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1           **THE BAILIFF:** SIR, IF YOU WILL FACE ME AND RAISE YOUR  
2 RIGHT HAND, PLEASE.

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

6           **THE WITNESS:** YES.

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

10          **THE WITNESS:** MARC GONZALEZ. M-A-R-C, G-O-N-Z-A-L-E-Z.

11          **THE BAILIFF:** THANK YOU, SIR.

12                                   **DIRECT EXAMINATION**

13 **BY MR. CHASE:**

14 Q. SIR, WHAT IS YOUR OCCUPATION?

15 A. WELL, I'M RETIRED MULTIPLE TIMES.

16 Q. OKAY.

17 A. I ACTUALLY WORKED IN HEALTHCARE FOR A NUMBER OF YEARS.  
18 THEN I WENT INTO LAW ENFORCEMENT FOR A NUMBER OF YEARS. RETIRED  
19 FROM THERE. AND THEN I WORKED FOR A PRIVATE COMPANY DOING  
20 TRAINING. ALL ALONG THIS TIME, I'VE BEEN WORKING FOR THE  
21 DEPARTMENT OF DEFENSE AS A CONSULTANT DOING MILITARY TRAINING,  
22 LAW ENFORCEMENT TRAINING AND HEALTHCARE TRAINING ALL OVER THE  
23 WORLD.

24 Q. AND WHAT IS YOUR BACKGROUND IN HEALTHCARE?

25 A. I'M A DOCTOR OF PHARMACY. AND I WORKED IN LEVEL I

1 TRAUMA CENTERS IN LOS ANGELES.

2 Q. OKAY. AND WHEN DID YOU GET YOUR DOCTOR OF PHARMACY?

3 A. 1980.

4 Q. AND WHERE DID YOU RECEIVE YOUR DEGREE FROM?

5 A. UNIVERSITY OF CALIFORNIA.

6 Q. AND YOU SAID THAT YOU WORKED IN LEVEL I TRAUMA CENTERS?

7 A. YES, SIR.

8 Q. WHAT WAS YOUR ROLE WHEN YOU WORKED IN LEVEL I TRAUMA  
9 CENTERS?

10 A. I WAS A CLINICAL PHARMACIST AND WHAT I WOULD DO IS WORK  
11 IN EMERGENCY ROOMS, ACUTE CARE MEDICINE, BURN INTENSIVE CARE,  
12 MEDICAL INTENSIVE CARE. I WAS PRECEPT INTERNS AND RESIDENTS THAT  
13 WOULD ROTATE THROUGH CLINICAL ROTATIONS THERE. I WOULD TEACH  
14 THEM ALL THE DIFFERENT FACETS OF SAY BURN RESUSCITATION,  
15 CARDIO-PULMONARY RESUSCITATION, ALL THE DIFFERENT ASPECTS OF  
16 MEDICAL CARE WITHIN EMERGENCY ROOMS OR TRAUMA CENTERS.

17 Q. AND WHAT SPECIFICALLY DOES A CLINICAL PHARMACIST DO AS  
18 PART OF THE TREATMENT?

19 A. WE WOULD DO JUST ABOUT ANYTHING A DOCTOR WOULD DO UNDER  
20 PROTOCOL. BASICALLY, THERE WOULD BE PROTOCOLS WITHIN THE  
21 HOSPITAL THAT WOULD ALLOW US ALMOST FREE REIN TO WRITE ORDERS,  
22 ORDER ANTIBIOTICS, ORDER FLUID RESUSCITATION, ORDER ANTIDOTES FOR  
23 DRUG OVERDOSES.

24 Q. WHAT IS THE STUDY OF PHARMACOLOGY?

25 A. THE STUDY OF THE MECHANISMS OF HOW DRUGS WORK IN THE

1 BODY.

2 Q. AND DO YOU -- HOW LONG DID YOU WORK IN THE CLINICAL  
3 SETTING?

4 A. OH, MY. I WORKED, I WANT TO SAY, AT LEAST 25 TO  
5 28 YEARS BECAUSE I WOULD WORK -- EVEN WHEN I WAS WORKING IN LAW  
6 ENFORCEMENT, I WOULD DO A LITTLE MOONLIGHTING THERE.

7 Q. AND YOU HAD THAT YOU WORKED IN LAW ENFORCEMENT. WHAT  
8 WAS YOUR ROLE IN LAW ENFORCEMENT?

9 A. WELL, I STARTED WORKING WITH THE LOS ANGELES POLICE  
10 DEPARTMENT AS A VOLUNTEER. I WAS DOING MARSHAL ARTS TRAINING FOR  
11 THE POLICE OFFICERS AND THEN I GOT TALKED INTO COMING ON BOARD  
12 AND WORKING FOR THEM.

13 Q. IN WHAT CAPACITY?

14 A. I WAS A VOLUNTEER AS A RESERVE, SPECIALIST RESERVE, AT  
15 THE WEST LOS ANGELES DIVISION.

16 Q. AND DO YOU HAVE ANY EXPERIENCE WITH DRUG-FACILITATED  
17 SEXUAL ASSAULTS SPECIFICALLY?

18 A. YES.

19 Q. AND TELL US A LITTLE BIT ABOUT YOUR EXPERIENCE. DO YOU  
20 HAVE ANY EXPERIENCE INVESTIGATING DRUG-FACILITATED SEXUAL  
21 ASSAULTS?

22 A. YES, SIR. I'VE DONE HUNDREDS OF INVESTIGATIONS. I'VE  
23 SUPERVISED HUNDREDS OF INVESTIGATIONS. I'VE WRITTEN SEARCH  
24 WARRANTS FOR VERY, VERY HIGH PROFILE CASES WITH REGARDS TO  
25 DRUG-FACILITATED SEXUAL ASSAULTS. I'VE THOUGHT THE CLASSES ON

1 DRUG-FACILITATED SEXUAL ASSAULTS FOR MANY, MANY YEARS.

2 Q. AND WHERE DO YOU TEACH THOSE CLASSES?

3 A. I TEACH THEM ALL OVER THE WORLD FOR MILITARY, FOR LAW  
4 ENFORCEMENT. I'LL BE DO A CLASS IN HAWAII IN ANOTHER WEEK AND A  
5 HALF. IT'S JUST -- IT'S RANDOM. I DO A LOT OF DIFFERENT TYPES  
6 OF TRAINING BESIDES DRUG-FACILITATED SEXUAL ASSAULT.

7 Q. BESIDES DRUG-FACILITATED SEXUAL ASSAULT, WHAT IS THE, I  
8 GUESS, THE FOCUS OF THE TRAINING THAT YOU DO?

9 A. WELL, IT DEPENDS ON THE CLASS. FOR EXAMPLE, IF I DO A  
10 CLASS FOR SAY VIOLENCE AGAINST WOMAN INTERNATIONAL, IT WILL BE  
11 RELATING TO WHAT ARE THE SYMPTOMS OF DRUG INFLUENCE? WHAT WOULD  
12 THEY EXPECT TO FEEL DURING THAT DRUG INFLUENCE? WHAT ARE THE  
13 DIFFERENT TYPES OF DRUGS THAT ARE USED TO FACILITATE THESE  
14 ASSAULTS. I WOULD ALSO GO INTO WAYS TO PROTECT THEMSELVES, A  
15 BUDDY-TYPE SYSTEM. AND YOU KNOW, WHAT -- THINGS AS INTRICATE AS  
16 THE WAY THE MUSIC STARTS TO SOUND OR THE ONSET OF ACTION OF A  
17 PARTICULAR DRUG. IF SOMETHING IS OCCURRING, IF THEY FEEL A  
18 CERTAIN FEELING, THEN MAKE SURE YOU LET YOUR KNOW -- LET YOUR  
19 BUDDY KNOW, THAT HEY, SOMETHING'S HAPPENING TO ME. DON'T LEAVE  
20 ME.

21 Q. DO SOME OF YOUR TRAININGS INVOLVE IDENTIFYING SYMPTOMS  
22 OF DRUG-FACILITATE SEXUAL ASSAULT?

23 A. ABSOLUTELY. ESPECIALLY WITH THE INVESTIGATIVE CLASSES,  
24 WHAT WE WOULD DO FOR LAW ENFORCEMENT. I JUST DID A PROGRAM FOR  
25 LAPD, ROBBERY HOMICIDE, AND THEY ALSO HANDLE SEX CRIMES ALSO.

1 AND WE GO THROUGH THE DRUGS. WE GO THROUGH THE SIGNS AND  
2 SYMPTOMS. WE GO THROUGH VARIOUS CASES THAT I HAVE HAD IN  
3 ADDITION TO CASES THAT HAVE BEEN ADJUDICATED. AND WHAT HAPPENED,  
4 WHAT WERE THE NUANCES, WHAT WERE THE DIFFERENCES AND WHAT WERE  
5 THE EXPERIENCES. MANY TIMES, I WILL GIVE THEM A FACT SET WHERE  
6 THEY WILL -- I WILL GIVE THEM SIGNS AND SYMPTOMS AFTER WE'VE  
7 REVIEWED THE DRUGS, SIGNS AND SYMPTOMS OF A PARTICULAR CASE. AND  
8 THEN THEY HAVE TO DETERMINE WHAT ARE THE POSSIBILITIES OF THIS  
9 PARTICULAR DRUG BEING USED IN THIS PARTICULAR CASE BASED ON SIGNS  
10 AND SYMPTOMS THAT THE VICTIM IS PRESENTING WITH.

11 Q. SO THESE ARE CLASSES THAT YOU TEACH ROUTINELY?

12 A. YES, SIR.

13 Q. DO YOU HAVE ANY CURRENT TITLES OR AFFILIATIONS WITH ANY  
14 PROFESSIONAL ORGANIZATIONS?

15 A. YES, SIR.

16 Q. AND WHAT ARE THOSE?

17 A. I AM THE NATIONAL EDUCATION COORDINATOR FOR THE NATIONAL  
18 ASSOCIATION OF DRUG DIVERSION INVESTIGATORS. I'M ALSO ON THE  
19 EXECUTIVE BOARD OF SAFE CALL NOW.

20 Q. WHAT IS THAT?

21 A. SAFE CALL NOW IS AN ORGANIZATION THAT GETS PEOPLE HELP,  
22 ALL DIFFERENT TYPES OF HELP. WE WORK WITH FIRST RESPONDERS, LAW  
23 ENFORCEMENT, MILITARY, HEALTH CARE AND INDIVIDUALS, THEIR FAMILY  
24 MEMBERS. WE GET THEM HELP IN ANY TYPE OF -- SORT OF STRESS OF  
25 DAILY LIVING, WHETHER IT BE ADDICTION, DEPRESSION, SUICIDAL



1 IDEATION, POST TRAUMATIC STRESS, DOMESTIC ISSUES, FINANCIAL  
2 ISSUES. AND WE GET THEM HELP. WE SAVE LIVES EVERY WEEK.

3 Q. AND HAVE YOU EVER TAUGHT IN ANY EDUCATIONAL SETTING?

4 A. YES, SIR.

5 Q. AND WHERE HAVE YOU TAUGHT?

6 A. WELL, OF COURSE, THE DEPARTMENT OF DEFENSE. BUT I WAS  
7 ALSO ASSISTANT CLINICAL INSTRUCTOR OF PHARMACY WITH THE  
8 UNIVERSITY OF SOUTHERN CALIFORNIA SCHOOL OF PHARMACY.

9 Q. AND WHAT WAS YOUR -- WHAT KIND OF TOPICS DID YOU TEACH  
10 ON WHEN YOU WERE THERE?

11 A. MEDICAL INTENSIVE CARE, SURGICAL INTENSIVE CARE,  
12 EMERGENCY ROOM, PSYCHOPHARMACOLOGY. AND I HAD INTERNS,  
13 RESIDENTS, PHARMACY STUDENTS ROTATE THROUGH MY ROTATIONS.

14 Q. AND HAVE YOU EVER RECEIVED ANY AWARDS OVER THE COURSE OF  
15 YOUR CAREER RELATED TO THE WORK THAT YOU DO?

16 A. YES, SIR.

17 Q. AND CAN YOU JUST NAME SOME OF THOSE AWARDS THAT YOU'VE  
18 RECEIVED.

19 A. INTERNATIONAL ORGANIZED CRIME AND TERRORISM  
20 ORGANIZATIONS HAVE GIVEN ME AWARDS. ATTORNEY GENERAL, DAN  
21 LUNGREN, GAVE ME THE HIGHEST AWARD THAT A PEACE OFFICER CAN  
22 RECEIVE IN THE STATE OF CALIFORNIA. AND I'VE RECEIVED A NUMBER  
23 OF INVESTIGATOR OF THE YEAR WITH THE NATIONAL ASSOCIATION OF DRUG  
24 DIVERSION INVESTIGATORS ALSO.

25 Q. DO YOU UNDERGO CONTINUING EDUCATION AS PART OF YOUR

1 CAREER?

2 A. YES, SIR.

3 Q. AND HOW OFTEN DO YOU DO THAT?

4 A. EVERY TWO YEARS, I RENEW MY LICENSE AND I HAVE TO HAVE  
5 38 UNITS OF CONTINUING EDUCATION. HOWEVER, WITH ALL THE  
6 CONFERENCES THAT I ATTEND, I PROBABLY HAVE ABOUT 300, 300 UNITS  
7 OF EDUCATION EASILY.

8 Q. IS THERE A DIFFERENCE BETWEEN SOMEONE WHO HAS A DOCTOR  
9 OF PHARMACY AND JUST A GENERAL PHARMACY DEGREE?

10 A. YES.

11 Q. AND WHAT IS THAT DIFFERENCE?

12 A. IT'S A POST-GRADUATE WORK WHERE YOU'LL ACTUALLY GO  
13 THROUGH ROTATIONS AND YOU'LL SEE PATIENTS FROM THE THIRD AND  
14 FOURTH YEAR. AND IT'S ALL PATIENT CARE ORIENTED. MINE WAS  
15 SPECIFICALLY IN ACUTE CARE MEDICINE AND EMERGENCY MEDICINE  
16 BECAUSE THAT'S WHAT I WAS MOST INTERESTED IN. AND EVEN AT THAT  
17 POINT, I WAS APPROACHED BY THE DEPARTMENT OF DEFENSE TO DO WORK  
18 FOR THEM IN CONSULTING FOR TACTICAL COMBAT CASUALTY CARE,  
19 TRAINING MILITARY ON HOW TO GET THAT SOLDIER INTO THE GOLDEN  
20 HOUR, BASICALLY HOW TO STABILIZE THAT PARTICULAR SOLDIER. AND I  
21 ALSO DO THAT FOR LAW ENFORCEMENT ALSO.

22 Q. AND WOULD SOME OF YOUR PRACTICE BEING ABLE TO IDENTIFY  
23 WHAT A PERSON MAY -- WHAT KIND OF DRUG A PERSON MAY BE UNDER OR  
24 UNDER THE INFLUENCE OF?

25 A. ABSOLUTELY.

1 Q. IS THAT PART OF WHAT YOU DO?

2 A. ABSOLUTELY.

3 Q. AND HAVE YOU EVER HAD TO GIVE AN OPINION ON WHETHER OR  
4 NOT SOMEONE WAS UNDER THE INFLUENCE OF ANY DRUGS OR ALCOHOL?

5 A. SOMETIMES 30 TIMES A DAY.

6 Q. IS IT SOMETHING THAT YOU DO ROUTINELY?

7 A. YES, SIR.

8 Q. AND HAVE YOU EVER TESTIFIED AS AN EXPERT WITNESS IN A  
9 COURT OF LAW?

10 A. YES, SIR.

11 Q. AND HOW OFTEN DO YOU BELIEVE THAT YOU'VE BEEN QUALIFIED  
12 AS AN EXPERT WITNESS?

13 A. MANY, MANY TIMES WHEN I WAS WORKING IN LAW ENFORCEMENT.  
14 THERE WOULD BE A CASE THAT ANOTHER LAW ENFORCEMENT AGENCY OR A  
15 PROSECUTOR WOULD HAVE, SAY IN CALIFORNIA OR EVEN ANOTHER STATE,  
16 AND I WOULD GET CALLED. I WOULD EVEN CONSULT OVER THE PHONE. I  
17 MAY HAVE TO WRITE AN OPINION, LIKE A SHORT MEMORANDUM, IT MAY BE  
18 A LETTER OF AN OPINION, IT MAY BE WHAT I WAS CALLED OUT TO  
19 TESTIFY EVEN SOMETIMES A WEEK AHEAD OF TIME.

20 Q. AND HAVE YOU BEEN QUALIFIED TO GIVE AN OPINION ON  
21 WHETHER OR NOT SOMEONE WAS UNDER THE INFLUENCE OF A DRUG OR  
22 ALCOHOL WHEN THEY WERE -- DURING A SEXUAL ASSAULT?

23 A. ABSOLUTELY.

24 Q. OKAY. AND APPROXIMATELY HOW MANY TIMES DO YOU THINK  
25 THAT'S HAPPENED DURING THE COURSE OF YOUR CAREER?

1 A. IN LAW ENFORCEMENT, I WOULD SAY AT LEAST 150 TIMES.

2 Q. AND IS THAT IN VARIOUS JURISDICTIONS?

3 A. YES, SIR.

4 **MR. CHASE:** YOUR HONOR, AT THIS TIME, THE STATE WOULD  
5 MOVE TO TENDER DR. GONZALEZ AS AN EXPERT IN PHARMACOLOGY AND  
6 DRUG-FACILITATED SEXUAL ASSAULT.

7 **THE COURT:** ANY OBJECTION?

8 **MR. MAGARAHAN:** MIGHT I VOIR DIRE?

9 **THE COURT:** AS TO HIS CREDENTIALS?

10 **MR. MAGARAHAN:** YES.

11 **THE COURT:** YOU MAY. ALL RIGHT.

12 **VOIR DIRE EXAMINATION**

13 **BY MR. MAGARAHAN:**

14 Q. IS IT MR. GONZALEZ OR DR. GONZALEZ?

15 A. WHENEVER YOU LIKE. YOU CAN CALL ME MARC.

16 **THE COURT:** NO, HE CAN'T.

17 Q. (BY MR. MAGARAHAN) NOT IN THIS COURT, I CAN'T.

18 A. DR. GONZALEZ WOULD BE FINE. THANK YOU, SIR.

19 Q. HAVE YOU PUBLISHED MATERIALS THAT HAVE BEEN PEER  
20 REVIEWED?

21 A. YES, SIR.

22 Q. WHERE?

23 A. IN VARIOUS DRUG INFORMATION CENTERS THROUGHOUT THE  
24 UNITED STATES.

25 Q. PUBLICATIONS?

1 A. YES, SIR. AND I JUST DID ONE RECENTLY FOR PAIN WEEK  
2 JOURNAL.

3 Q. I'M SORRY?

4 A. THE PAIN WEEK JOURNAL.

5 Q. PAIN?

6 A. WEEK JOURNAL.

7 Q. WEEK JOURNAL?

8 A. YES, SIR. IT'S THE NUMBER ONE ORGANIZATION FOR PAIN  
9 MANAGEMENT SPECIALISTS THROUGHOUT THE NATION.

10 Q. OKAY. YOU REVIEWED THE MATERIALS IN THIS CASE PRIOR TO  
11 MAKING THE AFFIDAVIT THAT YOU FIRST FILED?

12 A. YES, SIR.

13 Q. AND YOU SUBSEQUENTLY AMENDED IT?

14 A. I WROTE AN ADDENDUM.

15 Q. THANK YOU.

16 **THE COURT:** ALL RIGHT. IS THERE ANY OBJECTION,  
17 MR. MAGARAHAN?

18 **MR. MAGARAHAN:** NO.

19 **THE COURT:** ALL RIGHT. THEN THE RECORD SHALL SO  
20 REFLECT. YOU MAY PROCEED.

21 Q. (BY MR. CHASE) DR. GONZALEZ, WHAT IS CONSIDERED IN  
22 YOUR FIELD TO BE A QUOTE, DRUG-FACILITATED SEXUAL ASSAULT?

23 A. WELL, IN GENERAL, A DRUG-FACILITATED SEXUAL ASSAULT  
24 WOULD ENTAIL USING SOME TYPE OF CHEMICAL, AND ACTUALLY, ALCOHOL  
25 IS PROBABLY NUMBER ONE AT THIS POINT, BUT SOME TYPE OF CHEMICAL

1 OR DRUG TO RENDER A PERSON LESS ABLE TO RESIST. THE KEY IS LESS  
2 RESISTANCE.

3 Q. SO YOU MENTIONED THAT ALCOHOL IS ALSO CONSIDERED TO BE?

4 A. IT'S THE NUMBER ONE CHEMICAL SUBSTANCE THAT IS USED IN  
5 DRUG-FACILITATED SEXUAL ASSAULTS.

6 Q. OKAY. ARE THERE OTHER -- APPROXIMATELY, HOW MANY OTHER  
7 DRUGS HAVE YOU ENCOUNTERED THAT ARE ALSO USED IN DRUG-FACILITATED  
8 SEXUAL ASSAULTS?

9 A. THERE'S AT LEAST OVER 50, MAYBE EVEN MORE. THERE ARE SO  
10 MANY THAT WE'RE LEARNING ABOUT EVERY DAY. AND WE HAVE CASES  
11 WHERE A SMALL BOTTLE OF VISINE, TETRAHYDROZOLINE, IS USED. AND  
12 THERE ARE SO MANY NEW WAYS, NEW CHEMICALS. RIGHT NOW, YOU CAN  
13 ORDER A NAIL POLISH REMOVER ON THE INTERNET AND IT HAS G-B-L IN  
14 IT, WHICH IS A PRECURSOR TO G-H-B, GAMMA-HYDROXYBUTYRATE. AND  
15 WHAT HAPPENS IS IF SOMEONE INGESTS THAT, IT'S CONVERTED INTO  
16 G-H-B BY THE LIVER. SO IT TURNS INTO G-H-B ONCE IT'S INGESTED.

17 Q. WE'RE GOING TO TALK ABOUT G-H-B. BEFORE WE GET THERE,  
18 WHAT ARE OTHER SOME OTHER DRUGS THAT ARE COMMONLY FOUND IN  
19 DRUG-FACILITATED SEXUAL ASSAULTS?

20 A. TYPICALLY, YOU SEE ANY OF THE DRUGS THAT WORK ON GABA,  
21 GAMMA AMINOBENZOIC ACID. YOU HAVE ALCOHOL, OF COURSE. AND GAMMA  
22 AMINOBENZOIC ACID, THAT IS THE RELAXATION CHEMICAL IN YOUR BRAIN.  
23 SO OF COURSE ALCOHOL WORKS ON THAT. AND THEN THE.  
24 GAMMA-HYDROXYBUTYRATE ALSO WORKS ON THAT THROUGH ALCOHOL  
25 DEHYDROGENASE. AND THEN ALSO YOU HAVE THE BENZODIAZEPINES.

1 THAT'S A BIG WORD. BUT BASICALLY, IT'S A VALIUM-LIKE DRUG. SO  
2 I THINK EVERYBODY MAY KNOW WHAT VALIUM IS. SO A  
3 BENZODIAZEPINE-TYPE DRUG, THEY ALSO USE IN THE SAME PATHWAYS.  
4 NOW, THERE'S OTHER DRUGS THAT THEY USE. SOMETIMES THEY USE  
5 OPIOID-TYPE DRUGS SO THE PERSON CAN'T FEEL CERTAIN THINGS IN  
6 ADDITION TO THE BENZODIAZEPINES. AND THAT'S VERY DANGEROUS  
7 ALSO. A LOT OF THESE DRUGS ARE VERY, VERY DANGEROUS. IN 48  
8 PERCENT OF THE CASES, G-H-B ALONE CAN BE THE SINGLE CAUSE OF  
9 SOMEONE DYING FROM AN OVERDOSE.

10 Q. SO YOU MENTIONED G-H-B. WHAT IS G-H-B?

11 A. GAMMA-HYDROXYBUTYRIC IS ACTUALLY AN NATURAL OCCURRING  
12 PRODUCT IN THE BODY. IT'S FROM THE METABOLISM OF GABA, GAMMA  
13 AMINOBENZOIC ACID, THAT NEUROTRANSMITTER THAT WE HAVE IN OUR  
14 BODY. WE HAVE THESE CHEMICALS IN OUR BRAIN THAT BASICALLY KEEP  
15 US NORMAL, KEEP US STEADY. WHEN WE NEED TO BE RELAXED, A LITTLE  
16 GAMMA AMINOBENZOIC ACID WOULD HAVE US RELAX. BUT FROM THE  
17 METABOLISM OF THAT, SMALL AMOUNTS OF G-H-B DO COME OUT IN THE  
18 BODY. BUT THEY'RE USUALLY LOWER THAN THE THRESHOLD THAT YOU  
19 WOULD SEE IN ANY TYPE OF URINE TEST OR BLOOD TEST.

20 Q. AND WHAT ARE SOME OF THE USES OF G-H-B?

21 A. YEARS AGO, THEY ACTUALLY ORIGINALLY MADE G-H-B AS AN  
22 ANESTHETIC, LIKE A GENERAL ANESTHETIC, I BELIEVE IN EUROPE WHERE  
23 YOU COULD ACTUALLY DO SURGERY ON SOMEBODY BASED ON THE DOSAGE.  
24 IT'S DOSE RELATED. A LOWER DOSE IS YOU'RE GOING TO SEE DIFFERENT  
25 THINGS VERSUS HIGHER DOSES. AND THEN, OF COURSE, WE HAVE BODY

1 BUILDERS THAT USE IT BECAUSE IT RELEASES ENDOGENOUS GROWTH  
2 HORMONE. GROWTH HORMONE IS A BODY BUILDING CHEMICAL THAT IS USED  
3 BY BODY BUILDERS. HOWEVER, WE HAVE THIS GROWTH HORMONE IN OUR  
4 BODY ALREADY. AND WHAT THE G-H-B DOES, IT PUSHES THE GROWTH  
5 HORMONE OUT IN OUR BODY SO THAT YOU GET AN ADDED BODY BUILDING  
6 EFFECT.

7 IN ADDITION, THEY USE IT FOR SLEEP. WHEN BODY BUILDERS  
8 USE ANABOLIC STEROIDS, THEY WORK OUT 10, 12 HOURS A DAY. IF  
9 YOU'RE LIFTING WEIGHTS, YOU NEVER FEEL A BURN. SO THE BODY  
10 BUILDERS WOULD USE THE G-H-B TO GO TO SLEEP. IF YOU'RE WORKING  
11 OUT 10, 12 HOURS A DAY, YOU'RE GOING TO HAVE TROUBLE SLEEPING.  
12 SO IT'S USED AS A SLEEP AID.

13 A LOT OF PEOPLE USE IT AS A SLEEP AID ALSO. THERE ARE  
14 SOME PEOPLE THAT GET IT ILLICITLY BECAUSE THEY FEEL IT'S A  
15 FOUNTAIN OF YOUTH. HOWEVER, AGAIN, THAT HAS BEEN UNPROVEN.  
16 THERE IS A PHARMACEUTICAL DRUG ON THE MARKET CALLED XYREM,  
17 SPELLED WITH AN 'X,' X-Y-R-E-M. AND WHAT THAT IS USED IS  
18 NARCOLEPSY OR CATAPLEXY. AND IT'S USED AS A SLEEP AID. IT LASTS  
19 FOUR HOURS, FOUR TO SIX HOURS MORE OR LESS. YOU TAKE A DOSE.  
20 YOU LEAVE A DOSE ON YOUR NIGHTSTAND. YOU SLEEP FOR SAY FOUR TO  
21 SIX HOURS AND YOU TAKE THE OTHER DOSE. AND THAT WILL -- I GUESS  
22 THE INTENT THERE IS TO GET A SIGNIFICANT, RESTFUL SLEEP SO THAT  
23 YOU DON'T FALL ASLEEP DURING THE DAY. NARCOLEPSY IS WHEN PEOPLE  
24 FALL ASLEEP DURING THE DAY. THEY'LL BE WALKING ALONG AND JUST  
25 FALL ASLEEP.



1 Q. WHAT ARE SOME OF THE EFFECTS THAT G-H-B HAS ON THE BODY  
2 OR I SHOULD SAY THE BRAIN?

3 A. IT'S A CENTRAL NERVOUS SYSTEM DEPRESSANT. AGAIN, IT  
4 WILL WORK BY -- A LOW DOSAGES, IT WOULD LOOK AS THOUGH SOMEONE  
5 HAD JUST A FEW TOO MANY DRINKS. OKAY. AND YOU WOULD HAVE SAY  
6 SLURRING OF THE WORDS, MAYBE A LITTLE BIT OF A GAIT. YOU WOULD  
7 -- SOME OF THE PEOPLE, WHEN YOU GET INTO THE MODERATE DOSES, MAY  
8 GO IN AND OUT OF CONSCIOUSNESS. WHEN YOU GET INTO THE HIGHER  
9 DOSES, YOU'RE LOOKING AT PEOPLE HAVING VERY BIZARRE MOVEMENTS,  
10 COMING IN AND OUT OF -- WELL, LOOKING AS IF THEY'RE COMING IN AND  
11 OUT OF CONSCIOUSNESS AND VERY BIZARRE BEHAVIOR. SO WITHOUT ANY  
12 EXTERNAL STIMULUS, THEY MIGHT JUST FALL ASLEEP. WITH THE  
13 EXTERNAL STIMULUS, IN OTHER WORDS, SAY A POLICE OFFICER AT A  
14 TRAFFIC STOP, YOU KNOW, TELL THEM WHAT'S WRONG WITH YOU, THEY MAY  
15 TRY TO STRAIGHTEN UP AND TRY TO ANSWER THE POLICE OFFICER.  
16 HOWEVER, IF THEY'RE LEFT UNATTENDED FOR A SHORT PERIOD OF TIME,  
17 THEN THEY GO BACK. AND THAT'S BASICALLY DOSE RELATED. ALL OF  
18 THESE SYMPTOMS ARE DOSE RELATED FOR THE MOST PART.

19 Q. AND HOW DO YOU DETERMINE WHETHER IT WAS A LOW DOSE OR A  
20 HIGH DOSE?

21 A. YOU CAN DETERMINE THAT BASED ON THE SYMPTOMOLOGY. IN  
22 FACT, THERE'S A GREAT STUDY BY ONE OF THE OF MY ACQUAINTANCES,  
23 JOEL ENDIRE, THAT HAS THE DIFFERENT DOSES DELINEATED.

24 Q. OKAY. AND SO YOU SAID WHAT ABOUT FLAILING ARMS, WHAT  
25 DOSAGE WOULD YOU CONSIDER THAT TO BE?

1 A. THAT'S CONSIDERED AN OVERDOSE.

2 Q. AN OVERDOSE?

3 A. YES, SIR.

4 Q. OKAY. NOW, DOES -- WHAT FORMS DOES G-H-B COME IN? LIKE  
5 LIQUID? POWDER? HOW DOES IT COME?

6 A. IT CAN COME AS A LIQUID. IT CAN LOOK LIKE A WHITE,  
7 MILKY LIQUID. IT COULD LOOK CLEAR. AS YOU ADD MORE WATER TO IT,  
8 IT LOOKS LIKE AN OILY WATER. YOU SHAKE IT UP AND IT HAS TINY  
9 LITTLE BUBBLES IN THE WATER BOTTLE. IT'S DOSED BY THE CAPFUL,  
10 VERY, VERY TINY AMOUNTS, SMALL AMOUNTS. AND IT ALSO CAN BE DRIED  
11 OUT. IF YOU HAVE THE WHITE POWDER -- I GUESS I PROBABLY  
12 SHOULDN'T GO INTO HOW TO MAKE IT, SHOULD I?

13 **MR. CHASE:** NO.

14 **THE COURT:** NO. NOT A GOOD PLAN.

15 **THE WITNESS:** OKAY. SO WHEN YOU FIRST MAKE IT, IT'S --  
16 IT IS A WHITE, FOLLICULAR, FLUFFY, MILKY SOLUTION IN WATER.  
17 BUT IT DOES STILL LOOK A LITTLE BIT OILY. IF YOU DRY THAT  
18 OUT, YOU CAN USE A MICROWAVE, YOU CAN USE AN OVEN, YOU CAN  
19 USE A HAIR DRYER, THAT CAN BE A WHITE POWDER.

20 Q. (BY MR. CHASE) NOW, WHERE CAN PEOPLE, I'M NOT ASKING  
21 YOU TO TELL US HOW TO MAKE IT, BUT CAN WOULD PEOPLE GET  
22 COMPONENTS NECESSARY TO MAKE G-H-B?

23 A. WELL, IT'S PRETTY SIMPLE. IT'S BASICALLY FLOOR STRIPPER  
24 AND SODIUM HYDROXIDE, WHICH WOULD BE LYE. PH 37, WHICH IS  
25 PHYSIOLOGICAL. A PH OF 7 IS A PHYSIOLOGICAL PH. AND BOOM.

1       THERE IT IS.  SORRY, YOUR HONOR.

2           Q.  DOES G-H-B HAVE ANY TASTE?

3           A.  IT CAN HAVE A SALTY TASTE.  BUT AGAIN, IN THE SMALL  
4 AMOUNTS, SOMETIMES IT'S NOT TASTED AT ALL.  IT'S ALL INDIVIDUAL.  
5 AND OF COURSE THE REACTIONS ARE ALL INDIVIDUAL ALSO.  SO YOU CAN  
6 HAVE DIFFERENT TYPES OF REACTIONS.  THE SYMPTOMS ARE STILL THERE:  
7 THE SLURRED SPEECH, THE LOOKING AS THOUGH -- FOR EXAMPLE, A LOW  
8 DOSE OF G-H-B WOULD BE LIKE DRINKING SAY EIGHT DRINKS RIGHT ALL  
9 AT THE SAME TIME.

10          Q.  NOW, YOU SAID THAT THE SYMPTOMS BECOME VERY INDIVIDUAL.  
11 SO DOES EVERYONE GET SLURRED SPEECH?

12          A.  I'M SORRY?

13          Q.  YOU SAID THAT SYMPTOMS THAT PEOPLE'S EXPERIENCE CAN BE  
14 SOMEWHAT INDIVIDUAL BASED UPON THE PERSON.

15          A.  YES, SIR.

16          Q.  DOES EVERYONE GET SLURRED SPEECH?

17          A.  NOT EVERYONE.  IF YOU HAVE A LARGE DOSE, YOU COULD BE  
18 OUT COMPLETELY.  AGAIN, LIKE I SAID, IT'S USED AS AN ANESTHETIC.

19          Q.  OKAY.  AND DO PEOPLE -- AND HOW LONG DOES IT USUALLY  
20 TAKE THE SYMPTOMS TO ONSET?

21          A.  ANYWHERE FROM FIVE TO 30 MINUTES.

22          Q.  AND HOW LONG DOES G-H-B NORMALLY LAST IN THE SYSTEM?

23          A.  ANYWHERE FROM FOUR TO SIX HOURS.

24          Q.  AND WHAT GENERALLY HAPPENS WHEN A PERSON THAT -- WHEN  
25 THE G-H-B IS GOING OUT OF THE SYSTEM, HOW DOES THE PERSON COME

1 BACK TO CONSCIOUSNESS?

2 A. THEY AWAKE.

3 Q. OKAY.

4 A. NO HANGOVER.

5 Q. THERE'S NO HANGOVER?

6 A. NO HANGOVER.

7 Q. ARE THERE ANY LINGERING EFFECTS?

8 A. NO.

9 Q. ARE PEOPLE ALWAYS RENDERED UNCONSCIOUS ON G-H-B?

10 A. NO, SIR. THERE'S A BIG DIFFERENCE BETWEEN UNCONSCIOUS  
11 AND THE BLACKOUT.

12 Q. OKAY. I'M GOING TO TALK TO YOU IN A SECOND, BUT LET'S  
13 GO AHEAD AND GET TO THAT. WHAT DO YOU MEAN WHEN YOU SAY  
14 'BLACKOUT'?

15 A. WELL, I THINK PEOPLE HAVE SEEN SOMEONE UNCONSCIOUS.  
16 SOMEONE'S ASLEEP, THEY'RE UNCONSCIOUS. OKAY. BUT UNCONSCIOUS TO  
17 THE POINT WHERE YOU HAVE TO ACTUALLY CARRY THE PERSON, THAT'S  
18 UNCONSCIOUS. WITH G-H-B AND OTHER DRUGS, THERE IS A BLACKOUT  
19 PERIOD. A BLACKOUT PERIOD IS WHEN IT'S -- IT'S CREATED BY AN  
20 ANTEGRADE AMNESIA WHERE AT A CERTAIN POINT, AT THE FULL ON SET OF  
21 ACTION, A PERSON DOES NOT REMEMBER ANYTHING, OKAY, AND UNTIL THEY  
22 WAKE UP. DURING THAT TIME FRAME, IT'S JUST A DARK -- IT'S DARK  
23 BASICALLY. AND DURING THAT TIME FRAME, THEY MAY FUNCTION ON  
24 VIDEO. THEY MAY DO TRANSACTIONS. I'VE SEEN PEOPLE BUY CDS IN A  
25 RECORD STORE AND DO EVERYTHING THAT THEY NORMALLY DO. HOWEVER,

1       THEY HAVE NO MEMORY OF DOING ANYTHING.

2                   AND DOSE DEPENDENCE, AT SOME POINT SOMETIMES IN ONE  
3       PARTICULAR -- IN CERTAIN CASES, WE'VE HAD PEOPLE THAT WOULD AWAKE  
4       FOR JUST A FEW SECONDS AND JUST REMEMBER JUST SOMETHING VERY  
5       SIMPLE. AND THEN THEY WOULD BE OUT AGAIN.

6           Q.   OKAY.

7           A.   AND THE ONE THING THAT THEY WOULD ALWAYS SAY IS THAT  
8       EVEN THOUGH THEY COULD SEE AND MAY BE HEAR A LITTLE BIT, THEY  
9       WOULD TRY TO MOVE AND THEY COULDN'T. THEIR BODIES WERE FROZEN.

10          Q.   OKAY. SO THE -- HOW WOULD A PERSON ON I GUESS A LOW OR  
11       MEDIUM DOSE OF G-H-B, HOW WOULD THEY APPEAR TO OTHER PEOPLE AS  
12       FAR AS THEIR BEHAVIOR?

13          A.   THEY WOULD LOOK LIKE THEY WERE DRUNK.

14          Q.   AND AGAIN, DOES THIS VARY FROM PERSON TO PERSON?

15          A.   YES, SIR.

16          Q.   NOW, CAN THERE BE CHANGES IN BEHAVIOR BY A PERSON WHO'S  
17       UNDER THE INFLUENCE OF G-H-B?

18          A.   BEHAVIOR, YES. I MEAN, WE'VE HAD PEOPLE THAT HAVE -- MY  
19       GOSH. I MEAN, BEHAVIOR. I'M NOT SURE WHAT YOU MEAN BY BEHAVIOR.

20          Q.   ALL RIGHT. THEY'RE, WHEN THEY'RE UNDER IT, CAN THERE BE  
21       CHANGES IN THEIR BEHAVIOR? CAN IT BE VERY SUDDEN AND DRAMATIC?

22          A.   THE WAKE UP IS SUDDEN.

23          Q.   OKAY.

24          A.   THERE'S NO QUESTION ABOUT THAT.

25          Q.   MAYBE THAT'S WHAT I WAS ATTEMPTING TO GET TO HERE.

1           A.  OKAY.

2           Q.  HOW IS G-H-B ADMINISTERED TO A VICTIM IN A  
3 DRUG-FACILITATED SEXUAL ASSAULT?  WHAT ARE SOME OF THE THINGS  
4 THAT YOU'VE SEEN?

5           A.  WELL, WE'VE HAD PEOPLE THAT WOULD ACTUALLY PUT IT IN A  
6 DROPPER BOTTLE, A VISINE BOTTLE, A NASAL INHALER.  WE'VE HAD  
7 PEOPLE PUT POWDER IN A DRINK, SAY WHEN THE PERSON LEFT THEIR  
8 DRINK UNATTENDED.  WE HAD -- UNFORTUNATELY, WE'VE HAD A LOT OF  
9 CASES WHERE EVEN THE BARTENDERS WERE INVOLVED IN THE DOSING IS  
10 WHAT WE CALLED IT.  THERE'S A WHOLE ARRAY OF DIFFERENT, DIFFERENT  
11 WAYS THAT PEOPLE WOULD DO IT.  IN FACT, THERE WERE -- I HAD A  
12 VIDEO OF IT AND YOU JUST DON'T EVEN SEE THE PERSON OVER THE GLASS  
13 LITERALLY DROPPING SOMETHING INTO THE GLASS.  AND I ALSO HAVE,  
14 YOU KNOW, HAVE HAD I THINK IT WAS A VERY GOOD SHOW ON, YOU KNOW,  
15 I DON'T KNOW, ONE OF THE CABLE NETWORKS THAT HAD ACTORS THAT WERE  
16 DOSING PEOPLE.  AND THE ACTORS WERE JUST SO SURPRISED AT HOW EASY  
17 IT WAS TO PUT SOMETHING IN SOMEONE'S DRINK WITHOUT THEM NOTICING  
18 WHEN REACHING OVER FOR PRETZELS OR NAPKINS OR SOMETHING.  AND  
19 EVEN THE ACTORS WERE SURPRISED THAT THE PERSON DIDN'T CATCH THEM  
20 DOSING THEM.

21           Q.  NOW, CAN G-H-B, CAN IT BE DEFECTED IN SCIENTIFIC  
22 TESTING?

23           A.  IT CAN, YES, SIR.

24           Q.  AND WHAT ARE SOME OF WAYS THAT IT CAN BE TESTED?

25           A.  IN BLOOD.  BUT IT'S SHORT, VERY SHORT.  IN URINE.

1 URINE, YOU'RE LOOKING AT NO MORE THAN 12 HOURS. USUALLY, MUCH  
2 LESS. YOU'RE LOOKING AT SIX HOURS, FOUR TO SIX HOURS,  
3 AFTERWARDS. AND EVEN, THEN IF THE PERSON URINATES, THE  
4 CONCENTRATION DROPS DRAMATICALLY. IF THEY DRINK ANY FLUIDS,  
5 AGAIN, YOU'RE DILUTING THE URINE. SO THE CONCENTRATION IN URINE  
6 IS GOING TO BE MUCH LESS. AS I SAID, IF YOU ADD WATER TO  
7 SOMETHING, THE CONCENTRATION'S GOING TO BE MUCH LESS. AND OF  
8 COURSE BLOOD IS MUCH SHORTER THAN THE URINE. AND OF COURSE HAIR  
9 SAMPLING ALSO.

10 Q. OKAY. WE'LL TALK ABOUT BLOOD FIRST. HOW LONG ROUGHLY  
11 WOULD BLOOD -- WOULD G-H-B BE DETECTED IN BLOOD?

12 A. BLOOD, AS LOW AS TWO HOURS SOMETIMES.

13 Q. NOW, YOU MENTIONED HAIR SAMPLES.

14 A. UH-HUH.

15 Q. AND G-H-B CAN BE DETECTED IN SOMEONE HAIR SAMPLES?

16 A. YES, SIR.

17 Q. WHAT TIME PERIOD AFTER THE DOSING WOULD YOU BE ABLE TO  
18 DETECT G-H-B IN HAIR SAMPLES?

19 A. WELL, THE IDEAL TIME FRAME IS 30 TO 60 DAYS POST DOSE  
20 BECAUSE, OF COURSE, HAIR HAS TO GROW. AND IT HAS TO GROW FROM  
21 THE FOLLICLE AND UP. AND SO THE DRUG HAS TO GET INTO THE  
22 FOLLICLE AND GROW. AND THAT'S WHY YOU NEED THAT TIME FRAME FOR  
23 IT TO GROW. THEY HAVE GONE OUT AS FAR AS 90 DAYS. AND THERE'S A  
24 NUMBER OF CASES THAT I CONSULTED ON WHERE THEY WENT BEYOND THE 60  
25 DAYS AND WERE ABLE TO GET A POSITIVE RESULT.

1 Q. OKAY. IF HAIR WAS TAKEN FROM SOMEONE WHO HAD BEEN DOSED  
2 WITHIN A 24-HOUR PERIOD, WOULD THAT HAIR BE OF ANY VALUE IN  
3 DETECTING G-H-B?

4 A. NO. NO, SIR.

5 Q. WERE YOU CONSULTED AND HIRED BY MY OFFICE TO CONSULT ON  
6 A CASE, THE *STATE OF GEORGIA VERSUS DEVIN HARTMAN*?

7 A. YES, SIR.

8 Q. AND YOU WERE CONTACTED BY ME, CORRECT?

9 A. YES, SIR.

10 Q. AND ARE YOU BEING PAID BY US?

11 A. YES.

12 Q. AND WHAT IS YOUR -- WHAT IS YOUR HOURLY RATE?

13 A. WELL, I HAVEN'T BEEN PAID YET.

14 **THE COURT:** BUT YOU'RE PLANNING ON IT.

15 **THE WITNESS:** OKAY. \$350 FOR REVIEW AND \$500 FOR  
16 TESTIMONY, PER HOUR.

17 Q. (BY MR. CHASE) AND WHAT WAS THE PURPOSE OF THE CASE  
18 EVALUATION?

19 A. TO DETERMINE WHETHER THE VICTIM HAD THE ABILITY TO FORM  
20 CONSENT.

21 Q. AND DID YOU ALSO MAKE A DETERMINATION AS TO WHETHER OR  
22 NOT YOU BELIEVE SHE WAS UNDER THE INFLUENCE OF A 'DATE RAPE  
23 DRUG'?

24 A. YES.

25 Q. OKAY. DID YOU -- AND WHAT ITEMS DID YOU REVIEW IN



1 PREPARING YOUR EVALUATION?

2 A. A WHOLE LIST OF ITEMS: VIDEO, HOSPITAL REPORTS,  
3 INVESTIGATIVE REPORTS, SEARCH WARRANT, AFFIDAVITS, INTERVIEWS,  
4 RECORDED INTERVIEWS. I'M NOT SURE IF THAT'S THE TOTALITY OF THEM  
5 ALL BUT IN ESSENCE.

6 Q. DID YOU ALSO REVIEW SOME TEXT MESSAGES?

7 A. YES, SIR.

8 Q. AND DID YOU REVIEW VARIOUS REPORTS FROM THE GEORGIA  
9 BUREAU OF INVESTIGATION?

10 A. YES, SIR.

11 **MR. CHASE:** YOUR HONOR, I'M GOING TO ADMIT STATE'S  
12 EXHIBITS 29, 30 AND 31. THE DEFENSE AND I PREVIOUSLY  
13 DISCUSSED THIS ITEMS AND THEY WERE GOING TO BE ADMITTED  
14 WITHOUT OBJECTION.

15 **MR. MAGARAHAN:** THAT'S CORRECT.

16 **THE COURT:** THEY'RE ADMITTED.

17 (STATE'S EXHIBITS 29, 30 AND 31 WERE ADMITTED INTO THE  
18 RECORD.)

19 Q. (BY MR. CHASE) DOCTOR, I'M GOING TO SHOW YOU STATE'S  
20 29, WHICH IS A REPORTS FROM THE GEORGIA BUREAU OF INVESTIGATION;  
21 IS THAT CORRECT?

22 A. YES, SIR.

23 Q. AND WHAT WAS TESTED BY THE GEORGIA BUREAU OF  
24 INVESTIGATION IN THIS PARTICULAR REPORT?

25 A. IT LOOKS LIKE BARBITURATES, CANNABINOIDS, BENZO --

1 BENZODIAZEPINES, VALIUM-LIKE DRUGS, COCAINE OR THE METABOLITES.  
2 OPIUM. AND IT HAS SOME RESULTS HERE. AND IT LOOKS LIKE THEY DID  
3 DO A SEPARATE TEST FOR LORAZEPAM, WHICH IS ATIVAN. THAT'S A  
4 SEPARATE BENZODIAZEPINE THAT DOESN'T TEST POSITIVE FOR REGULAR  
5 BENZO SCREENS. SO THEY NEED A SPECIFIC TEST FOR LORAZEPAM. AND  
6 IT LOOKS LIKE THAT WAS NEGATIVE ALSO.

7 Q. OKAY.

8 A. AND POSITIVE FOR VENLAFAXINE.

9 Q. WHAT IS THAT?

10 A. THAT'S THE CHEMICAL NAME FOR THE TRADE NAME EFFEXOR.

11 EFFEXOR IS A SELECTIVE SEROTONIN, NOREPINEPHRINE, REUPTAKE  
12 INHIBITOR. AND BASICALLY WHAT THAT MEANS IS --

13 Q. YES, PLEASE.

14 A. IT WORKS ON SEROTONIN AND NOREPINEPHRINE, THE CHEMICALS  
15 IN THE BRAIN. IT IS A SECOND GENERATION ANTIDEPRESSANT. AND SO  
16 IT IS USED TO LIFT THE MOOD OF SOMEONE WHO IS DEPRESSED. IT'S  
17 ALSO USED IN GENERALIZE ANXIETY. AND IN A NUMBER OF CASES, IT  
18 CAN BE USED FOR OFF LABEL USES FOR VARIOUS MALADIES.

19 Q. AND WHAT IS OFF LABEL USE?

20 A. OFF LABEL USE IS WHEN -- WHEN THE FEDERAL DRUG  
21 ADMINISTRATION MARKETS OR APPROVES A DRUG, THEY SAY THIS IS THE  
22 INDICATION FOR THIS DRUG. HOWEVER, PHYSICIANS CAN USE THESE  
23 DRUGS FOR OTHER INDICATIONS. AND THAT'S CONSIDERED OFF LABEL  
24 USE. AND THEY USE IT TO GAIN SOME BENEFIT.

25 Q. OKAY. AND HAVE YOU EVER HEARD OF EFFEXOR BEING USED TO

1 TREAT GASTROPARESIS?

2 A. YES, SIR. IT INCREASES MOTILITY OF THE GUT WITH THE  
3 NOREPINEPHRINE AND THE SEROTONIN.

4 Q. AND SO --

5 A. AND SO BASICALLY, WITH GASTROPARESIS, THERE'S MOTILITY  
6 THAT'S SLOWED IN THE GUT. AND BY ADDING THOSE TWO CHEMICALS THAT  
7 ARE RELEASED BY THE BRAIN, IT WILL INCREASE THE MOTILITIES.  
8 SO --

9 **THE COURT:** SO THE ANSWER TO THE QUESTION IS 'YES.'

10 **THE WITNESS:** YES.

11 **THE COURT:** GREAT.

12 **THE WITNESS:** THANK YOU. I'M JUST TRYING TO EXPLAIN SO  
13 PEOPLE UNDERSTAND.

14 **THE COURT:** THANK YOU.

15 Q. (BY MR. CHASE) AND ARE THERE ANY -- ARE YOU ALLOWED  
16 OR SUPPOSED TO DRINK ALCOHOL IF YOU ARE ON EFFEXOR? ARE THERE  
17 ANY COUNTER INDICATIONS OF DRINKING ALCOHOL WHILE YOU'RE ON  
18 EFFEXOR?

19 A. IT'S NOT THE BEST THING TO DO BUT IT'S NOT SOMETHING  
20 THAT'S GOING TO CAUSE, I MEAN, IT'S MORE OF A -- WITH THE  
21 NOREPINEPHRINE, IT'S MORE OF A STIMULANT-LIKE EFFECT. SO THEY  
22 ACTUALLY TELL PEOPLE TO TAKE THOSE PARTICULAR DRUGS IN THE  
23 MORNING BECAUSE THEY'RE GOING TO BE -- IF THEY TAKE THEM AT  
24 NIGHT, THEY'RE MORE LIKELY TO FALL ASLEEP. I MEAN, THEY HAVE  
25 SOME TROUBLE FALLING ASLEEP.

1 Q. AND WOULD THE DOSE OF THE EFFEXOR ALSO AFFECT ANY  
2 INTERACTION THAT IT MAY HAVE WITH THE ALCOHOL?

3 A. NO, SIR.

4 Q. SO IF YOU HAD A LOW DOSE, IT WOULDN'T AFFECT IT IF YOU  
5 HAD VERSUS A HIGHER DOSE?

6 A. NO.

7 Q. OKAY. GREAT. THE -- AND YOU ALSO --

8 A. AND CAN I CLARIFY SOMETHING THOUGH WITH REGARDS TO  
9 ALCOHOL?

10 Q. SURE.

11 A. WHEN A PERSON IS BEING TREATED FOR DEPRESSION OR  
12 ANXIETY, THEY TELL PEOPLE NOT TO DRINK WITH THE ANTIDEPRESSANT,  
13 BUT IT'S NOT BECAUSE OF DRUG INTERACTION. IT'S BECAUSE THE  
14 ALCOHOL CAN CAUSE FURTHER DEPRESSION AND YOU WANT TO LIFT THAT  
15 DEPRESSION. SO I JUST WANT TO CLARIFY THAT.

16 Q. SO THERE'S NOTHING ABOUT THE INTERACTION ITSELF THOUGH?

17 A. CORRECT.

18 Q. YOU ALSO REVIEWED STATE'S EXHIBIT 30. AND THAT IS ALSO  
19 A REPORT FROM THE GEORGIA BUREAU OF INVESTIGATION; IS THAT  
20 CORRECT?

21 A. YES, SIR.

22 Q. AND WHAT WAS TESTED FOR IN THIS PARTICULAR CASE?

23 A. GAMMA-HYDROXYBUTYRIC.

24 Q. AND SPECIFICALLY, WHAT TYPE OF SPECIMEN DID THE GEORGIA  
25 BUREAU OF INVESTIGATION TEST?

1 A. I BELIEVE THEY TESTED BLOOD, IF I'M NOT MISTAKEN. YES.  
2 IT'S TWO TUBES OF BLOOD.

3 Q. AND THAT'S FOR G-H-B, CORRECT?

4 A. YES, IT IS.

5 Q. AND WHAT WERE THE RESULTS OF THAT?

6 A. LET ME SEE HERE. I BELIEVE THEY ARE NEGATIVE.

7 Q. IF A PERSON -- IF THE BLOOD WAS TAKEN MORE THAN --  
8 ALMOST 18 HOURS, 18 TO 20 HOURS LATER, WOULD YOU EXPECT TO SEE  
9 THAT RESULT BEING POSITIVE?

10 A. NO, SIR.

11 Q. NO. OKAY.

12 AND WHAT IS STATE'S EXHIBIT 31? IT'S ANOTHER REPORT  
13 FROM THE GEORGIA BUREAU OF INVESTIGATION; IS THAT CORRECT?

14 A. YES, SIR.

15 Q. AND IS THAT SOMETHING YOU ALSO REVIEWED?

16 A. LET'S SEE HERE. YES.

17 Q. OKAY. AND WHAT ARE THEY TESTING FOR IN THIS PARTICULAR  
18 TEST?

19 A. ALCOHOL.

20 Q. AND IS THAT WHAT -- AND THAT'S WHAT ETHYL ALCOHOL IS?

21 A. YES. ETHYL ALCOHOL IS ALCOHOL.

22 Q. AND WHAT WERE THE RESULTS OF THIS PARTICULAR TEST?

23 A. NEGATIVE.

24 Q. HOW DOES THE BODY METABOLIZE ALCOHOL?

25 A. WELL, IT BREAKS IT DOWN. IT STARTS IN THE STOMACH.

1 IT'S ONE OF THE FEW CHEMICALS THAT ACTUALLY STARTS METABOLISM IN  
2 THE STOMACH. AND IT GOES THROUGH THE LIVER. ALCOHOL  
3 DEHYDROGENASE DETOXIFIES THE ALCOHOL. AND AGAIN, IT REACHES A  
4 CERTAIN POINT WHERE ENZYMES ARE SATURATED IN YOUR LIVER. AND AT  
5 THAT POINT WHEN ALL THE ENZYME SITES ARE SATURATED, THEN THE  
6 ALCOHOL BECOMES SOMEWHAT TOXIC AND THE AFFECTS THE BRAIN. AND  
7 HENCE, PEOPLE START TO GET INEBRIATED.

8 Q. AND ABOUT HOW QUICKLY DOES THE BODY METABOLIZE THE  
9 ALCOHOL?

10 A. IT'S WHAT'S CALLED 'ZERO ORDER KINETICS.' IT'S A SET  
11 RATE. AND TYPICALLY, ON THE AVERAGE IN A SIGNIFICANT PORTION, I  
12 BELIEVE 80 PERCENT OF THE POPULATION, YOU'RE LOOKING AT  
13 .01 PERCENT AN HOUR THAT IT WILL BE METABOLIZE.

14 Q. OKAY. SIR, WHEN YOU REVIEWED THE MATERIALS FOR THIS  
15 PARTICULAR CASE, WERE THERE CERTAIN DOCUMENTS OR OTHER ITEMS THAT  
16 WERE IMPORTANT IN YOUR FINAL DETERMINATION?

17 A. THERE WERE -- I MEAN, I TOOK THE TOTALITY OF THEM ALL.  
18 THE VIDEOS WERE VERY, VERY IMPORTANT.

19 Q. AND WHY WAS THAT?

20 A. BECAUSE IT SHOWED THE BEHAVIOR OF THE PERSON AND ALSO  
21 THE STATEMENTS THAT WERE MADE DURING INTERVIEWS; THE STATEMENTS  
22 OF THE VICTIM NOT BEING AWARE OF DANGER AND ALSO SLURRING OF  
23 WORDS. WATCHING THE VIDEO, YOU CAN SEE THE PERSON NOT REALLY  
24 WALKING A STRAIGHT LINE, EVEN THOUGH IT'S NOT THE GREATEST VIDEO  
25 IN THE WORLD. AND IN THE ELEVATOR, LEANING AGAINST THE WALL,

1 SWAYING A LITTLE BIT BACKWARDS BEFORE GOING INTO THE ELEVATOR,  
2 COMING OUT OF THE BUILDING, ACTUALLY SITTING DOWN TO A POINT  
3 WHERE, YOU KNOW, MAY HAVE EVEN LOST A SMALL AMOUNT OF  
4 CONSCIOUSNESS. BUT -- AND THEN GETTING BACK UP, AND THE  
5 INTERVIEW, OF COURSE, THAT THERE WAS A BLACKOUT PERIOD.

6 Q. OKAY.

7 A. AND THEN ALSO WHAT WAS EVEN MORE STRIKING WAS THE  
8 PROTRACTING VOMITING DURING THE INTERVIEW AT THE HOSPITAL.

9 Q. NOW, WHY IS VOMITING IMPORTANT IN THAT DETERMINATION?

10 A. BECAUSE IN A CERTAIN PERCENTAGE OF THE POPULATION, G-H-B  
11 CAUSES VOMITING.

12 Q. AND SO SHE -- SO THAT -- I'M GOING TO STRIKE THAT.

13 YOU ALSO MENTIONED A BLACKOUT PERIOD. AND BEFORE YOU  
14 HAD MENTIONED A PERIOD OF TIME THAT THE SYMPTOMS LAST, DID THE  
15 BLACKOUT PERIOD APPEAR TO BE CONSISTENT WITH WHAT YOU WOULD  
16 EXPECT TO SEE?

17 A. YES, SIR.

18 Q. AS FAR AS TIMING GOES?

19 A. YES, SIR.

20 Q. OKAY. DO -- IS THERE ANYTHING NOTABLE AS FAR AS  
21 URINATING THAT PEOPLE WHO ARE UNDER THE INFLUENCE OF G-H-B MAY  
22 EXPERIENCE?

23 A. THERE COULD BE A BURNING SENSATION. DYSURIA IS WHAT WE  
24 CALL IT.

25 Q. AND AFTER REVIEWING THE MATERIALS IN THIS PARTICULAR

1 CASE, DO YOU HAVE AN OPINION AS TO A PARTICULAR DRUG THAT  
2 MS. [REDACTED] MAY HAVE BEEN UNDER THE INFLUENCE OF AT THAT TIME?

3 A. WELL, WITH REGARDS -- LET'S ACTUALLY START WITH MY  
4 ADDENDUM.

5 Q. OKAY.

6 A. THE AMOUNT OF ALCOHOL. I WAS BLESSED TO HAVE A GREAT  
7 PROFESSOR IN PHARMACOLOGY THAT WAS VERY ASTUTE WITH REGARDS TO  
8 ALCOHOL, AND WE ALWAYS WOULD CHANGE THE AMOUNT OF ALCOHOL INTO  
9 GRAMS AND CONVERT THAT AND LOOK AT THE WEIGHT OF THE PERSON AND  
10 BE ABLE TO DEVELOP AN ACTUAL BLOOD ALCOHOL CONCENTRATION  
11 DETERMINATION. AND THEN WE TAKE THE TIME FRAME AND SUBTRACT THE  
12 AMOUNT OF ALCOHOL THAT COMES OUT OF THE BODY. AND YOU'RE ABLE TO  
13 APPROXIMATE A LEVEL OF BLOOD ALCOHOL.

14 Q. AND DID YOU HAVE ANY MATERIALS TO HELP YOU TRY TO  
15 DETERMINE THE AMOUNT OF ALCOHOL THAT MS. [REDACTED] CONSUMED ON THAT  
16 EVENING?

17 A. WHAT WE TYPICALLY USE IN LAW ENFORCEMENT AND WHAT EVERY  
18 CITIZEN IN THE STATE OF CALIFORNIA RECEIVES IN THEIR LICENSE  
19 RENEWAL IS CHARTS THAT SHOWS AND BLOOD ALCOHOL LEVELS AND HOW  
20 MANY DRINKS WOULD EQUATE TO A CERTAIN BLOOD ALCOHOL LEVEL BASED  
21 ON THEIR WEIGHT.

22 Q. AND AS FAR AS ANY MATERIALS THAT YOU RECEIVED FROM MY  
23 OFFICE, DID YOU RECEIVE SOME MATERIALS REGARDING HOW MUCH  
24 MS. [REDACTED] MOST LIKELY CONSUMED DURING THAT TIME PERIOD?

25 A. YES, SIR.



1 Q. I'M GOING TO SHOW YOU WHAT'S BEEN MARKED AS STATE'S  
2 EXHIBIT 11. DO YOU RECALL INITIALLY SEEING THIS RECEIPT AS PART  
3 OF THE MATERIALS THAT WERE SENT TO YOU?

4 A. RIGHT.

5 Q. AND WHEN YOU ISSUED YOUR -- THE FIRST PART OF YOUR WORK  
6 BECAUSE YOU MENTIONED THERE WAS AN ADDENDUM, CORRECT?

7 A. YES, SIR.

8 Q. AND SO THE ADDENDUM IS SOMETHING THAT YOU GAVE TO US A  
9 LITTLE BIT LATER?

10 A. YES.

11 Q. OKAY. WHEN YOU WROTE YOUR FIRST REPORT, WAS THIS THE  
12 RECEIPT THAT YOU HAD?

13 A. YES, SIR.

14 Q. OKAY. AND WAS, AS FAR AS ANY ALCOHOL THAT MAY HAVE  
15 ENTERED INTO THE EQUATION, WAS THAT WHEN YOU WERE -- IS THAT WHAT  
16 YOU WERE BASING IT ON?

17 A. NO, SIR. THIS IS A RECEIPT. I BELIEVE WE HAD DISCUSSED  
18 THAT THIS WAS NOT -- WE WEREN'T SURE IF THIS WAS ACTUALLY THE  
19 TRUE RECEIPT.

20 Q. OKAY.

21 A. SO I DIDN'T COMMENT ON IT.

22 Q. YOU DID NOT INITIALLY COMMENT ON IT, CORRECT?

23 A. NO, SIR.

24 Q. ULTIMATELY, WERE YOU GIVEN -- WERE YOU SHOWN STATE'S  
25 EXHIBIT 12? I'LL SHOW YOU THE EXHIBIT NUMBER DOWN THERE. BUT

1 WERE YOU ULTIMATELY SHOWN STATE'S EXHIBIT 12?

2 A. YES, SIR.

3 Q. AND HOW DID YOU UTILIZE STATE'S EXHIBIT 12?

4 A. WELL, BASED ON INFORMATION RELATING TO WHICH BEER SHE  
5 WAS DRINKING, AND WE DON'T KNOW IF SHE ACTUALLY DRANK A FINAL  
6 BEER, I ADDED UP THE NUMBER OF DRINKS AND I TOOK THE -- I ASSUMED  
7 THAT IT WAS A 16-OUNCE PINT THAT PEOPLE WOULD POUR. AND I  
8 CALCULATED THE AMOUNT OF MILLILITERS IN A 16-OUNCE PINT. I  
9 BELIEVE THE ALCOHOL VOLUME BY PERCENTAGE WAS 5.9 PERCENT, WHICH  
10 IS 5.9 GRAMS FOR EVERY HUNDRED MILLILITERS. AND THEN I  
11 CALCULATED THE TOTAL AMOUNT OF GRAMS FOR THAT WHOLE TIME PERIOD  
12 MINUS THE LAST BEER, SO YOU JUST GIVE HER THE BENEFIT OF THE  
13 DOUBT. AND DETERMINED, YOU KNOW, WHAT THAT WOULD BE EQUIVALENT  
14 TO IN SAY 1 OUNCE 80-PROOF SHOTS OF ALCOHOL. AND THEN ALSO I'M  
15 PUTTING THAT INTO A CHART THAT WOULD GIVE ME A SET LEVEL. AND OF  
16 COURSE I SUBTRACTED THE .01 PER HOUR. AND AGAIN, BENEFIT OF THE  
17 DOUBT, FIVE HOURS IS WHAT I USED.

18 Q. WOULD HER BODY WOULD HAVE BEEN METABOLIZING THE BEER  
19 WHILE -- DURING THAT FIVE-HOUR PERIOD?

20 A. YES.

21 Q. WERE YOU ABLE -- YOU SAID 5.9 PERCENT. WHERE DID YOU --  
22 5.9 PERCENT ALCOHOL FOR THE BEER YOU CALCULATED, CORRECT?

23 A. YES, SIR.

24 Q. AND WHERE DID YOU GET THAT NUMBER FROM?

25 A. I BELIEVE I LOOKED ON THE -- I HAD A THING -- A PICTURE

1 FROM THE INTERNET THAT HAD THE VOLUME. IT'S CALLED "GOOGLE."

2 Q. GOOGLE?

3 A. YES, SIR.

4 Q. VERY USEFUL.

5 A. YES.

6 Q. AND SO FROM THERE, YOU HAVE A CALCULATION AS TO WHAT YOU  
7 THINK HER BLOOD ALCOHOL MAY HAVE BEEN?

8 A. APPROXIMATION, YES.

9 Q. AND WHAT DO YOU BELIEVE THAT HER BLOOD ALCOHOL LEVEL  
10 APPROXIMATELY WAS AROUND THE TIME OF THE SEXUAL ASSAULT?

11 A. VERY CONSERVATIVELY, 0.18 PERCENT.

12 Q. AND WHAT WOULD 0.18, WHAT SORT OF EFFECTS WOULD THAT  
13 HAVE ON WITH THE BRAIN?

14 A. VERY SIGNIFICANT. OF COURSE, THE LEGAL LIMIT FOR  
15 DRIVING IS .08, 08. SO JUST THINK OF IT AS EIGHT VERSUS 18.

16 **THE COURT:** WHAT EFFECTS? WHAT EFFECTS WOULD IT HAVE  
17 ON THE BRAIN?

18 **THE WITNESS:** OKAY. OKAY. IT WOULD BE A SIGNIFICANT  
19 CENTRAL NERVOUS SYSTEM DEPRESSANT.

20 Q. (BY MR. CHASE) OKAY. WOULD IT AFFECT THE PERSON'S  
21 ABILITY TO MAKE DECISIONS?

22 A. ABSOLUTELY. IT AFFECTS THE INHIBITORY CENTERS IN THE  
23 BRAIN.

24 Q. YOU SAID IT AFFECTS THE?

25 A. THE INHIBITORY CENTERS IN THE BRAIN.

1 Q. AND AT THOSE LEVELS, WOULD THAT AFFECT THEM MINIMALLY OR  
2 SIGNIFICANTLY?

3 A. VERY SIGNIFICANT. WHEN YOU APPROACH THE VERY FIRST  
4 LEVEL OF .24, YOU'RE APPROACHING, FOR HER WEIGHT, PROBABLY CLOSE  
5 TO AN LD50, A LETHAL DOSE IN 50 PERCENT OF THE POPULATION. AND  
6 AGAIN, ONCE THOSE ENZYMES ARE SATURATED, THE BLOOD ALCOHOL LEVEL  
7 GOES UP LIKE THIS. WHEN THE ENZYMES SITE GETS SATURATED, IT GOES  
8 STRAIGHT UP.

9 Q. IN YOUR OPINION, DO YOU BELIEVE THAT ALCOHOL WAS THE  
10 ONLY FACTOR AFFECTING MS. [REDACTED] THAT EVENING?

11 A. NO.

12 Q. OKAY. AND WHAT ELSE DO YOU THINK WAS AFFECTING  
13 MS. [REDACTED] THAT EVENING?

14 A. I BELIEVE THAT THERE WAS G-H-B OR SOME ANALOGUE.

15 Q. AND WHEN YOU SAY 'ANALOGUE,' WHAT DO YOU MEAN BY THAT?

16 A. WELL, PRECURSOR OR ANALOGUE. I MEAN, THERE COULD BE  
17 DIFFERENT SALTS. AND ALSO, THE PRECURSORS ARE THE CHEMICALS  
18 BECAUSE THEY ARE CONVERTED TO G-H-B ALSO.

19 Q. WOULD ALL OF THOSE ANALOGUES HAVE THE SAME EFFECT ON THE  
20 BODY ULTIMATELY?

21 A. YES. AND BECAUSE OF THE BLACKOUT PERIOD AND ALL THE  
22 OTHER SYMPTOMS, SYMPTOMOLOGY, AS TIME WENT ON, EVEN AT .18, THEY  
23 WERE SOMEWHAT FUNCTIONAL. HOWEVER, THE WHOLE ISSUE HERE IS THE  
24 INABILITY TO FORM CONSENT.

25 **THE COURT:** AND THAT'S NOT SOMETHING YOU GET TO DECIDE.

1 LADIES AND GENTLEMEN, YOU WILL DISREGARD THAT REMARK.

2 **THE WITNESS:** I'M SORRY, YOUR HONOR.

3 Q. (BY MR. CHASE) HOW WOULD THE G-H-B INTERACT WITH  
4 ALCOHOL?

5 A. IT WOULD BE WHAT WE CALL EITHER A POTENTIATION OR A  
6 SYNERGISTIC EFFECT.

7 Q. AND WHAT DOES THAT MEAN?

8 A. BASICALLY, IF YOU -- THE SIMPLEST WAY TO PUT IT IS YOU  
9 HAVE ONE DRUG THAT HAS AN EFFECT. ANOTHER DRUG HAS AN EFFECT.  
10 SO ONE PLUS ONE IS USUALLY EQUAL TO TWO. IN THIS CASE, ONE PLUS  
11 ONE IS GREATER THAN TWO.

12 Q. NOW, YOU MENTIONED VOMITING EARLIER. DID EVERYONE WHO  
13 CONSUMES G-H-B, DO THEY VOMIT?

14 A. NO.

15 Q. WOULD THE EFFEXOR THAT SHE WAS ON HAVE ANY EFFECT ON  
16 WHETHER OR NOT SHE VOMITED?

17 A. NO. IN ACTUALITY, IT WOULD PROBABLY HELP HER.

18 Q. AND WHY IS THAT?

19 A. INCREASED STOMACH EMPTYING TIME. IT MOVES THINGS ALONG  
20 SO THAT THEY'RE NOT STATIC OR SITTING IN THE GUT. SO THE GA  
21 MOTILITY IS FASTER.

22 Q. DID YOU ALSO REVIEW HER MEDICAL RECORDS?

23 A. YES, SIR.

24 Q. AND DID YOU REVIEW THE MEDICATIONS THAT SHE WAS ON?

25 A. YES, SIR.

1 Q. AND WOULD ANY OF THOSE -- WOULD ANY OF THOSE MEDICATIONS  
2 THAT SHE WAS ON AFFECT YOUR OPINION IN THIS CASE?

3 A. NO, SIR.

4 Q. NOW, FOR SOMEONE WHO IS UNDER THE INFLUENCE OF G-H-B,  
5 WOULD THEY BE ABLE TO SAY OPERATE A CELL PHONE?

6 A. OH, SURE. IF THEY WERE ON THE LOWER DOSAGE, SURE.

7 Q. WOULD THEY BE ABLE TO SEND TEXT MESSAGES?

8 A. YES.

9 Q. WOULD THEY BE ABLE TO SPEAK?

10 A. UH-HUH.

11 Q. WALK?

12 A. UH-HUH. AGAIN, THEY WOULD LOOK AS THOUGH THEY WERE  
13 INEBRIATED WITH ALCOHOL.

14 Q. WOULD THEY BE ABLE TO SAY GIVE DIRECTIONS TO PEOPLE?

15 A. SURE.

16 **MR. CHASE:** NOTHING FURTHER AT THIS TIME.

17 **THE COURT:** ALL RIGHT. LADIES AND GENTLEMEN, WE'RE  
18 GOING TO TAKE THE MORNING RECESS AT THIS POINT. WE'LL BE IN  
19 RECESS FOR 20 MINUTES, LONG ENOUGH TO GO AND GET SOME  
20 SUNSHINE SHOULD ANYBODY FEEL THE NEED.

21 TAKE THE JURY OUT.

22 (JURY RECESSED AT 10:49 A.M.)

23 **THE BAILIFF:** ALL RISE FOR THE JURY.

24 **THE COURT:** SIR, YOU MAY STEP DOWN. PLEASE DON'T HAVE  
25 ANY CONVERSATION WITH ANYONE BECAUSE YOU'LL BE SUBJECT TO

1 CROSS-EXAMINATION AFTER THE RECESS. WE'LL BE IN RECESS FOR  
2 20 MINUTES. WE HAVE A SMOKER SO HE NEEDS A SUNSHINE BREAK.

3 THANK YOU.

4 (RECESS FROM 10:50 A.M. UNTIL 11:17 A.M.)

5 (PROCEEDINGS RESUMING AT 11:17 A.M.)

6 **THE COURT:** MR. MAGARAHAN, MR. SPRUELL, HE'S WITH YOU.

7 **MR. MAGARAHAN:** THANK YOU.

8 **CROSS-EXAMINATION**

9 **BY MR. MAGARAHAN:**

10 Q. DR. GONZALEZ.

11 A. YES, SIR.

12 Q. MY NAME IS CHARLIE MAGARAHAN. HOW ARE YOU?

13 A. GOOD, SIR.

14 Q. YOU GET INTO TOWN TODAY?

15 A. I'M SORRY, SIR?

16 Q. DID YOU GET INTO TOWN TODAY?

17 A. NO, SIR. WEDNESDAY.

18 Q. WEDNESDAY. YOU'RE FROM CALIFORNIA?

19 A. YES, SIR. BUT I CAME FROM CANADA.

20 Q. YOU CAME THE LONG WAY.

21 A. YES, SIR.

22 Q. OKAY. YOU'VE BEEN HIRED BY THE STATE TO MAKE AN OPINION  
23 ABOUT THIS CASE, HAVEN'T YOU?

24 A. YES, SIR.

25 Q. AND YOU ISSUED A REPORT BASED UPON A REVIEW THAT YOU

1 DID?

2 A. YES, SIR.

3 Q. OF CERTAIN MATERIALS THAT THEY GAVE YOU, CORRECT?

4 A. YES, SIR.

5 Q. YOU STARTED TO LIST THEM IN YOUR DIRECT TESTIMONY BUT  
6 DIDN'T QUITE FINISH. CAN YOU SEE THOSE?

7 A. THEY'RE A LITTLE OUT OF FOCUS.

8 **THE COURT:** MR. MAGARAHAN, WOULD YOU APPROACH THE  
9 BENCH, PLEASE.

10 **MR. MAGARAHAN:** YES.

11 (DISCUSSION OFF THE RECORD WITH THE COURT AND DEFENSE  
12 COUNSEL.)

13 Q. (BY MR. MAGARAHAN) DID YOU REVIEW POLICE REPORTS?

14 A. YES, SIR.

15 Q. DID YOU REVIEW EVIDENCE, PDF FILES?

16 A. YES, SIR.

17 Q. GEORGIA CRIME LAB FILES AND REPORTS?

18 A. YES, SIR.

19 Q. INTERVIEW WITH [REDACTED] AT GRADY HOSPITAL?

20 A. YES, SIR.

21 Q. INTERVIEW WITH [REDACTED] WITH THE ATLANTA PD?

22 A. YES, SIR.

23 Q. VIDEO SURVEILLANCE --

24 A. YES.

25 Q. -- FROM THE BUILDING WHERE TAP IS? DID YOU DO THAT?



1 A. YES.

2 Q. TELEPHONE DOWNLOADS?

3 A. YES.

4 Q. INTERVIEW WITH BERNARD SUTTON?

5 A. YES.

6 Q. INTERVIEW WITH TAGESE WANNORE?

7 A. YES.

8 Q. MEDICAL RECORDS FROM [REDACTED] FROM GRADY HOSPITAL?

9 A. YES, SIR.

10 Q. MEDICAL RECORDS FROM [REDACTED] FROM THE WOMAN'S

11 MEDICAL CENTER?

12 A. YES.

13 Q. THE TAP RECEIPT, WHICH WAS THE WRONG ONE AT THE TIME?

14 A. YES, SIR.

15 Q. CELL PHONE DUMP?

16 A. UH-HUH. YES, SIR.

17 Q. SPRINT RECORDS IN THE DEFENDANT'S PHONE?

18 A. YES, SIR.

19 Q. AND SEARCH WARRANTS?

20 A. YES, SIR.

21 Q. AND YOU REVIEWED ALL OF THOSE?

22 A. YES, SIR.

23 Q. PRIOR TO MAKING YOUR DECISION?

24 A. ABSOLUTELY.

25 Q. OKAY. AND IT WAS ALL OF THOSE THINGS THAT I JUST LISTED

1 THAT YOU BASED YOUR OPINION ON?

2 A. YES, SIR.

3 Q. OKAY. YOU WROTE IN YOUR REPORT THAT IT IS PERTINENT  
4 FINDINGS THAT THE HOSPITAL DOES NOT HAVE ANY RECOLLECTION OF THE  
5 SEXUAL ASSAULT. THAT'S BECAUSE SOMEBODY TOLD YOU THAT, RIGHT?

6 A. SEE, I CANNOT REMEMBER WHERE IT WAS IN. WHAT I DO IS I  
7 TAKE EVERYTHING AND I BASICALLY COLLATE IT INTO NOTES AND THEN  
8 MAKE A BLANKET REPORT OVER EVERYTHING. ACTUALLY PINPOINTING  
9 EXACTLY WHERE THAT WAS SAID, I WOULDN'T BE ABLE TO DO THAT. I  
10 JUST KNOW THAT IT WAS IN THE RECORDS THAT I REVIEWED.

11 Q. OKAY. NOW, THIS IS PERTINENT FINDINGS FROM THE  
12 HOSPITAL, IS HOW YOU START THIS SENTENCE?

13 A. OKAY.

14 Q. SO.

15 A. SO IT WOULD HAVE TO BE FROM THERE. YES.

16 Q. OKAY. SHE HAS VULVA TENDERNESS AND SWELLING?

17 A. UH-HUH.

18 Q. SHE HAS A TEAR IN HER LABIA REQUIRING STITCHES. YOU GOT  
19 THAT FROM THE MEDICAL RECORDS?

20 A. NO, SIR. IT WAS FROM THE TEXT MESSAGES.

21 Q. FROM THE TEXT MESSAGES SHE WROTE AFTER THE FACT, THE  
22 NEXT COUPLE OF DAYS?

23 A. YES, SIR.

24 Q. OKAY. ALL RIGHT. BECAUSE IF I TOLD YOU THERE WAS NO  
25 MENTION OF STITCHES ANYWHERE FROM ANY MEDICAL SOURCE, WOULD YOU

1 BE SURPRISED?

2 A. NO, SIR.

3 Q. REALLY? SO YOU WERE JUST TAKING EVERYTHING THAT SHE  
4 SAID AS THE GOSPEL?

5 A. I TOOK ALL OF THE INFORMATION THAT I REVIEWED AND PUT IT  
6 INTO A REPORT.

7 Q. WELL, LET ME READ THIS LETTER -- LET ME READ THIS  
8 SENTENCE AGAIN. PERTINENT FINDINGS AT THE HOSPITAL DECLARED THAT  
9 SHE DOES NOT HAVE ANY RECOLLECTION OF A SEXUAL ASSAULT. SHE HAS  
10 VULVA TENDERNESS AND SWELLING AND HAS LABIA TEARING REQUIRING  
11 STITCHES. THAT'S PERTINENT FINDINGS AT THE HOSPITAL.

12 SO THE SENTENCE ISN'T CORRECT, IS IT?

13 A. NO, SIR.

14 Q. YOU'VE BEEN VERY INFORMATIVE ABOUT PHARMACOLOGY. I  
15 LEARNED A LOT IN HERE TODAY. AND G-H-B, GAMMA-HYDROXYBUTYRIC, I  
16 DON'T KNOW WHY CRIME LAB DIRECTORS WANT TO CALL IT A 'GEORGIA  
17 HOMEBOY.' I DIDN'T THINK THAT WAS THAT FUNNY MYSELF.

18 A. NO, SIR.

19 Q. IT DISSIPATES IN JUST A COUPLE OF HOURS.

20 A. YES, SIR.

21 Q. AND IF YOU FIND -- IF YOU FIND IT IN THE BLOOD, YOU'RE  
22 GOING TO HAVE TO FIND IT REALLY, REALLY QUICK, TAKE THE BLOOD  
23 REALLY QUICK?

24 A. WELL, I MEAN, YOU DO HAVE A TIMEFRAME WHERE IT'S GOING  
25 TO BE POSITIVE.

1 Q. YEAH. I THINK I WROTE IT DOWN. YOU SAID THE TIMEFRAME  
2 WOULD BE ABOUT TWO HOURS?

3 A. YES, SIR.

4 Q. AND IF YOU TAKE IT IN THE URINE, YOU HAVE FOUR TO  
5 SIX HOURS THAT YOU CAN TAKE A SAMPLE?

6 A. YES, SIR.

7 Q. IS THAT RIGHT?

8 A. YES, SIR.

9 Q. HAIR SAMPLES. IF YOU TOOK THE HAIR SAMPLE THE DAY OF  
10 THE INCIDENT, THEN THE G-H-B WOULDN'T BE THERE, WOULD IT?

11 A. NO.

12 Q. IT HAS TO TAKE TIME FOR THE HAIR TO GROW AND THE HAIR TO  
13 HAVE IT THERE?

14 A. YES, SIR.

15 Q. AND IF SOMEONE CONSUMING G-H-B, IT WOULD BE IN THE HAIR  
16 30 TO 90 DAYS LATER, CORRECT?

17 A. YES. THAT'S THE EXTENDED TIMEFRAME. YES, SIR.

18 Q. AND IF YOU TOOK A HAIR SAMPLE DURING THAT PERIOD OF TIME  
19 AND YOU EXAMINED IT UNDER GAS MASS SPECTROMETRY, AM I SAYING THAT  
20 RIGHT?

21 A. VERY GOOD.

22 Q. WELL, THANK YOU. IF YOU STUDIED THAT SAMPLE OF HAIR  
23 USING GAS SPECTROMETRY, YOU WOULD FIND EITHER THE PRESENCE OR THE  
24 ABSENCE OF THE G-H-B, AND IT WOULD BE DEFINITIVE, WOULDN'T IT?

25 A. YES, SIR.

1 Q. SO IF THEY WANT TO PROVE THERE WAS G-H-B IN THIS CASE,  
2 THEY HAD THE OPPORTUNITY, 30 TO 60 TO 90 DAYS LATER?

3 A. IF THEY KNEW THAT INFORMATION, YES, SIR.

4 Q. WELL, HOW LONG HAS IT BEEN KNOWN TO PHARMACOLOGY THAT  
5 YOU CAN FIND G-H-B IN SOMEONE'S HAIR IF YOU CUT THE HAIR AT THE  
6 BASE 30, 60, 90 DAYS LATER? I THINK YOU SAID IT WAS POST.

7 A. YES, SIR.

8 Q. HOW LONG HAS THAT BEEN IN YOUR KNOWLEDGE AS A  
9 PHARMACIST?

10 A. IN MY KNOWLEDGE, IT HAS BEEN PROBABLY 20, 30,  
11 APPROXIMATELY 20 YEARS.

12 Q. SO IT'S NOT NEW NEWS?

13 A. WELL, IF YOU WERE TO ASK ANY PHARMACOLOGIST, I CAN  
14 GUARANTEE YOU THEY WOULD NOT KNOW THAT.

15 Q. REALLY?

16 A. YEAH. MOST WOULD NOT KNOW THAT.

17 Q. YOU FAMILIAR WITH ROCKY MOUNTAIN LABS?

18 A. YES, SIR.

19 Q. THEY HAVE GAS SPECTROMETRY MACHINERY THERE, DON'T THEY?

20 A. THEY DO.

21 Q. AND THEY DO THESE TESTS FOR PEOPLE LIKE ME, DON'T THEY?  
22 FREELANCE, DON'T THEY?

23 A. YES, THEY DO.

24 Q. SO THE ABILITY TO FIND OUT DEFINITELY IF G-H-B WAS  
25 INVOLVED IN THIS CASE IS GONE NOW, CORRECT?

1 A. YES.

2 Q. BUT IT LASTED FROM 90 DAYS, FROM 30 TO 90 DAYS, AFTER  
3 THE INCIDENT IN THIS CASE, CORRECT?

4 A. YES, SIR.

5 Q. OKAY. I'M SORRY. I HAVE TO KEEP TAKING THESE OFF AND  
6 PUTTING THESE ON. I GOT NEW EYES LAST MONTH.

7 A. THAT'S OKAY, SIR.

8 Q. I THINK YOU PUT THAT IN YOUR REPORT. HAIR SAMPLES WERE  
9 ALSO TAKEN BUT THESE WERE PRIOR TO THE WINDOW NECESSARY FOR  
10 POSSIBLE POSITIVE G-H-B LEVELS. THAT'S WHAT YOU WROTE.

11 A. YES, SIR.

12 Q. YOU JUST AGREED WITH ME, DIDN'T WE? WE JUST AGREED WITH  
13 ONE ANOTHER, DIDN'T WE?

14 A. YES, SIR.

15 Q. OKAY. I BELIEVE I UNDERSTAND YOUR THEORY TO BE THIS:  
16 OF ALL THE DATE RAPE DRUGS OUT THERE, SINCE G-H-B DISSIPATES SO  
17 QUICKLY, THAT IT MUST BE G-H-B IN THIS CASE BECAUSE IT WASN'T  
18 THERE WHEN HER BLOOD WAS TESTED.

19 IS THAT BASICALLY THE WAY YOU LOOK AT IT?

20 A. THERE ARE MANY EXPERTS THAT HAVE SAID THAT ALSO,  
21 INCLUDING MYSELF. YES.

22 Q. OKAY. ALL RIGHT. SO WE KNOW IT'S -- WE KNOW IT WAS  
23 THERE BECAUSE IT'S NOT THERE?

24 A. NO, SIR. IT'S BECAUSE OF THE SIGNS AND SYMPTOMS.

25 Q. OKAY.

1 A. THAT WERE PRESENT.

2 Q. ARE YOU FAMILIAR WITH THE *JOURNAL OF PHARMACOLOGY*?

3 A. YES, SIR.

4 Q. OKAY. WOULD YOU DISAGREE THAT G-H-B USERS MAY BE  
5 UTTERLY UNABLE TO COHERENTLY COMMUNICATE?

6 A. IN SOME CASES. IT'S DOSE RELATED, SIR.

7 Q. THAT'S ANOTHER THING.

8 A. IN EFFECT, IT'S IN THAT PARTICULAR STUDY TOO.

9 Q. IT AFFECTS EVERYBODY DIFFERENTLY, DOESN'T IT?

10 A. ABSOLUTELY, SIR.

11 Q. SO YOU CAN'T REALLY TELL BY THE SYMPTOMS WHETHER A  
12 PERSON'S BEEN DOSED WITH IT, CAN YOU?

13 A. YES, YOU CAN, SIR.

14 Q. ALL RIGHT. YOU CAN DETERMINE IF SOMEBODY HAS BEEN DOSED  
15 WITH G-H-B JUST BY LOOKING AT THEM?

16 A. THE TOTALITY OF ALL THE SYMPTOMOLOGY, INCLUDING THE  
17 BLACKOUT PERIOD, RELATES TO THE FACT -- AND ACTUALLY, EVEN  
18 NEGATIVE LAB RESULTS POST DOSE WHEN IT'S BEYOND THE POTENTIAL  
19 POSITIVE PERIOD, IS ALMOST DEFINITIVE OF G-H-B BECAUSE -- AND  
20 IT'S BEEN SAID BEFORE, MARK LEBOLD, THE DIRECTOR OF THE FBI LAB,  
21 HAS MADE THAT STATEMENT, BASED ON -- AND THIS IS HOW MANY OF  
22 THESE PARTICULAR CASES HAVE FOUND THIS PARTICULAR DRUG. IT'S  
23 THAT BLACKOUT PERIOD, THE SYMPTOMOLOGY, THE FACT THAT THEY DON'T  
24 REMEMBER FROM THIS POINT TO THIS POINT, THEY WAKE UP, THEY HAVE  
25 NO HANGOVER WHATSOEVER. AND THEY'RE LUCID.

1 Q. AND YOU HAVE TO BUY INTO THE FACT THAT THERE WAS IN FACT  
2 A BLACKOUT PERIOD, DON'T YOU?

3 A. YES, SIR.

4 Q. OKAY. SO IF THERE WAS NO BLACKOUT PERIOD, THEN YOUR  
5 WHOLE THEORY GOES AWAY, DOESN'T IT?

6 A. NOT NECESSARILY.

7 Q. OKAY.

8 A. BECAUSE ONCE AGAIN, YOU HAVE PEOPLE THAT HAVE MOMENTS OF  
9 WAKENING ALSO. IT'S ALL DOSE RELATED AND INDIVIDUALIZED BASED ON  
10 THE PERSON TOO.

11 Q. AND ALL OF THAT IS BASED UPON THE REPORT THAT THE PERSON  
12 HAD ALLEGEDLY BLACKED OUT?

13 A. YES.

14 Q. OKAY. G-H-B USERS MAY ENGAGE IN WILD BODILY MOTIONS,  
15 CORRECT?

16 A. IN AN OVERDOSE SITUATION.

17 Q. FALLING REPEATEDLY?

18 A. IN AN OVERDOSE SITUATION, YES, SIR.

19 Q. FLAILING YOUR ARMS AND LEGS?

20 A. YES, SIR. I HAVE PLENTY OF VIDEOS THAT SHOWS THAT IN AN  
21 OVERDOSE SITUATION.

22 Q. THEIR FACIAL EXPRESSIONS MAY BE A FRANTIC SERIES OF  
23 GRIMACES AND EYE ROLLING?

24 A. YES.

25 Q. ONE OF THE MAIN EFFECTS OF G-H-B IS VOMITING, ISN'T IT?



1           A. NOT NECESSARILY THE MAIN EFFECT. THERE'S A SIGNIFICANT  
2 PERCENTAGE OF PEOPLE THAT DO NOT VOMIT, EVEN IN THE PARTICULAR  
3 SETTING THAT YOU CITED EARLIER. THERE WAS, I THINK, I WANT TO  
4 SAY 6.6 PATIENTS THAT ACTUAL VOMIT IN THAT PARTICULAR STUDY.

5           Q. THERE WERE EIGHT PATIENTS IN THAT STUDY, WEREN'T THERE?

6           A. I CAN'T REMEMBER THE EXACT TOTAL OF THE PATIENTS  
7 POPULATION. BUT THERE ARE PATIENTS THAT DID NOT VOMIT IN THAT  
8 STUDY.

9           Q. RIGHT. AND THE *JOURNAL OF PSYCHOPHARMACOLOGY*, I DIDN'T  
10 SAY IT RIGHT THE FIRST TIME, THE *JOURNAL OF PSYCHOPHARMACOLOGY*  
11 SAID THAT VOMITING WAS THE MOST COMMON ADVERSE EVENT, DIDN'T IT?

12          A. YES.

13          Q. AND THAT WAS ALMOST IMMEDIATE?

14          A. IMMEDIATE?

15          Q. ALMOST IMMEDIATELY POST DOSE?

16          A. IT'S NOT ALMOST IMMEDIATE. NO, SIR.

17          Q. OKAY. ALL RIGHT.

18          A. IT CAN BE ANY TIME AFTER.

19          Q. A COUPLE OF DAYS?

20          A. NO.

21          Q. ALL RIGHT?

22          A. ABOUT A 24-HOUR PERIOD.

23          Q. WELL, YOU DID MENTION THE VOMITING THAT MS. [REDACTED] DID  
24 IN THE HOSPITAL INTERVIEW ROOM?

25          A. YES, SIR.

1 Q. OKAY?

2 A. IT WAS NEAR THE HOSPITAL. WELL, I BELIEVE THE DETECTIVE  
3 FROM ATLANTA POLICE DEPARTMENT.

4 Q. SLUSS?

5 A. YES. I BELIEVE SO, YES, SIR.

6 Q. AND YOU REMEMBER, DON'T YOU, THAT SHE HAD BEEN GIVEN  
7 SOME MEDICATIONS, SOME PILLS, BY HOSPITAL PERSONNEL ABOUT AN HOUR  
8 EARLIER?

9 A. UH-HUH.

10 Q. AND THEY WERE LOOKING FOR THE UNDISSOLVED PILLS IN THE  
11 VOMITUS, WEREN'T THEY?

12 A. ACTUALLY, I DO NOT HAVE A DIRECT RECOLLECTION OF THEM  
13 LOOKING FOR ANYTHING INSIDE THE VOMITUS.

14 Q. OKAY. BUT IT WAS MORE REASONABLE TO ASSUME THAT THE  
15 VOMITING WAS DUE TO THE MEDICATION THAT SHE HAD BEEN GIVEN?

16 A. I BELIEVE SHE WAS TAKING THAT MEDICATION ON A ROUTINE  
17 BASIS.

18 Q. NO. I'M NOT TALKING ABOUT THE EFFEXOR. I'M TALKING  
19 ABOUT THE PILLS THAT THEY GAVE HER BECAUSE OF THE ALLEGED DRUG?

20 A. I DID NOT GET THAT OUT OF THE MEDICAL RECORD, SIR.

21 Q. NO. OUT OF THE VIDEO.

22 A. NO. THE VIDEO WAS JUST A VERY TRAUMATIC, PROTRACTED  
23 EMESIS RIGHT DURING THE INTERVIEW PROCESS.

24 Q. RIGHT. EXACTLY. IT'S EASY TO UNDERSTAND THAT THAT WAS  
25 CAUSED BY THE PILLS THAT SHE HAD INGESTED EARLIER RATHER THAN

1 G-H-B, CORRECT?

2 A. NO, SIR.

3 Q. OKAY.

4 A. YOU KNOW, THE FACT THAT SHE VOMITED WAS WHEN I WAS  
5 LISTENING TO THAT AUDIO, I WAS ASTONISHED, BASICALLY. I HAD,  
6 'OH, MY HEAVENS. SHE'S HAVING A PROTRACTED, VOMITING EPISODE.

7 Q. RIGHT. AND YOU WERE ASSUMING THAT IT WAS CAUSED BY  
8 G-H-B?

9 A. WELL, YOU SAID IT WAS THE MAIN ISSUE WITH G-H-B, SIR.

10 Q. WELL, YES. AND I ALSO SAID IT'S ALMOST IMMEDIATE WITH  
11 THE G-H-B.

12 A. THAT IS NOT TRUE, SIR.

13 Q. OKAY. WELL, LET'S TALK ABOUT THE VOMITING THEN. YOU  
14 SAW IT, RIGHT? YOU SAW IT ON THE VIDEO?

15 A. ACTUALLY, I HEARD IT.

16 Q. YES. OKAY. YOU ALSO HEARD MEDICAL PERSONNEL FROM THE  
17 HOSPITAL GOING IN THERE TO CHECK IT OUT AND SEE WHAT IT WAS,  
18 CORRECT?

19 A. I DON'T HAVE THE RECOLLECTION OF THAT.

20 Q. AND THEY WERE LOOKING FOR SMALL PIECES OF PILLS THAT SHE  
21 HAD BEEN INGESTING, CORRECT?

22 A. I DON'T HAVE THE RECOLLECTION OF THAT.

23 Q. AFTER YOU RECEIVED THIS, IS THAT IN FOCUS FOR YOU?

24 A. NO, SIR.

25 Q. AUTO FOCUS DOESN'T SEEM TO WANT TO WORK. AFTER YOU

1 RECEIVED THAT, THAT IS THE ACTUAL TRANSACTION RECORD FROM THE TAP  
2 RESTAURANT.

3 A. YES, SIR.

4 Q. OKAY. YOU CALCULATED BLOOD ALCOHOL CONCENTRATION,  
5 RIGHT?

6 A. YES, SIR.

7 Q. AND YOU SAID THE DISSIPATION RATE WAS 0.10 PER HOUR?

8 A. YES, SIR.

9 Q. IS THAT RIGHT?

10 A. YES, SIR.

11 Q. WELL, HERE IN GEORGIA, WE USE 0.15.

12 A. OKAY.

13 Q. HAVE YOU EVER HEARD OF THAT BEFORE?

14 A. NO, SIR.

15 Q. OKAY. I'M TALKING ABOUT, WHAT'S THE WORD, RETROGRADE  
16 EXTRAPOLATION.

17 A. YES.

18 Q. AND YOU'VE HEARD THAT?

19 A. YES.

20 Q. AND THE PROPER ONE TO USE IS 0.15 PER HOUR?

21 A. OKAY.

22 Q. IS THAT CORRECT?

23 A. YES, SIR.

24 Q. OKAY.

25 A. I'M NOT SURE. I MEAN, I USED WHAT I WOULD USE IN LAW

1 ENFORCEMENT. I USED WHAT WAS, YOU KNOW, AVAILABLE TO ME IN  
2 CALIFORNIA, OF COURSE. AND THAT'S THE NUMBER THAT I USED.

3 Q. OKAY.

4 A. I'M NOT SAYING ONE IS CORRECT OR ONE IS NOT CORRECT.

5 Q. OKAY. YOU ASSUMED WHILE WE WERE MAKING YOUR  
6 COMPUTATIONS, YOU CHANGED EVERYTHING INTO GRAMS PERCENT BLOOD  
7 ALCOHOL CONCENTRATION, DIDN'T YOU?

8 A. YES, SIR.

9 Q. OKAY. AND WHEN YOU DID THAT, YOU ASSUMED THAT  
10 MS. [REDACTED] WAS DRINKING OUT OF A 16-OUNCE PINT GLASS, DIDN'T YOU?

11 A. YES, SIR. ABSOLUTELY.

12 Q. IF SHE WAS DRINKING OUT OF AN 11-OUNCE GLASS, YOUR  
13 CALCULATIONS WOULD BE ALL WRONG, WOULDN'T THEY?

14 A. THE METHOD OF COMING ABOUT THAT AMOUNT WOULD BE CORRECT.  
15 THE -- AND AGAIN, I WAS CONSERVATIVE IN THE FACT THAT SHE DIDN'T  
16 FINISH THE -- THE LAST BEER. AND ALSO, EVEN USING .15, YOU'RE  
17 LOOKING AT A LEVEL OF .15 ACTUALLY OR .015. YOU'RE ACTUALLY  
18 LOOKING AT A BLOOD ALCOHOL LEVEL STILL OF ANYWHERE FROM 14, .14  
19 OR .15 PERCENT.

20 Q. OKAY.

21 A. WELL OVER A POINT AWAY.

22 Q. THAT'S TOO MUCH TO DRIVE IN GEORGIA?

23 A. ABSOLUTELY, SIR.

24 Q. OKAY.

25 A. WELL -- AND IF YOU GIVE ME AN CALCULATOR, I CAN DO THE

1 11-OUNCE TOO.

2 Q. DID YOU KNOW THE ALCOHOL CONCENTRATION OF THE BEERS?

3 A. YES.

4 Q. WHAT WAS IT?

5 A. 5.9.

6 Q. REALLY. SHE WAS DRINKING THE LIBERTY ALE?

7 A. YES, SIR.

8 Q. ISN'T LIBERTY ALE A 4 PERCENT ALCOHOL CONCENTRATION?

9 A. BASED ON THE INTERNET, I FOUND 5.9.

10 Q. IF IT'S ON THE INTERNET, IT MUST BE TRUE, CORRECT?

11 A. NOT NECESSARILY BUT IT WAS FROM THE MANUFACTURER.

12 Q. IF I TOLD YOU THAT THE GRADY RECORDS DON'T SAY A THING  
13 ABOUT STITCHES, WOULD THAT CHANGE YOUR OPINION IN THE WAY YOU  
14 WROTE THIS DECISION?

15 A. NO, SIR. IT'S THE SIGNS AND SYMPTOMS OF THE VICTIM.

16 Q. OKAY. IF I TOLD YOU THAT NONE OF THE MEDICAL RECORDS  
17 TALKS ABOUT STITCHES, WOULD THAT CHANGE YOUR OPINION?

18 A. WITH REGARDS TO MY OPINION IN RELATION TO THE SIGNS AND  
19 SYMPTOMS, AND AGAIN, CAN I SAY IT?

20 **THE COURT:** YOU CAN ANSWER HIS QUESTION 'YES' OR 'NO.'

21 **THE WITNESS:** OKAY. I WAS TALKING ABOUT THE ISSUE OF  
22 CONSENT.

23 **THE COURT:** YOU CAN ANSWER HIS QUESTION 'YES' OR 'NO.'

24 **THE WITNESS:** OKAY.

25 **THE COURT:** TAKE THE JURY OUT.

1           **THE WITNESS:** I'M SORRY.

2           **THE BAILIFF:** ALL RISE FOR THE JURY.

3           (JURY RECESSED AT 11:43 A.M.)

4           **THE COURT:** YOU MAY BE SEATED.

5           NOW, YOU DO THIS FOR A LIVING SO I KNOW GOOD AND WELL  
6           YOU KNOW HOW TO ANSWER A QUESTION. IF YOU TRY TO HELP AGAIN,  
7           YOU WILL BE A GUEST OF THE FULTON COUNTY JAIL. IS THAT  
8           CLEAR? YOU WILL ANSWER THE QUESTIONS THAT YOU ARE ASKED AND  
9           YOU WILL NOT HELP.

10          **THE WITNESS:** YES, YOUR HONOR.

11          **THE COURT:** OKAY. GREAT. DO YOU NEED A FEW MINUTES TO  
12          GET YOUR MIND AROUND THAT?

13          **THE WITNESS:** NO, YOUR HONOR.

14          **THE COURT:** GREAT. BRING THE JURY BACK. AND IF THERE  
15          ARE ANY OBJECTIONS, FEEL FREE TO SAY SO NOW.

16          **MR. CHASE:** THERE'S NOT AN OBJECTION, JUDGE.

17          **THE COURT:** GREAT. THEN WE'RE CLEAR. ANSWER THE  
18          QUESTION YOU WERE ASKED.

19          SEE WHAT HAPPENS WHEN I LET THEM OUT.

20          **MR. MAGARAHAN:** I'M SORRY. FORFOR I SAID SEE WHAT  
21          HAPPENS WHEN I LET THEM OUT.

22          (JURY RECONVENED AT 11:47 A.M.)

23          **THE COURT:** YOU MAY BE SEATED.

24          **MR. MAGARAHAN:** CAN THE COURT REPORTER PLEASE READ BACK  
25          THE LAST QUESTION I JUST ASKED.

1 (THE RECORD WAS READ BY THE REPORTER.)

2 **THE WITNESS:** NO, SIR.

3 **MR. MAGARAHAN:** OKAY. THANK YOU. THANK YOU.

4 **THE COURT:** ANYTHING FURTHER OF THIS WITNESS?

5 **MR. CHASE:** PROBABLY TWO QUESTIONS.

6 **REDIRECT EXAMINATION**

7 **BY MR. CHASE:**

8 Q. THE ARTICLE THAT MR. MAGARAHAN MADE REFERENCE TO, YOU  
9 ACTUALLY READ THAT ARTICLE, CORRECT?

10 A. YES, SIR.

11 Q. AND YOU INDICATED THAT YOU WERE NOT CERTAIN HOW MANY  
12 PARTICIPANTS WERE IN THAT STUDY; IS THAT CORRECT?

13 A. CORRECT, SIR.

14 Q. WOULD IT HELP IF I SHOWED YOU THE ACTUAL STUDY TO SEE  
15 YOU HOW MANY PARTICIPANTS?

16 **MR. CHASE:** MAY I APPROACH?

17 **THE COURT:** YOU MAY.

18 Q. (BY MR. CHASE) AND HOW MANY PARTICIPANTS WERE THERE?

19 A. 16.

20 Q. AND HOW MANY OF THOSE PARTICIPANTS EXPERIENCED VOMITING?

21 A. I BELIEVE SIX. OKAY. ACTUALLY SEVEN. THEY BROKE IT  
22 DOWN INTO -- THAT'S AT SEVEN.

23 Q. SEVEN. OKAY. THANK YOU.

24 **MR. CHASE:** NOTHING FURTHER.

25 **THE COURT:** THANK YOU, SIR. YOU MAY STEP DOWN.



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 867 THROUGH 1069, 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.