did you come to this conclusion: "She was conscious until there was massive

circulatory collapse and massive blood loss. As she reached the emergency room, her consciousness would have continued for many minutes after the accident". Do you recall?

A Yes, that's correct.

Q Thank you.

MR. LEONE: I have nothing further.

THE COURT: Redirect.

MR. CERVINI: Just one or two.

DIRECT EXAMINATION

BY MR. CERVINI:

Q Doctor, the section that the defense attorney was talking about, was that positive loss of consciousness, it's your opinion that that was a documentation that there was some loss of consciousness at the scene immediately following the accident?

A At the scene, that's what the doctor told me. Now, was there any loss of consciousness, because the triage nurse will get you to a CAT scan faster. That's a dangerous sign. If you lose consciousness, your brain may have hit the inside of your skull, you may have actually had a concussion and we have to see how bad that concussion injury is. Here it is very mild in terms of a little subarachnoid hemorrhage and mild cortical contusions that the pathologist found at the time of autopsy.

Q And you know that that period of unconsciousness at the scene didn't last, if I understand you correctly, because of the

Glasgow coma scale as documented by EMS?

A When she -- they got at the scene, she was beginning to moan and grown. When they hollered at her, "Are you hurt, can you feel pain", all she did was moan and groan. And she may not respond to a pinch because she is being overwhelmed with pain from her chest and abdomen. I'm sure when I had my kidney stone, if you pinched me -- that wouldn't bother you at all if you were having a kidney stone attack.

Q So if she wasn't comatose but totally unconscious when those EMS people got to the scene, what would have been her Glasgow coma scale?

A 3.

Q 3 or under?

A 3 or under. And they wouldn't have said, 'Loss of consciousness -- loss of consciousness, came back'. They would have said 'comatose'.

Q And the Glasgow coma scale that was documented on her arrival was actually high?

A Yes.

Q And anyplace on the hospital record before they take her to the OR to open her up, is there anything in that record -- in that hospital record that said that she was comatose?

A Nothing at all.

THE COURT: Any cross?

MR. LEONE: No, your Honor.