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IN THE SUPERIOR COURT OF FULTON COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA )  
 ) INDICTMENT NO.  
V. ) 16SC146906  
 )  
JORDAN HUNTER, )  
 ) DEFENDANT. )

**VOLUME 4 OF 8**  
**TRANSCRIPT OF TRIAL PROCEEDINGS**  
BEFORE THE HONORABLE ROBERT MCBURNEY  
ATLANTA JUDICIAL CIRCUIT  
**AUGUST 9, 2017**

APPEARANCES:  
FOR THE STATE: LAUREN A. MCAULEY  
RUDY HARRIS  
ASSISTANT DISTRICT ATTORNEY  
FOR THE DEFENDANT: COREY BOWLES  
ATTORNEY AT LAW

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**FURTHER REDIRECT EXAMINATION**

**BY MS. MCAULEY:**

**Q** DR. SHERIDAN, THE MARK THAT'S PICTURED IN THAT PHOTO ON THE VICTIM'S BACK, IS THAT CONSISTENT WITH THAT BRUISE BEING IN THE EARLY STAGES OF BRUISING BASED ON THE COLORATION OF THE BRUISE?

**A** YES.

**Q** OKAY, THANK YOU. IT'S JUST WE CAN'T AGE THE BRUISE OR ASSIGN A SPECIFIC TIME AND DAY THAT THE BRUISE WAS EXISTING ON THE PATIENT?

**A** THAT IS CORRECT.

**THE COURT:** MR. BOWLES, ANYTHING ELSE?

**MR. BOWLES:** NOTHING FURTHER, JUDGE.

**THE COURT:** THANK YOU, MA'AM, FOR YOUR TIME.

**THE WITNESS:** THANK YOU.

**THE COURT:** NEXT WITNESS?

**MS. MCAULEY:** YES, YOUR HONOR. THE STATE CALLS DR. GELLER.

**DR. ROBERT GELLER,**

HAVING BEEN DULY SWORN, WAS EXAMINED AND TESTIFIED AS FOLLOWS:

**THE DEPUTY:** HAVE A SEAT. PLEASE STATE YOUR FIRST AND LAST NAME WITH THE SPELLING OF EACH.

**THE WITNESS:** MY NAME IS DR. ROBERT, R-O-B-E-R-T, GELLER, G-E-L-L-E-R.



1 Q AND ARE YOU A MEMBER OF ANY PROFESSIONAL OR  
2 ACADEMIC ASSOCIATIONS IN THE FIELD OF TOXICOLOGY?

3 A YES, I'M A FELLOW OF THE AMERICAN COLLEGE OF  
4 MEDICAL TOXICOLOGY, FELLOW OF THE AMERICAN ACADEMY OF  
5 CLINICAL TOXICOLOGY, AND A MEMBER OF THE AMERICAN  
6 ASSOCIATION OF POISON CONTROL CENTERS.

7 Q AND IN ADDITION TO YOUR PROFESSIONAL  
8 ASSOCIATIONS, HAVE YOU EVER TAUGHT ANY LECTURES OR  
9 COURSES IN THE FIELD OF TOXICOLOGY?

10 A YES, WE HAVE A FELLOWSHIP TRAINING PROGRAM FOR  
11 PEOPLE WHO ARE ACQUIRING SKILLS IN MEDICAL TOXICOLOGY  
12 AFTER FINISHING THEIR TRAINING IN A PRIMARY MEDICAL  
13 SPECIALTY. I HAVE MORE THAN 50 PUBLICATIONS AND  
14 PROBABLY MORE THAN A HUNDRED MEDIA APPEARANCES AND  
15 PROBABLY MORE THAN 500 LECTURES IN MY CAREER.

16 MS. MCAULEY: AT THIS TIME, YOUR HONOR, I  
17 WOULD TENDER DR. GELLER AS AN EXPERT IN THE FIELD  
18 OF TOXICOLOGY.

19 THE COURT: MR. BOWLES, DO YOU HAVE ANY  
20 QUESTIONS FOR DR. GELLER OR ANY OBJECTIONS TO HIS  
21 QUALIFICATIONS BEYOND THE MATTERS WE'VE TALKED  
22 ABOUT OUTSIDE THE PRESENCE OF THE JURY?

23 MR. BOWLES: NO OBJECTIONS AND NO QUESTIONS,  
24 JUDGE.

25 THE COURT: OKAY. DR. GELLER, YOU ARE

1 QUALIFIED FOR THE PURPOSES OF THIS PROCEEDING AS AN  
2 EXPERT IN THE FIELD OF TOXICOLOGY.

3 **THE WITNESS:** THANK YOU, YOUR HONOR.

4 **THE COURT:** YOU'RE WELCOME.

5 **Q (BY MS. MCAULEY)** DR. GELLER, WERE YOU  
6 PROVIDED MATERIALS TO REVIEW IN CONNECTION WITH THE CASE  
7 THAT YOU'RE HERE TESTIFYING FOR?

8 **A** YES, I WAS.

9 **Q** AND WHAT MATERIALS WERE THOSE?

10 **A** I WAS PROVIDED THREE CD'S, WHICH CONTAINED  
11 CASE FILES PART 1 AND PART 2 OF THE POLICE  
12 INVESTIGATION; TWO G.B.I. REPORTS, ONE ON ALCOHOL AND  
13 ONE ON TOXICOLOGY; AND WRITTEN STATEMENTS COMPILED BY  
14 THE POLICE ON THIS MATTER.

15 **Q** AND WERE YOU ALSO PROVIDED THE RECORDED  
16 STATEMENTS OF MS. MATALON?

17 **A** I WAS.

18 **Q** AND DID YOU REVIEW ALL THOSE DOCUMENTS IN  
19 PREPARATION FOR YOUR TESTIMONY?

20 **A** I DID.

21 **Q** AND AFTER REVIEWING THOSE DOCUMENTS -- WELL,  
22 FIRST, WHAT ARE SOME DRUGS OR TOXINS THAT ARE USED OR  
23 ARE COMMONLY FOUND WHEN A PERSON REPORTS LOSS OF MEMORY?

24 **A** SO THERE ARE A NUMBER OF DRUG CLASSES THAT CAN  
25 BE USED FOR THAT. OBVIOUSLY WE ALL KNOW ABOUT ALCOHOL

1 OR TECHNICALLY ETHANOL SINCE IT'S NOT THE ONLY ALCOHOL.  
2 WE KNOW ABOUT DRUGS IN THE CLASS OF BENZODIAZEPINES.  
3 THAT DRUG CLASS INCLUDES THINGS THAT THE JURY MIGHT  
4 THINK OF AS VALIUM OR ATIVAN OR XANAX. AND THEN THERE  
5 ARE DRUGS THAT ARE NOT COMMONLY THOUGHT OF. SO THERE'S  
6 A DRUG CLASS CALLED GAMMA-HYDROXYBUTYRATE, WHICH IS  
7 MARKETED IN A VERY RESTRICTED MANNER FOR THE TREATMENT  
8 OF NARCOLEPSY, BUT IS WIDELY AVAILABLE ON THE BLACK  
9 MARKET. AND THERE ARE VARIOUS SYNTHETIC DRUGS THAT ARE  
10 AVAILABLE ON THE MARKET -- ON THE BLACK MARKET, I SHOULD  
11 SAY, THAT CAN CAUSE OBTUNDATION, AND OBTUNDATION MEANS  
12 THE SENSE OF -- OR THE OBSERVATION THAT YOU ARE  
13 UNRESPONSIVE TO STIMULI.

14 Q THE USE OF GAMMA-HYDROXYBUTYRATE, WHAT TYPE OF  
15 PHARMACOLOGY USES IS THAT USED FOR?

16 A IT'S ONLY USED FOR THE TREATMENT OF NARCOLEPSY  
17 ONLY IN THE HANDS OF A SLEEP SPECIALIST. YOU CANNOT GET  
18 IT AT A PHARMACY. IT MUST BE SHIPPED FROM THE COMPANY'S  
19 WAREHOUSE DIRECTLY TO YOU WITH DIRECT TRACKING AND HAND  
20 SIGNATURE. YOU CAN'T HAVE SOMEONE RECEIVE IT FOR YOU.  
21 AND THAT'S THE ONLY APPROVED USE. IT'S, UNFORTUNATELY,  
22 WIDELY AVAILABLE ON THE STREET BECAUSE IT'S A SIMPLE  
23 CHEMICAL TO SYNTHESIZE.

24 Q WHAT ABOUT -- IS THERE ANY OTHER DRUGS, SUCH  
25 AS KETAMINE OR ROHYPNOL, THAT WOULD CAUSE THE SAME



1 EFFECTS AS GAMMA-HYDROXYBUTYRATE?

2 **A** THEY DO CAUSE SIMILAR EFFECTS. KETAMINE TENDS  
3 TO CAUSE A LITTLE BIT DIFFERENT PICTURE; IN THAT, IT CAN  
4 ALSO CAUSE HALLUCINATIONS. WHEREAS ROHYPNOL, WHICH IS A  
5 BENZODIAZEPINE CLASS, WHICH IS THE SAME CLASS AS VALIUM  
6 OR XANAX, TENDS NOT TO CAUSE HALLUCINATIONS AND ON THE  
7 OTHER HAND, THOSE DRUGS TEND TO HANG AROUND -- MOST OF  
8 THOSE DRUGS HANG AROUND LONGER.

9 **Q** WHEN YOU SAY HANG AROUND LONGER, WHAT DO YOU  
10 MEAN?

11 **A** THEY STAY IN THE BODY LONGER AND SO YOUR BODY  
12 DOESN'T ELIMINATE THEM QUICKLY, SO THE CLINICAL EFFECTS  
13 TEND TO LAST LONGER.

14 **Q** AND HOW LONG DOES GAMMA-HYDROXYBUTYRATE STAY  
15 IN YOUR SYSTEM?

16 **A** IT DEPENDS PARTLY ON THE DOSE. THE LARGER THE  
17 DOSE, THE LONGER IT HANGS AROUND, BUT THE CLASSIC STORY  
18 IS TWO TO FOUR HOURS.

19 **Q** AND THAT'S TWO TO FOUR HOURS AFTER INGESTION?

20 **A** YES, MA'AM.

21 **Q** AND ONCE -- AND CAN I REFER TO  
22 GAMMA-HYDROXYBUTYRATE AS G.H.B.?

23 **A** PLEASE.

24 **THE COURT:** THANK YOU.

25 **Q (BY MS. MCAULEY)** ONCE G.H.B. IS IN THE

1 SYSTEM, HOW LONG DOES IT TAKE TO TAKE EFFECT?

2 A USUALLY ABOUT 30 MINUTES.

3 Q AND WHAT ARE SOME OF THE EFFECTS?

4 A USUALLY THE CLASSIC STORY IS PEOPLE GET  
5 SLEEPY, THEN THEY GET COMPLETELY UNABLE TO CONTROL THEIR  
6 OWN BODY FUNCTIONS, AND THEN THEY BECOME DENSELY  
7 COMATOSE. THEY SHOW UP IN AN EMERGENCY DEPARTMENT  
8 TYPICALLY COMPLETELY COMATOSE. THE E.R. SAYS, OH, MY  
9 GOODNESS; PATIENT IS LIKELY TO STOP BREATHING ANY  
10 SECOND. THEY PUT THEM ON THE VENTILATOR; AND THEN THREE  
11 OR FOUR HOURS LATER, THE PATIENT SUDDENLY WAKES UP AND  
12 GOES, WHAT AM I DOING HERE AND WHY AM I ON A VENTILATOR.

13 Q AND IN TERMS OF SOMEONE LOSING CONTROL OF  
14 BODILY FUNCTIONS, WOULD THAT BE LOSING THE ABILITY TO  
15 CONTROL URINATION?

16 A YES.

17 Q OR HAVING A STOOL?

18 A POSSIBLY.

19 Q AND WHEN YOU SAY COMATOSE, ARE YOU TALKING  
20 ABOUT SOMEONE WHO IS ASLEEP OR SOMEONE WHO IS APPEARING  
21 AS IF THEY WERE IN A COMA?

22 A APPEARING AS IF THEY WERE IN A COMA.

23 Q SO SOMEONE GENTLY SHAKING THEM OR TRYING TO  
24 WAKE THEM WOULD NOT BRING THEM OUT OF THAT STATE?

25 A NO.

1 Q AND IN REVIEWING THE STATEMENT OF MS. MATALON,  
2 WAS WHAT SHE REPORTED CONSISTENT WITH G.H.B.?

3 A ABSOLUTELY CLASSIC.

4 Q BEING FAMILIAR SOMEWHAT WITH THE CASE FILE AND  
5 THE TIMELINE IN THE CASE, WOULD HER INGESTION OF G.H.B.  
6 BE CONSISTENT WITH BETWEEN 12:30 AND 1:30 A.M.?

7 A YES.

8 Q AND THEN SYMPTOMOLOGY, IF SHE HAD INGESTED IT  
9 BETWEEN 12:30 AND 1:30 A.M. THE SYMPTOMS WOULD HAVE WORN  
10 OFF OR SHE WOULD HAVE COME OUT OF IT SOMEWHERE BETWEEN  
11 3:30 A.M. AND 4:30 A.M.?

12 A COULD BE OR PERHAPS AS LATE AS 5:30 A.M.

13 **THE COURT:** DOES IT MATTER HOW MUCH -- THIS IS  
14 ALL HYPOTHETICAL -- WAS CONSUMED, A GALLON VERSUS  
15 AN EYE-DROPPER?

16 **THE WITNESS:** YES. THE LARGER THE DOSE, THE  
17 LONGER THE TIME TO COME OUT OF IT, WHICH IS WHY WE  
18 CAN ONLY ESTIMATE HOW LONG IT WOULD LIKELY BE ON  
19 BOARD, BUT THE CLASSIC STORY FOR A TYPICAL DOSE  
20 THAT SEEMS TO BE USED ON THE STREET SEEMS TO BE  
21 ABOUT FOUR HOURS, AND WE HAVE HAD PEOPLE WHO HAVE  
22 BEEN COMATOSE AS LONG AS 36 HOURS AFTER HUGE DOSES,  
23 BUT THE CLASSIC STORY IS THREE, FOUR OR FIVE HOURS.

24 Q **(BY MS. MCAULEY)** WOULD BEING SUDDENLY UNABLE  
25 TO WRITE PROPERLY BE CONSISTENT WITH G.H.B.?

1           **A**       THE EARLY SYMPTOMS, YES.

2           **Q**       AND WHY IS G.H.B. -- WHY DOES IT ONLY LAST IN  
3 THE SYSTEM FOR TWO TO FOUR HOURS? WHAT IS UNIQUE ABOUT  
4 THE PROPERTIES OF IT?

5           **A**       IT'S VERY QUICKLY METABOLIZED BY THE BODY, SO  
6 IT'S BROKEN DOWN TO INACTIVE COMPOUNDS VERY QUICKLY  
7 COMPARED TO MANY OTHER DRUGS.

8           **Q**       IS THAT ALSO WHY IT MAKES IT DIFFICULT TO TEST  
9 FOR?

10          **A**       SO IT'S A VERY SIMPLE MOLECULE AND MOST OF THE  
11 TESTING THAT WE DO FOR DRUGS OF ABUSE DON'T DETECT THIS  
12 DRUG; AND EVEN IF WE WERE USING A TEST THAT DID DETECT  
13 THIS DRUG, OF WHICH THERE ARE VERY FEW, THE AMOUNT  
14 PRESENT IN URINE OF THE INTACT COMPOUND IS ONLY THERE  
15 FOR A FEW HOURS AND SO USUALLY THE WINDOW TO DETECT IT  
16 IS MISSED.

17          **Q**       DR. GELLER, WITH YOUR FAMILIARITY WITH DRUG  
18 PATTERNS, IN THE STATE OF GEORGIA IS G.H.B. PREVALENTLY  
19 USED IN THE STATE?

20          **A**       UNFORTUNATELY, YES.

21                   **MS. MCAULEY:** THANK YOU. I'LL PASS THIS  
22 WITNESS TO MR. BOWLES.

23                   **THE COURT:** MR. BOWLES, ANY QUESTIONS FOR DR.  
24 GELLER?

25                   **MR. BOWLES:** BRIEFLY, JUDGE.

1 **CROSS-EXAMINATION**

2 **BY MR. BOWLES:**

3 **Q** AFTERNOON GOOD, DOCTOR.

4 **A** THANK YOU.

5 **Q** DOCTOR, YOU MENTIONED ALSO BESIDES G.H.B., THE  
6 SYMPTOMS ARE ALSO SIMILAR TO SOMEBODY CONSUMING ALCOHOL?

7 **A** YES.

8 **Q** VALIUM?

9 **A** YES.

10 **Q** AND YOU SAID SOMETHING OTHER THAN VALIUM?

11 **A** I WAS ASKED KETAMINE AS WELL.

12 **Q** OKAY. NOW, IS DIZZINESS ALSO A SYMPTOM OF  
13 POSSIBLE G.H.B. INTOXICATION?

14 **A** I'M SORRY, ISN'T WHAT?

15 **Q** DIZZINESS?

16 **A** IT COULD BE. USUALLY THE DENSITY OF THE COMA  
17 PROCEEDS VERY QUICKLY, SO THE DIZZINESS WOULD BE  
18 SHORT-LIVED.

19 **Q** OKAY. WHAT ABOUT NAUSEA?

20 **A** IT COULD BE.

21 **Q** VOMITTING?

22 **A** IT COULD BE.

23 **Q** HEAVY SWEATING?

24 **A** PROBABLY NOT WITH G.H.B. MORE LIKELY WITH  
25 KETAMINE.

1           **Q**     OKAY.  NOW, OF COURSE, JUST AS YOU SAID AND AS  
2 THE JUDGE ASKED, THE MORE OF ONE OF THESE G.H.B.,  
3 KETAMINE, WHATEVER, THE MORE YOU TAKE, THE LONGER THE  
4 EFFECTS?

5           **A**     THAT'S CORRECT.

6           **Q**     AND THAT WOULD ALSO BE FOR ALCOHOL?

7           **A**     YES.

8           **Q**     OKAY.  DO YOU KNOW WHAT WOULD HAPPEN IF YOU  
9 MIX ALCOHOL WITH AN ENERGY DRINK?

10          **A**     SO IT DEPENDS WHAT YOU'RE CONSIDERING TO BE AN  
11 ENERGY DRINK, BUT MOST OF THE THINGS CONSIDERED TO BE  
12 ENERGY DRINKS CONTAIN CAFFEINE, WHICH IS THE SAME THING  
13 THAT'S PRESENT IN COFFEE OR A COLA DRINK.  THE CAFFEINE  
14 MIGHT OFFSET SOME OF THE DEPRESSANT EFFECTS OF THESE  
15 DRUGS, BUT G.H.B. HAS SUCH A PROFOUND DEPRESSIVE EFFECT  
16 THAT NONE OF THESE THINGS WOULD MAKE ANY DIFFERENCE.

17          **Q**     OKAY.  AND LIKE YOU SAID, YOU READ THE CASE  
18 FILE ABOUT MS. MATALON?

19          **A**     YES.

20          **Q**     AND YOU UNDERSTAND THAT IT WAS PRETTY MUCH  
21 SPECULATION, THERE'S BEEN NO EVIDENCE THAT ANYBODY  
22 POISONED HER WITH G.H.B.?

23          **A**     THE DATA IS CONSISTENT WITH THE IDEA THAT  
24 SOMEONE PUT SOMETHING IN HER DRINK WHEN SHE PUT IT DOWN  
25 WHILE SHE WENT TO THE BARTENDER -- WELL, I'M SORRY, TO

1 THE DJ TO REQUEST A SONG AND THAT WHEN SHE CONSUMED IT  
2 AFTER THAT, THAT IT WOULD HAVE KICKED IN ABOUT A HALF  
3 HOUR LATER AND THAT IF YOU ACCEPT THE STATEMENT THAT SHE  
4 WOKE UP SOMETIME BETWEEN 5:00 AND 6:30 IN THE MORNING,  
5 BEING A VERY LOOSE NUMBER, IT'S COMPLETELY CONSISTENT  
6 WITH A DOSE OF G.H.B. BEING GIVEN AT THAT TIME. AS A  
7 MATTER OF FACT, IT'S CLASSIC FOR THAT STORY.

8 Q OKAY. BUT IT IS STILL CONSIDERED SPECULATION  
9 BEING THERE WAS NO PROOF THAT IT WAS ACTUALLY PUT IN  
10 THERE?

11 A THERE IS NO PROOF.

12 THE COURT: IF THE ALLEGED FUNNY HANDWRITING  
13 OCCURRED BEFORE THE TRIP TO THE DJ BOOTH, WHAT DOES  
14 THAT SAY ABOUT WHAT YOU JUST SAID?

15 THE WITNESS: SO IT'S POSSIBLE THAT THE  
16 ALLEGED FUNNY HANDWRITING WAS DUE TO EFFECTS  
17 INITIALLY OF ALCOHOL AND THAT THIS WAS THEN ADDED  
18 ON TOP OF IT, WHICH WOULD MAKE IT MUCH MORE POTENT  
19 BECAUSE YOU HAVE TWO SIMULTANEOUS DRUGS THAT ARE  
20 CAUSING CENTRAL NERVOUS SYSTEM DEPRESSION. IT'S  
21 ALSO IMPORTANT TO NOTE THAT THE FORENSIC DATA  
22 OFFERED BY THE G.B.I. IS NOT HELPFUL BECAUSE G.B.I.  
23 DOESN'T TEST FOR G.H.B. AND SO THE NEGATIVE DRUG  
24 SCREEN MEANS NOTHING IN THIS CASE REGARDING G.H.B.

25 Q (BY MR. BOWLES) YOU SAID CENTRAL NERVOUS

1 SYSTEM DEPRESSION, DOES IT MAKE IT HARD TO WALK?

2 A IT DOES.

3 Q HARDER TO JUST DO REGULAR MOVEMENTS?

4 A EXACTLY.

5 MR. BOWLES: ALL RIGHT. NOTHING FURTHER.

6 THANK YOU, SIR.

7 THE COURT: REDIRECT.

8 MS. MCAULEY: YES, JUST BRIEFLY, YOUR HONOR.

9 REDIRECT EXAMINATION

10 BY MS. MCAULEY:

11 Q YOU REVIEWED THE G.B.I. DATA ON THE TESTING  
12 THAT THEY DID OF MS. MATALON'S BLOOD AND URINE?

13 A YES.

14 Q AND IT WAS NEGATIVE FOR VALIUM, CORRECT?

15 A CORRECT.

16 Q AND DOES VALIUM STAY IN YOUR SYSTEM FOR LONGER  
17 THAN FOUR TO SIX HOURS?

18 A VALIUM IS ACTUALLY A FAIRLY LONG HALF-LIFE  
19 DRUG. YOU SHOULD BE ABLE TO PICK THAT UP FOR A DAY AT  
20 LEAST.

21 Q WOULD ANYWHERE BETWEEN SIX AND TEN DRINKS OVER  
22 A SIX-AND-A-HALF-HOUR PERIOD CAUSE THE SYMPTOMS REPORTED  
23 BY MS. MATALON?

24 A PROBABLY NOT.

25 Q AND THE, I GUESS, EFFECT RATE, IF YOU WOULD,



1 FOR G.H.B. IS ANYWHERE BETWEEN 60 AND 30 MINUTES?

2 **A** I'M SORRY, YOU MEAN THE TIME TO BEGIN AFTER  
3 TAKING THE DRUG TO THE TIME THE EFFECTS START?

4 **Q** YES.

5 **A** YES, 30 MINUTES WOULD BE MY USUAL GUESS. I  
6 GUESS I SHOULD SAY "ESTIMATE" TO BE MORE ACCURATE.

7 **Q** SO IT'S POSSIBLE THAT IT COULD HAVE BEEN  
8 INGESTED BEFORE SHE WENT TO THE DJ BOOTH OR AFTER?

9 **A** BASED ON THE HISTORY WE HAVE, YES.

10 **Q** AND I DON'T THINK I HAVE ANY OTHER QUESTIONS.  
11 THANK YOU VERY MUCH.

12 **THE COURT:** OKAY, QUESTIONS FROM THE JURORS  
13 FOR DR. GELLER?

14 PASS THEM TO THE SERGEANT, PLEASE.

15 THANK YOU.

16 **THE DEPUTY:** YOU'RE WELCOME.

17 MS. MCAULEY. MR. BOWLES.

18 (A DISCUSSION WAS HELD OFF THE RECORD.)

19 **THE COURT:** FROM YOUR EXPERIENCE, IF YOU CAN  
20 ANSWER THIS, HOW MANY DRINKS -- AND BY THAT, I MEAN  
21 THE STANDARD-SIZE DRINK YOU GET IF YOU GO TO A BAR  
22 AND SAY I WANT A VODKA TONIC OR SOMETHING LIKE  
23 THAT -- WOULD CAUSE SOMEONE TO BEGIN TO BE UNABLE  
24 TO WRITE IN A STRAIGHT LINE?

25 **THE WITNESS:** SO IT BEGINS --

1           **THE COURT:**  THERE MAY BE A HUNDRED VARIABLES  
2           AND IF I NEED TO CONSTRAIN SOME OF THOSE VARIABLES,  
3           LET ME KNOW.

4           **THE WITNESS:**  LET ME TRY AND GIVE YOU A  
5           PARTIAL ANSWER AND YOU CAN TRY TO NARROW ME IN.

6           **THE COURT:**  OKAY.

7           **THE WITNESS:**  SO THE FIRST QUESTION IS, IT  
8           DEPENDS ON WHETHER THE PERSON DRINKING THE ALCOHOL  
9           IS -- DRINKS FREQUENTLY AND IS TOLERANT OF ALCOHOL  
10          OR NOT.

11          THE SECOND QUESTION IS THE WEIGHT OF THE  
12          PATIENT AND THE GENDER OF THE PERSON.

13          THE THIRD QUESTION IS OVER WHAT PERIOD OF TIME  
14          THEY'VE HAD IT.

15          AND THE FOURTH QUESTION IS WHETHER THEY'RE  
16          DRINKING ON A FULL OR EMPTY STOMACH.

17          **THE COURT:**  SO LET ME ADD SOME DATA.  LET'S  
18          ASSUME FOR MY QUESTION THAT THE PERSON IS ABOUT THE  
19          HEIGHT AND WEIGHT AND AGE OF MS. MATALON.  IF THAT  
20          WAS PRESENTED TO YOU IN THE INFORMATION YOU  
21          RECEIVED, THEN YOU'VE GOT THAT DATA.

22          **THE WITNESS:**  OKAY.

23          **THE COURT:**  LET'S ASSUME THE LAST MEAL EATEN  
24          WAS AT AROUND 7:00 IN THE EVENING, SIX TO TEN  
25          DRINKS CONSUMED, AND THE FUNNY OR STRANGE

1 NON-LINEAR HANDWRITING IS HAPPENING AROUND 1:00, SO  
2 SIX HOURS LATER ABOUT.

3 **THE WITNESS:** ARE WE ASSUMING THE SIX DRINKS  
4 WERE DRANK BACK TO BACK TO BACK?

5 **THE COURT:** SPREAD ACROSS THOSE FIVE, SIX  
6 HOURS.

7 **THE WITNESS:** OKAY. SO TYPICALLY EACH OF  
8 THOSE DRINKS IS GOING TO -- INITIALLY IS GOING TO  
9 KICK UP YOUR BLOOD ALCOHOL BY ABOUT 40 MILLIGRAM  
10 PER DECILITER, OR IN CLINICAL TERMS OR IN LEGAL  
11 TERMS, POINT 04. THOSE ARE THE SAME NUMBERS.  
12 WE'RE JUST CONVERTING UNITS. AND THEN YOU'RE GOING  
13 TO DROP YOUR BLOOD ALCOHOL TYPICALLY BY SOMEWHERE  
14 BETWEEN 20 AND 30 OR BETWEEN POINT 02 AND POINT 03  
15 PER HOUR. SO IF WE ASSUME THERE WERE TWO DRINKS IN  
16 THE FIRST HOUR, JUST FOR THE SAKE ARGUMENT, I HAVE  
17 NO IDEA OF THE PATTERN, YOUR BLOOD ALCOHOL WOULD BE  
18 SOMETHING AROUND POINT 08. IF YOU WAIT AN HOUR,  
19 YOU WOULD BE DOWN TO ABOUT POINT 06 OR POINT 05.  
20 TAKE ANOTHER DRINK AND THEN YOU DRINK ANOTHER DRINK  
21 PER HOUR, YOU'RE PROBABLY GOING TO MAINTAIN YOUR  
22 BLOOD ALCOHOL IN THAT RANGE OF ABOUT POINT 06 TO  
23 POINT 08. SO NOT THE LEVEL WHICH YOU WOULD WANT TO  
24 BE DRIVING, BUT IN TERMS OF BEING ABLE TO WRITE,  
25 PROBABLY NOT INTERFERING WITH YOUR ABILITY TO

1 WRITE. ON THE OTHER HAND, IF WE CHANGE OUR STORY  
2 AND SAY THAT WE WAITED TWO HOURS OR THREE HOURS AND  
3 THEN WE HAD THREE DRINKS IN THE NEXT HOUR, YOU  
4 MIGHT GET YOUR BLOOD ALCOHOL HIGH ENOUGH THAT YOU  
5 COULD HAVE SOME INTERFERENCE WITH FUNCTIONS LIKE  
6 WRITING NEATLY. SO IT'S POSSIBLE, BUT IT WOULD NOT  
7 CONTRIBUTE TO DENSE COMA THAT WAS DESCRIBED IN THIS  
8 RECORD. THAT REQUIRES SOMETHING THAT CAUSES DENSE  
9 COMA OF THE THINGS THAT WE CAN HAVE THAT ARE NOT  
10 PRESENT ON THE G.B.I. CRIME REPORT FOR DRUGS.  
11 G.H.B. IS, AND IT'S ANALOGUE IS TWO CHEMICALS THAT  
12 ARE METABOLIZED AT THE SAME EXACT DRUG. SO THEY'RE  
13 ALL THE SAME THING TOXICOLOGICALLY. IT'S THE ONLY  
14 THING THAT EXPLAINS THE STORY. THAT'S WHY I'M  
15 TELLING YOU THIS IS A CLASSIC G.H.B. STORY.

16 **THE COURT:** DOES G.H.B. EFFECT YOUR MEMORY?  
17 MEANING, WHEN YOU'RE IN THIS DENSE COMATOLOGICAL  
18 (SIC) STATE, HOWEVER YOU SAID IT, WHEN YOU EMERGE  
19 FROM IT, WHAT CLINICALLY HAVE YOU LEARNED PEOPLE  
20 REMEMBER ABOUT THAT?

21 **THE WITNESS:** NOTHING. THEY REMEMBER NOTHING.

22 **THE COURT:** WHAT ARE THE TYPICAL, IF THERE ARE  
23 TYPICAL, AFTER-EFFECTS OR SYMPTOMS FOR THE PERSON  
24 AWAKING FROM HAVING CONSUMED ALCOHOL AND G.H.B.?

25 **THE WITNESS:** THEY USUALLY PANIC BECAUSE THEY

1 HAVE NO IDEA OF WHAT HAPPENED OR HOW THEY ARE WHERE  
2 THEY ARE.

3 **THE COURT:** SO THERE'S AN EMOTIONAL OR  
4 PSYCHOLOGICAL REACTION. ANYTHING OTHER THAN THAT?

5 **THE WITNESS:** NOT USUALLY.

6 **THE COURT:** DO YOU HAVE ANY FOLLOW-UP ON THOSE  
7 QUESTIONS, MS. MCAULEY?

8 **MS. MCAULEY:** NO, YOUR HONOR.

9 **THE COURT:** MR. BOWLES?

10 **MR. BOWLES:** NO, YOUR HONOR.

11 **THE COURT:** DOCTOR, THANK YOU FOR YOUR TIME.

12 **THE WITNESS:** THANK YOU VERY MUCH.

13 **THE COURT:** YOU'RE WELCOME.  
14 NEXT WITNESS?

15 **MS. MCAULEY:** YES, YOUR HONOR, THE STATE CALLS  
16 WILLIAM CHASE.

17 **THE COURT:** IS MR. HUMPHREY GOING TO BE HERE,  
18 OR IS THAT UP TO MR. HUMPHREY?

19 **MS. MCAULEY:** MR. HUMPHREY IS NOT GOING TO BE  
20 HERE.

21 **THE COURT:** OKAY, BUT HE KNOWS WHAT'S  
22 HAPPENING?

23 **MS. MCAULEY:** HE IS WELL AWARE, YES.

24 **THE COURT:** OKAY.  
25 MR. CHASE, COME ON UP AND STAND NEXT TO THE