

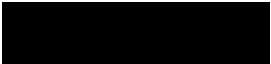
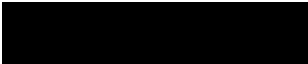


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1 **THE BAILIFF:** MA'AM, IF YOU WOULD, PLEASE FACE ME AND
2 RAISE YOUR RIGHT HAND.

3 **TRISHA SHERIDAN,**
4 HAVING BEEN FIRST DULY SWORN, WAS EXAMINED AND TESTIFIED AS
5 FOLLOWS:

6 **THE WITNESS:** I DO.

7 **THE BAILIFF:** THANK YOU. MA'AM. YOU MAY HAVE A SEAT.
8 MA'AM, IF YOU WOULD, PLEASE STATE AND SPELL YOUR NAME
9 FOR THE RECORD.

10 **THE WITNESS:** TRISHA SHERIDAN, T-R-I-S-H-A,
11 S-H-E-R-I-D-A-N.

12 **THE BAILIFF:** THANK YOU, MA'AM.

13 **DIRECT EXAMINATION**

14 **BY MS. MCAULEY:**

15 Q. GOOD AFTERNOON, MS. SHERIDAN. HOW ARE YOU CURRENTLY
16 EMPLOYED?

17 A. I AM A PROFESSOR AT EMORY UNIVERSITY.

18 Q. AND WHAT IS YOUR SPECIFIC AREA THAT YOU TEACH AT EMORY?

19 A. SO, I'M A WOMAN HEALTH PRACTITIONER, BUT MY SPECIALITY
20 IS FORENSIC NURSING.

21 Q. WHAT IS YOUR EDUCATIONAL BACKGROUND?

22 A. I HAVE A DOCTOR OF NURSING PRACTICE AND THEN A WOMEN'S
23 HEALTH NURSE PRACTITIONER, BOARD CERTIFIED, A MASTER'S IN NURSING
24 AND A BACHELOR'S IN NURSING.

25 Q. AND PRIOR TO -- HOW LONG HAVE YOU BEEN AT EMORY

1 UNIVERSITY?

2 A. I MOVED HERE IN AUGUST. SO A COUPLE MONTHS.

3 Q. PRIOR TO YOU BEING AT EMORY, WHERE WERE YOU EMPLOYED?

4 A. I WAS AT TEXAS A AND M UNIVERSITY IN COLLEGE STATION AS
5 WELL AS SCOTT AND WHITE HOSPITAL.

6 Q. AND WHILE YOU WERE AT TEXAS A AND M AND SCOTT AND WHITE
7 HOSPITAL, IN WHAT ROLES WERE YOU WORKING?

8 A. I WAS A FORENSIC NURSE PROGRAM COORDINATOR FOR THE
9 HOSPITAL, AND THEN I TAUGHT IN BOTH THE NURSING PROGRAM AND IN
10 FORENSIC NURSING.

11 Q. AND WHAT IS FORENSIC NURSING?

12 A. FORENSIC NURSING IS A SPECIALTY. BASICALLY, ANY TIME
13 THERE IS LAW MEETS MEDICINE, A FORENSIC NURSE IS SPECIALLY
14 TRAINED TO MEET THE NEEDS OF THE PATIENT.

15 Q. AND DID YOU FOCUS ON A SPECIFIC AREA WITHIN NURSING?

16 A. SEXUAL ASSAULT.

17 Q. AND HOW LONG WERE YOU AT SCOTT AND WHITE HOSPITAL AND
18 TEXAS A AND M?

19 A. THREE YEARS AT SCOTT AND WHITE, FOUR AT TEXAS A AND M.

20 Q. AND WHAT WERE SOME OF YOUR POSITIONS AT SCOTT AND WHITE?

21 A. I STARTED IN THAT PROGRAM AS A FORENSIC NURSE. I WAS
22 ON-CALL AND I WOULD SEE THE PATIENTS. AND THEN AS THE PROGRAM
23 GREW, WE DIDN'T HAVE A PROGRAM IN COLLEGE STATION. SO I STARTED
24 A PROGRAM THERE AND PROVIDED 24/7, 24 HOUR, SEVEN-DAY-A-WEEK CALL
25 FOR SEXUAL ASSAULT PATIENTS. AND I OVERSAW THE PROGRAM AND THEN

1 SAW THE PATIENTS AS WELL.

2 Q. AND WHILE YOU WERE AT TEXAS A AND M UNIVERSITY, WHAT
3 ROLE WERE YOU WORKING IN THERE?

4 A. SO THERE IS A NEED FOR FORENSIC NURSES IN THE COUNTRY,
5 BUT SPECIFICALLY WHERE I WAS AT IN TEXAS. SO I WORKED TO CREATE
6 A FORENSIC NURSE PROGRAM. AND WE GOT \$2 MILLIONS FROM THE STATE
7 TO GET NURSES TRAINED. AND THAT WAS MY PRIMARY FOCUS.

8 Q. AND HAVE YOU TAUGHT OR PROCTORED ANY TRAININGS IN THIS
9 PARTICULAR AREA?

10 A. YES. IN ORDER TO BECOME A SEXUAL ASSAULT NURSE
11 EXAMINER, YOU HAVE TO TAKE EITHER A 64- OR 240-HOUR COURSES. AND
12 I TAUGHT THAT. I TAUGHT TWO-HOUR BASIC EVIDENCE COLLECTION. AND
13 THEN THE BOARD IS INTERNATIONAL ASSOCIATION OF FORENSIC NURSES.
14 THAT'S WHO OVERSEES AND GIVES THE CERTIFICATION TO FORENSIC
15 NURSES. I WAS PART OF THEIR CURRICULUM EVALUATION AND UPDATE ALL
16 OF THEIR NATIONAL TRAINING.

17 Q. AND HAVE YOU WRITTEN ANY ARTICLES IN THIS PARTICULAR
18 AREA?

19 A. I HAVE ONE PUBLISHED RIGHT NOW. IT'S H-I-V PROPHYLAXIS
20 FOR THE SEXUAL ASSAULT PATIENT.

21 Q. AND HAVE YOU PREVIOUSLY TESTIFIED IN THE AREA OF SEXUAL
22 ASSAULT NURSE EXAMINATIONS?

23 A. YES.

24 Q. AND HAVE YOU PREVIOUSLY BEEN QUALIFIED AS AN EXPERT TO
25 TESTIFY IN THIS PARTICULAR AREA?

1 A. YES.

2 MS. MCAULEY: YOUR HONOR, AT THIS TIME, I WOULD MOVE TO
3 ADMIT MS. SHERIDAN AS AN EXPERT IN SEXUAL ASSAULT NURSE
4 EXAMINATIONS.

5 MR. MAGARAHAN: MAY I VOIR DIRE?

6 THE COURT: YOU MAY.

7 MR. MAGARAHAN: THANK YOU.

8 THE COURT: AS TO HER QUALIFICATIONS ONLY.

9 MR. MAGARAHAN: YES, MA'AM.

10 VOIR DIRE EXAMINATION

11 BY MR. MAGARAHAN:

12 Q. HELLO THERE. I'M CHARLIE MAGARAHAN. THE INTERNATIONAL
13 ASSOCIATION OF FORENSIC NURSING.

14 A. YES, SIR.

15 Q. WHERE IS THEIR HEADQUARTERS?

16 A. IN MARYLAND, DC AREA.

17 Q. OKAY. DID YOU STUDY UNDER THEIR GUIDELINES?

18 A. YES, SIR.

19 Q. WHERE?

20 A. SO THERE IS -- THERE IS AN ONLINE TRAINING COURSE
21 THROUGH THE I-F-N. IT'S A WEBINAR. IT WAS GRANT FROM THERE,
22 FROM THE NATIONAL INSTITUTE OF JUSTICE. AND THEN I WENT TO
23 COLORADO SPRINGS TO TRAIN WITH THEM AS WELL.

24 Q. OKAY. AND YOU PUBLISHED ONE ARTICLE?

25 A. YES, SIR.

1 Q. AND IT WAS ON H-I-V?

2 A. PROPHYLAXIS FOR THE SEXUAL ASSAULT PATIENT.

3 Q. PROPHYLAXIS?

4 A. YES, SIR.

5 Q. THAT'S TO STOP SOMETHING FROM HAPPENING?

6 A. YES, SIR.

7 Q. AND WHAT WAS THE GIST OF YOUR PUBLISHED ARTICLE?

8 A. THAT -- WHEN SEXUAL ASSAULT VICTIMS NEED TO GET PROPER
9 CARE. AND ONE OF THE WAYS IS TO RISK STRATIFY WHETHER THEY NEED
10 IT. AND IF THEY DO NEED IT, TO GET THEM THE MEDICATION THAT THEY
11 NEED.

12 Q. RISK STRATIFY?

13 A. SO DIFFERENT THINGS PUT A SEXUAL ASSAULT PATIENT AT A
14 GREATER RISK FOR ACQUIRING H-I-V. AND SO YOU NEED TO KNOW WHAT
15 THOSE RISKS ARE. AND IF THEY HAVE CERTAIN RISKS, THEY'RE AT
16 HIGHER RISKS OF GETTING H-I-V.

17 Q. AND WHERE WAS THAT ARTICLE PUBLISHED?

18 A. IT'S AN OPEN ARTICLE. FORENSIC SCIENCE, I BELIEVE I
19 WOULD HAVE TO PULL IT UP. I DON'T HAVE IT FRONT OF ME. I'M
20 SORRY.

21 Q. WAS IT PEER REVIEWED?

22 A. YES, SIR.

23 Q. OKAY.

24 A. YES, SIR. IT'S PUBLISHED NOW. IT WENT LAST MONTH.

25 Q. LAST MONTH?

1 A. YES, SIR.

2 Q. CONGRATULATIONS.

3 A. THANK YOU.

4 Q. I UNDERSTOOD THAT IT SOUNDED LIKE YOU WERE ONE OF THE
5 PIONEERS IN THIS ENDEAVOR?

6 A. IN WHAT ENDEAVOR?

7 Q. FORENSIC NURSING?

8 A. NO, SIR. I MEAN, I WOULD LIKE TO THINK I'VE MADE GREAT
9 STRIDES IN MY COMMUNITY. BUT I WASN'T PREVIOUSLY. BUT I'M NOT A
10 PIONEER, SIR.

11 Q. OKAY. WELL, WHEN YOU WERE OUT AT COLLEGE STATION,
12 TEXAS.

13 A. YES, SIR.

14 Q. THAT'S AN S-E-C SCHOOL?

15 A. I'M NOT A FOOTBALL FAN.

16 Q. WHEN YOU WERE OUT THERE -- I THINK I HEARD YOU SAY THAT
17 YOU STARTED THE PROGRAM OUT THERE?

18 A. I DID.

19 Q. OKAY. THEN I IMAGINE THERE WASN'T A PROGRAM FOR YOU TO
20 START THERE. WHAT HAPPENED WHEN YOU LEFT?

21 A. I'M -- DR. DANIEL SHERIDAN IS NOW RUNNING IT AT TEXAS A
22 AND M.

23 Q. DR. DANIEL SHERIDAN?

24 A. UH-HUH. NO RELATION.

25 Q. NO RELATION?

1 A. NO, SIR.

2 Q. ALL RIGHT. SO YOU'VE BEEN AT EMORY FOR HOW LONG?

3 A. SINCE AUGUST OF THIS YEAR.

4 Q. AND YOU'RE TEACHING AT EMORY?

5 A. YES, SIR.

6 Q. IN THE NURSING SCHOOL?

7 A. YES, SIR.

8 Q. AND WHAT IS A DOCTOR OF NURSING?

9 A. IT'S A DOCTORATE PREPARED NURSE PRACTITIONER. THERE'S
10 TWO TRACKS YOU CAN BE IN WITH NURSING, EITHER RESEARCH, A
11 RESEARCHER IN WHICH YOU WOULD HAVE A PHD, OR A CLINICIAN, AND YOU
12 WOULD MOST LIKELY GET YOUR DOCTORATE OF NURSING PRACTICE. SO
13 IT'S THREE YEARS OF EDUCATION TO SPECIALIZE IN THE FIELD TO MAKE
14 QUALITY IMPROVEMENT IF YOU'RE IN LIKE A GLOBAL OR LEADERSHIP
15 ROLE.

16 **MR. MAGARAHAN:** OKAY. SOUND LIKE SHE'S AN EXPERT TO
17 ME, YOUR HONOR.

18 **THE COURT:** YES, SIR. YOU MAY PROCEED.

19 **MS. MCAULEY:** THANK YOU, YOUR HONOR.

20 **CONT. DIRECT EXAMINATION.**

21 **BY MS. MCAULEY:**

22 Q. WHAT'S THE PURPOSE OF HAVING A SPECIALLY TRAINED
23 FORENSIC NURSE ON SEXUAL ASSAULT CASES?

24 A. WHAT WAS THE PURPOSE?

25 Q. WHAT'S THE PURPOSE?

1 A. SO WITH OUR TRAINING, WE HAVE -- IN ORDER TO BECOME A
2 CERTIFIED SEXUAL ASSAULT NURSE EXAMINER, YOU HAVE TO HAVE ABOUT
3 80 HOURS OF TRAINING FOR ADULTS, ADOLESCENT AND PEDIATRIC. THEN
4 YOU HAVE TO HAVE OVER 300 CLINIC PRACTICE HOURS. SO YOU'RE
5 SEEING THINGS THAT -- YOU'RE TRAINED TO SEE INJURY THAT YOU MAY
6 NOT SEE OTHERWISE. IN ADDITION, YOU'RE -- WE ALL KNOW THAT A
7 SEXUAL ASSAULT IS NOT A CRIME OF VIOLENCE. IT'S A CRIME OF
8 POWER. AND SO OUR JOB IS TO HELP THE PATIENTS TO GET THEIR
9 AUTONOMY, TO GET THEY POWER BACK TO THEM. SO HOW CAN I TAKE CARE
10 OF THIS PATIENT AND MEET THEIR NEEDS WHILE COLLECTING THE
11 EVIDENCE THAT THEY MAY REQUIRE.

12 Q. AND WHY ARE FORENSIC EXAMINATIONS NECESSARY IN SEXUAL
13 ASSAULT CASES?

14 A. BECAUSE IN ORDER TO, LIKE I SAID, NOT RE-VICTIMIZE THE
15 PATIENT, I FEEL LIKE IT'S THE MOST IMPORTANT. BUT ALSO TO
16 COLLECT THE EVIDENCE AND TO GIVE THEM THE OPPORTUNITY FOR IF THEY
17 WOULD LIKE TO FURTHER THEIR CASE OR MAKE A CASE THAT THEY HAVE
18 THE BEST EVIDENCE AND THE BEST CARE THAT THEY CAN HAVE.

19 Q. SO WHAT IS A TYPICAL SANE EXAM SUPPOSED TO ENTAIL?

20 A. SO IT SHOULD ENTAIL A HISTORY. AFTER THE HISTORY, A
21 HEAD-TO-TOE PHYSICAL. IT SHOULD NOT BE SHORTCUTTED. IT IS
22 ALWAYS A HEAD TO TOE, NO MATTER WHAT THEY REPORT THE INJURIES,
23 ALWAYS IN DETAIL AND A GENITAL EXAM. AGAIN, IT DOESN'T MATTER IF
24 THEY SAY PENETRATION OF A CERTAIN TYPE, YOU ALWAYS WANT TO CHECK
25 THE GENITALS AND THEN EVIDENCE COLLECTION.

1 IN ADDITION, YOU'RE PARAGRAPHING OR DOING DOCUMENTATION
2 AND THEN GIVING PROPHYLAXIS OR MEDICATION TO STOP SEXUALLY
3 TRANSMITTED INFECTIONS AND PREGNANCY.

4 Q. ARE THERE STANDARD METHODS OF PERFORMING SANE OR SPECIAL
5 EQUIPMENT THAT'S USED?

6 A. SO THERE ARE TOOLS THAT MAKE OUR JOB EASIER. A
7 COLPOSCOPY OR A COLPOSCOPE IS BASICALLY LIKE BINOCULARS THAT YOU
8 USE TO VISUALIZE THINGS BETTER, OR AS CAMERA. THE CAMERA HAS THE
9 ABILITY TO LET US MAGNIFY THE AREA. IN ADDITION, THERE'S
10 SOMETHING CALLED TOLONIUM BLUE DYE, WHICH ACTS LIKE A
11 HIGHLIGHTER. YOU CAN PUT IT ON THE GENITAL AREA. AND IF THERE
12 IS ANY INJURIES, ONCE YOU WIPE THE DYE AWAY, THE DYE STICKS TO
13 THE INJURY, SO YOU'RE ABLE TO IDENTIFY THAT AND YOU MAY NOT HAVE
14 SEEN IT WITH YOUR NAKED EYE.

15 Q. AND FOR THIS PARTICULAR CASE, DID YOU REVIEW THE RECORDS
16 OF [REDACTED] EXAM THAT WAS COMPLETED AT GRADY HOSPITAL?

17 A. YES, MA'AM.

18 Q. AND WHAT IS YOUR OPINION AS TO THE EXAM THAT WAS
19 COMPLETED BY DR. ZAER?

20 A. IT WAS NOT A FORENSIC MEDICAL EXAM THAT A FORENSIC NURSE
21 WOULD TYPICALLY DO.

22 Q. AND WHY DO YOU THINK THAT?

23 A. THE TERMS ARE INCORRECT THAT THERE'S -- THERE WAS NO
24 MAGNIFICATION USED. THERE WAS NO TOLONIUM BLUE DYE USED. IT'S
25 JUST NOT -- IT'S NOT AS THOROUGH AS IT COULD HAVE BEEN DONE.

1 Q. WHAT SHOULD HAVE BEEN DONE IN ACCORDANCE WITH PROPER
2 SANE?

3 A. IN MY OPINION, THERE SHOULD HAVE BEEN -- THERE SHOULD
4 HAVE BEEN A DIFFERENT DOCUMENTATION AS TO -- AS FAR AS TO INJURY
5 THAT MIGHT HAVE BEEN MISSED, A COLPOSCOPE, A CAMERA OR SOMETHING
6 TO ALLOW YOU TO VISUALIZE THE INJURY, OR ANOTHER PROVIDER WHO WAS
7 TRAINED IN SEXUAL ASSAULT SHOULD HAVE LOOKED AT THE PATIENT IF
8 POSSIBLE.

9 Q. DID YOU NOTE WHETHER OR NOT A SANE PERFORMED THE
10 FORENSIC EXAMINATION OF [REDACTED] ?

11 A. NOT AT GRADY, NO.

12 Q. DID IT APPEAR FROM THE RECORDS THAT A SANE WAS EVEN
13 PRESENT DURING THAT EXAMINATION?

14 A. IT DID NOT APPEAR SO.

15 Q. AND IS GRADY HOSPITAL EQUIPPED WITH SOME OF THE ITEMS
16 THAT YOU DESCRIBED, A COLPOSCOPE OR A MAGNIFYING GLASS?

17 A. I BELIEVE THAT THERE'S A CAMERA THERE.

18 Q. AND ARE YOU CURRENTLY AFFILIATED WITH GRADY HOSPITAL IN
19 ANYWAY?

20 A. I AM IN THE PROCESS OF BEING CREDENTIALLED TO WORK IN
21 THEIR TEEN CLINIC.

22 Q. DID YOU HAVE AN OPPORTUNITY TO REVIEW KAREN BRANCEWICZ'S
23 EXAMINATION OF [REDACTED], A PIEDMONT PHYSICIAN?

24 A. I DID.

25 Q. AND DID YOU -- IN THE INJURY THAT WAS DOCUMENTED BY

1 MS. BRANCEWICZ ON JUNE 23RD, 2014, IN YOUR OPINION, IS THAT
2 SOMETHING THAT DR. ZAER SHOULD HAVE DOCUMENTED?

3 A. YES.

4 Q. AND WHY PERHAPS WAS IT NOT DOCUMENTED?

5 A. THE FACT THAT HE -- I DON'T -- ACCORDING TO HIS NOTES,
6 IT DIDN'T SEEM LIKE HE WAS -- HE COULD SEE THE INJURY. BUT I
7 DON'T THINK HE WAS TRAINED TO SEE THE INJURY. SO SHE -- THAT'S
8 -- I MEAN, BASICALLY, I WOULD SAY IT WAS JUST AN UNTRAINED
9 EXAMINER. IF HE'S NOT SPECIFICALLY SEEING PELVIC EXAMS IN AN
10 ACUTE OR NON ACUTE, FREQUENT BASIS, THEN HE'S, YOU KNOW, HE HAS A
11 POSSIBILITY OF MISSING IT.

12 Q. DID YOU ALSO HAVE AN OPPORTUNITY TO REVIEW MS. [REDACTED]'S
13 RECORDS FROM WOMEN'S MEDICAL CENTER?

14 A. YES.

15 Q. AND DID YOU REVIEW THE PELVIC EXAM THAT WAS COMPLETED BY
16 DR. MOORE?

17 A. I DID.

18 Q. AND DR. MOORE HAD DOCUMENTED AN ABRASION THAT MS. [REDACTED]
19 HAD ON HER LABIA MAJORA. WOULD THAT HAVE BEEN SOMETHING THAT
20 WOULD HAVE BEEN VISIBLE TO DR. ZAER AT THE TIME THAT HE COMPLETED
21 THE EXAM ON HER?

22 A. IT SHOULD HAVE BEEN. THE ONLY REASON I WOULD SAY THAT,
23 YOU KNOW, IF YOU'RE NOT TRAINED AND AN ABRASION IS WHERE THAT
24 FIRST LAYER OF THE SKIN HAS BEEN RUBBED OFF. SO IF YOU DON'T
25 KNOW WHAT YOU'RE LOOKING AT AND YOU HAVE RED TISSUE, THEN IT

1 COULD HAVE BEEN MISSED BECAUSE AGAIN, YOU'RE NOT -- HE WASN'T
2 SPECIFICALLY AWARE OF THE MECHANISMS OF INJURY.

3 Q. AND DID YOU HAVE AN OPPORTUNITY TO REVIEW THE SANE
4 EXAMINER OF KELLY NEAGLE THAT WAS COMPLETED AT WELLSTAR COBB?

5 A. I WAS.

6 Q. AND WHAT WAS YOUR OPINION OF AS TO HOW NURSE PEDRO DID
7 THAT EXAM?

8 A. IT WAS A STANDARD EXAM MINUS THE PHOTO DOCUMENTATION OR
9 USING THE TOLONIUM BLUE DYE.

10 Q. AND HOW WOULD YOU COMPARE THAT EXAM THAT TO THE EXAM
11 THAT WAS COMPLETED BY DR. ZAER?

12 A. IT'S COMPLETELY DIFFERENT. IT'S A THOROUGH EXAM WITH
13 THE PROPER DOCUMENTATION.

14 Q. MS. [REDACTED] HAD DESCRIBED TO DR. MOORE IN HER RECORDS
15 THAT SHE HAD EXPERIENCED SOME VAGINAL BLEEDING WHEN SHE WOKE UP
16 ON THE EVENING ON JUNE 20TH OF 2014. WHY WOULD THAT HAVE
17 OCCURRED IN YOUR EXPERIENCE?

18 A. IN MY EXPERIENCE, IT COULD BE FOR SEVERAL DIFFERENT
19 REASONS. IT COULD BE INJURY OR IT COULD BE -- I BELIEVE IN HER
20 RECORDS THAT HER PERIOD WAS COMING SOON. SO THE STRESS OR JUST
21 THE PHYSICAL, IF THERE WAS A PHYSICAL ASSAULT, COULD HAVE STARTED
22 THE PERIOD. BUT IT ALSO COULD HAVE VERY EASILY BEEN FROM INJURY.

23 Q. AND THAT BLEEDING IN THAT PARTICULAR AREA, IS IT THE
24 BLEEDING THAT GUSHES OR POOLS OR SOMETHING ELSE BASED ON YOUR
25 EXPERIENCE?

1 A. SO A LOT OF TIMES, UNLESS YOU HAVE A LARGE LACERATION, A
2 LARGE CUT THAT'S PROFUSELY LIKE BLEEDING, WHICH IT'S RARE IN MY
3 EXPERIENCE, IT'S LIKE WITH A PERIOD. IF YOU'RE SITTING OR
4 LAYING, IT KIND OF POOLS, AND THEN WHEN YOU GET UP, IT JUST KIND
5 OF -- THEN YOU WOULD HAVE MORE LEAKAGE OR IT COMING OUT MORE.

6 Q. AND IN YOUR EXPERIENCE, ARE INJURIES THAT MS. [REDACTED] OR
7 THAT DR. MOORE DOCUMENTED OF MS. [REDACTED] AND THAT KAREN BRANCEWICZ
8 DOCUMENTED, ARE THOSE RARE SEXUAL ASSAULT CASES?

9 A. IN MY EXPERIENCE, IT'S BECAUSE I'M TRAINED, I DO SEE
10 INJURY ON A FREQUENT BASIS. THE RESEARCH SHOWS THAT WITH AN
11 UNTRAINED EYE, THAT YOU KNOW, 20 TO 60 PERCENT MAY OR MAY NOT
12 HAVE INJURY WITH SEXUAL ASSAULT. I DO SEE A LOT OF IT BECAUSE I
13 HAVE A MAGNIFICATION ABILITY. I DO HAVE THE TOLONIUM BLUE DYE
14 AND OTHER THINGS. SO IT IS COMMON IN MY EXPERIENCE.

15 Q. AND IN YOUR EXPERIENCE, WERE THE FINDINGS THAT WERE
16 COMPLETED BY DR. MOORE AND KAREN BRANCEWICZ CONSISTENT WITH WHAT
17 MS. [REDACTED] REPORTED?

18 A. YES.

19 Q. AND THE FINDINGS DONE BY MS. PEDRO, IS THAT CONSISTENT
20 TO WHAT MS. NEAGLE REPORTED?

21 A. YES.

22 Q. THANK YOU.

23 **MS. MCAULEY:** I'LL PASS THIS WITNESS TO THE DEFENSE.

24 **THE COURT:** MR. MAGARAHAN.

25

CROSS-EXAMINATION

BY MR. MAGARAHAN:

Q. THESE MEDICAL RECORDS THAT WE GOT FROM MS. BRANCEWICZ AND FROM ELIZABETH MOORE, WHAT IS THE SUBJECTIVE PART? IS THAT WHAT THEY WERE TOLD?

A. YES, SIR.

Q. THAT'S NOT REALLY WHAT WAS FOUND THROUGH SOME KIND OF EXAMINATION, CORRECT?

A. THAT'S CORRECT.

Q. SO THAT'S WHAT THE PATIENT REFERENCED BY VOICE?

A. YES, SIR.

Q. OKAY. YOU READ DR. MOORE'S OBJECTIVE RESULTS, DIDN'T YOU?

A. YES, SIR.

Q. AND YOU SAW THAT THERE WAS SOFT, NON TENDER, NO REBOUND OR GUARDING, NO MASSES, NO ORGANOMEGALY. HOW DO YOU PRONOUNCE THAT WORD?

A. ORGANO. NOW I CAN'T SAY IT. ORGANOMEGALY?

Q. ORGANOMEGALY. SO WHAT DOES THAT MEAN?

A. SO NO SWELLING OF THE ORGANS.

Q. OKAY.

A. ENLARGEMENT.

Q. EXTERNAL GENITALIA NORMAL. VAGINA NORMAL WITHOUT DISCHARGE. IS THAT WHAT IT SOUNDS LIKE, NORMAL?

A. SO THAT'S ONE OF THE REASONS, AS FORENSIC EXAMINERS, WE

1 DON'T SAY NORMAL BECAUSE EVERYBODY'S NORMAL IS DIFFERENT. BUT,
2 YES, THAT IS.

3 Q. MILD ERYTHREMIA. THAT'S REDNESS, ISN'T IT?

4 A. YES, SIR.

5 Q. AND C-W. THAT'S CONSISTENT WITH?

6 A. YES, SIR.

7 Q. A HEALING ABRASION NOTE ON THE RIGHT LABIA MAJORA?

8 A. UH-HUH.

9 Q. OKAY. WITH BRUISE ON THE RIGHT BOTTOM. NO TEARS.

10 ISN'T THAT WHAT DR. MOORE SAID?

11 A. I BELIEVE SO.

12 Q. SHE'S A GYNECOLOGIST, ISN'T SHE?

13 A. SHE IS.

14 Q. AND A MEDICAL DOCTOR?

15 A. YES.

16 Q. AND BIMANUAL EXAM WITHIN NORMAL LIMITS, W-N-L.

17 A. UH-HUH.

18 Q. BIMANUAL EXAM MEANS USING TWO HANDS?

19 A. TWO FINGERS INSERTED INTO THE VAGINA, ONE HAND ON TOP TO
20 FEEL THE OVARIES AND THE UTERUS.

21 Q. OKAY. ALL RIGHT. SO DID YOU THINK THAT THE OBJECTIVE
22 EVALUATION DONE BY DR. MOORE MATCHED THE COMPLAINTS MADE BY
23 MS. [REDACTED] ?

24 A. IT'S CONSISTENT WITH HER HISTORY.

25 Q. OKAY. I'D LIKE TO TALK ABOUT I THINK HER NAME IS

1 BRANCEWICZ.

2 A. I DON'T KNOW HOW TO PRONOUNCE IT.

3 Q. SHE IS THE PHYSICIAN'S ASSISTANT OF THE PRIMARY CARE
4 PHYSICIAN, CORRECT?

5 A. YES.

6 Q. AND SHE HAD A RELATIVELY LARGE AMOUNT OF INFORMATION
7 THAT SHE PUT INTO HER SUBJECTIVE PART OF THE REPORT, CORRECT?

8 A. YES.

9 Q. AND WHEN SHE TALKED ABOUT THE PAIN IS SEVERE AND THE
10 PROBLEM AFFECTS BOTH SIDES AND SHE'S NOT PREGNANT, SHE'S JUST
11 REPEATING WHAT SHE WAS TOLD, WASN'T SHE?

12 A. I THINK, AS FAR AS THE PREGNANCY, WHETHER SHE WAS
13 PREGNANT OR NOT, I DON'T KNOW IF THE PATIENT TOLD HER OR SHE DID
14 A TEST AT THAT POINT.

15 Q. OKAY. AND WELL, WHEN SHE SAID SHE WAS IN PAIN, THAT'S
16 BECAUSE -- SHE DIDN'T ACTUALLY CHECK TO SEE WHETHER SHE WAS IN
17 PAIN, DID SHE?

18 A. I'M SURE SHE ACTUALLY TRIED TO ELICIT PAIN AS WELL.
19 BUT...

20 Q. BUT THAT WOULD HAVE BEEN THE OBJECTIVE PART OF THE
21 EXAMINATION?

22 A. YES.

23 Q. AND BRANCEWICZ DIDN'T DO THAT, DID SHE?

24 A. COULD I SEE THE RECORD.

25 Q. YOU'VE SEEN IT. IT'S IN EVIDENCE. BUT I'VE GOT ONE

1 THAT'S ONE PAGE.

2 A. THERE'S DIFFERENT WAYS TO DOCUMENT THINGS. SO SHE MAY
3 HAVE NOT BROKEN IT DOWN AS A SOAP NOT SUBJECTIVE, OBJECTIVE. BUT
4 I BELIEVE HER FINDINGS DID SAY THAT SHE WAS -- THAT THE PATIENT
5 WAS VERY TENDER. BUT I'D HAVE TO GO LOOK AT THE RECORD.

6 **MR. MAGARAHAN:** MAY I APPROACH THE WITNESS?

7 **THE COURT:** YOU MAY.

8 **MR. MAGARAHAN:** THANK YOU.

9 **THE WITNESS:** SO THE ASSESSMENT, WHICH IS HER FINDINGS
10 FROM THE OBJECTIVE, IS PELVIC PAIN. IS THAT WHAT YOU WERE
11 ASKING ME? I'M SORRY.

12 SO, YES. IT'S QUITE PAINFUL FOR PAITENT TO SIT OR
13 STAND. THAT'S AN OBJECTIVE.

14 Q. (BY MR. MAGARAHAN) OKAY. BUT THAT SOUNDS TO ME LIKE
15 SOMETHING THAT MIGHT HAVE BEEN REPORTED TO HER OTHER THAN
16 SOMETHING THAT THE DOCTOR WOULD FIND.

17 A. SO YOU CAN REPORT OR I COULD REPORT THAT IT'S PAINFUL TO
18 SIT DOWN. BUT THEN IF YOU WATCHED ME AND I SAT DOWN, YOU CAN SEE
19 THAT I'M IN PAIN AS I SIT DOWN. SO IT COULD BE SUBJECTIVE AND
20 OBJECTIVE.

21 Q. I GET THE IMPRESSION THE REASON YOU'RE HERE TESTIFYING
22 IS BECAUSE YOU WANT TO SAY WHAT A BAD JOB THE DOCTOR DID AT
23 GRADY.

24 A. NO. I'M SAYING THE REASON THAT WE NEED A FORENSIC --
25 WHY WE NEED FORENSIC NURSES AND WHY FORENSIC EXAMS ARE VERY

1 IMPORTANT TO SEXUAL ASSAULT PATIENTS.

2 Q. YOU DID SEE THE PELVIC EXAM REPORT THAT THE DOCTOR AT
3 GRADY MADE, DR. ZAER?

4 A. YES, SIR.

5 Q. AND HE HAD THE VULVA WAS NORMAL, DIDN'T HE?

6 A. YES, SIR.

7 Q. AND NO BRUISING OR LACERATIONS BUT WITH TENDERNESS TO
8 PALPATION ON THE LEFT SIDE OF THE VULVA?

9 A. YES.

10 Q. PALPATION IS TOUCHING?

11 A. YES, SIR.

12 Q. AND CERVIX WAS NORMAL, WASN'T IT?

13 A. THAT'S WHAT HE REPORTS.

14 Q. AND IT SAID "DESCRIBE." HE WROTE "NO BLEEDING."

15 A. YES, SIR.

16 Q. AND ADNEXAE. DID I SAY THAT RIGHT?

17 A. YES.

18 Q. I DID? "WAS NORMAL. NO TENDERNESS TO PALPATION OF
19 ADNEXA."

20 A. YES. THAT'S YOUR OVARIES. WELL, NOT YOUR OVARIES BUT
21 THE PATIENT'S OVARIES. SORRY.

22 Q. I HAVEN'T GOT THEM YET.

23 A. SORRY.

24 Q. "ANAL, NORMAL." YOU SAW IT?

25 A. I DID.

1 Q. "DESCRIBE. NO RECTAL TEARS OR BLEEDING." IS THAT WHAT
2 HE SAID?

3 A. YES, SIR.

4 Q. "PERINEUM, NORMAL. DESCRIBE. NO SIGNS OF BRUISING OR
5 BLEEDING," CORRECT?

6 A. YES, SIR.

7 Q. "VAGINA, NORMAL." HE DIDN'T DESCRIBE IT.

8 "UTERUS, NORMAL. NO TENDERNESS TO PALPATION." IS THAT
9 WHAT HE SAID?

10 A. YES.

11 Q. "WAS SEMINAL FLUID OBSERVED ON THE PERINEUM." HE SAID
12 "NO." IS THAT RIGHT?

13 A. YES.

14 Q. AND HE TOOK PUBIC HAIR SAMPLES, CORRECT?

15 A. I BELIEVE SO.

16 Q. AND I THINK HE TOOK HEAD HAIR SAMPLES.

17 NOW, WHAT DOES YOUR TRAINING AS A SANE NURSE SAY ABOUT
18 DRUG INVESTIGATION? DOES IT TELL YOU TO TAKE HAIR SAMPLES?

19 A. THE HAIR SAMPLES AREN'T FOR THE DRUGS. THE HAIR SAMPLES
20 ARE FOR KNOWN SAMPLES. SO IT'S FOR THE PATIENT'S D-N-A SO YOU
21 COULD MATCH THAT UP. AND THE PUBIC HAIR IS TO MAKE SURE THAT
22 IT'S EITHER THEIR OWN D-N-A OR TO MAKE SURE THAT IT'S NOT SOMEONE
23 ELSE'S D-N-A OR HAIR.

24 Q. OKAY. ARE YOU AWARE WHETHER OR NOT CERTAIN DATE RAPE
25 DRUGS CAN BE FOUND IN THE HAIR 30 TO 90 DAYS AFTER THE INCIDENT?

1 A. I'M NOT SURE OF THE SPECIFICS.

2 Q. YOU WEREN'T TRAINED THEN AS A SANE NURSE?

3 A. I'M TRAINED TO TAKE THE SAMPLES. BUT I'M NOT A G-H-B
4 EXPERT OR A D-N-A EXPERT.

5 Q. WELL, WOULDN'T YOU, UNDER THESE CIRCUMSTANCES, ASK FOR A
6 LADY TO COME BACK IN 30 TO 90 DAYS AND TAKE A HAIR SAMPLE AND
7 SEND IT OFF FOR AN EVALUATION?

8 A. NO, SIR. I WOULD NOT DO THAT.

9 Q. YOU WOULD NOT DO THAT?

10 A. NO, SIR.

11 Q. I BELIEVE YOU MENTIONED EARLIER SOMETHING ABOUT BLOOD
12 BEFORE. WHAT HAVE YOU BEEN TOLD ABOUT BLOOD IN THIS CASE?

13 A. I WOULD HAVE TO LOOK AT THE RECORDS. BUT JUST REVIEWING
14 THE RECORDS, WHETHER THERE WAS BLOOD OR NO BLOOD IN THE
15 EXAMINATIONS.

16 Q. WELL, I JUST READ YOU THE EXAMINATION FROM GRADY. THERE
17 WAS NO BLOOD IN THEIR RECORD, RIGHT?

18 A. NOT THAT YOU READ. NO. NO. NOT THAT I'M AWARE OF.

19 Q. AND I DIDN'T WRITE THAT, DID I?

20 A. NO, SIR.

21 Q. DR. ZAER WROTE THAT, DIDN'T HE?

22 A. YES.

23 Q. OKAY. IF THE PATIENT WOULD TELL THE DOCTOR THERE WAS
24 BLOOD, THERE WOULD BE A NOTATION IN THE DOCTOR'S REPORT, WOULDN'T
25 IT?

1 A. I CAN'T TESTIFY TO WHAT A DOCTOR, WHAT HE DID OR DIDN'T
2 DO, YOU KNOW. SO THERE SHOULD BE. BUT THAT DOESN'T MEAN THAT IT
3 GOT DONE.

4 Q. WELL, THE DOCTOR IS SUPPOSED TO DOCUMENT WHAT HE SEES
5 AND HEARS, RIGHT?

6 A. YES.

7 Q. OKAY. AND IF A PATIENT ALLEGED SEXUALLY ASSAULTED SAYS
8 THAT I'VE BEEN BLEEDING ALL MORNING, THAT WOULD BE IN THE REPORT,
9 WOULDN'T IT?

10 A. THAT'S IN HER HISTORY. AND THAT'S NOT NECESSARILY GOING
11 TO BE IN HIS EXAM IF HE DIDN'T SEE BLOOD AT THE TIME.

12 Q. IN HER HISTORY?

13 A. RIGHT.

14 Q. SO WHAT'S HAPPENED SINCE THE ALLEGED ASSAULT IS HER
15 HISTORY?

16 A. YES. IT'S A PATIENT'S HISTORY.

17 Q. OKAY. IN THIS PARTICULAR CASE, IT MUST NOT HAVE BEEN IN
18 HER HISTORY THAT SHE WAS BLEEDING BECAUSE SHE DIDN'T TELL HIM
19 THAT, DID SHE?

20 A. I WASN'T THERE. I DON'T KNOW WHAT SHE TOLD HIM. I'M
21 SORRY.

22 Q. I'M SORRY. I WAS UNDER THE IMPRESSION THAT YOU WERE
23 COMING IN HERE TO SAY THAT THE DOCTOR DID A BAD JOB? ISN'T THAT
24 THE JOB THAT YOU WERE HIRED TO DO?

25 A. NO, SIR. I WAS NOT. I WAS HIRED TO GIVE MY OPINION ON

1 -- WELL, I WASN'T HIRED, PERIOD. BUT I CAME HERE TO EDUCATE
2 EVERYONE ON THE IMPORTANCE OF HAVING SEXUAL ASSAULT PATIENTS HAVE
3 PROPER FORENSIC EXAMS DONE BY TRAINED PROFESSIONALS.

4 Q. SO YOU'RE SAYING THIS PARTICULAR PHYSICIAN, THIS MEDICAL
5 DOCTOR, DIDN'T DO A GOOD JOB?

6 A. I'M SAYING IF YOU SHOWED ME A PICTURE OF A HEART, I
7 WOULD SAY IT LOOKED NORMAL AND IT COULD BE ABOUT TO STOP BEATING
8 BECAUSE I'M NOT TRAINED PROPERLY ON CARDIOLOGY. SO IF YOU TAKE
9 SOMEONE WHO'S NOT TRAINED IN HOW TO DO A FORENSIC MEDICAL EXAM,
10 YOU CAN'T FAULT THEM FOR NOT DOING A PROPER OR AS DETAILED AS
11 THEY NEED IT BECAUSE THEY DIDN'T KNOW WHAT TO DO.

12 Q. OKAY.

13 **THE COURT:** AND AT THIS POINT, WE GOT THAT PART.

14 **MR. MAGARAHAN:** YOU KNOW WHAT, I'M GOING TO SHUT UP AND
15 SIT DOWN.

16 **THE COURT:** OKAY. ANYTHING FURTHER OF THIS WITNESS?

17 **MS. MCAULEY:** JUST ONE QUESTION, YOUR HONOR.

18 **THE COURT:** DO I GET TO COUNT?

19 **MS. MCAULEY:** PARDON ME.

20 **THE COURT:** DO I GET TO COUNT?

21 **MS. MCAULEY:** YES.

22 **THE COURT:** OKAY.

23 **REDIRECT EXAMINATION**

24 **BY MS. MCAULEY:**

25 Q. MS. SHERIDAN, YOU STATED ON CROSS-EXAMINATION THAT YOU

1 WERE NOT HIRED. WHAT WAS THE AGREEMENT THAT YOU MADE WITH THE
2 DISTRICT ATTORNEY'S IN TESTIFYING TODAY?

3 A. I DON'T RECEIVE ANY COMPENSATION, BECAUSE AS I SAID,
4 IT'S MY JOB AS A FORENSIC NURSE TO EDUCATE.

5 Q. THANK YOU.

6 **MS. MCAULEY:** NOTHING FURTHER.

7 **THE COURT:** THANK YOU, MA'AM. YOU MAY STEP DOWN.

8 **MS. MCAULEY:** YOUR HONOR, THIS WITNESS MAY BE RELEASED.

9 **THE COURT:** ALL RIGHT. YOU'RE FREE TO GO.

10 CALL YOUR NEXT WITNESS.

11 **MR. CHASE:** YOUR HONOR, THE STATE CALLS [REDACTED]

12 [REDACTED].

13 **THE COURT:** AND LADIES AND GENTLEMEN, I WANT TO REMIND
14 YOU ONCE AGAIN THAT TO THE EXTENT THAT YOU ARE HEARING FROM
15 SOMEONE WHO MAY IN THE PAST HAD A RELATIONSHIP OR CONTACT
16 WITH MR. HARTMAN, IT IS BEING OFFERED TO THE EXTENT IT MIGHT
17 ESTABLISH MOTIVE WITH REGARD TO THIS CASE AND NOT FOR ANY
18 OTHER PURPOSE AND YOU ARE NOT TO CONSIDER IT FOR ANY OTHER
19 PURPOSE.

20 **THE BAILIFF:** RAISE YOUR RIGHT HAND FOR ME.

21 [REDACTED],
22 HAVING BEEN FIRST DULY SWORN, WAS EXAMINED AND TESTIFIED AS
23 FOLLOWS:

24 **THE WITNESS:** YES.

25 **THE BAILIFF:** YOU MAY BE SEATED.

C E R T I F I C A T E

STATE OF GEORGIA:

COUNTY OF FULTON:

I, QUANINCIA S. MATTHEWS, CERTIFIED COURT REPORTER FOR FULTON COUNTY SUPERIOR COURT, HEREBY CERTIFY THAT THE FOREGOING PAGES 1071 THROUGH 1312, AND ANY EXHIBITS ATTACHED, IF THERE WERE ANY EXHIBITS ADMITTED DURING THE ABOVE-STYLED PROCEEDINGS, REPRESENTS A TRUE, ACCURATE, AND COMPLETE TRANSCRIPT OF THE PROCEEDINGS IN THE ABOVE-STYLED ACTION.

THIS CERTIFICATION IS EXPRESSLY WITHDRAWN AND DENIED UPON THE DISASSEMBLY OR PHOTOCOPYING OF THE FOREGOING TRANSCRIPT OR ANY PART THEREOF, INCLUDING EXHIBITS, UNLESS SAID DISASSEMBLY OR PHOTOCOPYING IS DONE BY THE UNDERSIGNED OFFICIAL COURT REPORTER AND ORIGINAL SIGNATURE AND SEAL ARE ATTACHED THERETO.

THIS, THE 2ND DAY OF SEPTEMBER 2016.

/s/Quanincia S. Matthews

QUANINCIA S. MATTHEWS, RPR
CERTIFIED COURT REPORTER
SUPERIOR COURT OF FULTON COUNTY,
ATLANTA JUDICIAL CIRCUIT.