

EXHIBIT A

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UNITED STATES OF AMERICA
UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

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HONORABLE R. GARY KLAUSNER
UNITED STATES DISTRICT JUDGE PRESIDING

- - -

FRANCES ENYART, ET AL.,)
)
PLAINTIFFS,)
)
VS.)
)
COUNTY OF SAN BERNARDINO,)
ET AL.,)
)
DEFENDANTS.)
_____)

CASE NO.:
CV 23-00540-RGK

REPORTER'S PARTIAL TRANSCRIPT OF PROCEEDINGS

TUESDAY, MAY 21, 2024

LOS ANGELES, CALIFORNIA

LAURA MILLER ELIAS, CSR 10019
FEDERAL OFFICIAL COURT REPORTER
350 WEST 1ST STREET, ROOM 4455
LOS ANGELES, CALIFORNIA 90012
PH: (213) 894-0374

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APPEARANCES OF COUNSEL:

ON BEHALF OF PLAINTIFF:

PHG LAW GROUP
BY: DANIELLE PENA, ESQ.
501 WEST BROADWAY
SUITE 1480
SAN DIEGO, CA 92101

GRACE JUN, ESQ.
501 WEST BROADWAY
SUITE 1480
SAN DIEGO, CA 92101

LAW OFFICES OF JOE McMULLEN
BY: JOE McMULLEN, ESQ.
501 WEST BROADWAY
SUITE 1510
SAN DIEGO, CA 92101

ON BEHALF OF DEFENDANTS:

SAN BERNARDINO COUNTY COUNSEL
BY: JACOB RAMIREZ
ADAM MIEDERHOFF
SEONHAE (KELLIE) SHIN
DEPUTY COUNTY COUNSEL

385 NORTH ARROWHEAD AVENUE
FOURTH FLOOR
SAN BERNARDINO, CA 92415

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25

INDEX

PROCEEDINGS PAGE

OPENING STATEMENT

BY: MR. McMULLEN 4
BY: MR. RAMIREZ 20

WITNESSES FOR
THE PLAINTIFF:

DIRECT CROSS REDIRECT RECROSS

VENTERS, HOMER

BY: MS. JUN 32 85
BY: MR. MIEDERHOFF 68

KELLEY, AMANDA

BY: MS. PENA 89

EXHIBITS RECEIVED

2A 39
2B 39
2C 39

7 44
120 48
3B 99
3A 100

1 LOS ANGELES, CALIFORNIA; TUESDAY, MAY 21, 2024; 1:09 P.M.

2 - - -

3 THE CLERK: Calling Case No. CV 23-540.

4 Frances Enyart versus county of San Bernardino.

12:58PM 5 THE CLERK: All rise.

6 (Jury present.)

7 THE COURT: The record will reflect that all of
8 jury members are in their perspective seats in the jury box.

9 We have finished with the pretrial instructions, and now
01:09PM 10 we're going to the opening statement.

11 Keep in mind what I said earlier this morning.

12 Opening statements, that's an opportunity for the attorneys
13 to tell you what they think the evidence says, uh, not to
14 argue the case or anything else but just to tell you -- give
01:09PM 15 you kind of a roadmap as to where they're gonna go with the
16 evidence, uh, but it's not evidence itself. After they're
17 through, we'll get into the evidence itself.

18 Counsel?

19 MR. McMULLEN: Thank you, Your Honor.

01:09PM 20 Good afternoon, ladies and gentlemen. As I
21 mentioned a bit earlier, my name's Joe McMullen. This is
22 Grace Jun and Dani Pena, and we represent the plaintiffs in
23 the civil case. The plaintiffs here, we introduced some of
24 them, we didn't introduce all of the them. One of the
01:10PM 25 plaintiffs also is the estate of William Enyart, and the

1 estate of William Enyart, the successor in interest is his
2 daughter, Abigail.

3 And what we're gonna do right now for a few
4 minutes, we're gonna have the opening statement. And
01:10PM 5 Judge Klausner talked about it's a roadmap, and that's
6 exactly what it is.

7 One of things that we are going to present in this
8 case is not every piece of evidence that we've reviewed since
9 the death that occurred here in Summer of 2022, August 1st of
01:10PM 10 2022. If we did that, this trial would go on for a few
11 weeks. But what our commitment to you is we want to give you
12 everything you need to make a fair and just decision but
13 nothing extra. We don't want to waste your time. And we're
14 gonna -- if we do that -- our goal is to do that to make sure
01:11PM 15 you have this case before the end of this week so we can
16 bring that to you.

17 Now, you're going to hear quite a bit about some of
18 the causes of action in this case. We've introduced some of
19 the defendants in this case. A defendant in this case is
01:11PM 20 also San Bernardino County itself. And the employees that
21 are the individual defendants, they're all together
22 represented by County counsel here for San Bernardino.

23 This case is -- as we said, it's a civil case.
24 This is not a criminal action. And that means a few things.
01:11PM 25 One, you've heard the judge talk a little bit about

1 differences in the burden of proof when we were in voir dire,
2 and he'll give you more instructions about that.

3 What it also means is that when we talk about
4 justice, the only justice that we are seeking, the only
01:11PM 5 justice we can seek is money justice. And in a way, that
6 feels a little dirty, but with a case like this, it's the
7 only thing that we can achieve. This is not a case where
8 anyone's going to jail. It's not a case about someone losing
9 their job. The types for those types of accountability have
01:12PM 10 long since passed.

11 Now, the evidence in this case, you're gonna hear a
12 lot about what happened to William Enyart. But before we --
13 I'll talk about that a little bit during this opening
14 statement, but before I do, you're also gonna hear evidence
01:12PM 15 about what it is that San Bernardino County employees are
16 supposed to do when they're safely taking someone into the
17 custody and care of the San Bernardino County jails and what
18 it is they're supposed to do to insure that the person gets
19 the medical care that they need.

01:12PM 20 Now, as you probably heard during the
21 introductions, this isn't a case about saying, well, this
22 medical person, this medical staff member, a nurse or a
23 doctor, did something wrong. That's not what this is about.
24 What it's about is what are the steps, and you'll hear about
01:13PM 25 the steps that jail staff and patrol deputies are supposed to

1 take when they take someone into custody.

2 And one of the critical things that you'll hear
3 about during this trial, a rule that's required is that if
4 they receive information that is going to be critical for the
01:13PM 5 medical staff to have about determining whether someone might
6 be in danger once they get to the jail that they have to pass
7 that information on to medical staff.

8 And you'll learn that when they that, when they
9 follow rules in particular about when someone is intoxicated
01:13PM 10 or an addict that people are taken care of and they -- and
11 when they serve the time or they get through the proceedings
12 in the jail, they go home safely to their family, and that's
13 a good thing here. Those rules tell us that in particular,
14 when it comes to alcohol withdrawal that that is something
01:14PM 15 that is particularly dangerous and something that is known to
16 staff, and they're trained on that.

17 Now, what precipitated this incident happened as I
18 said in the Summer of 2022, and it happened at the home of
19 the Enyarts, and you're gonna learn a bit about the Enyart
01:14PM 20 family in this case. The Enyart family, and we'll talk
21 about -- I'm gonna talk about mom and dad. I'm gonna try to
22 use some shorthand because even though William was referred
23 to as Billy or Daddy, in this courtroom, I'm gonna call him
24 Mr. Enyart, and that's the rules of decorum in this court,
01:14PM 25 and we're gonna follow that.

1 There's a few Enyarts that are important in this
2 case, and so we'll talk about mom and dad. That's Francis
3 Enyart and Gregory Enyart. They raised their children, their
4 three children in the Victorville area. And Victorville,
01:15PM 5 you'll be hearing a bit about that, too. This area, Apple
6 Valley, Adelanto, these cities that are -- that are near each
7 other in the high desert.

8 For those of you who aren't familiar with that, if
9 I can get my directions right here, I think that if we go out
01:15PM 10 the 10 freeway about an hour till we get to Rancho Cucamonga,
11 and then we hit the 15 freeway and go another 45 miles, an
12 hour or so, up into the desert, that's where you're gonna
13 find this area.

14 And there we have -- the Enyart home is in a part
01:15PM 15 called Apple Valley. Apple Valley Sheriff's Substation in
16 San Bernardino County is also where Deputy Conley was
17 assigned where is was a patrol deputy. As a patrol deputy,
18 he'd been working there for the better part of a couple
19 decades. He was familiar with the procedures of arresting
01:16PM 20 people and taking them to the closest detention facility
21 which is called the High Desert Detention Center.

22 That High Desert Detention Center, you're gonna
23 hear a bit about that, too. It's what's called -- under
24 California law, it's called a Type 1 jail facility. And what
01:16PM 25 that means is that it's really set up for short-term stays by

1 people for a few days. It doesn't have the -- it's not built
2 out with the type of medical capability and healthcare
3 capability that other facilities that are more advanced do.

4 And so if someone has some type of vulnerability or
01:16PM 5 condition or risk factors that require more in depth
6 monitoring or care, Deputy Conley knows, and it's part of the
7 rules, that that person, if they don't make it through the
8 first what's called intake initial screening, then they will
9 be rejected from being -- from the intake at High Desert
01:17PM 10 Detention Center, and you have to drive down to a place
11 called West Valley Detention Center. And that's in
12 Rancho Cucamonga about an hour down the hill down the 15.

13 Also in Apple Valley is the Enyart residence.
14 Raising their children in Victorville, the kids who were in
01:17PM 15 the house is you have the eldest who is Amanda Kelly, then
16 Amanda Enyart, and the middle child is William Enyart, and
17 then youngest brother, Nick Enyart. They're all about five
18 or six years apart, give or take.

19 And as they grow, the family structure kind of
01:18PM 20 looks like this. Ms. Kelley, Nicholas Enyart, they're both
21 nurses. Mom, Frances Enyart, she's in real estate. Dad,
22 Gregory Enyart, he's fully disabled, and his disability is
23 related to his need for oxygen and other types of assistance.

24 Now, William Enyart, he lives at home as an adult
01:18PM 25 as well. And Mom's able to work because he stays home, and

1 he helps take care of Dad. He and Dad are close. They
2 shared of love of motor cross, motorcycles growin' up until
3 William Enyart had an injury where he broke his arms as a
4 freshman in high school and had to get hardware put in his
01:18PM 5 left arm. They would do odd jobs and projects together, and
6 then as dad's disability expanded, it became necessary for
7 William to help in more ways.

8 Now, the other member of the family that we've
9 talked a bit about is Abigail. And I'll call her by her
01:19PM 10 first name with the Court's permission. And Abigail was born
11 in 2012, uh, joint custody, shared custody with Mr. Enyart
12 and Abigail's mother who lives in Nevada. And she's the
13 sunshine of his life. It's a close relationship, and they
14 spend time together.

01:19PM 15 And I'm gonna -- you're gonna learn a little bit
16 about that relationship, and it's not -- and you'll have -- I
17 anticipate you'll receive instructions later about sympathy.
18 This is not for sympathy, but it's important to understand
19 the value of Mr. Enyart's life and the value of that
01:19PM 20 relationship.

21 These are some photo -- a few photos of Mr. Enyart
22 and Abby. And in the summer of 2022, Abby is about ten years
23 old, and Mr. Enyart has a surgery that summer. And so Abby
24 goes home a little bit earlier than she usually would in the
01:20PM 25 summer back to her other home in Nevada with her mother.

1 And despite these positives and the brightness she
2 brought to him, Mr. Enyart had some other darkness in his
3 life, and the darkness was alcoholism. Now, alcohol wasn't
4 allowed in the Enyart residence in Apple Valley. No alcohol
01:20PM 5 in the home. The family weren't drinkers, but William Enyart
6 was. He did start to drink at a younger age after his
7 injuries, and he mostly kept it hidden from family. The
8 siblings as you probably would imagine, they had some
9 indication, and they knew that he would drink a bit.

01:21PM 10 And over the decade before leading up to this
11 incident, they knew there was a problem, but it wasn't really
12 until we get close to the pandemic where it really started to
13 escalate. And he's at home. And in those periods of time,
14 other than some efforts to keep things together when Abby was
01:21PM 15 visiting, he was pretty much during the day reeking of
16 alcohol and coming off a bender the night before which would
17 be by himself usually in his bedroom. And the family knew
18 that these things were happening. They could tell that it
19 was going on.

01:21PM 20 And finally, when we get to the Summer of '22, they
21 say, you know, enough's enough. He's -- he has been to
22 counseling. He's acknowledged to Ms. Kelly, he's
23 acknowledged to Mom in different conversations where they've
24 talked to him about his problem, and he says yeah, I know I
01:22PM 25 have a problem. I know I need to do this. I'll go to

1 counseling. But he relapses. It's something that he can't
2 handle on his own.

3 And so Ms. Kelley who's down in the Hollywood area,
4 she comes up the week -- the last week of July in 2022. The
01:22PM 5 family's planning for okay, when's the right time for this
6 intervention? We're gonna get together, and we're gonna --
7 we're gonna confront him about it. But he doesn't come out
8 of his room, and when he does, he's clearly not in any shape
9 for some sort of intervention or he doesn't feel it.

01:22PM10 Finally, because he had a surgery a few weeks
11 before, a surgery on his back where he had a mass removed on
12 the left side of his back, now, he's also getting Norco-types
13 of pain pills as a prescription for that period of time, and
14 he's drinking with that, too. He leaves the room in the
01:23PM15 middle of the day on Wednesday, July 27th, and he's going to
16 refill his prescription.

17 And Ms. Kelley and Mom go into bedroom, and there
18 they see in his closet hidden in jacket pockets are bottles,
19 hard liquor bottles, 49-and-a-half percent. That's a hundred
01:23PM20 proof. 20 percent or some 25 percent stronger than vodka.
21 They see empty bottles. They see empty beer cans.

22 Now, it's not that shocking because they know.
23 They can hear at night him in the room. They can hear him
24 sometimes talking to himself. They know there's a problem.
01:23PM25 They take the bottles out, they stack them up on the kitchen

1 counter, and then they wait for him to come home.

2 And he comes home in the early afternoon, and they
3 confront him. And he's -- he -- he's first denying. That's
4 not mine. He's swaying a little bit. He reeks. He seems
01:23PM 5 intoxicated. And he starts to get upset. Why are you going
6 into my stuff? He's yelling. And he's not someone who's
7 been a violent person to the family in his drinking. That's
8 not who he is.

9 But Mom says, you know, I'm gonna start to record
01:24PM 10 you so you see what you look like, and he goes swatting phone
11 the phone out of her hand. Dad says that's enough. And he
12 calls the non-emergency line of the San Diego Sheriff's
13 Department, and he says our son's intoxicated. He's out of
14 control. I think he tried to hit my wife with the phone.
01:24PM 15 You know, we need help. He needs help.

16 So that's when Deputy Conley comes, and he
17 responds. And Deputy Conley is -- he doesn't come in guns
18 a'blazing or anything like that. He comes in to assess the
19 situation. When he -- when he parks his patrol vehicle in
01:24PM 20 the afternoon about -- this call came is about 3:30 p.m. so
21 it's about 3:45 p.m. on that Wednesday.

22 He sees William Enyart walk -- walking out of the
23 house. And so he walks up to them, and he hasn't talked to
24 the family yet, but he say, you know, why don't you come over
01:25PM 25 here. Come over by my car so they can -- I can speak with

1 you. And William complies. William Enyart complies. He
2 goes over to the car.

3 But then, uh, Deputy Conley sees that he has a
4 pocketknife that's on his, uh -- strapped to his belt, and so
01:25PM 5 he goes to grab the pocketknife, and William sort of swats
6 his hand away. You can't do that. And Deputy Conley grabs
7 his right arm behind his back, and William has the other hand
8 against the truck, his brother's truck that's there, and he's
9 not complying. He's resisting, and he's not putting his
01:25PM10 other hand behind his back. And he's saying stop. Please
11 stop. Please stop. You're hurting me. Please.

12 Deputies arrive. William Enyart is arrested, and
13 he's put in the back of Deputy Conley's patrol vehicle. And
14 then the deputies begin to interview the family members. And
01:26PM15 all of the family members that are there who are Nick has
16 come home from work so Nick Enyart, Amanda Kelley, and mom
17 and dad are there, and they're all saying son, he is daily
18 drinking.

19 He's intoxicated. He has these alcohol issues. We
01:26PM20 need help. We want him to go be 5150 which they understand
21 to mean that he'll be take in for some type of a hold where
22 he'd be monitored. But it -- but he's not. He's taken to
23 the jail.

24 And Deputy Conley. . . Deputy Conley writes a
01:26PM25 report when he gets to the jail. And the report that he

1 writes says that this is a person who's intoxicated, who is,
2 uh, slurring his speech, he reeks of alcohol, and he
3 recommends that he be charged with a felony, battery on a
4 police officer, because during this -- this kerfuffle
01:27PM 5 resisting, he says that his finger got bent back, and so he
6 wants him to be charged with a felony to become a felon.

7 And, uh, then he is asked by the Intake Triage
8 Nurse Angel Alvarado who has a form that says okay, what does
9 the arresting officer say about what observations he made?
01:27PM 10 And there's the eight standard questions. And one of the
11 questions is is the person under the influence of drugs or
12 alcohol? And Deputy Conley says no. And that's what goes on
13 the form. There won't be any driving down the hill to West
14 Valley Detention Center. Let's get him booked in.

01:28PM 15 Now, it's close to 6 o'clock. Deputy Conley, he
16 goes to the Apple Valley substation, and he finds that the
17 Enyart family is calling the substation to talk to Deputy
18 Conley so Deputy Conley calls them back. And they say we're
19 worried about our son. We're worried he's gonna start
01:28PM 20 seizing. Have you checked his blood alcohol level? No, but
21 he reeks of alcohol.

22 Well, we're worried about him. We want make sure
23 nothing bad happens to him. They're worried because they
24 know from their children about withdrawals and how dangerous
01:28PM 25 they can be.

1 Over the course of the next four or five days, and
2 we have phone records of this, the Enyart family call the
3 jail over 30 times. They're calling, and they're calling.
4 And when they get through, they say you have to watch our
01:28PM 5 son. He's got a drinking problem. There's something wrong
6 with him, and we want to make sure that he's okay. And the
7 people that pick up the phone some of the times are Ms. Snow
8 who's here, and one of the calls gets transferred to
9 Deputy Skaggs on July 30th.

01:29PM 10 And at this point, William is not calling the
11 family back. He is starting to have his own psychoses
12 because alcohol withdrawal is kicking in. It's something
13 called delirium tremens. But the medical staff think that
14 it's just a mental health, psychotic issue, and so they do
01:29PM 15 transfer him to West Valley, but when he gets transferred
16 down to West Valley, the intake paperwork says due to very
17 limited information, it appears he's suffering from
18 psychosis, and so they put him in a cell by himself.

19 They don't -- they don't initiate their alcohol
01:29PM 20 withdrawal protocols because they don't have reason to
21 believe there's an alcohol related issue cause they have no
22 documentation about the information that they're receiving
23 that is going into a black hole because the phone calls that
24 are coming in, here's what's going on with our son, that
01:30PM 25 information is provided to no one.

1 The information that Deputy Conley received goes to
2 no one. The information that Deputy Umphlett received when
3 she's there at the scene as well about all these issues with
4 his drinking and talking about it is provided to no one.

01:30PM 5 Finally, detectives come to the Enyart residence in
6 Apple Valley on August 1st, and they say -- and the Enyarts
7 are relieved. Finally they're gonna listen to us. We're so
8 worried about our son. We haven't heard from him. We want
9 you to know that he has these drinking problems. They say to
01:30PM 10 them the same things that they've been saying on the phone
11 that they were telling Deputy Conley. And the detectives
12 listened patiently.

13 THE COURT: You've got about five minutes.

14 MR. McMULLEN: Thank you, Your Honor.

01:31PM 15 And then they tell the family that William Enyart
16 is gone, that he died earlier that day.

17 Now, we asked -- we wanted to find out is this
18 something that passing this information on would have made a
19 difference or is it something -- was there anything wrong
01:31PM 20 with that? And so we talked to three experts that you're
21 gonna hear from.

22 You're gonna hear from someone by the name of Dr.
23 Homer, and Dr. Homer is going to tell you that he is a
24 Correctional Healthcare Specialist. And he absolutely says
01:31PM 25 it's critical at this hand-off stage to provide this type of

1 information to medical staff. Otherwise, they're in a
2 vacuum. Well, you're gonna hear that Mr. Enyart didn't
3 tell -- they asked him, well, are you drinker? He said no.
4 Nope, I don't do that.

01:32PM 5 And what you're gonna hear from the expert, Dr.
6 Homer Venters, is that that is common, and it is known that,
7 of course, people because it is a judgment disorder, they are
8 going to deny. And you can't stop there, and you need to
9 have it in place to make sure that information gets passed
01:32PM 10 along.

11 You're gonna hear from Mr. Roger Clark who is a
12 three-decade long L.A. County Sheriff who is a Lieutenant.
13 He's a known Jail Procedures and Correctional Expert. And
14 he's gonna say there is an absolute obligation for law
01:32PM 15 enforcement, and they're trained that when they receive
16 information that's critical that be provided to medical
17 staff, they have to share that.

18 This idea that HIPAA is not gonna let us share it
19 is something that is -- it's a red herring because HIPAA is
01:33PM 20 for information going out, not from law enforcement doing
21 something with the information that they receive from family
22 members.

23 And then finally, most importantly, you're gonna
24 hear -- well, why would any of this have made a difference?
01:33PM 25 And you're gonna hear from Dr. San Bartolome. And he's a

1 physician who's an Addiction Specialist, and he can talk
2 particularly about delirium tremens. And once you start
3 delirium tremens, can you survive it? And he will say yes.
4 The earlier that you know, the better, and not wasting timing
01:33PM 5 on that is critically important. And he will also tell you
6 it's a horrible death, and you'll hear some of the haunting
7 audio as he goes into the psychosis over the last few days of
8 his life.

9 Now, before I sit down, it's important to talk
01:33PM 10 about you also are gonna hear a bit about William Enyart, the
11 experiences, the moments, the value of his life, and we
12 understand that's something very difficult to quantify. But
13 what's important here as well is accountability for the
14 deliberate indifference that caused the death.

01:34PM 15 There's no one sitting over there that wanted
16 Mr. Enyart to die. Of course not. But what you're gonna
17 hear and see here is that they didn't do the things they were
18 supposed to do because they were indifferent, and that's what
19 caused the death.

01:34PM 20 And at the end of this case, we'll come before you,
21 and we're going to tell you about what we believe the value,
22 not the price, but the value amount that's substantial in the
23 millions of dollars. And I along with Ms. Jun and Ms. Pena
24 look forward to giving you all the evidence.

01:34PM 25 Thank you.

1 THE COURT: Thank you very much, Counsel.

2 Counsel?

3 MR. RAMIREZ: Thank you, Your Honor.

4 Good afternoon, ladies and gentlemen. My name is
01:35PM 5 Jacob Ramirez. I'd like to talk to you about what this case
6 is really about. It's about information that no one knew,
7 not even the Enyart family, and the one person who did know
8 concealed the truth.

9 Now, a big part of this case is going to focus on
01:35PM10 what the family members told to Deputy Conley and what they
11 say they said to Deputy Umphlett, Ms. Snow and Deputy Skaggs.
12 We believe the evidence will also show the family did not
13 tell my clients what they say they told them. For that
14 reason, credibility is gonna be an important thing for you to
01:35PM15 consider. Remember nothing that the attorneys say in this
16 case is evidence.

17 I'm simply here to guide you through the evidence
18 and help it make sense. Because there are so many moving
19 pieces, I'm gonna walk you through a time line broken down
01:36PM20 into five key chapters; the arrest, the use of force
21 investigation, booking, the stay at High Desert Detention
22 Center which is the first facility, the stay at West Valley
23 detention Center which is the second facility.

24 And in this case, the Enyarts have to prove that my
01:36PM25 clients intentionally denied Mr. Enyart the access to needed

1 medical care. The evidence will show that simply didn't
2 happen. The events of this case took place between July 27,
3 2022 and August 1st, 2022, a total of six days.

4 So let's talk about Deputy Conley's arrest of
01:37PM 5 Mr. Enyart. You're going to hear of how it all started in
6 the home. On July 27th, the family discovered empty
7 containers of alcohol in Mr. Enyart's room, and they an
8 intervention was necessary. You'll hear how they had no
9 professional training in interventions and instead planned to
01:37PM10 call the police if the intervention went south. And that's
11 exactly what happened.

12 You'll hear how Mr. Enyart was arrested when he
13 refused to remove a knife from his pocket and wouldn't put
14 one of his hands behind his back despite orders from Deputy
01:37PM15 Conley. The evidence will show that no one here claims that
16 Deputy Conley did anything wrong by arresting Mr. Enyart.
17 And you won't hear any witnesses or experts testify that
18 Deputy Conley did anything wrong during the investigation --
19 or during the arrest. The evidence will show that
01:37PM20 Mr. Enyart's father even gave Deputy Conley an A+ twice so
21 our focus is not on the arrest itself.

22 The focus in this case is gonna be on what Deputy
23 Conley knew about Mr. Enyart and his drinking habits, and
24 more importantly, what he didn't know. You'll hear from
01:38PM25 Mr. Enyart's mother and Deputy Conley that because of how the

1 arrest went down, Deputy Conley never got a chance to speak
2 with the Enyart family. He was tasked with arresting and
3 booking Mr. Enyart pursuant to County procedures, and that's
4 what he did.

01:38PM 5 You'll hear about how Deputy Conley stayed with
6 Mr. Enyart at the scene until paramedics could assess him.
7 Even though the family believed Mr. Enyart had a drinking
8 problem, they never told Deputy Conley. He never knew.

9 While speaking with paramedics on scene, Mr. Enyart
01:38PM 10 wouldn't tell the paramedics that he drank alcohol.

11 Paramedic Erwin Cuevas will tell you that nothing he saw or
12 heard during his evaluation of Mr. Enyart made him believe
13 that there was a risk of withdrawal. When the paramedics
14 asked Mr. Enyart if he wanted to go to the hospital,
01:39PM 15 Mr. Enyart said no. After getting checked by paramedics,
16 Deputy Conley left the arrest scene, and he didn't speak with
17 the Enyarts again.

18 Now onto the next chapter of this case, the
19 investigation of Mr. Enyart's arrest and the use of force by
01:39PM 20 Deputy Conley. Deputy Conley had to use force to arrest
21 Mr. Enyart because as you've heard, Mr. McMullen told you
22 Mr. Enyart fought against the orders of Deputy Conley.

23 You're gonna hear that Deputy Umphlett arrived
24 after Deputy Conley as backup. And you'll hear about the
01:39PM 25 roughly 15 to 20 minutes when she was involved with the

1 Enyart family and how she never personally spoke with
2 Mr. Enyart. Now, her job was to investigate the arrest and
3 the use of force by Deputy Conley. She didn't arrive or
4 leave with Deputy Conley. Deputy Umphlett spoke with
01:40PM 5 Mr. Enyart's parents while in their home when the arrest had
6 just happened.

7 Fortunately, we will be able to show you what was
8 said that day because Deputy Umphlett followed county
9 procedures and activated her belt recorder. She captured the
01:40PM 10 interview with Mr. Enyart's parents. You'll hear how
11 Deputy Umphlett tried to figure out what happened but was
12 faced with changing stories from Mr. Enyart's mom. You'll
13 hear her waffle back and forth regarding her son's current
14 intoxication status, his past use of alcohol and drugs and
01:40PM 15 his changes in his personality.

16 The Enyart family will tell you they also voiced
17 their fierce to another deputy, Karen Mammolito. But Deputy
18 Mammolito isn't a defendant in this case. They never sued
19 her even though she was given a little bit more information
01:40PM 20 or detail than they told Deputy Umphlett. You'll hear
21 Mr. Enyart's parents explain their son needed help because of
22 his ongoing alcohol issues.

23 What you will not hear on any of the recordings is
24 anyone telling Deputy Umphlett that Mr. Enyart might withdraw
01:41PM 25 from alcohol. You will not hear Mr. Enyart's mother telling

1 Deputy Umphlett that her son could die. You will not hear
2 Deputy Umphlett say anything that sounds like she didn't care
3 if something bad happened to Mr. Enyart.

4 Deputy Umphlett will tell you she doesn't remember
01:41PM 5 getting a chance to speak with Deputy Conley about what the
6 family told her because he was gone when she finished her
7 investigation. After her investigation at the Enyart home,
8 Deputy Umphlett never saw the Enyart family again.

9 Before we shift our focus to the third chapter of
01:41PM 10 this case, I wanna talk about what the Enyarts knew and what
11 they didn't know. This is important because they hired
12 witnesses who rely heavily on the Enyart's account of their
13 son's alcohol use.

14 Again, the evidence will show that no one knew.
01:42PM 15 You're gonna hear testimony that the Enyart family didn't
16 know the degree of Mr. Enyart's struggle because he concealed
17 the truth. Or at least that's their assumption. And you'll
18 hear that's what their paid witnesses are also going to
19 assume.

01:42PM 20 Now, the family says they saw evidence he was
21 drinking. They saw empty containers, and they saw him in
22 what they considered an altered state, but they didn't see
23 their son's lips touch alcohol. Well, at least not more than
24 a beer or two. And you'll hear, and the family will
01:42PM 25 acknowledge, they have no idea how much Mr. Enyart drank when

1 he drank, how often he was drinking or what he drank each
2 time that he drank.

3 Even the Enyart's paid witnesses won't be able to
4 answer those questions. One of those witnesses, Dr. San
01:43PM 5 Bartolome will admit he assumed that Mr. Enyart's drinking
6 history was accurately reported by the family. That's not
7 his only assumption, and you'll hear about those as the case
8 progresses. The Enyart's paid witnesses don't know either.

9 So let's turn our attention to the third chapter of
01:43PM 10 the booking. The Enyart's witnesses will tell you that
11 Deputy Conley intentionally denied Mr. Enyart needed medical
12 care. He did that by not reporting that Mr. Enyart smelled
13 of alcohol to the intake nurse, Nurse Alvarado, but you'll
14 hear Deputy Conley confirm his custom and practice is to
01:43PM 15 relay known alcohol related information if he gets a chance
16 to speak directly with the nurse. Video will confirm that
17 Deputy Conley did get to speak directly with the Nurse
18 Alvarado.

19 What you'll hear from Intake Nurse Alvarado is that
01:44PM 20 he personally conducted his own independent evaluation of
21 Mr. Enyart at intake. He will confirm that as a trained
22 medical professional, he had no reason to believe that
23 Mr. Enyart was intoxicated at the time of his booking.

24 Nurse Alvarado will testify he did not notice the
01:44PM 25 smell of alcohol on Mr. Enyart, and he took his vital signs

1 and confirmed there was no obvious need for additional
2 medical care. He'll tell you that Mr. Enyart seemed calm and
3 cooperative when the deputies weren't around, and that he was
4 able to obtain a clear medical history from him which
01:44PM 5 typically only happens when an arrestee is not intoxicated.

6 Like the on-scene paramedics, Nurse Alvarado asked
7 Mr. Enyart if he had consumed any alcohol. Mr. Enyart's
8 response? No. He asked Mr. Enyart if there was any chance
9 he could withdraw from alcohol. Mr. Enyart's response? No.

01:45PM 10 You'll hear how Nurse Alvarado cleared Mr. Enyart for booking
11 because he had no reason to believe Mr. Enyart needed higher
12 care or additional follow-up.

13 This brings us to Chapter four of our story. Up to
14 this point, everything that's happened has been on the same
01:45PM 15 day, July 27th. This chapter will take us through July 30th
16 while Mr. Enyart was at the first facility.

17 For most of his stay, MR. Enyart remained at the
18 first facility without complaints and without him making a
19 request for any medical care even though he could have done
01:45PM 20 both. He even called his family which was captured on audio
21 recording, and he had calmly explained the status of his most
22 recent court hearing. Despite what we anticipate Ms. Enyart
23 will say from the stand, Mr. Enyart never sounded like he was
24 scared during that call. And you'll hear it for yourself.

01:46PM 25 What you won't hear during that call? Anyone

1 asking the son how he's feeling. Not one time will you hear
2 family members mention their fears. Not one time will you
3 hear family members ask him to be sure to get medical help.
4 The Enyart family will testify that they were worried sick,
01:46PM 5 terrified that their son was going to die in custody, and we
6 anticipate that they're gonna tell you that it was this fear
7 that drove them to call many times and tell anybody who would
8 listen that they were afraid for their son's life.

9 And that's where Ms. Snow and Deputy Skaggs come
01:46PM 10 into this case. Again, Mrs. Enyart is going to tell you that
11 she tried to call multiple facilities multiple times between
12 July 28th and July 30th. We don't dispute those calls were
13 made. We dispute what was said during those calls.

14 You'll hear that Ms. Snow worked in the facility's
01:47PM 15 lobby. She would answer phone calls from the public, and she
16 would take individuals who came into the facility and respond
17 to their concerns. That isn't all she did, but we'll get
18 into that a little bit later as well. Ms. Snow will testify
19 that she definitely did not receive a call from any one
01:47PM 20 family member reporting that their son was gonna withdraw
21 from alcohol. That something is not typical, and she would
22 remember a call like that.

23 She'll also testify that she never got any calls
24 telling her that there was a family member who was going to
01:47PM 25 withdraw from alcohol or at risk for dying. Again, these are

1 things she would remember because they're not typical calls.
2 If she had, she would have reported that to her core
3 supervisor, but, again, that's not what happened in this
4 case.

01:48PM 5 Mr. Enyart's father gave sworn testimony under
6 penalty of perjury. It's called a deposition, and you'll
7 hear him tell you what was really said on those calls. The
8 family was asking questions. They were asking about the
9 status of their son. They were asking if he was getting
01:48PM10 medical care. They were worried. They wanted answers. They
11 wanted to know why he wasn't calling. They were not giving
12 warnings. They were trying to get information.

13 Deputy Skaggs was one of the multiple core
14 supervisors and was only on duty on the 30th. You'll hear
01:48PM15 him say the same thing. According to the Enyarts, he only
16 spoke with the family one time. Now, he doesn't remember the
17 conversation, but it's this one conversation that they want
18 you to hold him responsible for being indifferent or
19 intentionally denying Mr. Enyart of medical care.

01:49PM20 Now, Mr. Enyart's father testified when we asked
21 him about this, and he said that Deputy Skaggs repeatedly
22 told them that he would look into how their son was doing.
23 There's nothing from Ms. Snow or Deputy Skaggs to relay
24 because they weren't being warned, and they couldn't give out
01:49PM25 the requested medical information to the family because of

1 HIPAA. And HIPAA is a federal law that protects privacy
2 rights in medical records.

3 What you won't hear from Ms. Snow or Deputy Skaggs
4 is they didn't care about the family's concerns. The
01:49PM 5 county's procedures for addressing inmate care were followed.
6 The evidence will also show the Enyarts never tried to
7 personally deliver what they believed was crucial medical
8 information in person. They blame COVID policies, but you're
9 going to hear testimony from multiple county witnesses
01:50PM 10 confirming the county didn't have any policies prohibiting
11 them from coming down to any of the jails.

12 An audio recording of Mr. Nicholas Enyart will
13 confirm the real reason they didn't go see Mr. Enyart because
14 they believed Mr. Enyart needed to feel alone so he would get
01:50PM 15 help which brings us to final chapter in our time line,
16 Mr. Enyart's transfer to West Valley, the second facility.
17 You'll hear how and why Mr. Enyart was moved to second
18 facility on July 30th.

19 Everyone acknowledges that on July 30th, Mr. Enyart
01:50PM 20 started to act differently, enough that his cellmate at the
21 first facility noticed but so did medical personnel. When
22 medical staff tried to talk with him, he refused to
23 cooperate. In fact, you'll hear from another county witness,
24 and they'll take you through the medical records to show you
01:51PM 25 the care that was provided.

1 You'll see how staff documented Mr. Enyart's
2 behaviors, and you'll hear how Mr. Enyart continued to deny
3 consuming alcohol or using drugs. The evidence will show
4 that staff at the first facility recognized that Mr. Enyart
01:51PM 5 needed more care, but they didn't know exactly why. Instead
6 of ignoring that need, they decided to send Mr. Enyart to
7 West Valley Detention Center because he'd have access to
8 24-hour medical care and to mental healthcare.

9 When Mr. Enyart got to the second facility, he was
01:51PM 10 immediately examined by mental health staff. Again,
11 Mr. Enyart told them he didn't drink alcohol or use drugs.
12 We'll even let you hear it from Mr. Enyart's own mouth
13 because he reported the same thing to a deputy who had his
14 belt recorder activated. He wasn't asked the question. He
01:52PM 15 just voluntarily told them I don't drink. I don't use drugs.
16 I didn't do anything wrong.

17 Despite multiple visits from mental health nurses
18 and a physician's assistant, Mr. Enyart repeatedly refused
19 care from July 31st to August 1st at the second facility.
01:52PM 20 And this is despite being warned that if he didn't get more
21 care, his medical condition could get worse or he could die,
22 but Mr. Enyart still said he didn't want more care.

23 Despite those refusals, an appointment with the
24 psychiatrist was set up for about 2:00 p.m. on August 1st.
01:52PM 25 Unfortunately, Mr. Enyart passed away in his cell at, uh --

1 before he could be seen. He was found in his cell
2 unresponsive at about 1:09 p.m. and declared dead at about
3 1:39 p.m.

4 So there is no dispute in evidence that my clients
01:53PM 5 took steps to make sure Mr. Enyart got medical care. He was
6 evaluated by a paramedic at the Enyart home, an intake nurse
7 at the first facility, medical clinicians at both facilities,
8 mental health nurses at the second facility, a physician's
9 assistant, and he was scheduled to see a psychiatrist all
01:53PM 10 within six days. Unfortunately, as the evidence will also
11 show, Mr. Enyart repeatedly concealed the truth with each
12 medical provider.

13 And we believe, ladies and gentlemen, that the
14 evidence will be very clear that my clients did their job
01:53PM 15 properly with the information they had available to them.
16 Remember you're gonna get a jury instruction about the law.
17 You're going to be told that it's the plaintiff's burden to
18 prove their case by a preponderance of the evidence. And as
19 my team and I guide you through the evidence, it's up to you
01:54PM 20 to decide whether they've carried that burden.

21 At the end of this case, I'll get one last chance
22 to speak with you about the evidence. Until that time, I ask
23 that you wait until for all the evidence to be presented
24 before you make your decision. I appreciate your time and
01:54PM 25 look forward to speaking with you again at the end of this

1 case.

2 THE COURT: Okay, thanks you very much, Counsel.

3 Okay. Ladies and gentlemen, we're now at the point

4 of what the case is all about, and that's hearing the

01:54PM 5 evidence, and we're gonna start presenting that at this time.

6 Counsel, do you want to call your first witness?

7 MS. JUN: Yes, Your Honor.

8 Plaintiffs call Dr. Homer Venters.

9 THE COURT: Okay.

01:55PM 10 THE CLERK: Please raise your right hand.

11 (Witness sworn.)

12 THE CLERK: Thank you. Please be seated.

13 For the record, please state your full name and

14 spell your last name.

01:55PM 15 THE WITNESS: Homer Venters, V as in Victor

16 e-n-t-e-r-s as in Sam.

17 THE COURT: Thank you, Counsel.

18 DIRECT EXAMINATION

19 BY MS. JUN:

01:56PM 20 Q. Good afternoon, Dr. Venters. Let me begin by asking

21 some questions about your background. What do you do?

22 A. I'm a Doctor who works in Correctional Health.

23 Q. And what does that mean, correctional health?

24 A. That means providing healthcare in jails and prisons.

01:56PM 25 Q. And what kind of work do you do within correctional

1 health?

2 A. When I started my career, I was directly working in one
3 jail system, the New York City jail system, and worked my way
4 up to be the head doctor there. And then more recently, in
01:56PM 5 the last four or five years, I worked to either investigate
6 what's going on in jails and prisons with their healthcare or
7 I do a separate kind of work where I take a longer view and
8 am appointed by a federal judge to try and fix problems once
9 they've been found.

01:56PM 10 Q. So let me go back to the first thing you said. You said
11 you were a head doctor at New York City jails. What do you
12 mean by head doctor?

13 A. After my fellowship training, I worked in the New York
14 City jails which is a big system of at the time about 15
01:57PM 15 jails, and some of 'em were small, some of 'em were large.
16 And I started as the Deputy Medical Director and over about a
17 decade worked my way up to be Chief Medical Officer. That's
18 overseeing all the physical health, mental health, substance
19 use care.

01:57PM 20 Q. And in that capacity as the Chief Medical Officer at the
21 New York City jails, were you overseeing other medical
22 personnel?

23 A. Yes. We had, as I said, 12 to 15 jails depending on
24 year so I oversaw about -- directly or indirectly about 800
01:58PM 25 uh, doctors, nurse, mental health staff, um, in my final

1 position. That number was smaller when I started.

2 Q. And you mentioned you were overseeing the medical care
3 at New York City jails, and you mentioned there were 15
4 facilities. And give me an estimate as to the number of
01:58PM 5 patients coming into the jail.

6 A. I believe that some years, we had -- it changed over the
7 years I was there, but we had approximately, I think, up to
8 100,000 annual admissions spread out over these 15 jails when
9 I started. Those numbers kind of decreased. But the average
01:58PM 10 daily population across all the jails might have been 12 or
11 15,000 when I started, and by the time I left, it was closer
12 to 8 or 9,000 people who are in these different jails at any
13 one time.

14 Q. So the second thing you mentioned, um, in terms of what
01:58PM 15 you do, you -- you described it as an investigator. You work
16 in some sort of investigative capacity. Could you explain to
17 us what that means?

18 A. Yeah, I don't mean to make that sound more interesting
19 than it is. I work as a correctional health expert so I'm a
01:59PM 20 doctor, and instead of running or working in one place, uh,
21 I'm retained to go for this investigation half of things to
22 try and figure out what's going with healthcare in a jail or
23 a prison if there's a question. So sometimes there's a
24 lawsuit. Most of my work on that side now is either with the
01:59PM 25 U.S. Department of Justice or some State Attorney's General

1 when they want to look into what's going on in a jail or
2 prison.

3 Q. So you mentioned the U.S. Department of Justice. Does
4 the U.S. Department of Justice retain to you kind of review
01:59PM 5 how healthcare is being delivered in jails or prisons?

6 A. Yes.

7 Q. And you mentioned some other agencies. What other
8 government agencies will hire you to investigate the type of
9 medical care being provided in a jail or prison?

02:00PM 10 A. Sometimes a State Attorney General. Um, so I'm not a
11 lawyer, but I think that either the law enforcement
12 organization of the state instead of the federal government,
13 they may want to look into the adequacy of care or what's
14 going on with healthcare in a jail. Uh, and so that's a role
02:00PM 15 I've done a few different times and -- and doing now still.

16 Q. And which agencies -- which state agencies have hired
17 you to conduct these like investigations and reviews of -- of
18 medical care at jails?

19 A. The Illinois Attorney General, the New York Attorney
02:00PM 20 General although that case is kind of done, and then I'm
21 still working with the Attorney General of the State of
22 California.

23 Q. Now, there was one last area that you mentioned, and you
24 said it was sometimes you are working with a court to oversee
02:01PM 25 medical care in a jail or prison. Could you describe what

1 that means?

2 A. Sure. That's probably about two-thirds of what I do
3 now. Basically, once people have kind of agreed that there
4 are problems in a jail or a prison, and there's a settlement,
02:01PM 5 and I'm not sure of the legal -- if that's the right legal
6 term, but a federal court may say -- may look for a person to
7 help implement or oversee a plan to improve healthcare. And
8 so that person sometimes gets called a monitor.

9 And that's the role that I do spend most of my time
02:01PM 10 on now where a court or a judge will hire me or retain me as
11 a monitor. And then my role as the monitor is over a few
12 years hopefully to work with the facility, go there a lot,
13 train the staff, work with them and assess them on kind of
14 fixing the things that everybody started off agreeing needed
02:02PM 15 fixing.

16 Q. And so you said you were essentially retained by a court
17 or a judge. Have you been retained by -- or have you been
18 appointed to be a monitor by any federal court in California?

19 A. Uh, yes, although I sometimes get confused about federal
02:02PM 20 and state courts, but the -- the jail in Santa Barbara, I'm a
21 court appointed monitor there so I work with that jail to
22 make improvements and -- and measure compliance with
23 improvements in healthcare there.

24 Q. Now, we're in the Central District of California.
02:02PM 25 That's the federal court we're sitting at today. Is that an

1 appointment made by a judge in the Central District of
2 California?

3 A. I am not sure. I apologize.

4 Q. Okay. Well, let me ask you about payment. You
02:02PM 5 mentioned being retained as an expert by the United States
6 Department of Justice, by the California Attorney General's
7 Office, um, and even being appointed by different federal
8 courts and judges. Do you get paid for this work?

9 A. Yes. The is -- the work I just described is my
02:03PM 10 full-time work now.

11 Q. And are you being paid today to come to court and
12 testify to the jury about what happened in this case?

13 A. Yes.

14 Q. And how much do you get paid per hour for your time?

02:03PM 15 A. \$500 per how.

16 Q. Now, I want to redirect your attention to this case and
17 to the death of William Enyart. Did you come to certain
18 opinions about this case?

19 THE COURT: Counsel? If he's testifying as an
02:03PM 20 expert, he can't testify to what he thinks about this case.
21 It has to be a hypothetical, and then you have to prove up
22 that hypothetical unless he's a participating witness. So
23 experts have to testify as to a hypothetical, and then you
24 have to prove up facts of the hypothetical. Go ahead.

02:04PM 25 MS. JUN: Thank you, Your Honor.

1 I appreciate the clarification.

2 THE COURT: Mm-hmm.

3 BY MS. JUN:

4 Q. Dr. Venters, in reviewing this case, did you review any
02:04PM 5 factual information about what happened to Mr. Enyart?

6 A. Yes.

7 Q. What kind of information did you review?

8 A. Medical records from his incarceration as well as other
9 records that were transcripts of depositions and audio files
02:04PM 10 and video files that were associated with his case. I don't
11 recall the full list. I have it in my report where I list
12 the things that I reviewed to get there. But those were the
13 big buckets of information that I can recall off the top of
14 my head.

02:04PM 15 Q. Did you review any deposition transcripts of witnesses
16 in this case?

17 A. Yes. As I recall, there were depositions of both family
18 members and law enforcement.

19 Q. So then let me ask you a little bit about the facts of
02:05PM 20 this case. What's your understanding as to the reason law
21 enforcement officers came into contact with Mr. Enyart?

22 A. Well, the information I reviewed indicated to me that
23 his, Mr. Enyart's, family called the police for help because
24 his drinking was out of control, and they were worried about
02:05PM 25 him, and they needed help with that.

1 Q. Um, and of the material that you reviewed in this case,
2 did you review audio recordings of the Enyart family's
3 contact with San Bernardino County Sheriff's deputies?

4 A. Yes.

02:05PM 5 Q. And did you rely on those recordings in coming to
6 concern conclusions in this case?

7 A. Yes.

8 MS. JUN: At this time, Your Honor, I would move
9 into evidence Exhibits 2-A, 2-B and 2-C which are stipulated.

02:06PM 10 THE COURT: 2-A, B and C?

11 MS. JUN: Yes, sir.

12 THE COURT: They'll be received.

13 (Exhibits 2-A, 2-B and 2-C admitted.)

14 MS. JUN: Thank you, Your Honor. And with the
02:06PM 15 Court's permission, I would like to play these audio
16 recording for the jury.

17 THE COURT: Yes.

18 MS. JUN:

19 Q. Dr. Venters, we are now going to play what has been
02:06PM 20 marked as Exhibit 2-A. After that, I'm going to stop it and
21 ask you some questions.

22 MS. JUN: Give us just a minute. We're having some
23 technical difficulties. Thank you for bearing with us.

24 Okay. We're going to try to play Exhibit 2-A.
02:06PM 25 It's a one-minute clip.

1 (Audio played.)

2 BY MS. JUN:

3 Q. Dr. Venters, do you recognize that audio recording?

4 A. Yes.

02:08PM 5 Q. And what do you understand this audio recording to be?

6 A. To be one of Mr. Enyart's family member who was talking
7 to a --

8 THE COURT: Counsel, again, the jury heard it. He
9 can't tell us what it said. The jury has to tell us what was
02:08PM 10 said on it.

11 MS. JUN: Thank you, Your Honor. I appreciate
12 that. Let me then move on to the second audio clip, and this
13 is the audio recording that is marked as Exhibit 2-B.

14 (Audio played.)

02:08PM 15 MS. JUN: And then the last clip that is marked as
16 Exhibit 2-C.

17 THE COURT: 2-C?

18 MS. JUN: 2-C, Your Honor.

19 (Audio played.)

02:09PM 20 BY MS. JUN:

21 Q. Dr. Venters, as a correctional medical expert, what is
22 the significance of this information that is being conveyed
23 by the Enyart family?

24 A. The family's reporting that Mr. Enyart is a heavy
02:10PM 25 drinker, and that he's having problems with how much he's

1 drinking, and there's some reference, I think, to maybe
2 something else, some other substance, but they're reporting
3 to the law enforcement officers they called that he drinks a
4 lot.

02:10PM 5 And they're hearing back that the law enforcement
6 officers it sounds like won't take -- don't want to do a 5150
7 which I understand to be a mental health route because they
8 are saying that's not something for people who are
9 intoxicated. So it's mostly just three clips of people
02:10PM10 talking about how heavily he's drinking and is intoxicated.

11 Q. Is that type of information about an individual under
12 arrest being intoxicated something important to convey once
13 that person is booked into jail?

14 A. Yes, and it's potentially life saving.

02:11PM15 Q. Let me ask you, um, about intoxication generally.
16 Are -- is -- is that a problem where people are being
17 arrested who are intoxicated and coming into jails?

18 A. Yes, it's very common.

19 Q. Oh, and I'm sorry, Dr. Venters, before I go too much
02:11PM20 further, did you recognize the deputy who is on that audio
21 recording?

22 MR. MIEDERHOFF: I object as speculation,
23 Your Honor. Lacks foundation.

24 THE COURT: Well, I don't know.

02:11PM25 Do you recognize the person?

1 THE WITNESS: I actually just recall it was one of
2 the deputies.

3 THE COURT: Okay. Next question.

4 BY MS. JUN:

02:11PM 5 Q. So let me orient us properly. When a person is
6 arrested, and they're transported to a jail for booking, what
7 happens in that process? What is that process called, and
8 what happens during that process?

9 A. Well, the initial step in jails is -- is generally
02:12PM10 called a receiving screening which means that the person who
11 comes in the door of the jail, uh, is brought by law
12 enforcement, and somebody does a receiving screening which
13 means going through a list of questions about what health
14 problems they might have which might involve asking them
02:12PM15 questions, taking their vital signs.

16 But usually, the beginning of that is also getting
17 information from the law enforcement officer. What did you
18 see here? Is there -- you know, was this person injured or
19 did anybody say anything that makes you worried about their
02:12PM20 health? So those are some of the basic steps in the
21 receiving screening.

22 Q. Is the receiving screening process conducted by a
23 medical professional?

24 A. Most often the -- that is the case.

02:12PM25 Q. And so you mentioned that the medical professional is

1 trying to get information from the arresting officer about
2 the person who's being booked into jail?

3 A. That's a part of it, yes.

4 Q. So what -- what's the importance of this process? Like
02:13PM 5 why -- why does the medical professional need to get this
6 information?

7 A. Well, the law enforcement officers in the field or who
8 transport somebody to a jail, they often will see or hear
9 things. Family members might tell them things. They might
02:13PM 10 see something. A patient, for instance, could say on the way
11 to the jail I'm gonna kill myself or a family could say our
12 loved one has epilepsy or has diabetes.

13 When the person gets to the jail, they may not --
14 they often don't want to talk. They may be intoxicated or
02:13PM 15 for whatever reason, we may not be able to get all the
16 information from them they want. And so often it's the case
17 that the law enforcement officers have seen or learned
18 something that really can be lifesaving if the health staff,
19 uh, know it.

02:13PM 20 Q. Now, let me, um, ask if you've reviewed the receiving
21 screening form for Mr. Enyart in this case.

22 A. Yes.

23 MS. JUN: And, Your Honor, I would now move into
24 evidence Exhibit 7 which is stipulated and is the receiving
02:14PM 25 screening form for Mr. Enyart.

1 THE COURT: Exhibit 7. It will be received.

2 (Exhibit 7 admitted.)

3 MS. JUN: And with the Court's permission, may I
4 publish it to the jury?

02:14PM 5 THE COURT: Yes.

6 BY MS. JUN:

7 Q. Dr. Venters, I am going to direct your attention to the
8 bottom portion of -- well, like the second half of this
9 document where it says arresting officer's questions. Do you
02:14PM 10 see that?

11 A. Yes.

12 Q. Okay. And obviously, here it says the arresting officer
13 was Deputy Conley, and it has his information. I want to
14 direct your attention to the series of questions here, and
02:14PM 15 then there's a response that's clicked no. What is the
16 significance of these questions? Why are these questions
17 posed to the arresting officer?

18 A. Well, these are questions that are designed to find out
19 for the health staff is this person safe to come into this
02:15PM 20 jail? Or as is often the case, did the officer learn
21 something or see something that should direct the patient in
22 a different direction? And that different direction could
23 be, for instance, going to a hospital for medical clearance
24 or it could be that we're gonna start doing something in the
02:15PM 25 jail differently than if we had a no to these questions. So

1 they're -- they're designed to help the health staff know is
2 this somebody we have to worry about or do something
3 different with.

4 Q. So let me direct your attention then to one specific
02:15PM 5 question. It's the third question down, and it says under
6 the influence of drugs or alcohol. Do you see that line?

7 A. Yes.

8 Q. And that the response from the arresting officer is no
9 to this question. Do you see that?

02:16PM 10 A. I do see that.

11 Q. Is this the type of question that would prompt a
12 different type of treatment for the person coming into a
13 jail?

14 A. Yes.

02:16PM 15 Q. And what would happen if this was -- if this question
16 was answered with a yes?

17 A. At a minimum, it would prompt the staff to start doing,
18 uh, a periodic check for alcohol withdrawal. When people
19 stop drinking all of a sudden, their bodies can have a very
02:16PM 20 strong, sometimes deadly response called alcohol withdrawal.

21 And so when somebody has some indication that
22 they're intoxicated, that they're using alcohol or other
23 drugs, that is an indication for the staff to at a minimum
24 doing some of these periodic checks to see is this person
02:16PM 25 going into withdrawal? It always usually triggers some other

1 things, but that's the first step of something that would be
2 different for somebody who has a yes instead of a no on this
3 question.

02:17PM 4 Q. Before we go any further, could you just educate us a
5 little bit as to what is alcohol withdrawal? You mentioned
6 it was deadly. Why is it deadly?

7 A. Well, it can be deadly. Alcohol is a potent sedative as
8 most people know. And so when you are a heavy drinker, when
9 you drink every day, two or more drinks a day, one of the
02:17PM 10 things that does is it's always introducing a sedative to
11 your body. Your body responds by amping up all of these
12 stimulation pathways in your central nervous system.

13 And the details of that become very clear when you
14 take away the sedative. When the alcohol goes away, your
02:17PM 15 body has spent weeks, months, maybe years building up all
16 these stimulation pathways. And what that means is people go
17 into withdrawal when they stop drinking right away.
18 Sometimes that's mild. It could be tremors, it could be
19 shakes.

02:18PM 20 But for people who are very heavy drinkers, and for
21 people who have been through this multiple times, alcohol
22 withdrawal can lead to something called delirium tremens or
23 DTs where you can have -- you're not just feeling agitated or
24 anxious, but your heart rate can go up, you can have waves of
02:18PM 25 psychosis where you're seeing things, seizures, your body

1 temperature can skyrocket, and you can die.

2 Q. So you mentioned that, um, the answer yes to the
3 question of was Mr. Enyart under the influence of alcohol or
4 other substances would have prompted an initiation of an
02:18PM 5 alcohol withdrawal protocol. What does that mean?

6 A. Well, in its simplest form, the basic step that we do to
7 assess, to figure out how bad the problem is, is every four
8 to eight hours, we'll do a check, and that check involves a
9 standard set of questions. And so there's a standard tool we
02:19PM 10 use to check how bad the withdrawal is for alcohol. There's
11 another tool we use for opiate withdrawal.

12 But these tools are really important, especially in
13 a jail because you check ten or fifteen things depending on
14 which tool you use, things like is the person agitated or
02:19PM 15 fidgety? Are they sweating? Have they been throwing up?
16 What's their pulse? Things like that.

17 And then you come up with a score. And that score
18 helps you track, okay, right now, they're up three out of,
19 you know, 70, but all of a sudden, they went from a 3 to a
02:19PM 20 15. And then because jails don't have doctors all the time,
21 it gives you a pathway to say okay, I'm a nurse. I -- my
22 protocol is they went from a 3 to a 15, I gotta -- I gotta
23 call this person or I gotta do something. So that's the
24 utility of those tools.

02:19PM 25 They can also guide, oh, the person needs more

1 medicine. They need to go to the ER. Things like that.

2 Q. So you mention a tool. Does that tool have a name?

3 A. Yes. It's a horrible set of acronyms. But for the

4 alcohol withdrawal, we use something called a CIWA, C-I-W-A,

02:20PM 5 and it often is CIWA-AR to make it even more annoying. But

6 the CIWA or the CIWA-AR is the tool used for alcohol

7 withdrawal. And there's another one called the COWS,

8 C-O-W-S, we use for opiate withdrawal.

9 Q. Now, are you aware if San Bernardino County jails have a

02:20PM 10 protocol for monitoring alcohol withdrawal?

11 A. I believe they do.

12 MS. JUN: Okay. Um, at this point, Your Honor, I

13 would move into evidence Exhibit 120 which is the standard

14 nursing protocol for alcohol withdrawal for the

02:20PM 15 San Bernardino County jails. It is a stipulated exhibit.

16 THE COURT: Exhibit what?

17 MS. JUN: 120, Your Honor.

18 THE COURT: 120. Okay.

19 (Exhibit 120 admitted.)

02:21PM 20 MS. JUN: With the Court's permission, may I

21 publish it to the jury?

22 THE COURT: Yes.

23 BY MS. JUN:

24 Q. Dr. Venters, let me ask you a couple of questions about

02:21PM 25 this document. When did you first receive this document?

1 A. I think over the weekend. I don't -- I put it on -- I
2 downloaded it onto my computer Monday in the airport, but I
3 think it was emailed -- there's a whole bunch of documents
4 emailed to me sometime Friday or Saturday. I don't -- I
02:21PM 5 don't recall.

6 Q. Now, you wrote an expert report in this case. Is that
7 fair?

8 A. Yes.

9 Q. And are these types of protocols the types of things
02:21PM 10 that you would ask to see before you write an expert report?

11 A. Yes.

12 Q. And in this case, did you, in fact, ask for copies of
13 these expert reports?

14 A. That's my recollection.

02:21PM 15 Q. When was your expert report issued?

16 A. I submitted it in late February.

17 Q. Of this year?

18 A. Yes.

19 Q. So you wrote your expert report in February 2024. Did
02:22PM 20 you ask for these types of medical policies before that time
21 period? Before that date?

22 A. That's my recollection.

23 Q. And are these the types of policies that you would want
24 to review before you issued an expert report?

02:22PM 25 A. Yes.

1 Q. Now, you mentioned earlier that you just got these
2 documents I think you mentioned on Saturday?

3 A. I don't actually recall when I got the email, but I
4 opened 'em up and put 'em on my computer Monday morning.

02:22PM 5 Q. How many medical documents or policies did you receive?

6 A. I don't know. I think maybe a dozen. I -- I haven't
7 opened 'em all up. I downloaded them, but I haven't -- I
8 haven't looked through them.

9 Q. Was it more than one?

02:22PM 10 A. Yes.

11 Q. More than ten?

12 A. I think it might have been a dozen or so. I don't -- I
13 don't actually know.

14 Q. And just to be clear, were those the types of medical
02:23PM 15 services policies that you had been asking for before
16 February 2024?

17 A. That's my recollection.

18 Q. And when you asked for these policies before
19 February 2024, what were you told?

02:23PM 20 A. I didn't have any communication with the defense that I
21 recall, but my recollection from our communication is they --
22 there weren't any policies.

23 MS. JUN: Well, let's look at the policy that was
24 produced to you on Monday, just two days ago, uh, regarding
02:23PM 25 the standard nursing protocol or procedure for alcohol

1 withdrawal. If -- Mr. McMullen, if we could kindly go to the
2 -- actually, if we could scroll down to the bottom half of
3 page 1 which is Exhibit 120-1.

4 Q. Dr. Venters, what is this on the document? What does
02:24PM 5 this describe about alcohol withdrawal?

6 A. This looks like a -- a box or a table to introduce
7 people to what you can expect when a person is withdrawing
8 from alcohol. This doesn't look like the actual protocol.
9 It's just an introduction to say when people withdraw from
02:24PM 10 alcohol, there are subjective and objective components that
11 you might see.

12 And the difference in my experience for
13 correctional health is subjective is often used as a term to
14 describe what people tell you like I feel like I have a
02:24PM 15 headache. An objective is things as a healthcare provider
16 you measure like their pulse is 102.

17 Q. And then earlier, you have referenced a CIWA-AR.

18 MS. JUN: Mr. McMullen, can we go to the next page?

19 And this is Exhibit 120-2.

02:25PM 20 Dr. Venters, is this a CIWA-AR?

21 A. Yes.

22 Q. And you had mentioned that the CIWA-AR measures certain
23 things. Could you describe that for us? And please feel
24 free to guide us and zooming in on the relevant portions.

02:25PM 25 A. Well, they're kind of right there in front of us. You

1 have these boxes, and each box has something else you're
2 gonna check in or -- or measure. And so nausea, vomiting is
3 the first one at the top there. And so each of these areas,
4 these ten areas, has a score that goes from zero to 7, and
02:25PM 5 you go through this. The nurse usually is the one who does
6 it, and you'll do this every four to eight hours with a
7 person, and you'll come up with a score.

8 And the helpful part about this is if you, you
9 know, train everybody the same way, then it standardizes
02:26PM 10 across your health system, and we use it all over the
11 country, in hospitals and all sort of places. We get these
12 scores, and we can see, okay, look, you went from a 4 to a 6
13 or a 6 to a 10, um, or you're coming back down. So that's
14 really crucial information for thinking about how severe the
02:26PM 15 withdrawal is.

16 Q. Now, you had mentioned that on Exhibit 7, if there had
17 been a yes response to the question of being under the
18 influence of drugs or alcohol, that would have prompted a
19 different clinical response. What kind of clinical response
02:26PM 20 would that have prompted?

21 A. Well, if you know somebody is under the influence of a
22 substance, then you can expect -- unless they're gonna keep
23 drinking or using drugs, and I don't say that to joke because
24 there are prisons and jails where I've seen it happen, but
02:26PM 25 generally speaking, we expect when somebody comes to a jail

1 or prison, they're gonna stop. They're gonna become
2 abstinent all of a sudden; right? It's a forced withdrawal.

3 But we know with alcohol especially, it's the most
4 deadly type of withdrawal. Three fourths of the withdrawal
02:27PM 5 deaths in jails are from alcohol so we know it's a really big
6 problem. So then when we know somebody's a drinker of
7 alcohol, a consumer of alcohol, we start with this CIWA right
8 away. Now, sometimes we stop it because their scores are
9 zero for three days in a row or we've a wrong or something,
02:27PM 10 but the first thing we have to do is start monitoring right
11 away.

12 Q. And when you say start monitoring right away, is -- is
13 there like a -- a score that's tallied, um, like at regular
14 intervals for the person who says they're under the influence
02:27PM 15 of drugs or alcohol?

16 A. Yes. That's how each of these tools is designed so you
17 just end up with a number score. So generally, with a
18 CIWA-AR, if your score adds up, and you can kinda see how you
19 get points if you look at that sheet, and if you're over 10,
02:28PM 20 then you're starting to have some symptoms that might be
21 moving from mild to moderate. And then if you get up over 18
22 or 19, we're starting to think you may be in severe
23 withdrawal. And so guiding how you handle, uh, the patient,
24 uh, how much health service you have in your jail cause not
02:28PM 25 all jails have the same amount of capacity can be driven by

1 these numbers that help you with, uh, the monitoring of
2 withdrawal.

3 Q. Now, how frequently would a person under the influence
4 of alcohol be assessed under the CIWA-AR protocol?

02:28PM 5 A. A minimum of every eight hours. Uh, usually between
6 every four and eight hours, and that would go on for probably
7 72 hours or until you had multiple readings that were zero,
8 you know. But the thing with alcohol is people can have
9 their worst withdrawals symptoms on Day 3 or 4 often. And so
02:29PM 10 you wouldn't want to just stop it just because you stayed in
11 a safe zone for, uh, let's say, two days.

12 Q. And you had mentioned that -- well, actually strike
13 that. Let me ask you a different question. Uh, does the
14 presentation of alcohol withdrawal change over time?

02:29PM 15 A. Yes. I think the best way for me to describe it is
16 there are waves of symptoms that come and go, and as people
17 experience withdrawal, each waver may be more serious than
18 the last.

19 So the reason I say wave is because somebody could
02:29PM 20 have an initial wave where their heart rate goes up a little
21 bit, but a few hours later, they're feeling fine where
22 they're just a little anxious. But next wave could bring
23 more serious symptoms like, uh, heart rate and blood pressure
24 going up or a splitting headache or a seizure.

02:29PM 25 And these waves, not only do get worse, but they

1 become increasingly difficult to control even with all the
2 medicines we know. So it -- there is a -- in medicine, they
3 use the term -- we use this term, wax and wane, but you can
4 have these waves of symptoms getting worse and worse.

02:30PM 5 THE COURT: Okay.

6 Ladies and gentlemen, it's 2:30. We are breaking
7 for an afternoon break. We're gone have you come back in
8 15 minutes at quarter to 3:00. We'll take up at that time
9 and go to 4:00. Remember the admonishment not to discuss the
02:30PM10 case among yourselves or with anybody else or form or express
11 any opinions about the matter until it's submitted to you and
12 you retire to the jury room. When you leave, you can leave
13 quietly because I've got to talk to the attorneys a little
14 bit, okay?

02:30PM15 THE CLERK: All rise. Please follow me and leave
16 your notes on your chair.

17 (Jury not present.)

18 THE COURT: Okay. The record will reflect that the
19 jurors have left the courtroom.

02:31PM20 You can step down now.

21 Uh, you can have seats. Ladies and gentlemen --
22 excuse me.

23 Counsel, I want to talk to you a little bit. Not
24 criticizing anything, but I just wanted to make sure that
02:31PM25 nobody's blind sided. The testimony that was given went very

1 deeply into narratives that really were not necessary for the
2 case, questions about when you were provided information and
3 when you got the information, not relevant, et cetera.

4 And I have no problem with that. You put on the
02:31PM 5 bare bones of the case, and then you put on the icing on the
6 cake as much as you want as long as you're within time
7 limits. It's testimony like this that would -- would make it
8 very doubtful that I'd ever give you an extension in time.

9 But that's okay. You know what your time is. You
02:32PM 10 use it the way you want. And sometimes the case is much more
11 efficient if you can't put the frosting on the cake. But I
12 just don't want anybody to be blind sided at the end of the
13 case thinking that, you know, I've got more time.

14 Uh, we will see you back then in 15 minutes.

02:32PM 15 THE CLERK: All rise. This court is in recess.

16 (Recess taken.)

17 THE CLERK: All rise.

18 (Jury present.)

19 THE COURT: Okay. The record will reflect that all
02:46PM 20 members of the jury are in their respective seats in the jury
21 box, the witness is on the witness stand, and counsel, you
22 are in direct examination. You may continue.

23 MS. JUN: Thank you, Your Honor.

24 Dr. Venters, let's finish up on Exhibit 7. If we
02:47PM 25 could look at Exhibit 7 one more time? And particularly, if

1 can hone in on that question about whether Mr. Enyart was
2 under the influence of drugs or alcohol.

3 Q. Did you review any evidence in this case that showed
4 that Deputy Conley was aware that Mr. Enyart was under the
02:47PM 5 influence of alcohol?

6 A. Yes.

7 Q. What evidence did you review that showed that he was
8 aware that Mr. Enyart was under the influence of alcohol?

9 A. As I recall, the interviews with the family, uh, they
02:47PM 10 mentioned -- multiple family members mentioned they had
11 reported alcohol use. And as I recall, the arrest report
12 also included some language about Mr. Enyart being under the
13 influence or smelling of alcohol, and I think that might have
14 been part of what Officer Conley told to one of Mr. Enyart's
02:48PM 15 relatives when they talked on the phone, that he smelled of
16 alcohol.

17 Q. So you referenced a conversation. Was there a
18 conversation between the Enyart family and Deputy Conley?

19 A. That's my -- my recollection is there was both
02:48PM 20 communication between those two groups, and then also, there
21 was an arrest report that had some information about
22 intoxication.

23 Q. So hypothetically, if an -- if deputies on the scene of
24 an arrest have information from the family that an individual
02:48PM 25 is a chronic alcoholic, that he binge drinks, and that he has

1 issues such as seizures or there's concern about seizures
2 related to the drinking, and if that person appears
3 intoxicated meaning they smell of alcohol, um, what should an
4 arresting officer do when he arrives at the jail in his
02:49PM 5 providing information to a medical intake nurse?

6 A. They should tell the medical staff about it.

7 Q. And what precisely should they have told the medical
8 staff?

9 A. I think that I don't -- I wouldn't put too much pressure
02:49PM 10 on the custodial staff, the law enforcement. This question
11 is pretty good. Is the person under the influence of drugs
12 or alcohol? If a -- if -- if they get a report from a family
13 member or they have their own personal observations that the
14 person's intoxicated, uh, then they should tell health staff.
02:49PM 15 Health staff, it's their job to go dig into the details and
16 figure out how bad the withdrawal is. But they just have to
17 take that information they've learned and give it to it's
18 usually the receiving nurse.

19 Q. In this case, did you review any evidence indicating
02:49PM 20 that there was a policy by the San Bernardino County
21 Sheriff's Department requiring arresting officers or deputies
22 to provide this information to intake nurses at the jail?

23 A. I haven't seen any policy that's on that specific area.

24 Q. Did you review any training records that indicated that
02:50PM 25 deputies at the San Bernardino County Sheriff's Department

1 receive training on conveying this information about alcohol
2 intoxication to an intake nurse at the jail?

3 A. No.

4 Q. Is that -- are these policies -- an affirmative policy
02:50PM 5 requiring this type of information about alcohol intoxication
6 to be conveyed by the arresting officer to the intake nurse,
7 is this type of policy something you have encountered before?

8 A. Uh, yes. It's kind of the other side of the coin of
9 these questions we're looking at. Those questions don't just
02:50PM 10 sit there out there by themselves. We have to train the
11 people we're asking on what they're supposed to tell us, that
12 they should tell us when they see or hear things. So yes,
13 it's important to train the nurses and the custodial staff.

14 Q. So we talked about two things. We've talked about,
02:51PM 15 policies, and we talked about training. So in your
16 experience, have you encountered correctional systems that
17 have both the policy requiring officers to convey information
18 about alcohol intoxication plus training given to those
19 arresting officers about communicating that information to
02:51PM 20 intake nurses? Have you seen that exist in tandem in other
21 correctional systems?

22 A. Yes. Although to be fair, we had that in New York City,
23 but most of the work I do, as I mentioned earlier, is places
24 that I've had problems, and so that's one of the first things
02:51PM 25 I work with the facility to build. So my experience is often

1 that one part of this crucial hand-off of information might
2 be lacking, and we have to build the policy, build the
3 training and make sure that it works.

4 Q. Now, let me then ask you about whether the --
02:52PM 5 hypothetically, if an arrestee's family is providing
6 information to the officers about intoxication and abuse of
7 alcohol, is that information alone sufficient to initiate the
8 alcohol withdrawal protocol, in other words, the CIWA
9 monitoring?

02:52PM 10 A. Yes. It doesn't mean that you're gonna give a certain
11 medicine, but this tool, the CIWA, it's a screening tool. So
12 a screening tool is like we're gonna use it to try to find
13 every possible patient that has this problem. We might
14 decide later they really don't have the problem or we might
02:52PM 15 draw back on what we're gonna do, but it's pretty common in
16 my experience that family members are gonna be the source of
17 information that can save somebody's life.

18 Q. And, excuse me, is that the standard of care in
19 correctional health, in correctional medicine to make sure
02:53PM 20 that there are affirmative policies and training in place to
21 ensure that arresting officers transfer that information,
22 that critical information about alcohol intoxication to the
23 intake nurse?

24 A. Yes.

02:53PM 25 Q. And is it the standard of care for arresting officers

1 when they have that information to, in fact, convey it to a
2 medical intake nurse?

3 A. Based on my experience, yes.

4 Q. Let me go now to another area of inquiry. In your
02:53PM 5 review of the evidence in this case, did you see any evidence
6 that the family of William Enyart was trying to give
7 information about his possible withdrawal from alcohol to
8 staff at the High Desert Detention Center?

9 A. Yes.

02:54PM 10 Q. And first, before I ask you any questions, let me orient
11 the jury. Do you know what date William Enyart was accepted
12 and placed at the High Desert Detention Center?

13 A. My recollection is the afternoon or early evening of the
14 27th of July in 2022. He had arrived at his first facility,
02:54PM 15 the High Desert.

16 Q. And did you review evidence in this case that showed
17 that the family of Mr. Enyart had then contacted High Desert
18 Detention Center after July 27th to try and speak to
19 personnel at High Desert?

02:54PM 20 A. Yes.

21 Q. And what type of evidence or information did you review
22 on this subject?

23 A. I reviewed depositions of the family members who
24 reported calling 30 or so times to try and report these
02:55PM 25 concerns about alcohol, uh, and treatment, and I also recall

1 reviewing some phone records, uh, of some sort.

2 Q. And what did those phone records indicate to you?

3 A. They just show lots of calls to the facility from family
4 members, and I believe they had how long the calls were so
02:55PM 5 some were very short, and some were longer.

6 Q. And is that common for family members to call jails with
7 information about a loved one who's arrested?

8 MR. MIEDERHOFF: Objection, calls for speculation.

9 THE COURT: Sustained.

02:55PM 10 BY MS. JUN:

11 Q. Is it the standard of care with -- for a correctional
12 medical facility to make sure that there is a system in place
13 to receive outside collateral information about an arrestee's
14 health and ensure that information is conveyed to medical
02:56PM 15 providers?

16 A. Yes.

17 Q. Tell me a little bit more about that. What type of
18 policies need to be in place for a correctional healthcare
19 system?

02:56PM 20 A. Part of the standard health training for correctional
21 staff is that when they learn health information about a
22 patient, a person who is detained or incarcerated, that they
23 get that information to the health service.

24 And so that is a big part of the training that's a
02:56PM 25 standard and essential training for correctional officers or

1 correctional staff. And that information can come from
2 outside family members. It could come from other
3 correctional staff. It actually often comes from, uh, other
4 inmates or detained people.

02:56PM 5 So without that as a strong foundation for
6 policies, much of -- for instance, suicide prevention
7 wouldn't happen behind bars because we rely on correctional
8 staff to get information they learn over to the health staff.

9 Q. Now, when this type of information about alcohol
02:57PM 10 intoxication and the risk of withdrawal is conveyed by a
11 family member, what is the standard of care in terms of using
12 that information? What is the expectation that will happen
13 with this critical information?

14 A. That they get it to health staff. And so health staff
02:57PM 15 depending on the facility, it could be the health
16 administrator, it could be the nurse, the charge nurse,
17 somebody on the health staff needs to then take on that
18 problem and think about clinically. So it's simple, but it
19 has to be quick, especially with a problem like this.

02:57PM 20 Q. And you just said the word they. They need to convey it
21 to health staff. Is it typical in correctional health or
22 just in correction systems in general for the people
23 receiving this information not to be medical staff?

24 A. Yes. Because when a family member has a loved one
02:58PM 25 behind bars, they pick up the phone, and they call the number

1 they can find, and that is almost always an administrator who
2 works for the Corrections or Sheriff's Department. They
3 can't get to the health staff directly.

4 And so it's my experience, and it's the standard of
02:58PM 5 care based on my work and understanding, that when somebody
6 calls and says my loved one was suicidal, they have diabetes,
7 they have epilepsy, whoever gets that information takes it
8 over to the health staff, and then it's the health staff's
9 job and problem, to be frank, to figure it out.

02:58PM 10 Q. In this case, was there any evidence that you reviewed
11 that indicated this critical information about alcohol
12 intoxication and withdrawal was being conveyed to the medical
13 staff at the High Desert Detention Center?

14 A. No.

02:58PM 15 Q. What did -- what evidence -- or strike that. What did
16 you review as to what was occurring with this information?
17 In other words, once the Enyart family transmitted this
18 information to High Desert Detention Center, what happened
19 with this information?

02:59PM 20 A. Based on my review of depositions of custodial staff, I
21 believe there were two, the -- their depositions about
22 fielding these calls had a pretty consistent response which
23 was that we don't do that. We don't -- we don't transfer
24 information from us to health staff. So I don't -- my
02:59PM 25 understanding is none of it got to health staff.

1 Q. Is that -- does that violate the standard of care in
2 correctional medicine?

3 A. Yes.

4 Q. Tell me a little bit more about that. Why is that a
02:59PM 5 departure from the standard for what to do with information
6 in a correctional setting?

7 A. Because the custodial staff, the law enforcement
8 officers, they learn frequently information about somebody's
9 health or health problems or health emergencies that we need
03:00PM 10 to know in correctional health to save their lives, to keep
11 them alive, to promote their health, all of those things.

12 And so it is one of the most well trod paths. For
13 instance, often the leading source of referrals for mental
14 health, uh, in a jail are officers saying I'm worried about
03:00PM 15 this person. Here, health staff, this is what I saw. That
16 saves lives. And so the ability and training for the
17 officers to do that is essential.

18 Q. In your review of the evidence in this case, did you
19 encounter any policy requiring -- correctional staff or
03:00PM 20 security staff who get phone calls and information from
21 family members about an arrestee's health or medical
22 condition, did you see any policy requiring that information
23 to be transmitted to medical staff within that jail?

24 A. No.

03:01PM 25 Q. Is that something you would expect to see from a jail or

1 correctional facility like High Desert Detention Center?

2 A. Yes.

3 Q. And once that information -- let's just say

4 hypothetically, if that type of information was conveyed from

03:01PM 5 the health staff -- or, excuse me, from the security staff

6 for taking the phone call from the family members, if that

7 information was then conveyed to medical staff at the jail,

8 what would typically happen with that information?

9 A. Well, if --

03:01PM 10 MR. MIEDERHOFF: Object, it calls for speculation.

11 THE COURT: Sustained.

12 BY MS. JUN:

13 Q. Dr. Venters, did you see any reason given in this case

14 as to why this type of critical information was not being

03:02PM 15 transferred to medical personnel?

16 A. The two depositions I reviewed, the custodial staff had

17 a very similar response to why they didn't share this

18 information, and it had to do with concerns about privacy or

19 HIPAA of the patient.

03:02PM 20 Q. Have you encountered a correctional system where this

21 type of lifesaving information is not conveyed to medical

22 personnel due to HIPAA?

23 A. I have encountered instances where this happened as an

24 individual error. Somebody messed up or they didn't do what

03:02PM 25 they were supposed to do. I've never encountered a system

1 that said we're not gonna do this.

2 Q. Yeah. And you mentioned an individual error. Why is it
3 an individual error to not transmit or convey this
4 information?

03:02PM 5 A. Because that information could save somebody's life.

6 Q. Hypothetically, if a mother of an arrestee called --
7 strike that. Hypothetically -- if the mother and father of
8 an arrestee call a jail a combined 34 times to inform people
9 picking up the phone at that jail that their son is -- abuses
03:03PM 10 alcohol, is a chronic abuser of alcohol and is at risk of
11 seizures, heart attack or stroke because of that son's
12 alcohol dependency, hypothetically, with that information in
13 mind, what should have happened with that information
14 conveyed by the parents?

03:03PM 15 A. It should have been given to the medical or health
16 staff.

17 Q. With the same facts of that hypothetical in mind, is it
18 a failure if the Sheriff's Department does not have any
19 affirmative policy requiring that information to be given?

03:04PM 20 A. Yes.

21 Q. And given with the same facts of this hypothetical in
22 mind, would -- that failure to transfer this critical
23 lifesaving information to medical staff, could that lead to
24 death?

03:04PM 25 A. Yes.

1 Q. And did that lead to William Enyart's death in this
2 case.

3 MR. MIEDERHOFF: Objection, lacks foundation.

4 THE COURT: Sustained.

03:04PM 5 MS. JUN: No further questions, Your Honor.

6 THE COURT: Thank you.

7 Cross-examination.

8 MR. MIEDERHOFF: May I proceed, Your Honor?

9 THE COURT: Yes.

03:05PM 10 CROSS-EXAMINATION

11 BY MR. MIEDERHOFF:

12 Q. Good afternoon, Dr. Venters. One of your basic, uh,
13 comments has been that the withdrawal protocols should have
14 been started at the time of booking for Mr. William Enyart;
03:05PM 15 is that right?

16 A. Yes.

17 Q. You reviewed the medical records in this case?

18 A. Yes.

19 Q. You reviewed the deposition transcripts?

03:05PM 20 A. Yes.

21 Q. You, uh, reviewed the audio recordings.

22 A. Yes.

23 Q. Those were all important items of information for you;
24 right?

03:05PM 25 A. Yes.

1 Q. We know that Mr. William Enyart was seen at the scene by
2 emergency medical services; right?

3 A. Yes.

4 Q. He was seen by a paramedic?

03:05PM 5 A. Uh, that's my recollection. I don't recall if it was a
6 medic or EMT or what the level of training was.

7 Q. I want you to assume for a moment that it was a
8 paramedic. That's a licensed healthcare provider; right?

9 A. I'm not sure what you mean by that, but I'm familiar
03:06PM 10 with a paramedic and what they do.

11 Q. They have medical training; right?

12 A. Yes.

13 Q. They diagnose injuries. Right?

14 A. I'm not sure paramedics -- I don't know the state laws
03:06PM 15 here, but paramedics don't routinely do a lot of diagnosis.
16 They'll say what they think the problem might be, and then a
17 doctor diagnoses it or a nurse practitioner comes up with an
18 actual diagnosis.

19 Q. They'll make a determination as to whether or not the
03:06PM 20 patient is transported to the hospital; correct?

21 A. Yes.

22 Q. In this case, the paramedic would have seen Mr. Enyart.
23 Right?

24 A. Yes.

03:06PM 25 Q. He would have evaluated him?

1 A. Yes.

2 Q. He would have asked him questions?

3 A. Yes.

4 Q. Mr. Enyart refused to answer questions regarding drugs
03:06PM 5 and alcohol; correct?

6 A. I don't recall.

7 Q. Mr. Enyart we know the paramedic -- strike that. The
8 paramedic did not decide to transport Mr. Enyart to the
9 hospital; correct?

03:07PM 10 A. That's my recollection.

11 Q. Deputy Conley who was on-scene took custody of
12 Mr. Enyart after that and transported him to the jail. He
13 talked about that; right?

14 A. Yes.

03:07PM 15 Q. There were multiple deputies on-scene; right?

16 A. That's my recollection.

17 Q. You read all their depositions; right?

18 A. I don't recall if I've reviewed everybody -- I don't
19 know as I sit here today.

03:07PM 20 Q. Did you review Deputy Conley's deposition?

21 A. I believe so.

22 Q. Did you review Deputy Umphlett's deposition?

23 A. I believe so, yes.

24 Q. Did you review Deputy Mammolito's deposition?

03:08PM 25 A. I don't recall. I believe it is one of the ones. I

1 just don't recall as I sit here today.

2 Q. You reviewed those belt recordings; right?

3 A. I'm not sure. Do you mean the audio recordings?

4 Q. Yeah, the audio recordings. You reviewed those; right?

03:08PM 5 A. Yes.

6 Q. And we played come clips when you were being examined by
7 plaintiff's counsel? Right?

8 A. Yes.

9 Q. And you weren't at the scene; correct?

03:08PM 10 A. That is correct.

11 Q. You heard all those belt recordings. Like that was a
12 clip of the belt recording, but you heard the entire
13 recording; right?

14 A. I -- there were -- as I recall, some of these recordings
03:08PM 15 started off with officers just talking to each other so I
16 think I probably skipped through those until it seemed like
17 they were interacting with a family member or Mr. Enyart or
18 something.

19 Q. You received the entire recording; right?

03:09PM 20 A. I -- I haven't -- I -- I don't know how to answer that.
21 I received recordings I received. I don't know what they
22 represent.

23 Q. You would expect to receive the entire recording; right?

24 A. I'm not sure -- again, I'm not sure how to say what the
03:09PM 25 entire recording is, if it's when they get out of the car, if

1 it's when they approach the person, but I'm not disputing it.

2 I just don't know how to characterize the length of the

3 recordings I got.

4 Q. In the recordings that you reviewed, you never heard the
03:09PM 5 word alcohol dependency; right?

6 A. I -- I don't recall hearing that.

7 Q. You never heard the word delirium tremens; right?

8 A. I don't recall hearing that.

9 Q. You never heard anyone say that Mr. Enyart was at risk
03:09PM 10 for withdrawals; right?

11 A. I do recall somebody mentioning that they were worried
12 he could have a seizure.

13 Q. That's different from risk of withdrawals; right?

14 A. Uh, well, one of the bad things that happens when you
03:10PM 15 stop drinking is you can have a seizure. I'm not -- I'm not
16 sure if it is.

17 Q. He talks about that. One of the withdrawal symptoms is
18 a seizure; right?

19 A. It could be.

03:10PM 20 Q. Okay. But on-scene, when the deputy was talking with
21 the family members, you never heard on the recording anyone
22 say that Mr. William Enyart was at risk for withdrawals;
23 correct?

24 A. I don't recall hearing that phrasing.

03:10PM 25 Q. No family member spoke with Deputy Conley on-scene;

1 isn't that correct?

2 A. That's my recollection.

3 Q. And you mentioned -- during your examination by
4 plaintiff's counsel, you said family members are sometimes
03:10PM 5 going to be the source of information that will save
6 somebody's life; right?

7 A. Yes.

8 Q. And you gave a deposition in this case; right?

9 A. Yes.

03:10PM 10 Q. And you told the truth in that deposition?

11 A. Yes.

12 Q. When you gave that deposition, you said families
13 sometimes report incorrect information; right?

14 A. Also true.

03:11PM 15 Q. So Deputy Conley and Deputy Umphlett were assigned as
16 patrol deputies for this incident?

17 A. I don't know what their assignments were, but I
18 understand they responded to the scene.

19 Q. You don't have any information that they saw Mr. Enyart
03:11PM 20 while he was in the facility aside from Deputy Conley booking
21 him into the facility; right?

22 A. I don't believe so, no.

23 Q. So we have Deputy Umphlett on the scene; right, who
24 talks with the family. We have Deputy Conley also on the
03:11PM 25 scene; right?

1 A. That's my understanding.

2 Q. And we have Deputy Conley who transports the individual
3 to the High Desert Detention Center; right?

4 A. Yes, that's my understanding.

03:11PM 5 Q. And Mr. Enyart's booked into the facility; correct?

6 A. Yes.

7 Q. And then there's no more contact between Deputy Umphlett
8 and Deputy Conley and Mr. William Enyart; is that correct?

9 A. That's my understanding.

03:12PM 10 Q. So that's on July 27th; right?

11 A. Yes, that's my understanding.

12 Q. So when Mr. William Enyart gets to the facility, he's
13 seen by the nurse. You talked about that, didn't you?

14 A. Yes.

03:12PM 15 Q. He's seen by Nurse Alvarado?

16 A. I forgot the name, but yes, I recall that the nurse saw
17 him.

18 Q. I think on direct you said that sometimes at some
19 facilities, um, inmates who are arrested or arrestees are
03:12PM 20 seen by medical staff or not; right, depending on the
21 facility?

22 A. My answer was about that I was speaking with reference
23 to the CIWA, but yes, that could happen. That it could be
24 depending on when they come to a facility or how big it is,
03:12PM 25 uh, the first person to ask them health questions could be a

1 custodial staff.

2 Q. We know in this instance he was seen by a registered
3 nurse; right?

4 A. Yes.

03:12PM 5 Q. So you talked about the first page of that form, the
6 initial receiving screening; right?

7 A. Yes.

8 Q. You talked about how the fact that it was marked no for
9 under influence of drugs or alcohol; right?

03:13PM 10 A. Yes.

11 Q. I want you to assume for a moment that the deputy who's
12 arresting the individual only knows that the individual
13 smells of alcohol. Would they still have to mark that
14 they're under the influence of drugs or alcohol?

03:13PM 15 A. Yes. I don't think it's their job to try and figure
16 that all out. They just need to tell health staff.

17 Q. And then during that examination by the nurse, did you
18 review video surveillance?

19 A. I believe I saw video clips of when Mr. Enyart came into
03:13PM 20 the facility. And I think part of that included the -- some
21 of the -- his initial moments in the jail.

22 Q. So did you see the part where Mr. Enyart went into a
23 room with the registered nurse during the, uh, booking
24 process?

03:13PM 25 A. I believe so, yes.

1 Q. So the nurse, just like before with the paramedic, the
2 nurse would have asked him questions; right?

3 A. Yes.

4 Q. The nurse took his vital signs?

03:14PM 5 A. Yes.

6 Q. The nurse asked him if he needed any prescription
7 medications and he said no; right?

8 A. That's my recollection.

9 Q. He, Mr. William Enyart denied that he had drank any
03:14PM 10 alcohol; right?

11 A. Yes, that's my recollection.

12 Q. He denied that he had a history of withdrawals; right?

13 A. Yes, that's my recollection.

14 Q. He denied that he had used any street drugs such as
03:14PM 15 heroin, coke, meth; right?

16 A. Correct.

17 Q. He denied that he had a history of drug withdrawals;
18 right?

19 A. That's my recollection.

03:14PM 20 Q. You talked about the deputies being responsible for
21 providing information; right?

22 A. Yes.

23 Q. And the medical staff is responsible for making a
24 determination of treatment; right?

03:15PM 25 A. Yes.

1 Q. You talked about the CIWA, I think was the acronym you
2 used. That's the tool that you use for someone who they
3 believe is at risk for withdrawals; right?

4 A. Yes.

03:15PM 5 Q. So what are the symptoms or the -- I think you showed on
6 the screen, but what are some of the items that they'll look
7 for to rate an individual for the CIWA?

8 A. The -- I don't have all the boxes memorized. The
9 regular CIWA has 15 of those boxes and the CIWA-AR, the one
03:15PM 10 we looked at has ten, but some of them are, uh, have to do
11 with irritability or restlessness or, um, if people have
12 perceptual disturbances. If they're hearing things that
13 aren't there or seeing things that aren't there. Sweating.
14 Those are some of the elements of the CIWA.

03:16PM 15 Q. You would agree that the smell of alcohol alone is not
16 enough to trigger the CIWA protocol?

17 A. No, I would not.

18 Q. We talked about those signs and symptoms that you rate
19 for the CIWA. You can't say whether or not Mr. William
03:16PM 20 Enyart would have had any of those at the time of his
21 booking; correct?

22 A. Correct.

23 Q. You don't have any info on the level of intoxication
24 that Mr. Enyart could have been at the time of his arrest;
03:16PM 25 correct?

1 A. Correct.

2 Q. You don't know the last time Mr. Enyart had anything to
3 drink; correct?

4 A. Other than the family did reference whether he was
03:16PM 5 drunk. Those clips we heard, I think one referenced that he
6 was either intoxicated then or intoxicated from the night
7 before, but aside from that, I don't have any other
8 information.

9 Q. So no information on what he actually drank and at what
03:17PM 10 time; right?

11 A. Correct.

12 Q. You mentioned that the CIWA protocols should be in place
13 for at least 72 hours?

14 A. Well, there are more specific guidelines depending on if
03:17PM 15 you use which of these tools, the CIWA generally or the
16 CIWA-AR just for alcohol.

17 But as a general matter, when we start monitoring
18 somebody every four to eight hours, uh, we need to keep it
19 going for long enough that we feel either like the original
03:17PM 20 information was wrong, there's no substance withdrawal worry
21 or we're kind of through the phase where that withdrawal
22 could rear its ugly head. So it depends a little bit on what
23 substance we're worried the person is withdrawing from.

24 Q. You also talked about the fact that most of the people
03:17PM 25 who come into the jail are intoxicated with something; right?

1 A. Yes.

2 Q. Is another part of your earlier testimony was describing
3 the fact that the family reported that they gave information
4 to staff at the jail in the middle of this incarceration and
03:18PM 5 that information should have been transferred to medical
6 staff; right?

7 A. Correct.

8 Q. And that applies to Defendants Snow and Skaggs; right?

9 A. That's my understanding, yes.

03:18PM 10 Q. There's no recordings of those calls; correct?

11 A. Not that I'm aware of.

12 Q. The content of those calls is based on you reviewing the
13 deposition testimony of the parents; correct?

14 A. Yes, I believe so.

03:18PM 15 Q. You've never seen any documentation that was created at
16 the time of those calls that reflects what was said to those
17 deputies; is that correct?

18 A. Uh, not that I recall. I just want to qualify that as I
19 recall, the calls were also a topic of their depositions, the
03:18PM 20 officers' depositions when they said they don't -- their
21 practice is not to give health that information. So that's a
22 second area besides the depositions of the family members
23 where the content of the calls I think was discussed.

24 Q. They didn't remember -- excuse me. Deputy Skaggs and
03:19PM 25 SCA Snow didn't have any recollection of those calls;

1 correct?

2 A. I don't recall as I sit here today, uh, what they
3 recalled about the specific calls.

4 Q. So the information that you relied on for the content of
03:19PM 5 those calls came from the family; right?

6 A. I think that's fair, yes.

7 Q. And there was one conversation with Skaggs that occurred
8 on July 30th; right?

9 A. I would need to review something. I don't recall the
03:19PM 10 specific conversation.

11 Q. I want you to assume for a moment that the family
12 members called, but never said anything about Mr. William
13 Enyart being at risk for withdrawals or that his life was at
14 risk. Just that they were asking questions and they were
03:19PM 15 concerned. Would that change your opinions about
16 Deputy Skaggs and SCA Snow in terms of whether they met the
17 standard of care?

18 MS. JUN: Objection. Improper hypothetical.

19 THE COURT: Overruled.

03:20PM 20 THE WITNESS: If they hadn't previously reported
21 those concerns to those deputies or subsequently, then I
22 would say I would agree with you. If they had in half the
23 calls or a third of the calls or even one of the calls
24 reported that concern, then I would be harshly critical
03:20PM 25 because that one -- even one passage of that information to

1 the security staff is something that could save somebody's
2 life.

3 BY MR. MIEDERHOFF:

4 Q. How many people work in that role where they receive
03:20PM 5 calls from family members at High Desert Detention Center?

6 A. I don't know.

7 Q. You'd be guessing; right?

8 A. Yes.

9 Q. Can you say it's more than just SCA Snow?

03:20PM 10 A. I don't know.

11 Q. Um, the calls that came in over the five days from the
12 family, we know that from the phone records; right?

13 A. That's my understanding, yes.

14 Q. Those phone records don't reveal what was said in those
03:21PM 15 calls; right?

16 A. Correct.

17 Q. Not all the calls were answered. Some of them were just
18 calls that failed to go through; right?

19 A. I don't -- I don't know. I know some of the calls
03:21PM 20 seemed to be short and some of them were longer. I don't

21 know what the source or what happened with the short calls.

22 Q. Frances Enyart did not get Mrs. Snow's name right in her
23 deposition; isn't that correct?

24 A. I'm sorry. Could you repeat the question?

03:21PM 25 Q. She didn't get her name right. She thought it was

1 someone else; right?

2 A. Sorry. You're saying in her deposition, she confused
3 her name or someone else's name?

4 Q. Ms. Frances Enyart thought she spoke to someone else,
03:21PM 5 didn't she?

6 A. Uh, that may be. I don't recall.

7 Q. She didn't get her title right; isn't that correct?

8 A. I don't recall.

9 Q. Ms. Enyart identified a person that had never worked
03:22PM 10 there before; isn't that true?

11 A. Again, I don't recall.

12 Q. During the time that the family made the calls, they
13 never came in to see Mr. Enyart at the jail; is that correct?

14 A. I don't know. I'm not disputing it. I just didn't
03:22PM 15 know.

16 Q. You don't know that?

17 A. No.

18 Q. Okay. The family never came in to talk to anybody at
19 the jail; isn't that correct?

03:22PM 20 A. I'm not disputing it. Again, I just wasn't aware one
21 way or the other.

22 Q. So once Mr. Enyart's at the High Desert Detention
23 Center, he's in that jail, we know initially he's seen by
24 Nurse Alvarado; right?

03:22PM 25 A. That's my recollection, yes.

1 Q. And then he's also seen by other healthcare providers at
2 the jail?

3 A. Yes.

4 Q. So on July 27th, he's seen by Nurse Alvarado; right?

03:22PM 5 A. That's my recollection.

6 Q. Then on July 28th, he's seen by Nurse Sanders?

7 A. I don't recall. I have the time line in my report if
8 you want me to -- I just haven't memorized the clinical
9 encounters.

03:23PM 10 Q. Can you say that he was seen by a nurse on July 28th?
11 Do you remember that?

12 A. I recall that he was seen by a nurse. I don't recall
13 when it was. I'm not disputing it. I just haven't memorized
14 the individual encounters he had.

03:23PM 15 Q. You would agree he was seen by a nurse on July 29th as
16 well? Nurse Ferrara does that refresh your memory?

17 A. Again, I recall that he had encounters, multiple
18 encounters after his receiving screening. I just don't
19 recall exactly who did them or what the date was.

03:23PM 20 Q. We know that Mr. Enyart denied, uh, using alcohol or
21 alcohol withdrawals in his initial intake; right?

22 A. Yes.

23 Q. We also know that in those subsequent visits with the
24 healthcare providers, he also denied to them that he had a
03:23PM 25 history of alcohol and drug abuse; right?

1 A. I don't recall if they asked that in all of the
2 subsequent encounters, but I certainly -- my recollection is
3 he didn't affirmatively report it in those subsequent
4 encounters. I just don't know if he was being asked every
03:24PM 5 time he saw a health person.

6 Q. You talked about the fact that you're being paid to be
7 here today?

8 A. Yes.

9 Q. At the time of your deposition, you had charged \$6,000
03:24PM 10 for your testimony; is that right?

11 A. Uh, for writing the report.

12 Q. For your work on the case.

13 A. Uh, yes.

14 Q. Then you were paid for your deposition testimony; right?

03:24PM 15 A. I think I was. I don't recall if I was, but I certainly
16 submitted an invoice, yes.

17 Q. And then you're gonna be paid for your testimony today;
18 right?

19 A. Yes.

03:24PM 20 Q. You talked about the fact that Mr. William Enyart's
21 family called him or called the facility multiple times;
22 right?

23 A. Yes.

24 Q. We also know that Mr. William Enyart called his family,
03:24PM 25 too, didn't he?

1 A. Uh, yes, that's my understanding.

2 Q. And in those calls he never told them that there's any
3 problem with his care; is that correct?

4 A. I don't -- I'm not disputing it. I just don't recall
03:25PM 5 the contents of all his calls to his family.

6 Q. And he called them nine times, but they only answered
7 once; is that correct?

8 A. Again, I don't know, but I'm not disputing it.

9 MR. MIEDERHOFF: No further questions, Your Honor.

03:25PM 10 THE COURT: Okay. Redirect in that area.

11 REDIRECT EXAMINATION

12 BY MS. JUN:

13 Q. Dr. Venters, you were asked on cross-examination the
14 question of does the smell of alcohol alone require
03:25PM 15 initiation of the CIWA-AR. Do you recall that question?

16 A. Yes.

17 Q. What is your answer to that question?

18 A. It's that if we have a worry or a concern about somebody
19 being intoxicated, uh, certainly, with alcohol because it's
03:26PM 20 so deadly the withdrawal, we have to start monitoring right
21 away. The standards are clear. It doesn't mean we have to
22 keep it going. It doesn't mean that it couldn't be a mistake
23 or that the person has no signs of withdrawal. Those are all
24 great outcomes.

03:26PM 25 But we want to screen meaning we want to look for

1 all the possible cases as aggressively as possible because
2 the drug-related, substance-related deaths in jails have gone
3 up 400 percent in last 20 years. And most of the withdrawal
4 deaths, three-quarters of them around the country are
03:26PM 5 alcohol. So it's something we need to be very careful to
6 look for even if we content ourselves a day or two later, oh,
7 we were wrong.

8 Q. So hypothetically, if Deputy Conley smelled alcohol on
9 Mr. Enyart and he had reported that information to the intake
03:26PM 10 nurse Angel Alvarado should the CIWA-AR have been initiated?

11 A. Yes.

12 Q. One other area of inquiry. On cross-examination counsel
13 asked you about your review of the depositions of Ms. Snow
14 and Deputy Skaggs. Do you recall that line of questioning?

03:27PM 15 A. Yes.

16 Q. And you mentioned something about there was a custom or
17 practice that both Ms. Snow and Deputy Skaggs had testified
18 to in their deposition. Do you recall that?

19 A. Yes.

03:27PM 20 Q. What did they testify was their custom and practice?

21 A. Well, they both said that they don't -- it wasn't their
22 role when they received health information from families to
23 tell the health staff about what they heard or were told.

24 Q. And then finally, you were asked some questions, you
03:27PM 25 were asked quite a few questions about Mr. Enyart refusing to

1 disclose that he abused alcohol. Do you recall that line of
2 questioning?

3 A. Yes.

4 Q. And to be very fair and honest, Mr. Enyart did not
03:28PM 5 truthfully answer some of those intake questions regarding
6 his abuse of alcohol. Is that fair?

7 A. That's my understanding.

8 Q. Does that stop medical professionals providing care --
9 in other words, let me rephrase that.

03:28PM 10 Is the standard of care in the correctional health
11 setting that if an inmate fails to report subjective
12 information, then suddenly there's no obligation or
13 responsibility by that medical care system to provide alcohol
14 withdrawal or monitoring?

03:28PM 15 A. No.

16 Q. What is the standard of care even if an inmate denies
17 use of alcohol?

18 A. Well, our obligation is to use the information we have.
19 So a patient who responds no to all the suicide risk
03:28PM 20 questions, but has a history of suicide attempt, we are
21 automatically gonna have them see mental health. A person
22 with a history of withdrawal or there's some information
23 about alcohol use or other drug use, they routinely it's my
24 experience doing these intakes in jails, often people don't
03:29PM 25 want to talk to us for a whole variety of reasons.

1 But when we have information about a withdrawal or
2 intoxication or suicidality or even diabetes or epilepsy, we
3 have to act on it because those are things that can and do
4 lead to deaths that are preventable in the first few days of
03:29PM 5 incarceration.

6 Q. And you just mentioned if we have that information that
7 there's a serious medical condition, we have to act on it.
8 Does that mean medical professionals can rely on arresting
9 officers to provide information?

03:29PM 10 A. Well, we have to. It doesn't mean that we're asking
11 them to make a diagnosis or say it means this or that or come
12 up with what's the significance. We just need them to tell
13 us what their observations, what they heard, and then it's
14 our job to figure out is it relevant, is it serious, is it an
03:29PM 15 emergency. But that starts with them being trained and --
16 and affirmatively telling us oh, this person has this issue.
17 The family said he drinks a lot or he smells like alcohol.
18 Something like that.

19 MS. JUN: Thank you. No further questions.

03:30PM 20 THE COURT: Recross in that area?

21 MR. MIEDERHOFF: No, Your Honor.

22 THE COURT: You may step down. Thank you for
23 coming in. Your next witness.

24 MS. PENA: Thank you, Your Honor. Plaintiffs call
03:30PM 25 Amanda Kelley to the stand.

1 THE CLERK: Please raise your right hand.

2 (Witness sworn.)

3 THE CLERK: For the record please state your full
4 name and spell your last name.

03:31PM 5 THE WITNESS: Amanda Kelley, K-e-l-l-e-y.

6 THE COURT: Thank you. Counsel, you may inquire.

7 MS. PENA: Thank you, Your Honor.

8 DIRECT EXAMINATION

9 BY MS. PENA:

03:31PM 10 Q. Ms. Kelley, thank you for being here today and
11 introducing yourself. Can you tell us a little bit more
12 about your relation to Mr. Enyart?

13 A. I'm his oldest sister.

14 Q. By how many years?

03:31PM 15 A. Five. Five years.

16 Q. Before we get into the incident we've been talking about
17 today, I want to ask you a little bit about Billy so we can
18 get a better idea of who he is. Can you tell us about him
19 briefly?

03:31PM 20 THE COURT: Well, that's kind of an open-ended
21 question. Can you be a little bit more specific on your
22 question?

23 BY MS. PENA:

24 Q. What was Mr. Enyart like?

03:31PM 25 A. Um, may I refer to him as Billy? Is that okay?

1 MS. PENA: I think the Judge gave his permission.

2 THE COURT: Why don't you just refer to him as your
3 brother.

4 THE WITNESS: Okay. Thank you, Your Honor.

03:32PM 5 My brother was, he was always the fun one in the
6 family. He would always make us laugh and always had great
7 jokes. He loved family. Family was his number one thing in
8 life. That's what he cherished a lot. Loved holidays. He
9 loved everyone being in the same room, and he loved being a
03:32PM10 father. It gave him a purpose in life.

11 BY MS. PENA:

12 Q. Why don't you talk to us a little bit about his
13 relationship with his daughter Abigail. What was that like
14 in the last years of his life?

03:32PM15 A. The times he spent with her, they would do many
16 different things together. He taught her how to ride a bike.
17 He taught her how to swim. He taught her the importance of
18 saving money. He wanted her to learn how to be independent.
19 And, uh, he really enjoyed just spending quality time with
03:33PM20 her playing board games, stuff like that.

21 Q. Thank you. Now, we told the jury earlier this morning
22 that your father is not here due to a medical condition. Can
23 you tell us a little bit about the role that Billy played as
24 far as within the family and specifically concerning your
03:33PM25 father?

1 A. Uh, over the past few years, uh, my father's health
2 declined. He has end-stage COPD and emphysema. And he's
3 currently on oxygen on a full-time use. So he's not able to
4 get around on day-to-day things like showering which my
03:33PM 5 brother would help make sure he was okay getting in and out
6 of the shower and getting his oxygen. Making sure he had
7 enough oxygen when the delivery guys would come. And he
8 would cook meals like barbecues. My dad couldn't be around
9 smoke. It would trigger exacerbation so he would cook
03:34PM 10 dinners. Take him to appointments. My father can't drive.
11 He's too afraid to drive because of his breathing and special
12 testing like blood labs, MRIs, stuff like that.

13 Q. Since Billy's passing has the family had to find in-home
14 healthcare from other ways?

03:34PM 15 A. Yes. So, uh, we have had hired help through a home
16 health agency and between them and my brother Nick who is a
17 nurse and my mom.

18 Q. And prior to his death, is it fair to say that Billy
19 fulfilled that role by himself?

03:34PM 20 A. Yes, he did it full time. He was -- he was considered
21 the point person for my dad while we were gone. Should
22 anything occur, Billy would be the point person to alert the
23 family and say hey, dad's not doing good. Maybe we should
24 all come back and see if he needs to go to the ER.

03:35PM 25 Q. And he did that on a multitude of levels I'm sure.

1 A. He did.

2 Q. Okay. I want to transition a little bit. We know, um,
3 that Billy has died at this point from alcohol withdrawal and
4 so I want to talk a little bit about his alcohol abuse.

03:35PM 5 MR. RAMIREZ: Objection. Speculation, lacks
6 foundation.

7 THE COURT: Sustained.

8 BY MS. PENA:

9 Q. Let's talk about brother's alcohol abuse. Okay?

03:35PM 10 At some point in his life, did he start struggling
11 with alcohol abuse?

12 A. He did. Uh, over the past year, I noticed, uh,
13 significant changes in his behavior. My brother kept it a
14 secret. He was more of a closet drunk. He didn't show it in
03:36PM 15 front of his family because my dad he's been clean and sober
16 with alcohol for over 30 years now. And it's -- it's a big
17 deal that we don't allow alcohol in the house period. So my
18 brother held it a lot. He held it from us a lot visually.

19 But every now and then, I'd catch him with a beer
03:36PM 20 or two. But over the year, I noticed, uh, he was -- he would
21 smell a lot like alcohol. He would be swaying in the kitchen
22 a lot and sometimes talking to himself even so it was -- it
23 was concerning.

24 Q. And Ms. Kelley, can you explain to us how you would know
03:36PM 25 on the occasions that you saw this behavior, how would you

1 know that he was drunk or intoxicated?

2 A. Well, the alcohol was -- the smell of it was very
3 prominent. He -- he -- he reeked of booze.

4 Q. And this was on a frequent basis. And, again, you live
03:36PM 5 in L.A. I think it was said; is that correct?

6 A. That is correct, yes.

7 Q. Okay. So on occasions that you did observe Mr. Enyart,
8 did you see other symptoms such as him swaying or talking to
9 himself?

03:37PM 10 A. Mainly the swaying. Uh, he would mumble things to
11 himself. Uh, sometimes he would sweat or -- or shake.
12 Sometimes had little tremors every now and then on occasion.

13 Q. Did you ever have occasions to speak with your brother
14 about his alcohol abuse problem?

03:37PM 15 A. I did. Um, about a month before the incident, we had a
16 long talk and I had told him, I said, you know, we're all
17 worried about you. You know, your drinking is getting out of
18 hand and we love you very much. And there's programs out
19 there. There's detox centers. You know, you want to go to
03:38PM 20 the hospital, let's go. We'll take you.

21 And at some point in the conversation, he said I
22 know I have a problem and he'll go when he's ready. And we
23 were talking about switching providers so he could get the
24 right care he needed, but he -- he -- he did in fact know he
03:38PM 25 had a problem.

1 Q. This was recent? Did you say this was a month before
2 the incident approximately?

3 A. Yes.

4 Q. And to be clear, you said that he admitted that he had a
03:38PM 5 problem and was trying to seek help?

6 A. Yes. He was talking to me about getting better doctors
7 and switching providers.

8 Q. I want to discuss the day of the incident as far as his
9 arrest. Before the law enforcement was called on July 27th,
03:39PM 10 2022, did the family try to take efforts to address Billy's
11 alcohol abuse problem?

12 A. Yes.

13 Q. Can you explain to us how the family tried to do that?

14 A. We all came together as a family unit and we confronted
03:39PM 15 Billy, my brother Billy about his alcoholism and he became
16 very defensive and verbally aggressive. He got upset and --
17 and left the house that morning.

18 Q. So the family tried to address the issues with him and
19 he got upset.

03:39PM 20 A. Yes, that's correct.

21 Q. And when he got upset, was he -- was he doing more than
22 just yelling? Did he get physical or violent in any way?

23 A. Uh, verbally aggressive, um, he -- he was like puffing
24 out his chest, you know, just very stiff like he was, uh,
03:40PM 25 very defensive about the confrontation.

1 Q. And you mentioned that he left for a while. At some
2 point did he come back?

3 A. Yes, he did.

4 Q. And once he came back, what happened then?

03:40PM 5 A. We had addressed it for a second time and the second
6 time, we showed him all the several bottles of between heavy
7 liquor and beer from his bedroom that my parents and I found.
8 Uh, then it escalated even more. He became -- he started
9 screaming and yelling. He was denying that those weren't
03:40PM 10 even his and we found them in his room.

11 Q. At that point once he came back and you were having this
12 interaction, was Mr. Enyart acting belligerent or could you
13 smell alcohol on him at that point?

14 A. Yes. He -- he was not making any sense. He was using a
03:41PM 15 lot of mixed words that just weren't formulating perfect
16 sentences and he was just -- just verbally violent and -- and
17 aggressive with his words.

18 Q. And could you smell the alcohol on him?

19 A. Yes, very much so.

03:41PM 20 Q. At that point what happened next as far as the actions
21 your family took?

22 A. From what I remember, I was in the hall with my mom and
23 my brother Billy, and I overheard my dad, uh, calling the
24 non-emergency number to the Sheriff's Department.

03:41PM 25 Q. And how do you know that it was the non-emergency line?

1 A. I overheard dispatch talking on the speakerphone to my
2 dad and I remember him saying he's out of control.

3 Q. Do you remember anything else your dad might have said
4 on the phone?

03:42PM 5 A. No.

6 Q. After your father called the non-emergency line and said
7 Billy was out of control, what happened next?

8 A. At that point an officer came to our house -- my
9 parents' house and my brother walked out the front door and
03:42PM 10 the rest of the family went out on the porch. And my brother
11 Billy went to meet Conley in the driveway, Officer Conley in
12 the driveway.

13 Q. What happened after that once your brother met
14 Officer Conley?

03:42PM 15 A. Officer Conley he said I want to talk to you. They met
16 with each other by my brother Nick's truck. Officer Conley
17 asked my brother to empty his pockets and my brother reached
18 into his left pocket and pulled out his pocketknife and
19 cigarette lighter and placed it on the bed of my brother
03:43PM 20 Nick's truck.

21 And then he went into his right hand, and I heard
22 Officer Conley say get your hand out of your pocket. And
23 once my brother did that, I saw Officer Conley put a handcuff
24 on my brother's right arm and put it behind his back.

03:43PM 25 Q. At the point where Officer Conley had one arm, one of

1 Mr. Enyart's arms in the handcuff, what was Mr. Enyart doing
2 with his other hand?

3 A. He began to grip on to my brother Nick's truck with his
4 left hand and he became frozen. He -- he appeared very
03:43PM 5 scared and Officer Conley said you're not in trouble. I just
6 want to talk and my brother was resisting. He at some point
7 my brother Nick and I were in the driveway saying Billy, just
8 listen. And, uh, this went on for a short period of time.

9 Q. And when you say that your brother was resisting, are
03:44PM 10 you -- are you saying that in relation to him having his hand
11 on the truck or was he resisting in some other way?

12 A. No, he was --

13 MR. RAMIREZ: Objection, leading.

14 THE COURT: Sustained. Let her ask the question
03:44PM 15 again.

16 BY MS. PENA:

17 Q. When the Judge sustains any objection, just let me reask
18 the question.

19 A. Okay.

03:44PM 20 Q. How was your brother resisting?

21 A. He had his left hand on the bed of my brother Nick's
22 truck and he was gripping on and he wasn't letting go.

23 Q. Did you observe your brother resist in any other way?

24 A. No.

03:45PM 25 Q. But it's fair to say that or was your brother, was he

1 listening to the commands to put his hand behind his back?

2 MR. RAMIREZ: Objection. Calls for speculation.

3 THE COURT: Sustained.

4 Did he appear to be listening?

03:45PM 5 THE WITNESS: No.

6 MS. PENA: Thank you, Your Honor.

7 Q. At some point, you mentioned that it went on for a few
8 minutes. At some point did other officers arrive?

9 A. Yes, uh, about several.

03:45PM 10 Q. And what happened?

11 A. They arrested my brother and put him into a squad car.

12 Q. At that point did you have occasion to provide a
13 statement to any deputies on scene?

14 A. Yes, I did.

03:45PM 15 Q. How many statements did you provide?

16 A. Two.

17 Q. And do you recall who those statements were provided to?

18 A. To Deputy Mammolito and Deputy Umphlett.

19 Q. And you are a plaintiff in this matter representing
03:46PM 20 Abigail; correct?

21 A. Yes, that is correct.

22 Q. And you've had the occasion to have your deposition
23 taken; correct?

24 A. Yes.

03:46PM 25 Q. Have you had an opportunity to review evidence in this

1 case?

2 A. I'm sorry. I don't understand the question.

3 Q. Sure. Let me rephrase it. What I want to know is have
4 you heard any recorded statements that you've provided in
03:46PM 5 this case?

6 A. To my knowledge only one.

7 Q. Only one. Let's talk about the recorded statement.
8 That was made to what deputy?

9 A. Deputy Mammolito.

03:46PM 10 Q. And when you provided that interview, were you with
11 someone else when you spoke to Deputy Mammolito?

12 A. Yes, I was with my brother Nick.

13 MS. PENA: At this point, Your Honor, I would like
14 to move into evidence Exhibit 3B. It has been stipulated to
03:47PM 15 as admissible.

16 THE COURT: I'm sorry, 3B?

17 MS. PENA: Yes, Your Honor.

18 THE COURT: It will be received.

19 (Exhibit 3B admitted.)

03:47PM 20 MS. PENA: Permission to publish, Your Honor.

21 THE COURT: Yes.

22 (Audio played.)

23 BY MS. PENA:

24 Q. Who was that speaking on the recorded clip?

03:47PM 25 A. That's Deputy Mammolito.

1 Q. And who was the other male voice?

2 A. That's my brother Nick.

3 Q. Is your brother Nick in the courtroom?

4 A. Yes, he is.

03:48PM 5 Q. And you were standing next to him when that recorded
6 clip, uh, when he gave that statement; correct?

7 MR. RAMIREZ: Objection, leading.

8 THE COURT: Sustained. Why don't you reask the
9 question.

03:48PM 10 BY MS. PENA:

11 Q. Were you standing next to him when that statement was
12 provided?

13 A. Yes, I was.

14 MS. PENA: At this time I'd also like to move into
03:48PM 15 evidence Exhibit 3A. The parties have also stipulated to
16 admissibility.

17 THE COURT: 3A?

18 MS. PENA: Yes, Your Honor.

19 THE COURT: It will be received. You may publish.

03:48PM 20 (Exhibit 3A admitted.)

21 MS. PENA: Thank you, Your Honor.

22 (Audio played.)

23 BY MS. PENA:

24 Q. Was that your voice on the record, Ms. Kelley?

03:50PM 25 A. Yes.

1 Q. Is that the portion of the statement you provided to
2 Deputy Mammolito regarding your brother's alcohol abuse
3 problem?

4 A. Yes.

03:51PM 5 Q. Was it important for you to convey that your brother was
6 an alcoholic and that he might be detoxing?

7 MR. RAMIREZ: Objection. Misstates the evidence.

8 THE COURT: Why don't you restate the question,
9 Counsel.

03:51PM 10 BY MS. PENA:

11 Q. Did you tell Deputy Mammolito that your brother was an
12 alcoholic?

13 A. Yes, I did.

14 Q. And did Deputy Mammolito understand that he would be
03:51PM 15 going through detox?

16 MR. RAMIREZ: Objection. Calls for speculation.

17 THE COURT: Sustained.

18 BY MS. PENA:

19 Q. Did you hear on the recording that Deputy Mammolito
03:51PM 20 mentioned that the jail would allow him to detox?

21 THE COURT: Counsel, it speaks for itself. The
22 jury heard it. She can't testify to what the audio said
23 because the jury heard it. They have to interpret it. She
24 can't interpret it for them.

03:51PM 25 BY MS. PENA:

1 Q. Based on the information that you told Deputy Mammolito
2 and the information that she told you, did you ask if he
3 would be -- if your brother would be taken to a medical
4 facility on a 72-hour hold?

03:52PM 5 MR. RAMIREZ: Objection, the same --

6 THE COURT: Overruled. Did you ask that?

7 THE WITNESS: No, I did not. It was my
8 understanding that --

9 THE COURT: You've answered the question. Next
03:52PM 10 question.

11 BY MS. PENA:

12 Q. What was your understanding?

13 A. From what Mammolito told me, it was my understanding
14 that he would be able to detox and receive the medications he
03:52PM 15 needed to get help from alcoholism.

16 Q. Based on the statement that you were told by
17 Deputy Mammolito, did you think that jail, that going into
18 custody and being booked in jail would be a suitable place
19 for your brother?

03:52PM 20 A. Yes, because from what she told me that he was gonna be
21 able to receive medical care in the facility.

22 Q. After you spoke with Deputy Mammolito, did you have an
23 occasion to speak to the paramedics on scene?

24 A. I tried to. When they arrived, I went out to the front
03:53PM 25 of the driveway and Mammolito approached me. And I had asked

1 her if I could speak to the fire department and paramedics
2 and she said no. And I said well, will you please let them
3 know that he takes blood pressure medication and he has high
4 blood pressure.

03:53PM 5 Q. Why was it important for you to speak to the paramedics?

6 A. Because I wanted to relay them the history he's had with
7 drinking and the objective signs and symptoms that I was
8 noticing that were very severe and I was concerned.

9 Q. After you attempted to speak to the paramedics, what
03:54PM 10 happened next?

11 A. I went back inside my parents' house and I was in the
12 kitchen with my parents and my brother Nick and
13 Officer Umphlett.

14 Q. What was happening at that time?

03:54PM 15 A. They were having the conversation of my brother Billy's
16 drinking and how she could relate that she came from an
17 alcoholic family herself. And my mom wanted Deputy Conley's
18 card so she left out front of my parents and came back inside
19 the house with a business card and a report number on it.

03:55PM 20 And my mom went into the conversation again how she's worried
21 about him. She's afraid he's gonna seize, and I mentioned
22 how life-threatening it can be when someone goes through a
23 withdrawal from alcohol.

24 Q. Ms. Kelley, this is very important. Did you mention
03:55PM 25 alcohol withdrawals and the severity of those withdrawals to

1 Deputy Umphlett?

2 A. Yes, I did.

3 Q. How do you know that?

4 A. From my recollection with me speaking to her.

03:55PM 5 Q. How do you know alcoholic withdrawals are life
6 threatening?

7 A. Well, I'm a licensed vocational nurse and based on my
8 education and experience --

9 THE COURT: That would be expert testimony,
03:56PM 10 Counsel.

11 MS. PENA: Thank you, Your Honor.

12 Q. Based on what you knew, you conveyed that alcohol
13 withdrawals was life threatening. That's what you told
14 Deputy Umphlett.

03:56PM 15 MR. RAMIREZ: Objection. Again, expert testimony.

16 THE COURT: Overruled. Is that what you told her?

17 THE WITNESS: Yes, that's correct.

18 BY MS. PENA:

19 Q. After this conversation, the second statement you
03:56PM 20 provide to the deputies on scene, did you have any further
21 conversations with the deputies on scene at your parents'
22 house?

23 A. No.

24 Q. After Billy was taken to jail, did you have -- excuse me
03:56PM 25 Mr. Enyart, your brother, did you have the occasion to speak

1 to another deputy after that?

2 A. Yes.

3 Q. And who was that?

4 A. Officer Conley.

03:57PM 5 Q. Can you tell us what you remember from that
6 conversation?

7 A. My mom had put in a call to dispatch to have
8 Deputy Conley return her call and in fact he did. And when
9 the call came through, my mom put the phone on speaker. My
03:57PM10 brother Nick and I and my mother and father were in the
11 kitchen. And I recall myself asking Officer Conley if they
12 did a blood alcohol test on him and he said no, he refused,
13 but you could sure smell the alcohol on his breath. And my
14 dad said, you know, he's a good kid. He just has an alcohol
03:57PM15 problem.

16 Q. Did your mom -- I'm sorry. Did I cut you off?

17 A. No.

18 Q. Did you hear your mom say anything?

19 A. Yes, she said she was really worried about him.

03:57PM20 MR. RAMIREZ: Hearsay.

21 THE COURT: Sustained.

22 BY MS. PENA:

23 Q. Was there anything else from that conversation with
24 Deputy Conley that you recall?

03:58PM25 A. No.

1 Q. From the call with Deputy Conley from your recollection,
2 was he informed that your brother had a bad drinking problem?

3 MR. RAMIREZ: Objection. Calls for speculation,
4 hearsay.

03:58PM 5 THE COURT: Why don't you ask it a different way.
6 That's calling for a conclusion. Why don't you ask the
7 question again.

8 BY MS. PENA:

9 Q. Ms. Kelley, I just want to give you one more opportunity
03:58PM 10 if you could tell us what, if anything, you recall from that
11 phone call as far as Mr. Conley being informed of your
12 brother's alcohol abuse?

13 THE COURT: If you recall.

14 THE WITNESS: I'm sorry. Can you repeat the
03:59PM 15 question again, please?

16 MS. PENA: Sure. I understand this is hard.

17 Q. I just want you to tell us if you can recall anything
18 else that was told to Deputy Conley on that phone call?

19 A. No.

03:59PM 20 MS. PENA: No further questions at this time,
21 Your Honor.

22 THE COURT: Cross-examination.

23 MR. RAMIREZ: Your Honor, I don't mind starting,
24 but we have one minute to 4:00. Do you want me to get
03:59PM 25 started any way?

1 THE COURT: Well, it's right at 4 o'clock so we'll
2 break at this time. Just a second.

3 Okay. Ladies and gentlemen, we're gonna break at
4 this time until tomorrow. Remember the admonishment not to
03:59PM 5 discuss the case among yourselves or with anybody else or
6 form or express any opinions about the matter until it's
7 submitted to you and you retire to the jury room.

8 If you go home tonight, I don't know if you're into
9 sports or not, but watch the Dodger game or something like
04:00PM 10 that, but don't think about this case. Wait until you get
11 back so we just concentrate on what comes out here in court.

12 I do want to tell you a little bit about tomorrow
13 because we've had problems with the last few jurors when I've
14 said be here at 8:30. By the way, the reason we do it at
04:00PM 15 8:30 rather than 9:00 which a lot of courts do is because
16 they go from 9:00 to 4:30. I've been told by jurors they'd
17 rather go from 8:30 to 4 o'clock because of the traffic and
18 all so that's what we do. But we have to make sure that we
19 start right on time.

04:00PM 20 We've had a lot of problem with jurors because in
21 Los Angeles, you always run into traffic problems. And we'll
22 have jurors call up and say well, I'll be 10 minutes late or
23 15 minutes. If you're 10 minutes late, there's 30 people in
24 the courtroom so that's ten minutes times 30, you wasted
04:00PM 25 hours. And everyone just gonna be sitting here waiting for

1 you to come in. And you're gonna feel funny when you come in
2 because you're gonna feel like that person that comes on the
3 plane late and everyone says just hurry up and get here.

4 So what I'm gonna ask you to do is try to be here
04:01PM 5 at 8:15 tomorrow. Get a cup of coffee whatever. That builds
6 in a buffer in case you run into traffic or anything else
7 cause we have to start right at 8:30. Are you with me on
8 that? If you are, then go ahead and we'll release you at
9 this time. We'll see you back here tomorrow at 8:30.

04:01PM 10 Hopefully, at 8:15 but at least by 8:30. And if you leave
11 quietly because I've got to talk to the attorneys just for a
12 second.

13 THE CLERK: All rise.

14 (Jury not present.)

04:02PM 15 THE COURT: You can step down.

16 The record reflect the jurors have left the
17 courtroom. Just wanted to give you an update if you're
18 interested in the time, the time that you have left. The
19 plaintiff has used 86 minutes of the 300 minutes. The
04:02PM 20 defendant used 21 minutes. I'll let you do the mathematics.

21 Again, same thing for you, if you could be here by
22 8:15 so we won't have any problems getting started. It's
23 even worse if the attorneys don't come in on time so be here
24 about 8:15. Have a pleasant evening. We'll see you back
04:03PM 25 tomorrow morning.

1 THE CLERK: All rise.
2 This court is adjourned.
3 (Proceedings were concluded at 4:03 p.m.)
4

5 CERTIFICATE OF REPORTER

6
7 COUNTY OF LOS ANGELES)
8) SS.
9 STATE OF CALIFORNIA)
10

11 I, LAURA ELIAS, OFFICIAL REPORTER, IN AND FOR THE UNITED
12 STATES DISTRICT COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA,
13 DO HEREBY CERTIFY THAT I REPORTED, STENOGRAPHICALLY, THE
14 FOREGOING PROCEEDINGS AT THE TIME AND PLACE HEREINBEFORE SET
15 FORTH; THAT THE SAME WAS THEREAFTER REDUCED TO TYPEWRITTEN
16 FORM BY MEANS OF COMPUTER-AIDED TRANSCRIPTION; AND I DO
17 FURTHER CERTIFY THAT THIS IS A TRUE AND CORRECT TRANSCRIPTION
18 OF MY STENOGRAPHIC NOTES.

19
20 DATE: MAY 21, 2024

21
22 /s/ LAURA MILLER ELIAS

23 LAURA MILLER ELIAS, CSR 10019
24 FEDERAL OFFICIAL COURT REPORTER
25

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'22 [1] - 11:20
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1

1 [2] - 8:24, 51:3
10 [5] - 8:10, 52:13, 53:19, 107:22, 107:23
100 [1] - 3:17
100,000 [1] - 34:8
10019 [2] - 1:23, 109:23
102 [1] - 51:16
12 [2] - 33:23, 34:10
120 [5] - 3:16, 48:13, 48:17, 48:18, 48:19
120-1 [1] - 51:3
120-2 [1] - 51:19
1480 [2] - 2:5, 2:7
15 [13] - 8:11, 9:12, 22:25, 33:14, 33:23, 34:3, 34:8, 47:20, 47:22, 55:8, 56:14, 77:9, 107:23
15,000 [1] - 34:11
1510 [1] - 2:10
18 [1] - 53:21
19 [1] - 53:22
1:09 [2] - 4:1, 31:2
1:39 [1] - 31:3
1st [5] - 5:9, 17:6, 21:3, 30:19, 30:24
1ST [1] - 1:24

2

2-A [5] - 39:9, 39:10, 39:13, 39:20, 39:24
2-B [3] - 39:9, 39:13, 40:13
2-C [5] - 39:9, 39:13, 40:16, 40:17, 40:18
20 [4] - 3:5, 12:20, 22:25, 86:3
2012 [1] - 10:11
2022 [9] - 5:9, 5:10, 7:18, 10:22, 12:4,

21:3, 61:14, 94:10
2024 [6] - 1:15, 4:1, 49:19, 50:16, 50:19, 109:20
21 [4] - 1:15, 4:1, 108:20, 109:20
213 [1] - 1:25
23-00540-RGK [1] - 1:8
23-540 [1] - 4:3
24-hour [1] - 30:8
25 [1] - 12:20
27 [1] - 21:2
27th [8] - 12:15, 21:6, 26:15, 61:14, 61:18, 74:10, 83:4, 94:9
28th [3] - 27:12, 83:6, 83:10
29th [1] - 83:15
2:00 [1] - 30:24
2:30 [1] - 55:6
2A [1] - 3:14
2B [1] - 3:14
2C [1] - 3:15

3

3 [3] - 47:19, 47:22, 54:9
30 [5] - 16:3, 61:24, 92:16, 107:23, 107:24
300 [1] - 108:19
30th [7] - 16:9, 26:15, 27:12, 28:14, 29:18, 29:19, 80:8
31st [1] - 30:19
32 [1] - 3:9
34 [1] - 67:8
350 [1] - 1:24
385 [1] - 2:17
39 [3] - 3:14, 3:14, 3:15
3:00 [1] - 55:8
3:30 [1] - 13:20
3:45 [1] - 13:21
3A [4] - 3:17, 100:15, 100:17, 100:20
3B [4] - 3:17, 99:14, 99:16, 99:19

4

4 [5] - 3:5, 52:12, 54:9, 107:1, 107:17
400 [1] - 86:3
44 [1] - 3:16
4455 [1] - 1:24
45 [1] - 8:11
48 [1] - 3:16

49-and-a-half [1] - 12:19
4:00 [2] - 55:9, 106:24
4:03 [1] - 109:3
4:30 [1] - 107:16

5

501 [3] - 2:4, 2:7, 2:10
5150 [2] - 14:20, 41:6

6

6 [3] - 15:15, 52:12, 52:13
68 [1] - 3:9

7

7 [8] - 3:16, 43:24, 44:1, 44:2, 52:4, 52:16, 56:24, 56:25
70 [1] - 47:19
72 [2] - 54:7, 78:13
72-hour [1] - 102:4

8

8 [1] - 34:12
800 [1] - 33:24
85 [1] - 3:9
86 [1] - 108:19
89 [1] - 3:11
894-0374 [1] - 1:25
8:15 [4] - 108:5, 108:10, 108:22, 108:24
8:30 [6] - 107:14, 107:15, 107:17, 108:7, 108:9, 108:10

9

9,000 [1] - 34:12
90012 [1] - 1:24
92101 [3] - 2:5, 2:8, 2:11
92415 [1] - 2:18
99 [1] - 3:17
9:00 [2] - 107:15, 107:16

A

a'blazing [1] - 13:18
Abby [4] - 10:22, 10:23, 11:14
Abigail [5] - 5:2, 10:9, 10:10, 90:13, 98:20
Abigail's [1] - 10:12

ability [1] - 65:16
able [8] - 9:25, 23:7, 25:3, 26:4, 43:15, 91:3, 102:14, 102:21
absolute [1] - 18:14
absolutely [1] - 17:24
abstinent [1] - 53:2
abuse [10] - 60:6, 83:25, 87:6, 92:4, 92:9, 92:11, 93:14, 94:11, 101:2, 106:12
abused [1] - 87:1
abuser [1] - 67:10
abuses [1] - 67:9
accepted [1] - 61:11
access [2] - 20:25, 30:7
according [1] - 28:15
account [1] - 24:12
accountability [2] - 6:9, 19:13
accurately [1] - 25:6
achieve [1] - 6:7
acknowledge [1] - 24:25
acknowledged [2] - 11:22, 11:23
acknowledges [1] - 29:19
acronym [1] - 77:1
acronyms [1] - 48:3
act [3] - 29:20, 88:3, 88:7
acting [1] - 95:12
action [2] - 5:18, 5:24
actions [1] - 95:20
activated [2] - 23:9, 30:14
actual [2] - 51:8, 69:18
ADAM [1] - 2:15
addict [1] - 7:10
Addiction [1] - 19:1
additional [2] - 26:1, 26:12
address [2] - 94:10, 94:18
addressed [1] - 95:5
addressing [1] - 29:5
adds [1] - 53:18
Adelanto [1] - 8:6
adequacy [1] - 35:13
adjourned [1] - 109:2
administrator [2] - 63:16, 64:1
admissibility [1] - 100:16
admissible [1] - 99:15
admissions [1] - 34:8
admit [1] - 25:5

admitted [6] - 39:13, 44:2, 48:19, 94:4, 99:19, 100:20
admonishment [2] - 55:9, 107:4
adult [1] - 9:24
advanced [1] - 9:3
affirmatively [2] - 84:3, 88:16
afraid [3] - 27:8, 91:11, 103:21
afternoon [8] - 4:20, 13:2, 13:20, 20:4, 32:20, 55:7, 61:13, 68:12
age [1] - 11:6
agencies [4] - 35:7, 35:8, 35:16
agency [1] - 91:16
aggressive [3] - 94:16, 94:23, 95:17
aggressively [1] - 86:1
agitated [2] - 46:23, 47:14
ago [1] - 50:24
agree [3] - 77:15, 80:22, 83:15
agreed [1] - 36:3
agreeing [1] - 36:14
ahead [2] - 37:24, 108:8
AIDED [1] - 109:16
airport [1] - 49:2
AL [2] - 1:6, 1:9
alcohol [118] - 7:14, 11:3, 11:4, 11:16, 14:19, 15:2, 15:12, 15:20, 15:21, 16:12, 16:19, 16:21, 21:7, 22:10, 23:14, 23:22, 23:25, 24:13, 24:23, 25:13, 25:15, 25:25, 26:7, 26:9, 27:21, 27:25, 30:3, 30:11, 45:6, 45:18, 45:20, 45:22, 46:5, 46:7, 46:14, 46:21, 47:3, 47:5, 47:10, 48:4, 48:6, 48:10, 48:14, 50:25, 51:5, 51:8, 51:10, 52:18, 53:3, 53:5, 53:7, 53:15, 54:4, 54:8, 54:14, 57:2, 57:5, 57:8, 57:11, 57:13, 57:16, 58:3, 58:12, 59:1, 59:5, 59:18, 60:7, 60:8, 60:22, 61:7, 61:25, 63:9, 64:11,

67:10, 67:12, 70:5,
72:5, 75:9, 75:13,
75:14, 76:10, 77:15,
78:16, 83:20, 83:21,
83:25, 85:14, 85:19,
86:5, 86:8, 87:1,
87:6, 87:13, 87:17,
87:23, 88:17, 92:3,
92:4, 92:9, 92:11,
92:16, 92:17, 92:21,
93:2, 93:14, 94:11,
95:13, 95:18, 101:2,
103:23, 103:25,
104:12, 105:12,
105:13, 105:14,
106:12
alcoholic [5] - 57:25,
101:6, 101:12,
103:17, 104:5
alcoholism [3] - 11:3,
94:15, 102:15
alert [1] - 91:22
alive [1] - 65:11
allow [2] - 92:17,
101:20
allowed [1] - 11:4
almost [1] - 64:1
alone [4] - 29:14, 60:7,
77:15, 85:14
altered [1] - 24:22
Alvarado [11] - 15:8,
25:13, 25:18, 25:19,
25:24, 26:6, 26:10,
74:15, 82:24, 83:4,
86:10
AMANDA [1] - 3:10
Amanda [5] - 9:15,
9:16, 14:16, 88:25,
89:5
AMERICA [1] - 1:1
amount [2] - 19:22,
53:25
amping [1] - 46:11
AND [4] - 109:11,
109:14, 109:16,
109:17
Angel [2] - 15:8, 86:10
ANGELES [4] - 1:16,
1:24, 4:1, 109:7
Angeles [1] - 107:21
annoying [1] - 48:5
annual [1] - 34:8
answer [8] - 25:4,
27:15, 47:2, 70:4,
71:20, 74:22, 85:17,
87:5
answered [4] - 45:16,
81:17, 85:6, 102:9
answers [1] - 28:10
anticipate [3] - 10:17,
26:22, 27:6
anxious [2] - 46:24,
54:22
apart [1] - 9:18
apologize [1] - 37:3
appear [1] - 98:4
APPEARANCES [1] -
2:1
appeared [1] - 97:4
Apple [6] - 8:5, 8:15,
9:13, 11:4, 15:16,
17:6
apple [1] - 8:15
applies [1] - 79:8
appointed [4] - 33:8,
36:18, 36:21, 37:7
appointment [2] -
30:23, 37:1
appointments [1] -
91:10
appreciate [3] - 31:24,
38:1, 40:11
approach [1] - 72:1
approached [1] -
102:25
AR [11] - 48:5, 48:6,
51:17, 51:20, 51:22,
53:18, 54:4, 77:9,
78:16, 85:15, 86:10
area [11] - 8:4, 8:5,
8:13, 12:3, 35:23,
58:23, 61:4, 79:22,
85:10, 86:12, 88:20
areas [2] - 52:3, 52:4
argue [1] - 4:14
arm [4] - 10:5, 14:7,
96:24, 96:25
arms [2] - 10:3, 97:1
arrest [16] - 20:20,
21:4, 21:19, 21:21,
22:1, 22:16, 22:19,
22:20, 23:2, 23:5,
41:12, 57:11, 57:21,
57:24, 77:24, 94:9
arrested [7] - 14:12,
21:12, 41:17, 42:6,
62:7, 74:19, 98:11
arrestee [3] - 26:5,
67:6, 67:8
arrestee's [3] - 60:5,
62:13, 65:21
arrestees [1] - 74:19
arresting [17] - 8:19,
15:9, 21:16, 22:2,
43:1, 44:9, 44:12,
44:17, 45:8, 58:4,
58:21, 59:6, 59:19,
60:21, 60:25, 75:12,
88:8
arrive [3] - 14:12,
23:3, 98:8
arrived [3] - 22:23,
61:14, 102:24
arrives [1] - 58:4
ARROWHEAD [1] -
2:17
aside [2] - 73:20, 78:7
assess [4] - 13:18,
22:6, 36:13, 47:7
assessed [1] - 54:4
assigned [2] - 8:17,
73:15
assignments [1] -
73:17
assistance [1] - 9:23
assistant [2] - 30:18,
31:9
associated [1] - 38:10
assume [4] - 24:19,
69:7, 75:11, 80:11
assumed [1] - 25:5
assumption [2] -
24:17, 25:7
AT [1] - 109:14
attack [1] - 67:11
attempt [1] - 87:20
attempted [1] - 103:9
attention [5] - 25:9,
37:16, 44:7, 44:14,
45:4
Attorney [5] - 35:10,
35:19, 35:21, 37:6
Attorney's [1] - 34:25
attorneys [5] - 4:12,
20:15, 55:13,
108:11, 108:23
audio [20] - 19:7,
26:20, 29:12, 38:9,
39:2, 39:15, 40:1,
40:3, 40:5, 40:12,
40:13, 40:14, 40:19,
41:20, 68:21, 71:3,
71:4, 99:22, 100:22,
101:22
August [5] - 5:9, 17:6,
21:3, 30:19, 30:24
automatically [1] -
87:21
available [1] - 31:15
AVENUE [1] - 2:17
average [1] - 34:9
aware [5] - 48:9, 57:4,
57:8, 79:11, 82:20

B

background [1] -
32:21
backup [1] - 22:24
bad [7] - 15:23, 24:3,
47:7, 47:10, 58:16,
72:14, 106:2
Barbara [1] - 36:20
barbecues [1] - 91:8
bare [1] - 56:5
bars [2] - 63:7, 63:25
Bartolome [2] - 18:25,
25:5
based [8] - 61:3, 64:5,
64:20, 79:12, 102:1,
102:16, 104:7,
104:12
basic [3] - 42:20, 47:6,
68:12
basis [1] - 93:4
battery [1] - 15:3
bearing [1] - 39:23
became [4] - 10:6,
94:15, 95:8, 97:4
become [4] - 15:6,
46:13, 53:1, 55:1
bed [2] - 96:19, 97:21
bedroom [3] - 11:17,
12:17, 95:7
beer [4] - 12:21,
24:24, 92:19, 95:7
began [1] - 97:3
begin [2] - 14:14,
32:20
beginning [1] - 42:16
BEHALF [2] - 2:2, 2:13
behavior [2] - 92:13,
92:25
behaviors [1] - 30:2
behind [7] - 14:7,
14:10, 21:14, 63:7,
63:25, 96:24, 98:1
belligerent [1] - 95:12
belt [6] - 14:4, 23:9,
30:14, 71:2, 71:11,
71:12
bender [1] - 11:16
bent [1] - 15:5
Bernardino [11] - 4:4,
5:20, 5:22, 6:15,
6:17, 8:16, 39:3,
48:9, 48:15, 58:20,
58:25
BERNARDINO [3] -
1:9, 2:14, 2:18
best [1] - 54:15
better [4] - 8:18, 19:4,
89:18, 94:6
between [8] - 21:2,
27:11, 54:5, 57:18,
57:20, 74:7, 91:16,
95:6
big [7] - 20:9, 33:14,
38:13, 53:5, 62:24,
74:24, 92:16
bike [1] - 90:16
Billy [14] - 7:23, 89:17,
89:25, 90:23, 91:18,
91:22, 92:3, 94:15,
95:23, 96:7, 96:11,
97:7, 104:24
Billy's [3] - 91:13,
94:10, 103:15
binge [1] - 57:25
bit [31] - 4:21, 5:17,
5:25, 6:13, 7:19, 8:5,
8:23, 10:9, 10:15,
10:24, 11:9, 13:4,
19:10, 23:19, 27:18,
38:19, 46:5, 54:21,
55:14, 55:23, 62:17,
65:4, 78:22, 89:11,
89:17, 89:21, 90:12,
90:23, 92:2, 92:4,
107:12
black [1] - 16:23
blame [1] - 29:8
blind [2] - 55:25,
56:12
blood [6] - 15:20,
54:23, 91:12, 103:3,
103:4, 105:12
board [1] - 90:20
bodies [1] - 45:19
body [4] - 46:11,
46:15, 46:25
bones [1] - 56:5
booked [5] - 15:14,
41:13, 43:2, 74:5,
102:18
booking [10] - 20:21,
22:3, 25:10, 25:23,
26:10, 42:6, 68:14,
73:20, 75:23, 77:21
booze [1] - 93:3
born [1] - 10:10
bottles [5] - 12:18,
12:19, 12:21, 12:25,
95:6
bottom [2] - 44:8, 51:2
box [4] - 4:8, 51:6,
52:1, 56:21
boxes [3] - 52:1, 77:8,
77:9
break [3] - 55:7,
107:2, 107:3
breaking [1] - 55:6
breath [1] - 105:13
breathing [1] - 91:11
briefly [1] - 89:19
brightness [1] - 11:1
bring [2] - 5:16, 54:22
brings [2] - 26:13,
29:15
BROADWAY [3] - 2:4,

2:7, 2:10
broke [1] - 10:3
broken [1] - 20:19
brother [39] - 9:17,
 90:3, 90:5, 91:5,
 91:16, 92:13, 92:18,
 93:13, 94:15, 95:23,
 96:9, 96:10, 96:13,
 96:16, 96:17, 96:19,
 96:23, 97:3, 97:6,
 97:7, 97:9, 97:20,
 97:21, 97:23, 97:25,
 98:11, 99:12, 100:2,
 100:3, 101:5,
 101:11, 102:3,
 102:19, 103:12,
 103:15, 104:25,
 105:10, 106:2
brother's [5] - 14:8,
 92:9, 96:24, 101:2,
 106:12
brought [2] - 11:2,
 42:11
buckets [1] - 38:13
buffer [1] - 108:6
build [3] - 59:25, 60:2
building [1] - 46:15
builds [1] - 108:5
built [1] - 9:1
bunch [1] - 49:3
burden [3] - 6:1,
 31:17, 31:20
business [1] - 103:19
BY [36] - 2:4, 2:9, 2:15,
 3:5, 3:5, 3:9, 3:9,
 3:11, 32:19, 38:3,
 40:2, 40:20, 42:4,
 44:6, 48:23, 62:10,
 66:12, 68:11, 81:3,
 85:12, 89:9, 89:23,
 90:11, 92:8, 97:16,
 99:23, 100:10,
 100:23, 101:10,
 101:18, 101:25,
 102:11, 104:18,
 105:22, 106:8,
 109:16

C

CA [4] - 2:5, 2:8, 2:11,
 2:18
cake [2] - 56:6, 56:11
California [6] - 8:24,
 35:22, 36:18, 36:24,
 37:2, 37:6
CALIFORNIA [6] - 1:2,
 1:16, 1:24, 4:1,
 109:9, 109:12
calm [1] - 26:2

calmly [1] - 26:21
cans [1] - 12:21
capability [2] - 9:2,
 9:3
capacity [3] - 33:20,
 34:16, 53:25
captured [2] - 23:9,
 26:20
car [4] - 13:25, 14:2,
 71:25, 98:11
card [2] - 103:18,
 103:19
care [42] - 6:17, 6:19,
 7:10, 9:6, 10:1, 21:1,
 24:2, 25:12, 26:2,
 26:12, 26:19, 28:10,
 28:19, 29:4, 29:5,
 29:25, 30:5, 30:8,
 30:19, 30:21, 30:22,
 31:5, 33:19, 34:2,
 35:9, 35:13, 35:18,
 35:25, 60:18, 60:25,
 62:11, 63:11, 64:5,
 65:1, 80:17, 85:3,
 87:8, 87:10, 87:13,
 87:16, 93:24, 102:21
career [1] - 33:2
careful [1] - 86:5
carried [1] - 31:20
Case [1] - 4:3
CASE [1] - 1:8
case [72] - 4:14, 4:23,
 5:8, 5:15, 5:18, 5:19,
 5:23, 6:6, 6:7, 6:8,
 6:11, 6:21, 7:20, 8:2,
 19:20, 20:5, 20:9,
 20:16, 20:24, 21:2,
 21:22, 22:18, 23:18,
 24:10, 25:7, 27:10,
 28:4, 31:18, 31:21,
 32:1, 32:4, 35:20,
 37:12, 37:16, 37:18,
 37:20, 38:4, 38:10,
 38:16, 38:20, 39:1,
 39:6, 42:24, 43:16,
 43:21, 44:20, 49:6,
 49:12, 55:10, 56:2,
 56:5, 56:10, 56:13,
 57:3, 58:19, 61:5,
 61:16, 64:10, 65:18,
 66:13, 68:2, 68:17,
 69:22, 73:8, 84:12,
 99:1, 99:5, 107:5,
 107:10, 108:6
cases [1] - 86:1
catch [1] - 92:19
caused [2] - 19:14,
 19:19
causes [1] - 5:18
cell [3] - 16:18, 30:25,

31:1
cellmate [1] - 29:20
Center [17] - 8:21,
 8:22, 9:10, 9:11,
 15:14, 20:22, 20:23,
 30:7, 61:8, 61:12,
 61:18, 64:13, 64:18,
 66:1, 74:3, 81:5,
 82:23
centers [1] - 93:19
central [1] - 46:12
CENTRAL [2] - 1:2,
 109:12
Central [2] - 36:24,
 37:1
certain [3] - 37:17,
 51:22, 60:10
certainly [3] - 84:2,
 84:15, 85:19
CERTIFICATE [1] -
 109:5
CERTIFY [2] - 109:13,
 109:17
cetera [1] - 56:3
chair [1] - 55:16
chance [5] - 22:1,
 24:5, 25:15, 26:8,
 31:21
change [2] - 54:14,
 80:15
changed [1] - 34:6
changes [2] - 23:15,
 92:13
changing [1] - 23:12
Chapter [1] - 26:13
chapter [5] - 22:18,
 24:9, 25:9, 26:15,
 29:15
chapters [1] - 20:20
characterize [1] - 72:2
charge [1] - 63:16
charged [3] - 15:3,
 15:6, 84:9
check [6] - 45:18,
 47:8, 47:10, 47:13,
 52:2
checked [2] - 15:20,
 22:15
checks [1] - 45:24
cherished [1] - 90:8
chest [1] - 94:24
Chief [2] - 33:17,
 33:20
child [1] - 9:16
children [4] - 8:3, 8:4,
 9:14, 15:24
chronic [2] - 57:25,
 67:10
cigarette [1] - 96:19
cities [1] - 8:6

City [6] - 33:3, 33:11,
 33:14, 33:21, 34:3,
 59:22
civil [2] - 4:23, 5:23
CIWA [26] - 48:4, 48:5,
 48:6, 51:17, 51:20,
 51:22, 53:7, 53:18,
 54:4, 60:8, 60:11,
 74:23, 77:1, 77:7,
 77:9, 77:14, 77:16,
 77:19, 78:12, 78:15,
 78:16, 85:15, 86:10
CIWA-AR [11] - 48:5,
 48:6, 51:17, 51:20,
 51:22, 53:18, 54:4,
 77:9, 78:16, 85:15,
 86:10
claims [1] - 21:15
clarification [1] - 38:1
Clark [1] - 18:11
clean [1] - 92:15
clear [6] - 26:4, 31:14,
 46:13, 50:14, 85:21,
 94:4
clearance [1] - 44:23
cleared [1] - 26:10
clearly [1] - 12:8
CLERK [11] - 4:3, 4:5,
 32:10, 32:12, 55:15,
 56:15, 56:17, 89:1,
 89:3, 108:13, 109:1
clicked [1] - 44:15
clients [4] - 20:13,
 20:25, 31:4, 31:14
clinical [3] - 52:19,
 83:8
clinically [1] - 63:18
clinicians [1] - 31:7
clip [6] - 39:25, 40:12,
 40:15, 71:12, 99:24,
 100:6
clips [4] - 41:9, 71:6,
 75:19, 78:5
close [4] - 10:1, 10:13,
 11:12, 15:15
closer [1] - 34:11
closest [1] - 8:20
closet [2] - 12:18,
 92:14
coffee [1] - 108:5
coin [1] - 59:8
coke [1] - 76:15
collateral [1] - 62:13
combined [1] - 67:8
coming [9] - 11:16,
 16:24, 29:11, 34:5,
 39:5, 41:17, 45:12,
 52:13, 88:23
commands [1] - 98:1
comments [1] - 68:13

commitment [1] - 5:11
common [4] - 18:6,
 41:18, 60:15, 62:6
communicating [1] -
 59:19
communication [3] -
 50:20, 50:21, 57:20
complaints [1] - 26:18
compliance [1] -
 36:22
complies [2] - 14:1
complying [1] - 14:9
components [1] -
 51:10
computer [2] - 49:2,
 50:4
COMPUTER [1] -
 109:16
COMPUTER-AIDED
 [1] - 109:16
concealed [3] - 20:8,
 24:16, 31:11
concentrate [1] -
 107:11
concern [4] - 39:6,
 58:1, 80:24, 85:18
concerned [2] - 80:15,
 103:8
concerning [2] -
 90:24, 92:23
concerns [5] - 27:17,
 29:4, 61:25, 66:18,
 80:21
concluded [1] - 109:3
conclusion [1] - 106:6
conclusions [1] - 39:6
condition [5] - 9:5,
 30:21, 65:22, 88:7,
 90:22
conduct [1] - 35:17
conducted [2] - 25:20,
 42:22
confirm [4] - 25:14,
 25:16, 25:21, 29:13
confirmed [1] - 26:1
confirming [1] - 29:10
confront [2] - 12:7,
 13:3
confrontation [1] -
 94:25
confronted [1] - 94:14
confused [2] - 36:19,
 82:2
Conley [63] - 8:16, 9:6,
 13:16, 13:17, 14:3,
 14:6, 14:24, 15:12,
 15:15, 15:18, 17:1,
 17:11, 20:10, 21:15,
 21:16, 21:18, 21:20,
 21:23, 21:25, 22:1,

22:5, 22:8, 22:16,
22:20, 22:22, 22:24,
23:3, 23:4, 24:5,
25:11, 25:14, 25:17,
44:13, 57:4, 57:14,
57:18, 70:11, 72:25,
73:15, 73:20, 73:24,
74:2, 74:8, 86:8,
96:11, 96:14, 96:15,
96:16, 96:22, 96:23,
96:25, 97:5, 105:4,
105:8, 105:11,
105:24, 106:1,
106:11, 106:18
Conley's [4] - 14:13,
21:4, 70:20, 103:17
consider [1] - 20:15
considered [2] -
24:22, 91:20
consistent [1] - 64:22
consumed [1] - 26:7
consumer [1] - 53:7
consuming [1] - 30:3
contact [3] - 38:21,
39:3, 74:7
contacted [1] - 61:17
containers [2] - 21:7,
24:21
content [4] - 79:12,
79:23, 80:4, 86:6
contents [1] - 85:5
continue [1] - 56:22
continued [1] - 30:2
control [5] - 13:14,
38:24, 55:1, 96:2,
96:7
conversation [12] -
28:17, 57:17, 57:18,
80:7, 80:10, 93:21,
103:15, 103:20,
104:19, 105:6,
105:23
conversations [2] -
11:23, 104:21
convey [6] - 41:12,
59:17, 61:1, 63:20,
67:3, 101:5
conveyed [10] - 40:22,
59:6, 62:14, 63:10,
64:12, 66:4, 66:7,
66:21, 67:14, 104:12
conveying [1] - 59:1
cook [2] - 91:8, 91:9
cooperate [1] - 29:23
cooperative [1] - 26:3
COPD [1] - 91:2
copies [1] - 49:12
core [2] - 28:2, 28:13
correct [36] - 69:20,
70:5, 70:9, 71:9,

71:10, 72:23, 73:1,
74:5, 74:8, 76:16,
77:21, 77:22, 77:25,
78:1, 78:3, 78:11,
79:7, 79:10, 79:13,
79:17, 80:1, 81:16,
81:23, 82:7, 82:13,
82:19, 85:3, 85:7,
93:5, 93:6, 94:20,
98:20, 98:21, 98:23,
100:6, 104:17
CORRECT [1] -
109:17
correction [1] - 63:22
Correctional [3] -
17:24, 18:13, 32:22
correctional [24] -
32:23, 32:25, 34:19,
40:21, 51:13, 59:16,
59:21, 60:19, 62:11,
62:18, 62:20, 62:25,
63:1, 63:3, 63:7,
63:21, 65:2, 65:6,
65:10, 65:19, 66:1,
66:20, 87:10
Corrections [1] - 64:2
COUNSEL [3] - 2:1,
2:14, 2:16
Counsel [5] - 20:1,
32:2, 32:17, 101:9,
104:10
counsel [13] - 4:18,
5:22, 20:2, 32:6,
37:19, 40:8, 55:23,
56:21, 71:7, 73:4,
86:12, 89:6, 101:21
counseling [2] -
11:22, 12:1
counter [1] - 13:1
country [2] - 52:11,
86:4
COUNTY [4] - 1:9,
2:14, 2:16, 109:7
County [12] - 5:20,
5:22, 6:15, 6:17,
8:16, 18:12, 22:3,
39:3, 48:9, 48:15,
58:20, 58:25
county [5] - 4:4, 23:8,
29:9, 29:10, 29:23
county's [1] - 29:5
couple [2] - 8:18,
48:24
course [3] - 16:1,
18:7, 19:16
COURT [61] - 1:1,
1:23, 4:7, 17:13,
20:1, 32:2, 32:9,
32:17, 37:19, 38:2,
39:10, 39:12, 39:17,

40:8, 40:17, 41:24,
42:3, 44:1, 44:5,
48:16, 48:18, 48:22,
55:5, 55:18, 56:19,
62:9, 66:11, 68:4,
68:6, 68:9, 80:19,
85:10, 88:20, 88:22,
89:6, 89:20, 90:2,
92:7, 97:14, 98:3,
99:16, 99:18, 99:21,
100:8, 100:17,
100:19, 101:8,
101:17, 101:21,
102:6, 102:9, 104:9,
104:16, 105:21,
106:5, 106:13,
106:22, 107:1,
108:15, 109:12,
109:24
court [13] - 7:24,
26:22, 35:24, 36:6,
36:10, 36:16, 36:18,
36:21, 36:25, 37:11,
56:15, 107:11, 109:2
Court's [4] - 10:10,
39:15, 44:3, 48:20
courtroom [5] - 7:23,
55:19, 100:3,
107:24, 108:17
courts [3] - 36:20,
37:8, 107:15
COVID [1] - 29:8
COWS [2] - 48:7, 48:8
created [1] - 79:15
credibility [1] - 20:14
criminal [1] - 5:24
critical [10] - 7:2, 7:4,
17:25, 18:16, 60:22,
63:13, 64:11, 66:14,
67:22, 80:24
critically [1] - 19:5
criticizing [1] - 55:24
CROSS [2] - 3:7,
68:10
cross [5] - 10:2, 68:7,
85:13, 86:12, 106:22
cross-examination [4]
- 68:7, 85:13, 86:12,
106:22
CROSS-
EXAMINATION [1] -
68:10
crucial [3] - 29:7,
52:14, 60:1
CSR [2] - 1:23, 109:23
Cucamonga [2] -
8:10, 9:12
Cuevas [1] - 22:11
cup [1] - 108:5
current [1] - 23:13

custodial [6] - 58:10,
59:13, 64:20, 65:7,
66:16, 75:1
custody [7] - 6:17,
7:1, 10:11, 27:5,
70:11, 102:18
custom [3] - 25:14,
86:16, 86:20
cut [1] - 105:16
CV [2] - 1:8, 4:3

D

Dad [2] - 10:1
dad [12] - 7:21, 8:2,
9:21, 13:11, 14:17,
91:8, 91:21, 92:15,
95:23, 96:2, 96:3,
105:14
dad's [2] - 10:6, 91:23
Daddy [1] - 7:23
daily [2] - 14:17, 34:10
danger [1] - 7:6
dangerous [2] - 7:15,
15:24
Dani [1] - 4:22
DANIELLE [1] - 2:4
darkness [2] - 11:2,
11:3
date [3] - 49:21, 61:11,
83:19
DATE [1] - 109:20
daughter [2] - 5:2,
90:13
day-to-day [1] - 91:4
days [10] - 9:1, 16:1,
19:7, 21:3, 31:10,
50:24, 53:9, 54:11,
81:11, 88:4
dead [1] - 31:2
deadly [6] - 45:20,
46:6, 46:7, 53:4,
85:20
deal [1] - 92:17
death [8] - 5:9, 19:6,
19:14, 19:19, 37:17,
67:24, 68:1, 91:18
deaths [4] - 53:5,
86:2, 86:4, 88:4
decade [3] - 11:10,
18:12, 33:17
decades [1] - 8:19
decide [3] - 31:20,
60:14, 70:8
decided [1] - 30:6
decision [2] - 5:12,
31:24
declared [1] - 31:2
declined [1] - 91:2
decorum [1] - 7:24

decreased [1] - 34:9
deeply [1] - 56:1
defendant [3] - 5:19,
23:18, 108:20
DEFENDANTS [2] -
1:10, 2:13
Defendants [1] - 79:8
defendants [2] - 5:19,
5:21
defense [1] - 50:20
defensive [2] - 94:16,
94:25
definitely [1] - 27:19
degree [1] - 24:16
deliberate [1] - 19:14
delirium [5] - 16:13,
19:2, 19:3, 46:22,
72:7
deliver [1] - 29:7
delivered [1] - 35:5
delivery [1] - 91:7
denied [8] - 20:25,
25:11, 76:9, 76:12,
76:14, 76:17, 83:20,
83:24
denies [1] - 87:16
deny [2] - 18:8, 30:2
denying [3] - 13:3,
28:19, 95:9
department [1] - 103:1
Department [10] -
13:13, 34:25, 35:3,
35:4, 37:6, 58:21,
58:25, 64:2, 67:18,
95:24
departure [1] - 65:5
dependency [2] -
67:12, 72:5
deposition [16] - 28:6,
38:15, 68:19, 70:20,
70:22, 70:24, 73:8,
73:10, 73:12, 79:13,
81:23, 82:2, 84:9,
84:14, 86:18, 98:22
depositions [11] -
38:9, 38:17, 61:23,
64:20, 64:21, 66:16,
70:17, 79:19, 79:20,
79:22, 86:13
depth [1] - 9:5
deputies [17] - 6:25,
14:12, 14:14, 26:3,
39:3, 42:2, 57:23,
58:21, 58:25, 70:15,
73:16, 76:20, 79:17,
80:21, 98:13,
104:20, 104:21
Deputy [97] - 8:16,
9:6, 13:16, 13:17,
14:3, 14:6, 14:13,

14:24, 15:12, 15:15, 15:17, 15:18, 16:9, 17:1, 17:2, 17:11, 20:10, 20:11, 21:4, 21:14, 21:16, 21:18, 21:20, 21:22, 21:25, 22:1, 22:5, 22:8, 22:16, 22:20, 22:22, 22:23, 22:24, 23:3, 23:4, 23:8, 23:11, 23:17, 23:20, 23:24, 24:1, 24:2, 24:4, 24:5, 24:8, 25:11, 25:14, 25:17, 27:9, 28:21, 28:23, 29:3, 33:16, 44:13, 57:4, 57:18, 70:11, 70:20, 70:22, 70:24, 72:25, 73:15, 73:20, 73:23, 73:24, 74:2, 74:7, 74:8, 79:24, 80:16, 86:8, 86:14, 86:17, 98:18, 99:9, 99:11, 99:25, 101:2, 101:11, 101:14, 101:19, 102:1, 102:17, 102:22, 103:17, 104:1, 104:14, 105:8, 105:24, 106:1, 106:18

DEPUTY [1] - 2:16

deputy [10] - 8:17, 23:17, 28:13, 30:13, 41:20, 72:20, 75:11, 99:8, 105:1

describe [5] - 35:25, 51:5, 51:14, 51:23, 54:15

described [2] - 34:15, 37:9

describing [1] - 79:2

desert [2] - 8:7, 8:12

Desert [15] - 8:21, 8:22, 9:9, 20:21, 61:8, 61:12, 61:15, 61:17, 61:19, 64:13, 64:18, 66:1, 74:3, 81:5, 82:22

designed [3] - 44:18, 45:1, 53:16

despite [6] - 11:1, 21:14, 26:22, 30:17, 30:20, 30:23

detail [1] - 23:20

details [2] - 46:13, 58:15

detained [2] - 62:22, 63:4

detectives [2] - 17:5, 17:11

detention [2] - 8:20, 20:23

Detention [16] - 8:21, 8:22, 9:10, 9:11, 15:14, 20:21, 30:7, 61:8, 61:12, 61:18, 64:13, 64:18, 66:1, 74:3, 81:5, 82:22

determination [2] - 69:19, 76:24

determining [1] - 7:5

detox [4] - 93:19, 101:15, 101:20, 102:14

detoxing [1] - 101:6

diabetes [3] - 43:12, 64:6, 88:2

diagnose [1] - 69:13

diagnoses [1] - 69:17

diagnosis [3] - 69:15, 69:18, 88:11

die [5] - 19:16, 24:1, 27:5, 30:21, 47:1

died [2] - 17:16, 92:3

DIEGO [3] - 2:5, 2:8, 2:11

Diego [1] - 13:12

difference [3] - 17:19, 18:24, 51:12

differences [1] - 6:1

different [14] - 11:23, 34:12, 35:15, 37:7, 44:22, 45:3, 45:12, 46:2, 52:19, 54:13, 72:13, 90:16, 106:5

differently [2] - 29:20, 44:25

difficult [2] - 19:12, 55:1

difficulties [1] - 39:23

dig [1] - 58:15

dinners [1] - 91:10

dire [1] - 6:1

direct [6] - 44:7, 44:14, 44:21, 45:4, 56:22, 74:18

DIRECT [3] - 3:7, 32:18, 89:8

direction [2] - 44:22

directions [1] - 8:9

directly [5] - 25:16, 25:17, 33:2, 33:24, 64:3

Director [1] - 33:16

dirty [1] - 6:6

disability [2] - 9:22, 10:6

disabled [1] - 9:22

disclose [1] - 87:1

discovered [1] - 21:6

discuss [3] - 55:9, 94:8, 107:5

discussed [1] - 79:23

disorder [1] - 18:7

dispatch [2] - 96:1, 105:7

dispute [3] - 27:12, 27:13, 31:4

disputing [6] - 72:1, 82:14, 82:20, 83:13, 85:4, 85:8

District [2] - 36:24, 37:1

DISTRICT [5] - 1:1, 1:2, 1:4, 109:12

disturbances [1] - 77:12

DIVISION [1] - 1:2

DO [2] - 109:13, 109:16

Doctor [1] - 32:22

doctor [6] - 6:23, 33:4, 33:11, 33:12, 34:20, 69:17

doctors [3] - 33:25, 47:20, 94:6

document [4] - 44:9, 48:25, 51:4

documentation [2] - 16:22, 79:15

documented [1] - 30:1

documents [3] - 49:3, 50:2, 50:5

Dodger [1] - 107:9

dollars [1] - 19:23

done [3] - 26:19, 35:15, 35:20

door [2] - 42:11, 96:9

doubtful [1] - 56:8

down [16] - 9:10, 9:12, 12:3, 15:13, 16:16, 19:9, 20:19, 22:1, 29:11, 45:5, 51:2, 52:13, 55:20, 88:22, 108:15

downloaded [2] - 49:2, 50:7

dozen [2] - 50:6, 50:12

Dr [20] - 17:22, 17:23, 18:5, 18:25, 25:4, 32:8, 32:20, 38:4, 39:19, 40:3, 40:21, 41:19, 44:7, 48:24, 51:4, 51:20, 56:24, 66:13, 68:12, 85:13

drank [7] - 22:10, 24:25, 25:1, 25:2, 76:9, 78:9

draw [1] - 60:15

drink [6] - 11:6, 11:9, 30:11, 30:15, 46:9, 78:3

drinker [4] - 18:3, 40:25, 46:8, 53:6

drinkers [2] - 11:5, 46:20

drinking [23] - 12:14, 13:7, 14:18, 16:5, 17:4, 17:9, 21:23, 22:7, 24:21, 25:1, 25:5, 38:24, 41:1, 41:10, 45:19, 46:17, 52:23, 58:2, 72:15, 93:17, 103:7, 103:16, 106:2

drinks [4] - 41:3, 46:9, 57:25, 88:17

drive [3] - 9:10, 91:10, 91:11

driven [1] - 53:25

driveway [4] - 96:11, 96:12, 97:7, 102:25

driving [1] - 15:13

drove [1] - 27:7

drug [4] - 76:17, 83:25, 86:2, 87:23

drug-related [1] - 86:2

drugs [16] - 15:11, 23:14, 30:3, 30:11, 30:15, 45:6, 45:23, 52:18, 52:23, 53:15, 57:2, 58:11, 70:4, 75:9, 75:14, 76:14

drunk [3] - 78:5, 92:14, 93:1

DTs [1] - 46:23

due [3] - 16:16, 66:22, 90:22

during [16] - 6:13, 6:20, 7:3, 11:15, 15:4, 21:18, 21:19, 22:12, 26:24, 26:25, 27:13, 42:8, 73:3, 75:17, 75:23, 82:12

duty [1] - 28:14

dying [1] - 27:25

E

early [2] - 13:2, 61:13

educate [1] - 46:4

education [1] - 104:8

efficient [1] - 56:11

efforts [2] - 11:14, 94:10

eight [6] - 15:10, 47:8, 52:6, 54:5, 54:6, 78:18

either [6] - 25:8, 33:5, 34:24, 35:11, 78:6, 78:19

eldest [1] - 9:15

elements [1] - 77:14

ELIAS [4] - 1:23, 109:11, 109:22, 109:23

email [1] - 50:3

emailed [2] - 49:3, 49:4

emergencies [1] - 65:9

emergency [6] - 13:12, 69:2, 88:15, 95:24, 95:25, 96:6

empyema [1] - 91:2

employees [2] - 5:20, 6:15

empty [5] - 12:21, 21:6, 24:21, 96:17

EMT [1] - 69:6

encounter [1] - 65:19

encountered [5] - 59:7, 59:16, 66:20, 66:23, 66:25

encounters [6] - 83:9, 83:14, 83:17, 83:18, 84:2, 84:4

end [7] - 5:15, 19:20, 31:21, 31:25, 53:17, 56:12, 91:2

end-stage [1] - 91:2

ended [1] - 89:20

enforcement [14] - 18:15, 18:20, 35:11, 38:18, 38:21, 41:3, 41:5, 42:12, 42:17, 43:7, 43:17, 58:10, 65:7, 94:9

enjoyed [1] - 90:19

enough's [1] - 11:21

ensure [2] - 60:21, 62:14

ENTIRE [1] - 32:16

entire [4] - 71:12, 71:19, 71:23, 71:25

ENYART [1] - 1:6

Enyart [147] - 4:4, 4:25, 5:1, 6:12, 7:19, 7:20, 7:24, 8:3, 8:14, 9:13, 9:16, 9:17, 9:20, 9:21, 9:22, 9:24, 10:3, 10:11, 10:21, 10:23, 11:2, 11:4, 11:5, 13:22, 14:1, 14:12, 14:16, 15:17, 16:2, 17:5, 17:15, 18:2, 19:10, 19:16, 20:7, 20:25, 21:5, 21:12, 21:16,

21:23, 22:2, 22:3, 22:6, 22:7, 22:9, 22:12, 22:14, 22:15, 22:21, 22:22, 23:1, 23:2, 23:16, 23:24, 24:3, 24:7, 24:8, 24:15, 24:25, 25:11, 25:12, 25:21, 25:23, 25:25, 26:2, 26:7, 26:8, 26:10, 26:11, 26:16, 26:17, 26:22, 26:23, 27:4, 27:10, 28:19, 29:12, 29:13, 29:14, 29:17, 29:19, 30:2, 30:4, 30:6, 30:9, 30:11, 30:18, 30:22, 30:25, 31:5, 31:6, 31:11, 37:17, 38:5, 38:21, 39:2, 40:23, 40:24, 43:21, 43:25, 47:3, 57:1, 57:4, 57:8, 57:12, 57:18, 61:6, 61:11, 61:17, 64:17, 68:14, 69:1, 69:22, 70:4, 70:7, 70:8, 70:12, 71:17, 72:9, 72:22, 73:19, 74:8, 74:12, 75:19, 75:22, 76:9, 77:20, 77:24, 78:2, 80:13, 81:22, 82:4, 82:9, 82:13, 83:20, 84:24, 86:9, 86:25, 87:4, 89:12, 89:24, 93:7, 95:12, 97:1, 104:25

Enyart's [31] - 10:19, 21:7, 21:20, 21:25, 22:19, 23:5, 23:10, 23:12, 23:21, 23:25, 24:12, 24:16, 25:3, 25:5, 25:8, 25:10, 26:7, 26:9, 28:5, 28:20, 29:16, 30:1, 30:12, 38:23, 40:6, 57:14, 68:1, 74:5, 82:22, 84:20, 97:1

Enyarts [8] - 7:19, 8:1, 17:6, 20:24, 22:17, 24:10, 28:15, 29:6

epilepsy [3] - 43:12, 64:7, 88:2

ER [2] - 48:1, 91:24

error [3] - 66:24, 67:2, 67:3

Erwin [1] - 22:11

escalate [1] - 11:13

escalated [1] - 95:8

especially [3] - 47:12, 53:3, 63:19

ESQ [3] - 2:4, 2:6, 2:9

essential [2] - 62:25, 65:17

essentially [1] - 36:16

estate [3] - 4:25, 5:1, 9:21

estimate [1] - 34:4

et [1] - 56:3

ET [2] - 1:6, 1:9

evaluated [2] - 31:6, 69:25

evaluation [2] - 22:12, 25:20

evening [2] - 61:13, 108:24

events [1] - 21:2

evidence [43] - 4:13, 4:16, 4:17, 5:8, 6:11, 6:14, 19:24, 20:12, 20:16, 20:17, 21:1, 21:15, 21:19, 24:14, 24:20, 29:6, 30:3, 31:4, 31:10, 31:14, 31:18, 31:19, 31:22, 31:23, 32:5, 39:9, 43:24, 48:13, 57:3, 57:7, 58:19, 61:5, 61:16, 61:21, 64:10, 64:15, 65:18, 98:25, 99:14, 100:15, 101:7

exacerbation [1] - 91:9

exactly [4] - 5:6, 21:11, 30:5, 83:19

examination [7] - 56:22, 68:7, 73:3, 75:17, 85:13, 86:12, 106:22

EXAMINATION [4] - 32:18, 68:10, 85:11, 89:8

examined [2] - 30:10, 71:6

excuse [5] - 55:22, 60:18, 66:5, 79:24, 104:24

Exhibit [18] - 39:20, 39:24, 40:13, 40:16, 43:24, 44:1, 44:2, 48:13, 48:19, 51:3, 51:19, 52:16, 56:24, 56:25, 99:14, 99:19, 100:15, 100:20

exhibit [2] - 48:15, 48:16

EXHIBITS [1] - 3:13

Exhibits [2] - 39:9, 39:13

exist [1] - 59:20

expanded [1] - 10:6

expect [5] - 51:7, 52:22, 52:25, 65:25, 71:23

expectation [1] - 63:12

experience [9] - 51:12, 54:17, 59:16, 59:25, 60:16, 61:3, 64:4, 87:24, 104:8

experiences [1] - 19:11

expert [13] - 18:5, 34:19, 37:5, 37:20, 40:21, 49:6, 49:10, 49:13, 49:15, 49:19, 49:24, 104:9, 104:15

Expert [1] - 18:13

experts [3] - 17:20, 21:17, 37:23

explain [4] - 23:21, 34:16, 92:24, 94:13

explained [1] - 26:21

express [2] - 55:10, 107:6

extension [1] - 56:8

extra [1] - 5:13

F

faced [1] - 23:12

facilities [5] - 9:3, 27:11, 31:7, 34:4, 74:19

facility [32] - 8:20, 8:24, 20:22, 20:23, 26:16, 26:18, 27:16, 29:16, 29:18, 29:21, 30:4, 30:9, 30:19, 31:7, 31:8, 36:12, 59:25, 61:14, 62:3, 62:12, 63:15, 66:1, 73:20, 73:21, 74:5, 74:12, 74:21, 74:24, 75:20, 84:21, 102:4, 102:21

facility's [1] - 27:14

fact [10] - 29:23, 49:12, 61:1, 75:8, 78:24, 79:3, 84:6, 84:20, 93:24, 105:8

factors [1] - 9:5

facts [4] - 37:24, 38:19, 67:17, 67:21

facility's [1] - 27:14

fact [10] - 29:23, 49:12, 61:1, 75:8, 78:24, 79:3, 84:6, 84:20, 93:24, 105:8

factors [1] - 9:5

facts [4] - 37:24, 38:19, 67:17, 67:21

factual [1] - 38:5

failed [1] - 81:18

fails [1] - 87:11

failure [2] - 67:18, 67:22

fair [8] - 5:12, 49:7, 59:22, 80:6, 87:4,

87:6, 91:18, 97:25

familiar [3] - 8:8, 8:19, 69:9

families [2] - 73:12, 86:22

family [96] - 7:12, 7:20, 9:19, 10:8, 11:5, 11:7, 11:17, 13:7, 13:24, 14:14, 14:15, 15:17, 16:2, 16:11, 17:15, 18:21, 20:7, 20:10, 20:12, 21:6, 22:2, 22:7, 23:1, 23:16, 24:6, 24:8, 24:15, 24:20, 24:24, 25:6, 26:20, 27:2, 27:3, 27:4, 27:20, 27:24, 28:8, 28:16, 28:25, 38:17, 38:23, 40:6, 40:23, 43:9, 43:11, 57:9, 57:10, 57:18, 57:24, 58:12, 60:5, 60:16, 61:6, 61:17, 61:23, 62:3, 62:6, 63:2, 63:11, 63:24, 64:17, 65:21, 66:6, 71:17, 72:21, 72:25, 73:4, 73:24, 78:4, 79:3, 79:22, 80:5, 80:11, 81:5, 81:12, 82:12, 82:18, 84:21, 84:24, 85:5, 88:17, 90:6, 90:7, 90:24, 91:13, 91:23, 92:15, 94:10, 94:13, 94:14, 94:18, 95:21, 96:10, 103:17

family's [4] - 12:5, 29:4, 39:2, 40:24

far [4] - 90:24, 94:8, 95:20, 106:11

father [10] - 21:20, 28:5, 28:20, 67:7, 90:10, 90:22, 90:25, 91:10, 96:6, 105:10

father's [1] - 91:1

fear [1] - 27:6

fears [1] - 27:2

February [4] - 49:16, 49:19, 50:16, 50:19

FEDERAL [2] - 1:23, 109:24

federal [8] - 29:1, 33:8, 35:12, 36:6, 36:18, 36:19, 36:25, 37:7

fellowship [1] - 33:13

felon [1] - 15:6

felony [2] - 15:3, 15:6

Ferrara [1] - 83:16

few [16] - 5:3, 5:10, 5:24, 8:1, 9:1, 10:21, 12:10, 19:7, 35:15, 36:11, 54:21, 86:25, 88:4, 91:1, 98:7, 107:13

fidgety [1] - 47:15

field [1] - 43:7

fielding [1] - 64:22

fierce [1] - 23:17

fifteen [1] - 47:13

figure [7] - 23:11, 34:22, 47:7, 58:16, 64:9, 75:15, 88:14

files [2] - 38:9, 38:10

final [2] - 29:15, 33:25

finally [6] - 11:20, 12:10, 17:5, 17:7, 18:23, 86:24

fine [1] - 54:21

finger [1] - 15:5

finish [1] - 56:24

finished [2] - 4:9, 24:6

fire [1] - 103:1

first [21] - 9:8, 10:10, 13:3, 20:22, 26:16, 26:18, 29:21, 30:4, 31:7, 32:6, 33:10, 46:1, 48:25, 52:3, 53:10, 59:24, 61:10, 61:14, 74:25, 75:5, 88:4

five [8] - 9:17, 16:1, 17:13, 20:20, 33:5, 81:11, 89:15

fix [1] - 33:8

fixing [2] - 36:14, 36:15

FLOOR [1] - 2:18

focus [4] - 20:9, 21:21, 21:22, 24:9

follow [4] - 7:9, 7:25, 26:12, 55:15

follow-up [1] - 26:12

followed [2] - 23:8, 29:5

FOR [3] - 3:6, 109:11, 109:12

force [4] - 20:20, 22:19, 22:20, 23:3

forced [1] - 53:2

FOREGOING [1] - 109:14

forgot [1] - 74:16

form [8] - 15:8, 15:13, 43:21, 43:25, 47:6, 55:10, 75:5, 107:6

FORM [1] - 109:16

formulating [1] - 95:15

forth [1] - 23:13
FORTH [1] - 109:15
fortunately [1] - 23:7
forward [2] - 19:24, 31:25
fought [1] - 22:22
foundation [4] - 41:23, 63:5, 68:3, 92:6
four [7] - 16:1, 26:13, 33:5, 47:7, 52:6, 54:6, 78:18
FOURTH [1] - 2:18
fourths [1] - 53:4
Frances [4] - 4:4, 9:21, 81:22, 82:4
FRANCES [1] - 1:6
Francis [1] - 8:2
frank [1] - 64:9
free [1] - 51:24
freeway [2] - 8:10, 8:11
frequent [1] - 93:4
frequently [2] - 54:3, 65:8
freshman [1] - 10:4
Friday [1] - 49:4
front [5] - 51:25, 92:15, 96:9, 102:24, 103:18
frosting [1] - 56:11
frozen [1] - 97:4
fulfilled [1] - 91:19
full [6] - 32:13, 37:10, 38:11, 89:3, 91:3, 91:20
full-time [2] - 37:10, 91:3
fully [1] - 9:22
fun [1] - 90:5
funny [1] - 108:1
FURTHER [1] - 109:17

G

game [1] - 107:9
games [1] - 90:20
GARY [1] - 1:3
general [2] - 63:22, 78:17
General [5] - 34:25, 35:10, 35:19, 35:20, 35:21
General's [1] - 37:6
generally [5] - 41:15, 42:9, 52:25, 53:17, 78:15
gentlemen [7] - 4:20, 20:4, 31:13, 32:3, 55:6, 55:21, 107:3

given [7] - 23:19, 55:25, 59:18, 66:13, 67:15, 67:19, 67:21
goal [1] - 5:14
gonna [6] - 4:15, 5:3, 5:4, 5:14, 6:11, 6:14, 7:19, 7:21, 7:23, 7:25, 8:12, 8:22, 10:15, 12:6, 12:7, 13:9, 15:19, 17:7, 17:21, 17:22, 18:2, 18:5, 18:11, 18:14, 18:18, 18:23, 18:25, 19:10, 19:16, 20:14, 20:19, 21:22, 22:23, 24:15, 27:6, 27:20, 31:16, 32:5, 43:11, 44:24, 52:2, 52:22, 53:1, 60:10, 60:12, 60:15, 60:16, 67:1, 84:17, 87:21, 102:20, 103:21, 107:3, 107:25, 108:1, 108:2, 108:4
gotta [3] - 47:22, 47:23
government [2] - 35:8, 35:12
grab [1] - 14:5
grabs [1] - 14:6
Grace [1] - 4:22
GRACE [1] - 2:6
great [2] - 85:24, 90:6
Gregory [2] - 8:3, 9:22
grip [1] - 97:3
gripping [1] - 97:22
GROUP [1] - 2:3
groups [1] - 57:20
grow [1] - 9:19
growin' [1] - 10:2
guessing [1] - 81:7
guide [4] - 20:17, 31:19, 47:25, 51:24
guidelines [1] - 78:14
guiding [1] - 53:23
guns [1] - 13:17
guys [1] - 91:7

H

habits [1] - 21:23
half [4] - 34:21, 44:8, 51:2, 80:22
hall [1] - 95:22
hand [16] - 13:11, 14:6, 14:7, 14:10, 17:25, 32:10, 60:1, 89:1, 93:18, 96:21, 96:22, 97:2, 97:4, 97:10, 97:21, 98:1

hand-off [2] - 17:25, 60:1
handcuff [2] - 96:23, 97:1
handle [2] - 12:2, 53:23
hands [1] - 21:14
hard [2] - 12:19, 106:16
hardware [1] - 10:4
harshly [1] - 80:24
haunting [1] - 19:6
head [5] - 33:4, 33:11, 33:12, 38:14, 78:22
headache [2] - 51:15, 54:24
health [58] - 16:14, 30:10, 30:17, 31:8, 32:23, 33:1, 33:18, 33:25, 34:19, 41:7, 42:13, 42:20, 43:18, 44:19, 45:1, 51:13, 52:10, 53:24, 58:14, 58:15, 60:19, 62:14, 62:20, 62:21, 62:23, 63:8, 63:14, 63:15, 63:17, 63:21, 64:3, 64:8, 64:24, 64:25, 65:9, 65:10, 65:11, 65:14, 65:15, 65:21, 66:5, 67:15, 74:25, 75:16, 79:21, 84:5, 86:22, 86:23, 87:10, 87:21, 91:1, 91:16
Health [1] - 32:22
Healthcare [1] - 17:24
healthcare [15] - 9:2, 30:8, 32:24, 33:6, 34:22, 35:5, 35:14, 36:7, 36:23, 51:15, 62:18, 69:8, 83:1, 83:24, 91:14
hear [56] - 5:17, 6:11, 6:14, 6:24, 7:2, 8:23, 12:23, 17:21, 17:22, 18:2, 18:5, 18:11, 18:24, 18:25, 19:6, 19:10, 19:17, 21:5, 21:8, 21:12, 21:17, 21:24, 22:5, 22:23, 22:24, 23:10, 23:13, 23:20, 23:23, 23:25, 24:1, 24:15, 24:18, 24:24, 25:7, 25:14, 25:19, 26:10, 26:24, 26:25, 27:1, 27:3, 27:14, 28:7, 28:14, 29:3, 29:9, 29:17, 29:23, 30:2, 30:12, 43:8, 59:12, 101:19,

105:18
heard [19] - 5:25, 6:20, 17:8, 22:12, 22:21, 40:8, 71:11, 71:12, 72:4, 72:7, 72:9, 72:21, 78:5, 86:23, 88:13, 96:21, 99:4, 101:22, 101:23
hearing [8] - 8:5, 26:22, 32:4, 41:5, 72:6, 72:8, 72:24, 77:12
hearsay [2] - 105:20, 106:4
heart [4] - 46:24, 54:20, 54:23, 67:11
heavily [2] - 24:12, 41:10
heavy [4] - 40:24, 46:8, 46:20, 95:6
held [2] - 92:18
help [17] - 10:7, 13:15, 14:20, 20:18, 23:21, 27:3, 29:15, 36:7, 38:23, 38:25, 45:1, 54:1, 91:5, 91:15, 94:5, 102:15
helpful [1] - 52:8
helps [2] - 10:1, 47:18
HEREBY [1] - 109:13
HEREINBEFORE [1] - 109:14
heroin [1] - 76:15
herring [1] - 18:19
herself [1] - 103:17
hidden [2] - 11:7, 12:18
high [3] - 8:7, 10:4, 103:3
High [15] - 8:21, 8:22, 9:9, 20:21, 61:8, 61:12, 61:15, 61:17, 61:19, 64:13, 64:18, 66:1, 74:3, 81:5, 82:22
higher [1] - 26:11
hill [2] - 9:12, 15:13
himself [7] - 11:17, 12:24, 16:18, 91:19, 92:22, 93:9, 93:11
HIPAA [6] - 18:18, 18:19, 29:1, 66:19, 66:22
hire [2] - 35:8, 36:10
hired [3] - 24:11, 35:16, 91:15
history [8] - 25:6, 26:4, 76:12, 76:17, 83:25, 87:20, 87:22, 103:6

hit [2] - 8:11, 13:14
hmm [1] - 38:2
hold [3] - 14:21, 28:18, 102:4
hole [1] - 16:23
holidays [1] - 90:8
Hollywood [1] - 12:3
home [19] - 7:12, 7:18, 8:14, 9:24, 9:25, 10:24, 10:25, 11:5, 11:13, 13:1, 13:2, 14:16, 21:6, 23:5, 24:7, 31:6, 91:13, 91:15, 107:8
HOMER [1] - 3:8
Homer [2] - 17:23, 18:6
homer [3] - 17:23, 32:8, 32:15
hone [1] - 57:1
honest [1] - 87:4
Honor [30] - 4:19, 17:14, 20:3, 32:7, 37:25, 39:8, 39:14, 40:11, 40:18, 41:23, 43:23, 48:12, 48:17, 56:23, 68:5, 68:8, 85:9, 88:21, 88:24, 89:7, 90:4, 98:6, 99:13, 99:17, 99:20, 100:18, 100:21, 104:11, 106:21, 106:23
HONORABLE [1] - 1:3
hopefully [2] - 36:12, 108:10
horrible [2] - 19:6, 48:3
hospital [5] - 22:14, 44:23, 69:20, 70:9, 93:20
hospitals [1] - 52:11
hour [4] - 8:10, 8:12, 9:12, 37:14
hours [9] - 47:8, 52:6, 54:5, 54:6, 54:7, 54:21, 78:13, 78:18, 107:25
house [9] - 9:15, 13:23, 92:17, 94:17, 96:8, 96:9, 103:11, 103:19, 104:22
hundred [1] - 12:19
hurry [1] - 108:3
hurting [1] - 14:11
hypothetical [7] - 37:21, 37:22, 37:23, 37:24, 67:17, 67:21, 80:18
hypothetically [7] -

57:23, 60:5, 66:4,
67:6, 67:7, 67:12,
86:8

I

icing [1] - 56:5
idea [3] - 18:18, 24:25,
89:18
identified [1] - 82:9
ignoring [1] - 30:6
Illinois [1] - 35:19
imagine [1] - 11:8
immediately [1] -
30:10
implement [1] - 36:7
importance [2] - 43:4,
90:17
important [14] - 8:1,
10:18, 19:5, 19:9,
19:13, 20:14, 24:11,
41:12, 47:12, 59:13,
68:23, 101:5, 103:5,
103:24
importantly [2] -
18:23, 21:24
improper [1] - 80:18
improve [1] - 36:7
improvements [2] -
36:22, 36:23
IN [1] - 109:11
in-home [1] - 91:13
incarcerated [1] -
62:22
incarceration [3] -
38:8, 79:4, 88:5
incident [7] - 7:17,
11:11, 73:16, 89:16,
93:15, 94:2, 94:8
included [2] - 57:12,
75:20
incorrect [1] - 73:13
increasingly [1] - 55:1
independent [2] -
25:20, 90:18
INDEX [1] - 3:1
indicate [1] - 62:2
indicated [3] - 38:22,
58:24, 64:11
indicating [1] - 58:19
indication [3] - 11:9,
45:21, 45:23
indifference [1] -
19:14
indifferent [2] - 19:18,
28:18
indirectly [1] - 33:24
individual [11] - 5:21,
41:11, 57:24, 66:24,
67:2, 67:3, 74:2,

75:12, 77:7, 83:14
individuals [1] - 27:16
influence [14] - 15:11,
45:6, 47:3, 52:18,
52:21, 53:14, 54:3,
57:2, 57:5, 57:8,
57:13, 58:11, 75:9,
75:14
info [1] - 77:23
inform [1] - 67:8
information [109] -
7:4, 7:7, 16:17,
16:22, 16:25, 17:1,
17:2, 17:18, 18:1,
18:9, 18:16, 18:20,
18:21, 20:6, 23:19,
25:15, 28:12, 28:25,
29:8, 31:15, 38:5,
38:7, 38:13, 38:22,
40:22, 41:11, 42:17,
43:1, 43:6, 43:16,
44:13, 52:14, 56:2,
56:3, 57:21, 57:24,
58:5, 58:17, 58:22,
59:1, 59:5, 59:17,
59:19, 60:1, 60:6,
60:7, 60:17, 60:21,
60:22, 61:1, 61:7,
61:21, 62:7, 62:13,
62:14, 62:21, 62:23,
63:1, 63:8, 63:9,
63:12, 63:13, 63:23,
64:7, 64:11, 64:16,
64:18, 64:19, 64:24,
65:5, 65:8, 65:20,
65:22, 66:3, 66:4,
66:7, 66:8, 66:14,
66:18, 66:21, 67:4,
67:5, 67:12, 67:13,
67:19, 67:23, 68:23,
73:5, 73:13, 73:19,
76:21, 78:8, 78:9,
78:20, 79:3, 79:5,
79:21, 80:4, 80:25,
86:9, 86:22, 87:12,
87:18, 87:22, 88:1,
88:6, 88:9, 102:1,
102:2
informed [2] - 106:2,
106:11
initial [6] - 9:8, 42:9,
54:20, 75:6, 75:21,
83:21
initiate [2] - 16:19,
60:7
initiated [1] - 86:10
initiation [2] - 47:4,
85:15
injured [1] - 42:18
injuries [2] - 11:7,

69:13
injury [1] - 10:3
inmate [3] - 29:5,
87:11, 87:16
inmates [2] - 63:4,
74:19
inquire [1] - 89:6
inquiry [2] - 61:4,
86:12
inside [2] - 103:11,
103:18
instance [5] - 43:10,
44:23, 63:6, 65:13,
75:2
instances [1] - 66:23
instead [5] - 21:9,
30:5, 34:20, 35:12,
46:2
instruction [1] - 31:16
instructions [3] - 4:9,
6:2, 10:17
insure [1] - 6:18
Intake [2] - 15:7, 25:19
intake [16] - 9:8, 9:9,
16:16, 25:13, 25:21,
31:6, 58:5, 58:22,
59:2, 59:6, 59:20,
60:23, 61:2, 83:21,
86:9, 87:5
intakes [1] - 87:24
intentionally [3] -
20:25, 25:11, 28:19
interacting [1] - 71:17
interaction [1] - 95:12
interest [1] - 5:1
interested [1] - 108:18
interesting [1] - 34:18
interpret [2] - 101:23,
101:24
intervals [1] - 53:14
intervention [4] -
12:6, 12:9, 21:8,
21:10
interventions [1] -
21:9
interview [3] - 14:14,
23:10, 99:10
interviews [1] - 57:9
intoxicated [20] - 7:9,
13:5, 13:13, 14:19,
15:1, 25:23, 26:5,
41:9, 41:10, 41:12,
41:17, 43:14, 45:22,
58:3, 58:14, 78:6,
78:25, 85:19, 93:1
intoxication [12] -
23:14, 41:15, 57:22,
59:2, 59:5, 59:18,
60:6, 60:22, 63:10,
64:12, 77:23, 88:2

introduce [2] - 4:24,
51:6
introduced [2] - 4:23,
5:18
introducing [2] -
46:10, 89:11
introduction [1] - 51:9
introductions [1] -
6:21
investigate [3] - 23:2,
33:5, 35:8
investigation [6] -
20:21, 21:18, 22:19,
24:7, 34:21
investigations [1] -
35:17
investigative [1] -
34:16
investigator [1] -
34:15
invoice [1] - 84:16
involve [1] - 42:14
involved [1] - 22:25
involves [1] - 47:8
irritability [1] - 77:11
IS [1] - 109:17
issue [3] - 16:14,
16:21, 88:16
issued [2] - 49:15,
49:24
issues [5] - 14:19,
17:3, 23:22, 58:1,
94:18
items [2] - 68:23, 77:6
itself [5] - 4:16, 4:17,
5:20, 21:21, 101:21

J

jacket [1] - 12:18
JACOB [1] - 2:15
Jacob [1] - 20:5
Jail [1] - 18:13
jail [53] - 6:8, 6:25, 7:6,
7:12, 8:24, 14:23,
14:25, 16:3, 33:3,
34:5, 34:22, 35:1,
35:9, 35:14, 35:25,
36:4, 36:20, 36:21,
41:13, 42:6, 42:11,
43:2, 43:8, 43:11,
43:13, 44:20, 44:25,
45:13, 47:13, 52:25,
53:24, 58:4, 58:22,
59:2, 65:14, 65:23,
65:25, 66:7, 67:8,
67:9, 70:12, 75:21,
78:25, 79:4, 82:13,
82:19, 82:23, 83:2,
101:20, 102:17,

102:18, 104:24
jails [26] - 6:17, 29:11,
32:24, 33:6, 33:11,
33:14, 33:15, 33:21,
33:23, 34:3, 34:8,
34:10, 34:12, 35:5,
35:18, 41:17, 42:9,
47:20, 48:9, 48:15,
52:24, 53:5, 53:25,
62:6, 86:2, 87:24
job [7] - 6:9, 23:2,
31:14, 58:15, 64:9,
75:15, 88:14
jobs [1] - 10:5
Joe [1] - 4:21
JOE [2] - 2:9, 2:9
joint [1] - 10:11
joke [1] - 52:23
jokes [1] - 90:7
JUDGE [1] - 1:4
Judge [3] - 5:5, 90:1,
97:17
judge [5] - 5:25, 33:8,
36:10, 36:17, 37:1
judges [1] - 37:8
judgment [1] - 18:7
July [21] - 12:4, 12:15,
16:9, 21:2, 21:6,
26:15, 27:12, 29:18,
29:19, 30:19, 61:14,
61:18, 74:10, 80:8,
83:4, 83:6, 83:10,
83:15, 94:9
JUN [33] - 2:6, 3:9,
32:7, 32:19, 37:25,
38:3, 39:8, 39:11,
39:14, 39:18, 39:22,
40:2, 40:11, 40:15,
40:18, 40:20, 42:4,
43:23, 44:3, 44:6,
48:12, 48:17, 48:20,
48:23, 50:23, 51:18,
56:23, 62:10, 66:12,
68:5, 80:18, 85:12,
88:19
Jun [1] - 4:22
jun [1] - 19:23
jurors [6] - 55:19,
107:13, 107:16,
107:20, 107:22,
108:16
jury [21] - 4:6, 4:8,
31:16, 37:12, 39:16,
40:8, 40:9, 44:4,
48:21, 55:12, 55:17,
56:18, 56:20, 61:11,
90:21, 101:22,
101:23, 107:7,
108:14
justice [4] - 6:4, 6:5

107:23, 107:24,
108:19, 108:20
misstates [1] - 101:7
mistake [1] - 85:22
mixed [1] - 95:15
moderate [1] - 53:21
mom [13] - 7:21, 8:2,
9:21, 14:16, 23:12,
91:17, 95:22,
103:17, 103:20,
105:7, 105:9,
105:16, 105:18
Mom [3] - 11:23,
12:17, 13:9
Mom's [1] - 9:25
moment [3] - 69:7,
75:11, 80:11
moments [2] - 19:11,
75:21
Monday [3] - 49:2,
50:4, 50:24
money [2] - 6:5, 90:18
monitor [5] - 36:8,
36:11, 36:18, 36:21
monitored [1] - 14:22
monitoring [9] - 9:6,
48:10, 53:10, 53:12,
54:1, 60:9, 78:17,
85:20, 87:14
month [2] - 93:15,
94:1
months [1] - 46:15
morning [5] - 4:11,
50:4, 90:21, 94:17,
108:25
most [12] - 18:23,
26:17, 26:21, 34:24,
36:9, 42:24, 46:8,
53:3, 59:23, 65:12,
78:24, 86:3
mostly [2] - 11:7, 41:9
mother [7] - 10:12,
10:25, 21:25, 23:25,
67:6, 67:7, 105:10
motor [1] - 10:2
motorcycles [1] - 10:2
mouth [1] - 30:12
move [6] - 39:8, 40:12,
43:23, 48:13, 99:14,
100:14
moved [1] - 29:17
moving [2] - 20:18,
53:21
MR [27] - 3:5, 3:5, 3:9,
4:19, 17:14, 20:3,
26:17, 41:22, 62:8,
66:10, 68:3, 68:8,
68:11, 81:3, 85:9,
88:21, 92:5, 97:13,
98:2, 100:7, 101:7,

101:16, 102:5,
104:15, 105:20,
106:3, 106:23
MRIs [1] - 91:12
MS [61] - 3:9, 3:11,
32:7, 32:19, 37:25,
38:3, 39:8, 39:11,
39:14, 39:18, 39:22,
40:2, 40:11, 40:15,
40:18, 40:20, 42:4,
43:23, 44:3, 44:6,
48:12, 48:17, 48:20,
48:23, 50:23, 51:18,
56:23, 62:10, 66:12,
68:5, 80:18, 85:12,
88:19, 88:24, 89:7,
89:9, 89:23, 90:1,
90:11, 92:8, 97:16,
98:6, 99:13, 99:17,
99:20, 99:23,
100:10, 100:14,
100:18, 100:21,
100:23, 101:10,
101:18, 101:25,
102:11, 104:11,
104:18, 105:22,
106:8, 106:16,
106:20
multiple [11] - 27:11,
28:13, 29:9, 30:17,
46:21, 54:7, 57:10,
70:15, 83:17, 84:21
multitude [1] - 91:25
mumble [1] - 93:10
MY [1] - 109:18

N

name [13] - 10:10,
17:22, 20:4, 32:13,
32:14, 48:2, 74:16,
81:22, 81:25, 82:3,
89:4
name's [1] - 4:21
narratives [1] - 56:1
nausea [1] - 52:2
near [1] - 8:6
necessary [3] - 10:6,
21:8, 56:1
need [19] - 5:12, 6:19,
9:23, 11:25, 13:15,
14:20, 18:8, 26:1,
30:6, 43:5, 48:1,
62:18, 63:20, 65:9,
75:16, 78:18, 80:9,
86:5, 88:12
needed [11] - 20:25,
23:21, 25:11, 26:11,
29:14, 30:5, 36:14,
38:25, 76:6, 93:24,

102:15
needs [4] - 13:15,
47:25, 63:17, 91:24
nervous [1] - 46:12
Nevada [2] - 10:12,
10:25
never [20] - 22:1, 22:8,
23:1, 23:18, 24:8,
26:23, 27:23, 29:6,
66:25, 72:4, 72:7,
72:9, 72:21, 79:15,
80:12, 82:9, 82:13,
82:18, 85:2
New [7] - 33:3, 33:11,
33:13, 33:21, 34:3,
35:19, 59:22
next [12] - 16:1, 22:18,
42:3, 51:18, 54:22,
88:23, 95:20, 96:7,
100:5, 100:11,
102:9, 103:10
Nicholas [2] - 9:20,
29:12
Nick [10] - 9:17, 14:15,
14:16, 91:16, 97:7,
99:12, 100:2, 100:3,
103:12, 105:10
Nick's [4] - 96:16,
96:20, 97:3, 97:21
night [3] - 11:16,
12:23, 78:6
nine [1] - 85:6
NO [1] - 1:8
nobody's [1] - 55:25
non [4] - 13:12, 95:24,
95:25, 96:6
non-emergency [4] -
13:12, 95:24, 95:25,
96:6
none [1] - 64:25
Norco [1] - 12:12
Norco-types [1] -
12:12
NORTH [1] - 2:17
notes [1] - 55:16
NOTES [1] - 109:18
nothing [5] - 5:13,
15:23, 20:15, 22:11,
28:23
notice [1] - 25:24
noticed [3] - 29:21,
92:12, 92:20
noticing [1] - 103:8
number [7] - 34:1,
34:4, 53:17, 63:25,
90:7, 95:24, 103:19
numbers [2] - 34:9,
54:1
Nurse [10] - 15:8,
25:13, 25:17, 25:19,

26:6, 26:10, 74:15,
82:24, 83:4, 83:6
nurse [33] - 6:22,
25:13, 25:16, 25:24,
31:6, 33:25, 47:21,
52:5, 58:5, 58:18,
59:2, 59:6, 60:23,
61:2, 63:16, 69:17,
74:13, 74:16, 75:3,
75:17, 75:23, 76:1,
76:2, 76:4, 76:6,
83:10, 83:12, 83:15,
83:16, 86:10, 91:17,
104:7
nurses [6] - 9:21,
30:17, 31:8, 58:22,
59:13, 59:20
nursing [2] - 48:14,
50:25

O

o'clock [3] - 15:15,
107:1, 107:17
object [2] - 41:22,
66:10
objection [13] - 62:8,
68:3, 80:18, 92:5,
97:13, 97:17, 98:2,
100:7, 101:7,
101:16, 102:5,
104:15, 106:3
objective [3] - 51:10,
51:15, 103:7
obligation [3] - 18:14,
87:12, 87:18
observations [3] -
15:9, 58:13, 88:13
observe [2] - 93:7,
97:23
obtain [1] - 26:4
obvious [1] - 26:1
obviously [1] - 44:12
occasion [5] - 93:12,
98:12, 98:22,
102:23, 104:25
occasions [3] - 92:25,
93:7, 93:13
occur [1] - 91:22
occurred [2] - 5:9,
80:7
occurring [1] - 64:16
odd [1] - 10:5
OF [14] - 1:1, 1:2, 1:9,
1:14, 2:1, 2:2, 2:9,
2:13, 109:5, 109:7,
109:9, 109:12,
109:16, 109:18
Office [1] - 37:7
Officer [13] - 33:17,

33:20, 57:14, 96:11,
96:14, 96:16, 96:22,
96:23, 96:25, 97:5,
103:13, 105:4,
105:11
officer [12] - 15:4,
15:9, 42:17, 43:1,
44:12, 44:17, 44:20,
45:8, 58:4, 59:6,
96:8, 96:15
officer's [1] - 44:9
officers [18] - 38:21,
41:3, 41:6, 43:7,
43:17, 58:21, 59:17,
59:19, 60:6, 60:21,
60:25, 62:25, 65:8,
65:14, 65:17, 71:15,
88:9, 98:8
officers' [1] - 79:20
OFFICES [1] - 2:9
OFFICIAL [3] - 1:23,
109:11, 109:24
often [13] - 25:1,
42:24, 43:8, 43:14,
43:16, 44:20, 48:5,
51:13, 54:9, 59:25,
63:3, 65:13, 87:24
old [1] - 10:23
oldest [1] - 89:13
ON [2] - 2:2, 2:13
on-scene [5] - 26:6,
70:11, 70:15, 72:20,
72:25
once [13] - 7:6, 19:2,
33:8, 36:3, 41:12,
64:17, 66:3, 82:22,
85:7, 95:4, 95:11,
96:13, 96:23
one [65] - 4:24, 5:7,
5:25, 7:2, 15:10,
16:8, 16:25, 17:2,
17:4, 19:15, 20:6,
20:7, 21:14, 21:15,
24:14, 25:4, 27:1,
27:2, 27:19, 28:13,
28:16, 28:17, 31:21,
33:2, 34:13, 34:20,
35:23, 39:25, 40:6,
42:1, 43:12, 45:4,
46:9, 48:7, 50:9,
52:3, 52:5, 56:25,
57:14, 59:24, 60:1,
62:7, 63:24, 64:6,
65:12, 68:12, 70:25,
72:14, 72:17, 77:9,
78:5, 80:7, 80:23,
80:25, 82:20, 86:12,
90:5, 90:7, 96:25,
99:6, 99:7, 106:9,
106:24

one-minute [1] - 39:25
ones [1] - 70:25
ongoing [1] - 23:22
open [1] - 89:20
open-ended [1] - 89:20
opened [2] - 50:4, 50:7
opening [4] - 4:10, 4:12, 5:4, 6:13
OPENING [1] - 3:4
opiate [2] - 47:11, 48:8
opinions [4] - 37:18, 55:11, 80:15, 107:6
opportunity [3] - 4:12, 98:25, 106:9
orders [2] - 21:14, 22:22
organization [1] - 35:12
orient [2] - 42:5, 61:10
original [1] - 78:19
otherwise [1] - 18:1
ourselves [1] - 86:6
outcomes [1] - 85:24
outside [2] - 62:13, 63:2
overheard [2] - 95:23, 96:1
overruled [3] - 80:19, 102:6, 104:16
oversaw [1] - 33:24
oversee [2] - 35:24, 36:7
overseeing [3] - 33:18, 33:21, 34:2
own [5] - 12:2, 16:11, 25:20, 30:12, 58:13
oxygen [4] - 9:23, 91:3, 91:6, 91:7

P

p.m [6] - 13:20, 13:21, 30:24, 31:2, 31:3, 109:3
P.M [1] - 4:1
PAGE [1] - 3:3
page [3] - 51:3, 51:18, 75:5
paid [9] - 24:18, 25:3, 25:8, 37:8, 37:11, 37:14, 84:6, 84:14, 84:17
pain [1] - 12:13
pandemic [1] - 11:12
paperwork [1] - 16:16
paramedic [9] - 22:11, 31:6, 69:4, 69:8, 69:10, 69:22, 70:7, 70:8, 76:1
paramedics [12] - 22:6, 22:9, 22:10, 22:13, 22:15, 26:6, 69:14, 69:15, 102:23, 103:1, 103:5, 103:9
parents [8] - 23:5, 23:10, 23:21, 67:14, 79:13, 95:7, 103:12, 103:18
parents' [3] - 96:9, 103:11, 104:21
parks [1] - 13:19
part [13] - 8:14, 8:18, 9:6, 20:9, 43:3, 52:8, 57:14, 60:1, 62:20, 62:24, 75:20, 75:22, 79:2
PARTIAL [1] - 1:14
participating [1] - 37:22
particular [2] - 7:9, 7:13
particularly [3] - 7:15, 19:2, 56:25
parties [1] - 100:15
pass [1] - 7:6
passage [1] - 80:25
passed [3] - 6:10, 18:9, 30:25
passing [2] - 17:18, 91:13
past [3] - 23:14, 91:1, 92:12
paths [1] - 65:12
pathway [1] - 47:21
pathways [2] - 46:12, 46:16
patient [8] - 43:10, 44:21, 53:23, 60:13, 62:22, 66:19, 69:20, 87:19
patiently [1] - 17:12
patients [1] - 34:5
patrol [6] - 6:25, 8:17, 13:19, 14:13, 73:16
payment [1] - 37:4
Pena [2] - 4:22, 19:23
PENA [30] - 2:4, 3:11, 88:24, 89:7, 89:9, 89:23, 90:1, 90:11, 92:8, 97:16, 98:6, 99:13, 99:17, 99:20, 99:23, 100:10, 100:14, 100:18, 100:21, 100:23, 101:10, 101:18, 101:25, 102:11, 104:11, 104:18, 105:22, 106:8, 106:16, 106:20
penalty [1] - 28:6
people [29] - 7:10, 8:20, 9:1, 16:7, 18:7, 34:12, 36:3, 41:8, 41:9, 41:16, 45:18, 46:8, 46:16, 46:20, 46:21, 51:7, 51:9, 51:14, 54:8, 54:16, 59:11, 63:4, 63:22, 67:8, 77:11, 78:24, 81:4, 87:24, 107:23
per [2] - 37:14, 37:15
percent [4] - 12:19, 12:20, 86:3
perceptual [1] - 77:12
perfect [1] - 95:15
period [4] - 12:13, 49:21, 92:17, 97:8
periodic [2] - 45:18, 45:24
periods [1] - 11:13
perjury [1] - 28:6
permission [6] - 10:10, 39:15, 44:3, 48:20, 90:1, 99:20
person [42] - 6:18, 6:22, 9:7, 13:7, 15:1, 15:11, 20:7, 29:8, 36:6, 36:8, 41:13, 41:25, 42:5, 42:10, 42:18, 43:2, 43:13, 44:19, 45:12, 45:24, 47:14, 47:23, 47:25, 51:7, 52:7, 53:14, 54:3, 58:2, 58:11, 62:22, 65:15, 72:1, 74:25, 78:23, 82:9, 84:5, 85:23, 87:21, 88:16, 91:21, 91:22, 108:2
person's [1] - 58:14
personal [1] - 58:13
personality [1] - 23:15
personally [3] - 23:1, 25:20, 29:7
personnel [5] - 29:21, 33:22, 61:19, 66:15, 66:22
perspective [1] - 4:8
PH [1] - 1:25
phase [1] - 78:21
PHG [1] - 2:3
phone [21] - 13:10, 13:11, 13:14, 16:2, 16:7, 16:23, 17:10, 27:15, 57:15, 62:1, 62:2, 63:25, 65:20, 66:6, 67:9, 81:12, 81:14, 96:4, 105:9, 106:11, 106:18
photo [1] - 10:21
photos [1] - 10:21
phrasing [1] - 72:24
physical [2] - 33:18, 94:22
physician [1] - 19:1
physician's [2] - 30:18, 31:8
pick [2] - 16:7, 63:25
picking [1] - 67:9
piece [1] - 5:8
pieces [1] - 20:19
pills [1] - 12:13
place [9] - 9:10, 18:9, 21:2, 34:20, 60:20, 62:12, 62:18, 78:12, 102:18
PLACE [1] - 109:14
placed [2] - 61:12, 96:19
places [2] - 52:11, 59:23
PLAINTIFF [2] - 2:2, 3:7
plaintiff [2] - 98:19, 108:19
plaintiffs [3] - 31:17, 71:7, 73:4
plaintiffs [5] - 4:22, 4:23, 4:25, 32:8, 88:24
PLAINTIFFS [1] - 1:7
plan [1] - 36:7
plane [1] - 108:3
planned [1] - 21:9
planning [1] - 12:5
play [3] - 39:15, 39:19, 39:24
played [7] - 40:1, 40:14, 40:19, 71:6, 90:23, 99:22, 100:22
playing [1] - 90:20
pleasant [1] - 108:24
plus [1] - 59:18
pocket [3] - 21:13, 96:18, 96:22
pocketknife [3] - 14:4, 14:5, 96:18
pockets [2] - 12:18, 96:17
point [20] - 16:10, 26:14, 32:3, 48:12, 91:21, 91:22, 92:3, 92:10, 93:21, 95:2, 95:11, 95:13, 95:20, 96:8, 96:25, 97:6, 98:7, 98:8, 98:12, 99:13
points [1] - 53:19
police [3] - 15:4, 21:10, 38:23
policies [13] - 29:8, 29:10, 49:20, 49:23, 50:5, 50:15, 50:18, 50:22, 59:4, 59:15, 60:20, 62:18, 63:6
policy [10] - 50:23, 58:20, 58:23, 59:4, 59:7, 59:17, 60:2, 65:19, 65:22, 67:19
population [1] - 34:10
porch [1] - 96:10
portion [2] - 44:8, 101:1
portions [1] - 51:24
posed [1] - 44:17
position [1] - 34:1
positives [1] - 11:1
possible [4] - 60:13, 61:7, 86:1
potent [1] - 46:7
potentially [1] - 41:14
practice [4] - 25:14, 79:21, 86:17, 86:20
practitioner [1] - 69:17
precipitated [1] - 7:17
precisely [1] - 58:7
preponderance [1] - 31:18
prescription [3] - 12:13, 12:16, 76:6
present [5] - 4:6, 5:7, 55:17, 56:18, 108:14
presentation [1] - 54:14
presented [1] - 31:23
presenting [1] - 32:5
PRESIDING [1] - 1:4
pressure [4] - 54:23, 58:9, 103:3, 103:4
pretrial [1] - 4:9
pretty [4] - 11:15, 58:11, 60:15, 64:22
preventable [1] - 88:4
prevention [1] - 63:6
previously [1] - 80:20
price [1] - 19:22
prison [6] - 34:23, 35:2, 35:9, 35:25, 36:4, 53:1
prisons [4] - 32:24, 33:6, 35:5, 52:24
privacy [2] - 29:1, 66:18
problem [26] - 11:11, 11:24, 11:25, 12:24,

16:5, 22:8, 41:16, 47:7, 53:6, 56:4, 60:13, 60:14, 63:18, 63:19, 64:9, 69:16, 85:3, 93:14, 93:22, 93:25, 94:5, 94:11, 101:3, 105:15, 106:2, 107:20
problems [10] - 17:9, 33:8, 36:4, 40:25, 42:14, 59:24, 65:9, 107:13, 107:21, 108:22
procedure [1] - 50:25
procedures [4] - 8:19, 22:3, 23:9, 29:5
Procedures [1] - 18:13
proceed [1] - 68:8
PROCEEDINGS [3] - 1:14, 3:3, 109:14
proceedings [2] - 7:11, 109:3
process [6] - 42:7, 42:8, 42:22, 43:4, 75:24
produced [1] - 50:24
professional [5] - 21:9, 25:22, 42:23, 42:25, 43:5
professionals [2] - 87:8, 88:8
programs [1] - 93:18
progresses [1] - 25:8
prohibiting [1] - 29:10
projects [1] - 10:5
prominent [1] - 93:3
promote [1] - 65:11
prompt [2] - 45:11, 45:17
prompted [3] - 47:4, 52:18, 52:20
proof [2] - 6:1, 12:20
properly [2] - 31:15, 42:5
protects [1] - 29:1
protocol [9] - 47:5, 47:22, 48:10, 48:14, 50:25, 51:8, 54:4, 60:8, 77:16
protocols [4] - 16:20, 49:9, 68:13, 78:12
prove [4] - 20:24, 31:18, 37:21, 37:24
provide [7] - 17:25, 58:22, 87:13, 88:9, 98:12, 98:15, 104:20
provided [11] - 16:25, 17:4, 18:16, 29:25, 35:9, 56:2, 98:17,

99:4, 99:10, 100:12, 101:1
provider [3] - 31:12, 51:15, 69:8
providers [5] - 62:15, 83:1, 83:24, 93:23, 94:7
providing [5] - 32:24, 58:5, 60:5, 76:21, 87:8
psychiatrist [2] - 30:24, 31:9
psychoses [1] - 16:11
psychosis [3] - 16:18, 19:7, 46:25
psychotic [1] - 16:14
public [1] - 27:15
publish [4] - 44:4, 48:21, 99:20, 100:19
puffing [1] - 94:23
pulled [1] - 96:18
pulse [2] - 47:16, 51:16
purpose [1] - 90:10
pursuant [1] - 22:3
put [16] - 10:4, 14:13, 16:18, 21:13, 49:1, 50:4, 56:4, 56:5, 56:11, 58:9, 96:23, 96:24, 98:1, 98:11, 105:7, 105:9
putting [1] - 14:9

Q

qualify [1] - 79:18
quality [1] - 90:19
quantify [1] - 19:12
quarter [1] - 55:8
quarters [1] - 86:4
questioning [2] - 86:14, 87:2
questions [33] - 15:10, 15:11, 25:4, 28:8, 32:21, 39:21, 42:13, 42:15, 44:9, 44:14, 44:16, 44:18, 44:25, 47:9, 48:24, 56:2, 59:9, 61:10, 68:5, 70:2, 70:4, 74:25, 76:2, 80:14, 85:9, 86:24, 86:25, 87:5, 87:20, 88:19, 106:20
quick [1] - 63:19
quietly [2] - 55:13, 108:11
quite [2] - 5:17, 86:25

R

raise [2] - 32:10, 89:1
raised [1] - 8:3
raising [1] - 9:14
Ramirez [1] - 20:5
RAMIREZ [14] - 2:15, 3:5, 20:3, 92:5, 97:13, 98:2, 100:7, 101:7, 101:16, 102:5, 104:15, 105:20, 106:3, 106:23
Rancho [2] - 8:10, 9:12
rate [5] - 46:24, 54:20, 54:23, 77:7, 77:18
rather [2] - 107:15, 107:17
reached [1] - 96:17
read [1] - 70:17
readings [1] - 54:7
ready [1] - 93:22
real [2] - 9:21, 29:13
really [13] - 8:25, 11:11, 11:12, 20:6, 28:7, 43:18, 47:12, 52:14, 53:5, 56:1, 60:14, 90:19, 105:19
rear [1] - 78:22
reask [2] - 97:17, 100:8
reason [10] - 16:20, 20:14, 25:22, 26:11, 29:13, 38:20, 43:15, 54:19, 66:13, 107:14
reasons [1] - 87:25
recalled [1] - 80:3
receive [13] - 7:4, 10:17, 18:15, 18:21, 27:19, 48:25, 50:5, 59:1, 62:13, 71:23, 81:4, 102:14, 102:21
RECEIVED [1] - 3:13
received [10] - 17:1, 17:2, 39:12, 44:1, 71:19, 71:21, 86:22, 99:18, 100:19
receiving [11] - 16:22, 42:10, 42:12, 42:21, 42:22, 43:20, 43:24, 58:18, 63:23, 75:6, 83:18
recent [2] - 26:22, 94:1
recently [1] - 33:4
recess [1] - 56:15
Recess [1] - 56:16
recognize [3] - 40:3, 41:20, 41:25

recognized [1] - 30:4
recollection [20] - 49:14, 49:22, 50:17, 50:21, 57:19, 61:13, 69:5, 70:10, 70:16, 73:2, 76:8, 76:11, 76:13, 76:19, 79:25, 82:25, 83:5, 84:2, 104:4, 106:1
recommends [1] - 15:3
record [8] - 4:7, 13:9, 32:13, 55:18, 56:19, 89:3, 100:24, 108:16
recorded [4] - 99:4, 99:7, 99:24, 100:5
recorder [2] - 23:9, 30:14
recording [14] - 26:21, 29:12, 39:16, 40:3, 40:5, 40:13, 41:21, 71:12, 71:13, 71:19, 71:23, 71:25, 72:21, 101:19
recordings [13] - 23:23, 39:2, 39:5, 68:21, 71:2, 71:3, 71:4, 71:11, 71:14, 71:21, 72:3, 72:4, 79:10
records [11] - 16:2, 29:2, 29:24, 38:8, 38:9, 58:24, 62:1, 62:2, 68:17, 81:12, 81:14
recross [1] - 88:20
REXCROSS [1] - 3:7
red [1] - 18:19
redirect [2] - 37:16, 85:10
REDIRECT [2] - 3:7, 85:11
REDUCED [1] - 109:15
reeked [1] - 93:3
reeking [1] - 11:15
reeks [3] - 13:4, 15:2, 15:21
refer [2] - 89:25, 90:2
reference [3] - 41:1, 74:22, 78:4
referenced [3] - 51:17, 57:17, 78:5
referrals [1] - 65:13
referred [1] - 7:22
refill [1] - 12:16
reflect [4] - 4:7, 55:18, 56:19, 108:16
reflects [1] - 79:16
refresh [1] - 83:16

refusals [1] - 30:23
refused [5] - 21:13, 29:22, 30:18, 70:4, 105:12
refusing [1] - 86:25
regarding [5] - 23:13, 50:24, 70:4, 87:5, 101:2
registered [2] - 75:2, 75:23
regular [2] - 53:13, 77:9
rejected [1] - 9:9
relapses [1] - 12:1
relate [1] - 103:16
related [6] - 9:23, 16:21, 25:15, 58:2, 86:2
relation [2] - 89:12, 97:10
relationship [4] - 10:13, 10:16, 10:20, 90:13
relatives [1] - 57:15
relay [3] - 25:15, 28:23, 103:6
release [1] - 108:8
relevant [3] - 51:24, 56:3, 88:14
relied [1] - 80:4
relieved [1] - 17:7
rely [4] - 24:12, 39:5, 63:7, 88:8
remained [1] - 26:17
remember [14] - 20:15, 24:4, 27:22, 28:1, 28:16, 31:16, 55:9, 79:24, 83:11, 95:22, 96:2, 96:3, 105:5, 107:4
remove [1] - 21:13
removed [1] - 12:11
repeat [2] - 81:24, 106:14
repeatedly [3] - 28:21, 30:18, 31:11
rephrase [2] - 87:9, 99:3
report [18] - 14:25, 38:11, 49:6, 49:10, 49:15, 49:19, 49:24, 57:11, 57:21, 58:12, 61:24, 73:13, 83:7, 84:3, 84:11, 87:11, 103:19
REPORTED [1] - 109:13
reported [9] - 25:6, 28:2, 30:13, 57:11, 61:24, 79:3, 80:20,

80:24, 86:9
REPORTER [4] - 1:23, 109:5, 109:11, 109:24
REPORTER'S [1] - 1:14
reporting [4] - 25:12, 27:20, 40:24, 41:2
reports [1] - 49:13
represent [2] - 4:22, 71:22
represented [1] - 5:22
representing [1] - 98:19
request [1] - 26:19
requested [1] - 28:25
require [2] - 9:5, 85:14
required [1] - 7:3
requiring [6] - 58:21, 59:5, 59:17, 65:19, 65:22, 67:19
residence [3] - 9:13, 11:4, 17:5
resist [1] - 97:23
resisting [6] - 14:9, 15:5, 97:6, 97:9, 97:11, 97:20
respective [1] - 56:20
respond [1] - 27:16
responded [1] - 73:18
responds [3] - 13:17, 46:11, 87:19
response [10] - 26:8, 26:9, 44:15, 45:8, 45:20, 52:17, 52:19, 64:22, 66:17
responsibility [1] - 87:13
responsible [3] - 28:18, 76:20, 76:23
rest [1] - 96:10
restate [1] - 101:8
restlessness [1] - 77:11
retain [2] - 35:4, 36:10
retained [4] - 34:21, 36:16, 36:17, 37:5
retire [2] - 55:12, 107:7
return [1] - 105:8
reveal [1] - 81:14
review [23] - 35:4, 38:4, 38:7, 38:15, 39:2, 49:24, 57:3, 57:7, 58:19, 58:24, 61:5, 61:16, 61:21, 64:16, 64:20, 65:18, 70:20, 70:22, 70:24, 75:18, 80:9, 86:13, 98:25
reviewed [15] - 5:8, 38:12, 38:22, 39:1, 43:20, 61:23, 64:10, 66:16, 68:17, 68:19, 68:21, 70:18, 71:2, 71:4, 72:4
reviewing [3] - 38:4, 62:1, 79:12
reviews [1] - 35:17
ride [1] - 90:16
rights [1] - 29:2
rise [6] - 4:5, 55:15, 56:15, 56:17, 108:13, 109:1
risk [12] - 9:5, 22:13, 27:25, 63:10, 67:10, 72:9, 72:13, 72:22, 77:3, 80:13, 80:14, 87:19
roadmap [2] - 4:15, 5:5
Roger [1] - 18:11
role [7] - 35:14, 36:9, 36:11, 81:4, 86:22, 90:23, 91:19
ROOM [1] - 1:24
room [9] - 12:8, 12:14, 12:23, 21:7, 55:12, 75:23, 90:9, 95:10, 107:7
roughly [1] - 22:25
route [1] - 41:7
routinely [2] - 69:15, 87:23
row [1] - 53:9
rule [1] - 7:3
rules [4] - 7:9, 7:13, 7:24, 9:7
run [2] - 107:21, 108:6
running [1] - 34:20

S

safe [2] - 44:19, 54:11
safely [2] - 6:16, 7:12
Sam [1] - 32:16
SAME [1] - 109:15
San [14] - 4:4, 5:20, 5:22, 6:15, 6:17, 8:16, 13:12, 18:25, 25:4, 39:3, 48:9, 48:15, 58:20, 58:25
SAN [6] - 1:9, 2:5, 2:8, 2:11, 2:14, 2:18
Sanders [1] - 83:6
Santa [1] - 36:20
Saturday [2] - 49:4, 50:2
save [5] - 60:17, 65:10, 67:5, 73:5, 81:1
saves [1] - 65:16
saving [2] - 41:14, 90:18
saw [12] - 22:11, 24:8, 24:20, 24:21, 65:15, 73:19, 74:16, 75:19, 84:5, 92:25, 96:23
SCA [3] - 79:25, 80:16, 81:9
scared [2] - 26:24, 97:5
scene [19] - 17:3, 22:6, 22:9, 22:16, 26:6, 57:23, 69:1, 70:11, 70:15, 71:9, 72:20, 72:25, 73:18, 73:23, 73:25, 98:13, 102:23, 104:20, 104:21
scheduled [1] - 31:9
school [1] - 10:4
score [7] - 47:17, 52:4, 52:7, 53:13, 53:17, 53:18
scores [2] - 52:12, 53:8
screaming [1] - 95:9
screen [2] - 77:6, 85:25
screening [11] - 9:8, 42:10, 42:12, 42:21, 42:22, 43:21, 43:25, 60:11, 60:12, 75:6, 83:18
scroll [1] - 51:2
seated [1] - 32:12
seats [3] - 4:8, 55:21, 56:20
second [15] - 20:23, 29:16, 29:17, 30:9, 30:19, 31:8, 34:14, 40:12, 44:8, 79:22, 95:5, 104:19, 107:2, 108:12
secret [1] - 92:14
security [3] - 65:20, 66:5, 81:1
sedative [3] - 46:7, 46:10, 46:14
see [34] - 12:18, 12:21, 13:10, 19:17, 24:22, 29:13, 30:1, 31:9, 42:18, 43:8, 43:10, 44:10, 44:21, 45:6, 45:9, 45:10, 45:24, 49:10, 51:11, 52:12, 53:18, 56:14, 59:12, 61:5, 65:25, 66:13, 75:22, 82:13, 87:21, 91:24, 93:8, 108:9, 108:24
seeing [2] - 46:25, 77:13
seek [2] - 6:5, 94:5
seeking [1] - 6:4
sees [2] - 13:22, 14:3
seize [1] - 103:21
seizing [1] - 15:20
seizure [4] - 54:24, 72:12, 72:15, 72:18
seizures [4] - 46:25, 58:1, 67:11
send [1] - 30:6
sense [2] - 20:18, 95:14
sentences [1] - 95:16
SEONHAE [1] - 2:16
separate [1] - 33:7
series [1] - 44:14
serious [4] - 54:17, 54:23, 88:7, 88:14
serve [1] - 7:11
service [2] - 53:24, 62:23
services [2] - 50:15, 69:2
SET [1] - 109:14
set [4] - 8:25, 30:24, 47:9, 48:3
setting [2] - 65:6, 87:11
settlement [1] - 36:4
several [2] - 95:6, 98:9
severe [3] - 52:14, 53:22, 103:8
severity [1] - 103:25
shake [1] - 93:11
shakes [1] - 46:19
shape [1] - 12:8
share [3] - 18:17, 18:18, 66:17
shared [2] - 10:2, 10:11
sheet [1] - 53:19
Sheriff [1] - 18:12
Sheriff's [8] - 8:15, 13:12, 39:3, 58:21, 58:25, 64:2, 67:18, 95:24
shift [1] - 24:9
SHIN [1] - 2:16
shocking [1] - 12:22
short [5] - 8:25, 62:5, 81:20, 81:21, 97:8
short-term [1] - 8:25
shorthand [1] - 7:22
show [12] - 20:12, 21:1, 21:15, 21:19, 23:7, 24:14, 29:6, 29:24, 30:3, 31:11, 62:3, 92:14
showed [5] - 57:3, 57:7, 61:16, 77:5, 95:6
shower [1] - 91:6
showering [1] - 91:4
siblings [1] - 11:8
sick [1] - 27:4
side [3] - 12:12, 34:24, 59:8
sided [2] - 55:25, 56:12
significance [3] - 40:22, 44:16, 88:12
significant [1] - 92:13
signs [6] - 25:25, 42:15, 76:4, 77:18, 85:23, 103:7
similar [1] - 66:17
simple [1] - 63:18
simplest [1] - 47:6
simply [2] - 20:17, 21:1
sister [1] - 89:13
sit [5] - 19:9, 59:10, 70:19, 71:1, 80:2
sitting [3] - 19:15, 36:25, 107:25
situation [1] - 13:19
six [3] - 9:18, 21:3, 31:10
Skaggs [13] - 16:9, 20:11, 27:9, 28:13, 28:21, 28:23, 29:3, 79:8, 79:24, 80:7, 80:16, 86:14, 86:17
skipped [1] - 71:16
skyrocket [1] - 47:1
slurring [1] - 15:2
small [1] - 33:15
smaller [1] - 34:1
smell [9] - 25:25, 58:3, 77:15, 85:14, 92:21, 93:2, 95:13, 95:18, 105:13
smelled [3] - 25:12, 57:15, 86:8
smelling [1] - 57:13
smells [2] - 75:13, 88:17
smoke [1] - 91:9
snow [7] - 27:9, 27:14, 27:18, 28:23, 29:3, 86:13, 86:17
Snow [6] - 16:7, 20:11, 79:8, 79:25, 80:16, 81:9
snow's [1] - 81:22
sober [1] - 92:15

someone [14] - 6:8, 6:16, 7:1, 7:5, 7:9, 9:4, 13:6, 17:22, 77:2, 82:1, 82:3, 82:4, 99:11, 103:22
sometime [1] - 49:4
sometimes [16] - 12:24, 34:23, 35:10, 35:24, 36:8, 36:19, 45:20, 46:18, 53:8, 56:10, 73:4, 73:13, 74:18, 92:22, 93:11, 93:12
son [13] - 14:17, 15:19, 16:5, 16:24, 17:8, 23:21, 24:1, 27:1, 27:5, 27:20, 28:9, 28:22, 67:9
son's [6] - 13:13, 23:13, 24:13, 24:23, 27:8, 67:11
sorry [7] - 41:19, 81:24, 82:2, 99:2, 99:16, 105:16, 106:14
sort [5] - 12:9, 14:5, 34:16, 52:11, 62:1
sound [1] - 34:18
sounded [1] - 26:23
sounds [2] - 24:2, 41:6
source [4] - 60:16, 65:13, 73:5, 81:21
south [1] - 21:10
speaker [1] - 105:9
speakerphone [1] - 96:1
speaking [6] - 22:9, 31:25, 52:25, 74:22, 99:24, 104:4
speaks [1] - 101:21
special [1] - 91:11
Specialist [2] - 17:24, 19:1
specific [6] - 45:4, 58:23, 78:14, 80:3, 80:10, 89:21
specifically [1] - 90:24
speculation [7] - 41:22, 62:8, 66:10, 92:5, 98:2, 101:16, 106:3
speech [1] - 15:2
spell [2] - 32:14, 89:4
spend [2] - 10:14, 36:9
spending [1] - 90:19
spent [2] - 46:15, 90:15
splitting [1] - 54:24

sports [1] - 107:9
spread [1] - 34:8
squad [1] - 98:11
SS [1] - 109:8
stack [1] - 12:25
staff [61] - 6:22, 6:25, 7:5, 7:7, 7:16, 16:13, 18:1, 18:17, 29:22, 30:1, 30:4, 30:10, 33:25, 36:13, 43:18, 44:19, 45:1, 45:17, 45:23, 58:6, 58:8, 58:10, 58:14, 58:15, 59:13, 61:8, 62:21, 63:1, 63:3, 63:8, 63:14, 63:17, 63:21, 63:23, 64:3, 64:8, 64:13, 64:20, 64:24, 64:25, 65:7, 65:15, 65:19, 65:20, 65:23, 66:5, 66:7, 66:16, 67:16, 67:23, 74:20, 75:1, 75:16, 76:23, 79:4, 79:6, 81:1, 86:23
staff's [1] - 64:8
stage [2] - 17:25, 91:2
stand [3] - 26:23, 56:21, 88:25
standard [17] - 15:10, 47:9, 48:13, 50:25, 60:18, 60:25, 62:11, 62:20, 62:25, 63:11, 64:4, 65:1, 65:5, 80:17, 87:10, 87:16
standardizes [1] - 52:9
standards [1] - 85:21
standing [2] - 100:5, 100:11
start [15] - 11:6, 13:9, 15:19, 19:2, 32:5, 44:24, 45:17, 53:7, 53:10, 53:12, 78:17, 85:20, 92:10, 107:19, 108:7
started [14] - 11:12, 21:5, 29:20, 33:2, 33:16, 34:1, 34:9, 34:11, 36:14, 68:14, 71:15, 95:8, 106:25, 108:22
starting [4] - 16:11, 53:20, 53:22, 106:23
starts [2] - 13:5, 88:15
state [7] - 24:22, 32:13, 35:12, 35:16, 36:20, 69:14, 89:3
State [3] - 34:25, 35:10, 35:21

STATE [1] - 109:9
STATEMENT [1] - 3:4
statement [10] - 4:10, 5:4, 6:14, 98:13, 99:7, 100:6, 100:11, 101:1, 102:16, 104:19
statements [4] - 4:12, 98:15, 98:17, 99:4
STATES [4] - 1:1, 1:1, 1:4, 109:12
States [1] - 37:5
status [3] - 23:14, 26:21, 28:9
stay [3] - 20:21, 20:22, 26:17
stayed [2] - 22:5, 54:10
stays [2] - 8:25, 9:25
STENOGRAPHIC [1] - 109:18
STENOGRAPHICAL [1] - 109:13
step [6] - 42:9, 46:1, 47:6, 55:20, 88:22, 108:15
steps [4] - 6:24, 6:25, 31:5, 42:20
stiff [1] - 94:24
still [4] - 30:22, 35:15, 35:21, 75:13
stimulation [2] - 46:12, 46:16
stipulated [5] - 39:9, 43:24, 48:15, 99:14, 100:15
stop [12] - 14:10, 14:11, 18:8, 39:20, 45:19, 46:17, 53:1, 53:8, 54:10, 72:15, 87:8
stories [1] - 23:12
story [1] - 26:13
strapped [1] - 14:4
street [1] - 76:14
STREET [1] - 1:24
strike [4] - 54:12, 64:15, 67:7, 70:7
stroke [1] - 67:11
strong [2] - 45:20, 63:5
stronger [1] - 12:20
structure [1] - 9:19
struggle [1] - 24:16
struggling [1] - 92:10
stuff [3] - 13:6, 90:20, 91:12
subject [1] - 61:22
subjective [3] - 51:10, 51:13, 87:11

submitted [4] - 49:16, 55:11, 84:16, 107:7
subsequent [3] - 83:23, 84:2, 84:3
subsequently [1] - 80:21
substance [6] - 33:18, 41:2, 52:22, 78:20, 78:23, 86:2
substance-related [1] - 86:2
substances [1] - 47:4
substantial [1] - 19:22
Substation [1] - 8:15
substation [2] - 15:16, 15:17
successor [1] - 5:1
sudden [3] - 45:19, 47:19, 53:2
suddenly [1] - 87:12
sued [1] - 23:18
suffering [1] - 16:17
sufficient [1] - 60:7
suicidal [1] - 64:6
suicidity [1] - 88:2
suicide [3] - 63:6, 87:19, 87:20
suitable [1] - 102:18
SUITE [3] - 2:5, 2:7, 2:10
summer [3] - 10:22, 10:23, 10:25
Summer [3] - 5:9, 7:18, 11:20
sunshine [1] - 10:13
supervisor [1] - 28:3
supervisors [1] - 28:14
supposed [6] - 6:16, 6:18, 6:25, 19:18, 59:11, 66:25
surgery [3] - 10:23, 12:10, 12:11
surveillance [1] - 75:18
survive [1] - 19:3
sustained [9] - 62:9, 66:11, 68:4, 92:7, 97:14, 98:3, 100:8, 101:17, 105:21
sustains [1] - 97:17
swats [1] - 14:5
swatting [1] - 13:10
swaying [4] - 13:4, 92:21, 93:8, 93:10
sweat [1] - 93:11
sweating [2] - 47:15, 77:13
swim [1] - 90:17
switching [2] - 93:23,

94:7
sworn [3] - 28:5, 32:11, 89:2
sympathy [2] - 10:17, 10:18
symptoms [10] - 53:20, 54:9, 54:16, 54:23, 55:4, 72:17, 77:5, 77:18, 93:8, 103:7
system [10] - 33:3, 33:14, 46:12, 52:10, 62:12, 62:19, 66:20, 66:25, 87:13
systems [3] - 59:16, 59:21, 63:22

T

table [1] - 51:6
talks [2] - 72:17, 73:24
tallied [1] - 53:13
tandem [1] - 59:20
tasked [1] - 22:2
taught [3] - 90:16, 90:17
team [1] - 31:19
technical [1] - 39:23
temperature [1] - 47:1
ten [6] - 10:22, 47:13, 50:11, 52:4, 77:10, 107:24
term [5] - 8:25, 36:6, 51:13, 55:3
terms [3] - 34:14, 63:11, 80:16
terrified [1] - 27:5
test [1] - 105:12
testified [2] - 28:20, 86:17
testify [10] - 21:17, 25:24, 27:4, 27:18, 27:23, 37:12, 37:20, 37:23, 86:20, 101:22
testifying [1] - 37:19
testimony [12] - 24:15, 28:5, 29:9, 55:25, 56:7, 79:2, 79:13, 84:10, 84:14, 84:17, 104:9, 104:15
testing [1] - 91:12
THAT [3] - 109:13, 109:15, 109:17
THE [83] - 3:7, 4:3, 4:5, 4:7, 17:13, 20:1, 32:2, 32:9, 32:10, 32:12, 32:15, 32:17, 37:19, 38:2, 39:10, 39:12, 39:17, 40:8, 40:17, 41:24, 42:1,

42:3, 44:1, 44:5,
48:16, 48:18, 48:22,
55:5, 55:15, 55:18,
56:15, 56:17, 56:19,
62:9, 66:11, 68:4,
68:6, 68:9, 80:19,
80:20, 85:10, 88:20,
88:22, 89:1, 89:3,
89:5, 89:6, 89:20,
90:2, 90:4, 92:7,
97:14, 98:3, 98:5,
99:16, 99:18, 99:21,
100:8, 100:17,
100:19, 101:8,
101:17, 101:21,
102:6, 102:7, 102:9,
104:9, 104:16,
104:17, 105:21,
106:5, 106:13,
106:14, 106:22,
107:1, 108:13,
108:15, 109:1,
109:11, 109:12,
109:13, 109:14,
109:15
themselves [1] - 59:10
THEREAFTER [1] -
109:15
they've [5] - 11:23,
17:10, 31:20, 33:9,
58:17
thinking [2] - 52:14,
56:13
thinks [1] - 37:20
third [4] - 24:9, 25:9,
45:5, 80:23
thirds [1] - 36:2
THIS [1] - 109:17
threatening [3] -
103:22, 104:6,
104:13
three [8] - 8:4, 17:20,
18:12, 41:9, 47:18,
53:4, 53:9, 86:4
three-decade [1] -
18:12
three-quarters [1] -
86:4
throwing [1] - 47:15
TIME [1] - 109:14
timing [1] - 19:4
title [1] - 82:7
TO [1] - 109:15
today [9] - 36:25,
37:11, 70:19, 71:1,
80:2, 84:7, 84:17,
89:10, 89:17
together [7] - 5:21,
10:5, 10:14, 11:14,
12:6, 90:16, 94:14
tomorrow [5] - 107:4,
107:12, 108:5,
108:9, 108:25
tonight [1] - 107:8
took [6] - 21:2, 25:25,
31:5, 70:11, 76:4,
95:21
tool [10] - 47:9, 47:11,
47:14, 48:2, 48:6,
60:11, 60:12, 77:2
tools [4] - 47:12,
47:24, 53:16, 78:15
top [2] - 38:13, 52:3
topic [1] - 79:19
total [1] - 21:3
touch [1] - 24:23
track [1] - 47:18
traffic [3] - 107:17,
107:21, 108:6
train [4] - 36:13, 52:9,
59:10, 59:13
trained [4] - 7:16,
18:15, 25:21, 88:15
training [14] - 21:9,
33:13, 58:24, 59:1,
59:15, 59:18, 60:3,
60:20, 62:20, 62:24,
62:25, 65:16, 69:6,
69:11
TRANSCRIPT [1] -
1:14
TRANSCRIPTION [2] -
109:16, 109:17
transcripts [3] - 38:9,
38:15, 68:19
transfer [5] - 16:15,
29:16, 60:21, 64:23,
67:22
transferred [4] - 16:8,
16:15, 66:15, 79:5
transition [1] - 92:2
transmit [1] - 67:3
transmitted [2] -
64:17, 65:23
transport [2] - 43:8,
70:8
transported [3] - 42:6,
69:20, 70:12
transports [1] - 74:2
treatment [3] - 45:12,
61:25, 76:24
tremens [5] - 16:13,
19:2, 19:3, 46:22,
72:7
tremors [2] - 46:18,
93:12
Triage [1] - 15:7
trial [2] - 5:10, 7:3
tried [8] - 13:14,
23:11, 27:11, 29:6,
29:22, 94:13, 94:18,
102:24
trigger [2] - 77:16,
91:9
triggers [1] - 45:25
trod [1] - 65:12
trouble [1] - 97:5
truck [7] - 14:8, 96:16,
96:20, 97:3, 97:11,
97:22
TRUE [1] - 109:17
true [2] - 73:14, 82:10
truth [4] - 20:8, 24:17,
31:11, 73:10
truthfully [1] - 87:5
try [10] - 7:21, 33:8,
34:22, 39:24, 60:12,
61:18, 61:24, 75:15,
94:10, 108:4
trying [4] - 28:12,
43:1, 61:6, 94:5
TUESDAY [2] - 1:15,
4:1
turn [1] - 25:9
twice [1] - 21:20
two [12] - 24:24, 36:2,
46:9, 50:24, 54:11,
57:20, 59:14, 64:21,
66:16, 86:6, 92:20,
98:16
two-thirds [1] - 36:2
Type [1] - 8:24
type [17] - 9:2, 9:4,
14:21, 17:25, 35:8,
41:11, 45:11, 45:12,
53:4, 59:5, 59:7,
61:21, 62:17, 63:9,
66:4, 66:14, 66:21
types [9] - 6:9, 9:23,
12:12, 49:9, 49:20,
49:23, 50:14
TYPEWRITTEN [1] -
109:15
typical [3] - 27:21,
28:1, 63:21
typically [2] - 26:5,
66:8

U

U.S [3] - 34:25, 35:3,
35:4
ugly [1] - 78:22
Umphlett [19] - 17:2,
20:11, 22:23, 23:4,
23:8, 23:11, 23:20,
23:24, 24:1, 24:2,
24:4, 24:8, 73:15,
73:23, 74:7, 98:18,
103:13, 104:1,
104:14
Umphlett's [1] - 70:22
under [18] - 8:23,
15:11, 28:5, 41:11,
45:5, 47:3, 52:17,
52:21, 53:14, 54:3,
54:4, 57:2, 57:4,
57:8, 57:12, 58:11,
75:9, 75:14
unfortunately [2] -
30:25, 31:10
unit [1] - 94:14
UNITED [4] - 1:1, 1:1,
1:4, 109:11
United [1] - 37:5
unless [2] - 37:22,
52:22
unresponsive [1] -
31:2
up [41] - 8:12, 8:25,
10:2, 11:10, 12:4,
12:25, 13:23, 16:7,
26:12, 26:13, 30:24,
31:19, 33:4, 33:17,
34:7, 37:21, 37:24,
46:11, 46:15, 46:24,
47:15, 47:17, 47:18,
50:4, 50:7, 52:7,
53:17, 53:18, 53:21,
54:20, 54:24, 55:8,
56:24, 63:25, 66:24,
67:9, 69:17, 86:3,
88:12, 107:22, 108:3
update [1] - 108:17
upset [4] - 13:5,
94:16, 94:19, 94:21
utility [1] - 47:24

V

vacuum [1] - 18:2
Valley [14] - 8:6, 8:15,
9:11, 9:13, 11:4,
15:14, 15:16, 16:15,
16:16, 17:6, 20:22,
29:16, 30:7
value [5] - 10:19,
19:11, 19:21, 19:22
variety [1] - 87:25
vehicle [2] - 13:19,
14:13
venters [1] - 32:20
VENTERS [1] - 3:8
Venters [16] - 18:6,
32:8, 32:15, 38:4,
39:19, 40:3, 40:21,
41:19, 44:7, 48:24,
51:4, 51:20, 56:24,
66:13, 68:12, 85:13
verbally [3] - 94:16,
94:23, 95:16
versus [1] - 4:4
Victor [1] - 32:15
Victorville [3] - 8:4,
9:14
video [4] - 25:16,
38:10, 75:18, 75:19
view [1] - 33:7
violate [1] - 65:1
violent [3] - 13:7,
94:22, 95:16
visiting [1] - 11:15
visits [2] - 30:17,
83:23
visually [1] - 92:18
vital [3] - 25:25, 42:15,
76:4
vocational [1] - 104:7
vodka [1] - 12:20
voice [2] - 100:1,
100:24
voiced [1] - 23:16
voir [1] - 6:1
voluntarily [1] - 30:15
vomiting [1] - 52:2
VS [1] - 1:8
vulnerability [1] - 9:4

W

waffle [1] - 23:13
wait [3] - 13:1, 31:23,
107:10
waiting [1] - 107:25
walk [2] - 13:22, 20:19
walked [1] - 96:9
walking [1] - 13:22
walks [1] - 13:23
wane [1] - 55:3
wanna [1] - 24:10
wants [1] - 15:6
warned [2] - 28:24,
30:20
warnings [1] - 28:12
WAS [1] - 109:15
waste [1] - 5:13
wasted [1] - 107:24
wasting [1] - 19:4
watch [2] - 16:4, 107:9
wave [3] - 54:19,
54:20, 54:22
waver [1] - 54:17
waves [4] - 46:24,
54:16, 54:25, 55:4
wax [1] - 55:3
ways [2] - 10:7, 91:14
Wednesday [2] -
12:15, 13:21
week [3] - 5:15, 12:4

weekend [1] - 49:1
weeks [3] - 5:11, 12:10, 46:15
WEST [4] - 1:24, 2:4, 2:7, 2:10
West [7] - 9:11, 15:13, 16:15, 16:16, 20:22, 29:16, 30:7
WESTERN [1] - 1:2
whole [2] - 49:3, 87:25
wife [1] - 13:14
william [1] - 74:8
William [31] - 4:25, 5:1, 6:12, 7:22, 9:16, 9:24, 10:3, 10:7, 11:5, 13:22, 14:1, 14:5, 14:7, 14:12, 16:10, 17:15, 19:10, 37:17, 61:6, 61:11, 68:1, 68:14, 69:1, 72:22, 74:12, 76:9, 77:19, 80:12, 84:20, 84:24
withdraw [5] - 23:24, 26:9, 27:20, 27:25, 51:9
withdrawal [45] - 7:14, 16:12, 16:20, 22:13, 45:18, 45:20, 45:25, 46:5, 46:17, 46:22, 47:5, 47:10, 47:11, 48:4, 48:7, 48:8, 48:10, 48:14, 51:1, 51:5, 52:15, 53:2, 53:4, 53:23, 54:2, 54:14, 54:17, 58:16, 60:8, 61:7, 63:10, 64:12, 68:13, 72:17, 78:20, 78:21, 85:20, 85:23, 86:3, 87:14, 87:22, 88:1, 92:3, 103:23
withdrawals [14] - 15:24, 54:9, 72:10, 72:13, 72:22, 76:12, 76:17, 77:3, 80:13, 83:21, 103:25, 104:5, 104:13
withdrawing [2] - 51:7, 78:23
WITNESS [9] - 32:15, 42:1, 80:20, 89:5, 90:4, 98:5, 102:7, 104:17, 106:14
witness [8] - 29:23, 32:6, 32:11, 37:22, 56:21, 88:23, 89:2
witnesses [9] - 21:17, 24:12, 24:18, 25:3, 25:4, 25:8, 25:10, 29:9, 38:15
WITNESSES [1] - 3:6
word [3] - 63:20, 72:5, 72:7
words [5] - 60:8, 64:17, 87:9, 95:15, 95:17
works [3] - 32:22, 60:3, 64:2
worried [15] - 15:19, 15:22, 15:23, 17:8, 27:4, 28:10, 38:24, 42:19, 65:14, 72:11, 78:23, 93:17, 103:20, 105:19
worry [3] - 45:2, 78:20, 85:18
worse [5] - 30:21, 54:25, 55:4, 108:23
worst [1] - 54:9
write [1] - 49:10
writes [2] - 14:24, 15:1
writing [1] - 84:11
wrote [2] - 49:6, 49:19

Y

year [4] - 33:24, 49:17, 92:12, 92:20
years [13] - 9:18, 10:22, 33:5, 34:6, 34:7, 36:12, 46:15, 86:3, 89:14, 89:15, 90:14, 91:1, 92:16
yelling [3] - 13:6, 94:22, 95:9
York [7] - 33:3, 33:11, 33:13, 33:21, 34:3, 35:19, 59:22
younger [1] - 11:6
youngest [1] - 9:17
yourself [2] - 26:24, 89:11
yourselves [2] - 55:10, 107:5

Z

zero [3] - 52:4, 53:9, 54:7
zone [1] - 54:11
zooming [1] - 51:24