

Exhibit V

Lorraine Chatman Deposition

Vargas

Chatman Lorraine

2/24/2020

Condensed Transcript

Prepared by:

Bill Ragen
CCSAO

Tuesday, August 31, 2021

<p style="text-align: right;">Page 1</p> <p>1 IN THE UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS 2 EASTERN DIVISION 3 LETICIA VARGAS, Administrator of the Estate 4 of Angel Cruz, 5 Plaintiff, No. 18-cv-1865 6 vs. 7 SHERIFF OF COOK COUNTY, et al., 8 9 Defendants. 10 11 The videotaped deposition of 12 LORRAINE CHATMAN, called for examination 13 pursuant to the Rules of Civil Procedure for the 14 United States District Courts pertaining to the 15 taking of depositions, taken before CHERYL L. 16 SANDECKI, Certified Shorthand Reporter for the 17 State of Illinois, at 2275 Half Day Road, 18 Bannockburn, Illinois, on February 24, 2020, at 19 the hour of 10:00 a.m. 20 21 REPORTED BY: CHERYL L. SANDECKI, CSR, RPR LICENSE NO.: 084-03710 22 JOB NO.: 5912 23 24</p>	<p style="text-align: right;">Page 3</p> <p>1 INDEX 2 WITNESS EXAMINATION 3 4 LORRAINE CHATMAN 5 EXAMINATION BY MR. FLAXMAN 5 6 EXAMINATION BY MR. RAGEN 127 7 EXAMINATION BY MS. HAIDARI 138 8 EXAMINATION (FURTHER) BY MR. FLAXMAN 139 9 EXAMINATION (FURTHER) BY MR. RAGEN 142 10 EXAMINATION (FURTHER) BY MR. FLAXMAN 143 11 12 EXHIBITS 13 14 NUMBER MARKED FOR ID 15 Chatman Deposition Exhibit 16 Exhibit 1 31 17 Exhibit 2 49 18 Exhibit 3 63 19 Exhibit 4 67 20 Exhibit 5 75 21 Exhibit 6 93 22 Exhibit 7 95 23 Exhibit 8 97 24 Exhibit 9 102 25 Exhibit 10 103 26 Exhibit 11 119 27 28 29 30</p>
<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES: 2 LAW OFFICES OF KENNETH N. FLAXMAN, P.C., by MR. JOEL A. FLAXMAN 3 200 South Michigan Avenue Suite 201 4 Chicago, Illinois 60604 (312) 427-3200 5 jaf@kenlaw.com 6 Representing the Plaintiffs; 7 8 ASSISTANT STATE'S ATTORNEY, by MR. WILLIAM R. RAGEN, 50 West Washington Street 9 Room 500 Chicago, Illinois 60602 10 (312) 603-7944 william.ragen@cookcountyil.gov 11 12 Representing the Nurse Lorraine Chatman, Cook County and Cook County Employee Defendants; 13 14 ASSISTANT STATE'S ATTORNEY, by MS. RAANA V. HAIDARI 15 50 West Washington Street Room 500 16 Chicago, Illinois 60602 (312) 603-3618 17 raana.haidari@cookcountyil.gov 18 Representing the Defendant Sheriff of Cook County. 19 20 ALSO PRESENT: Mr. Andrew Segal Mr. Wayne Wright, Videographer 21 22 23 24</p>	<p style="text-align: right;">Page 4</p> <p>1 THE VIDEOGRAPHER: Good morning. We are now 2 on the video record. 3 This is the videotaped discovery 4 deposition of Lorraine Chatman being taken on 5 February 24, 2020. The time is now 10:08. 6 We are located at 2275 Half Day Road, 7 Suite 147, Bannockburn, Illinois. 8 This deposition is being taken on 9 behalf of the plaintiff and recorded on behalf 10 of the plaintiff in the matter of Vargas versus 11 Sheriff of Cook County, et al., case number 12 18-cv-1865 filed in the United States District 13 Court for the Northern District of Illinois, 14 Eastern Division. 15 My name is Wayne Wright, videographer, 16 representing Lake-Cook Reporting. The court 17 reporter today is Cheryl Sandeck of Lake-Cook 18 Reporting. 19 Counsel will you please identify 20 yourselves for the video record. 21 MR. FLAXMAN: Joel Flaxman for the plaintiff. 22 And my paralegal Andrew Segal is also present. 23 MR. RAGEN: Bill Ragen on behalf of Lorraine 24 Chatman, Cook County, and a number of other Cook</p>

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1 County employee defendants.
 2 MS. HAIDARI: Raana Haidari on behalf of the
 3 Sheriff.
 4 THE VIDEOGRAPHER: Court reporter, will you
 5 please swear in the witness.
 6 THE COURT REPORTER: Can you raise your right
 7 hand, ma'am.
 8 (Witness administered an oath.)
 9 THE WITNESS: Yes, ma'am.
 10 THE COURT REPORTER: Thank you very much.
 11 LORRAINE CHATMAN,
 12 having been first administered an oath, was
 13 examined and testified as follows:
 14 EXAMINATION
 15 BY MR. FLAXMAN:
 16 Q. Good morning. Can you please --
 17 A. Hi.
 18 Q. -- state and spell your name for the
 19 record?
 20 A. L-o-r-r-a-i-n-e, Lorraine; Chatman,
 21 C-h-a-t-m-a-n.
 22 Q. Okay. Ms. Chatman, my name is Joel
 23 Flaxman.
 24 A. Hi.

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1 Q. I represent the plaintiff in a lawsuit
 2 called Vargas versus Sheriff, which you're one
 3 of the defendants. Do you understand that?
 4 A. Okay. Yes, sir.
 5 Q. Okay. And you understand the case is
 6 about a death of a man who was at the Cook
 7 County Jail named Angel Cruz who died on
 8 March 20th of 2016?
 9 A. Uh-huh, yes.
 10 Q. Okay. I think the court reporter
 11 mentioned to you that it's important for you to
 12 let me finish my answer -- excuse me, let me
 13 finish my question before you give an answer?
 14 A. Okay. Gotcha.
 15 Q. And I'll do the same --
 16 A. Okay. Okay.
 17 Q. So I want you to listen to everything
 18 I'm saying before you give an answer. So when
 19 you're answering a question, I'll let you finish
 20 your answer before I ask a question. Do you
 21 understand that?
 22 A. Yes, sir.
 23 Q. Okay. And it makes it really hard for
 24 the transcript --

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1 A. I'm --
 2 Q. Like you're interrupting as I'm asking
 3 you. Please try. It's not the natural way. We
 4 speak, but please try to wait --
 5 A. I will.
 6 Q. -- until I finish my --
 7 A. I'm sorry. Forgive me. I'm sorry.
 8 MR. RAGEN: Joel, you tell me to stop.
 9 MR. FLAXMAN: If you can help, please do.
 10 MR. RAGEN: One thing you will notice, he --
 11 when he's -- when that's going on, you got to
 12 wait to talk.
 13 THE WITNESS: Okay.
 14 MR. RAGEN: No. You're not waiting. All
 15 right? And it's going to be fine. Okay.
 16 THE WITNESS: Bad habit.
 17 MR. RAGEN: Okay. You have to wait. So
 18 we'll practice. So I'm talking and then you'll
 19 know when it's your turn. What you can see a
 20 lot of times Mr. Flaxman will do, his hand will
 21 be kind of up when you're going at a talking
 22 over phase.
 23 Wait for his hand to come down and
 24 you'll probably be able to tell he's ready to be

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1 finished and then he will be ready for you to
 2 answer. Is that okay?
 3 THE WITNESS: Yes, sir.
 4 MR. RAGEN: All right. Back to you, Joel.
 5 MR. FLAXMAN: Thank you.
 6 BY MR. FLAXMAN:
 7 Q. Is there -- well, okay.
 8 MR. RAGEN: And also, sorry, you want -- all
 9 your answers should be yes or no. Even though I
 10 understand, Joel understands, Andrew, that guy's
 11 name who I forget, but he's awesome.
 12 MR. FLAXMAN: Wayne.
 13 MR. RAGEN: Cheryl and Raana understand
 14 uh-huh or uhn-uhn, on the court reporter it
 15 looks the same. So please say yes or no.
 16 THE WITNESS: Gotcha.
 17 MR. RAGEN: Back over to Joel.
 18 MR. FLAXMAN: Okay.
 19 BY MR. FLAXMAN:
 20 Q. Okay. Have you ever given a deposition
 21 before?
 22 A. No.
 23 Q. Okay. Did you have -- did you prepare
 24 with your attorney before today's deposition?

<p style="text-align: right;">Page 9</p> <p>1 A. Yes.</p> <p>2 Q. Okay. And how many times did you meet</p> <p>3 with your attorney before the deposition?</p> <p>4 A. Twice all together.</p> <p>5 Q. And was that with Mr. Ragen?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. Was anyone else at those</p> <p>8 meetings?</p> <p>9 A. No.</p> <p>10 Q. And you've had enough time to prepare</p> <p>11 with Mr. Ragen for the deposition?</p> <p>12 A. Yes.</p> <p>13 Q. And you understood that you took an</p> <p>14 oath before answering questions; is that right?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. Is there any reason that you</p> <p>17 would not be able to answer my questions</p> <p>18 truthfully and accurately today?</p> <p>19 A. No.</p> <p>20 Q. How are you currently employed?</p> <p>21 A. Right now I'm an employee of the Cermak</p> <p>22 -- Cook County Health and Hospital Systems. And</p> <p>23 currently I'm on medical leave of absence.</p> <p>24 Q. And I won't ask you the details of the</p>	<p style="text-align: right;">Page 11</p> <p>1 nursing?</p> <p>2 A. Kennedy-King College is where I</p> <p>3 graduated from.</p> <p>4 Q. And did you graduate?</p> <p>5 A. Yeah.</p> <p>6 Q. When did you graduate?</p> <p>7 A. June '88.</p> <p>8 Q. And are you currently licensed?</p> <p>9 A. Yes.</p> <p>10 Q. Has your license ever been suspended?</p> <p>11 A. No.</p> <p>12 Q. Where were you assigned within Cermak</p> <p>13 in -- when you took leave in November of 2019?</p> <p>14 A. The psychiatric unit.</p> <p>15 Q. And how long had you been assigned to</p> <p>16 the psychiatric unit?</p> <p>17 A. Well, since 1995 when I started, I have</p> <p>18 always been on the psych unit unless I was</p> <p>19 pooled.</p> <p>20 Q. But your -- so the whole time at</p> <p>21 Cermak --</p> <p>22 A. Correct.</p> <p>23 Q. Let me ask the whole question.</p> <p>24 MR. RAGEN: You're doing fine.</p>
<p style="text-align: right;">Page 10</p> <p>1 medical issue.</p> <p>2 A. Okay.</p> <p>3 Q. But I do want, how long have you been</p> <p>4 on leave?</p> <p>5 A. 11/17/19.</p> <p>6 Q. So since November of last year?</p> <p>7 A. Correct.</p> <p>8 Q. And the medical leave does it affect</p> <p>9 your ability to answer my questions?</p> <p>10 A. No.</p> <p>11 Q. It doesn't affect your memory?</p> <p>12 A. No.</p> <p>13 Q. Okay. When did you start working at</p> <p>14 Cermak?</p> <p>15 A. 8/15 -- no. 8/14/95.</p> <p>16 Q. And what -- what was your position when</p> <p>17 you went on your leave in November of last year?</p> <p>18 A. Clinical Nurse I.</p> <p>19 Q. Okay. How long had you been a Clinical</p> <p>20 Nurse I?</p> <p>21 A. Since the start date in 1995.</p> <p>22 Q. Okay. So for about 24 years?</p> <p>23 A. Correct.</p> <p>24 Q. Where did you do your training in</p>	<p style="text-align: right;">Page 12</p> <p>1 BY MR. FLAXMAN:</p> <p>2 Q. We'll get better at it.</p> <p>3 MR. RAGEN: Yeah.</p> <p>4 BY MR. FLAXMAN:</p> <p>5 Q. During your 24 years at Cermak, your</p> <p>6 regular assignment has always been the</p> <p>7 psychiatric unit; is that right?</p> <p>8 A. Yes.</p> <p>9 Q. Were you assigned to a particular tier</p> <p>10 within the psychiatric unit?</p> <p>11 A. Yes.</p> <p>12 Q. And what was that when you took leave</p> <p>13 in November of 2019?</p> <p>14 A. It's like we rotate around. So that</p> <p>15 particular night, I was assigned to the acute</p> <p>16 psychiatric unit.</p> <p>17 Q. And you mean the night with Mr. Cruz in</p> <p>18 2016?</p> <p>19 A. Correct.</p> <p>20 Q. Okay. And do you know who was</p> <p>21 responsible for making -- assigning the</p> <p>22 rotations?</p> <p>23 A. That would be my unit supervisor, the</p> <p>24 coordinator.</p>

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1 Q. Who was your unit supervisor in March
2 of 2016?
3 A. Oh, wow. I know her name. It's on the
4 tip of my tongue. I can't think of her name
5 right now.
6 Q. Okay. If it comes --
7 A. I know it -- okay.
8 Q. If it comes to you later, please let me
9 know.
10 A. Gotcha.
11 Q. You said you were assigned to the acute
12 psychiatric tier?
13 A. Correct.
14 Q. Is that two north?
15 A. Correct.
16 Q. Are there other acute psychiatric?
17 A. The woman's psychiatric, which is two
18 west. And then the south side is the step-down.
19 Q. What does that mean?
20 A. They're stable enough to be on a unit
21 where -- it's like they're more stable.
22 Q. And does that mean that they --
23 A. Psychiatrically stable.
24 Q. Okay. Are the people on that area --

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1 need less supervision?
2 A. Not necessarily. But it's just that
3 they deemed by the psychiatrist to be more
4 stable.
5 Q. Okay. So the patients who are in the
6 acute section are less stable?
7 A. Right. That's where they first come in
8 -- come in at from receiving.
9 Q. Okay. And -- well, back in 2016, were
10 you -- what shift did you regularly work?
11 A. 11:00 to 7:00.
12 Q. Has that always been your regular
13 shift?
14 A. Correct.
15 Q. And you mean 11:00 p.m. to 7:00 a.m.?
16 A. Correct.
17 Q. Did you request to work on the
18 overnight shift?
19 A. That's just what I like.
20 Q. Why do you like it?
21 A. I don't know. I just always liked it.
22 Q. Okay. When you would be the -- well,
23 before March of 2016 when you were working in
24 two north, had you worked in two north before?

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1 A. Yes, I have.
2 Q. And when you were assigned -- well,
3 would you call yourself the overnight nurse for
4 that tier?
5 A. Yeah, for two north.
6 Q. Okay. I just wanted to use the
7 right -- sometimes there are words that people
8 use at every business and I want to make sure
9 I'm using the right ones.
10 A. You are.
11 Q. Okay. What were your responsibilities
12 as the overnight nurse in two north?
13 A. Total patient care. So anything
14 nursing we do, that was my assignment.
15 Q. And in March of 2016 when you were the
16 overnight nurse in two north, would you be the
17 only nurse on the tier?
18 A. Yes.
19 Q. And would you cover other tiers at the
20 same time or only one tier?
21 A. Usually just the one tier.
22 Q. But there were times when you had to
23 cover more than one?
24 A. Yes.

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1 Q. And when you were serving as the
2 overnight nurse in two north in March of 2016,
3 were also correctional staff present?
4 A. Yes.
5 Q. Do you recall how many?
6 A. You know, right now, no.
7 Q. Okay. Did you get a lunch break on the
8 overnight shift?
9 A. That particular night I didn't take one
10 because it was busy.
11 Q. And that's something -- you remember
12 that?
13 A. Yeah.
14 Q. Okay. If you weren't busy, would you
15 be allowed to take a lunch break?
16 A. I would take a little -- a small little
17 break, go get some coffee or something.
18 Q. Okay.
19 A. But usually I just felt more better
20 staying with my patients and watching them.
21 Q. Okay. If you -- if you did take a
22 break, would some -- would another nurse watch
23 the tier?
24 A. No.

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1 Q. You said that you felt more comfortable
 2 being there to watch your patients, right?
 3 A. Definitely, yes.
 4 Q. How did you watch your patients?
 5 A. We have a monitor that shows every room
 6 and then I'll get up and make walking rounds.
 7 Q. I think I've heard people talk about
 8 the nursing station. Was that a desk that you
 9 would sit at?
 10 A. Uh-huh.
 11 Q. Is that a "yes"?
 12 A. Yes.
 13 Q. Would you call it the nursing station
 14 or something else?
 15 A. It's the nursing station. That's where
 16 I sit and do my -- the computer where I do my
 17 work.
 18 Q. Okay.
 19 A. Look at the medications, orders, and
 20 blah, blah, blah.
 21 Q. Okay. And is that where that monitor
 22 is that you mentioned?
 23 A. Yes.
 24 Q. And you said you would stand up and do

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1 rounds also?
 2 A. Yeah, I would get up and do rounds.
 3 Q. And how often would you do that?
 4 A. Every half an hour, but we stagger
 5 them.
 6 Q. What do you mean?
 7 A. So they won't -- so they won't be
 8 expecting us.
 9 Q. Oh, okay. So it wouldn't be exactly on
 10 the half hour?
 11 A. Exactly.
 12 Q. But it would be about that often?
 13 A. Correct.
 14 Q. Would you ever -- when you would make
 15 those rounds and check on the patients, would
 16 you be accompanied by correctional officers?
 17 A. Yes.
 18 Q. And am I right that the -- if you
 19 needed to go into a cell, a correctional officer
 20 would have to unlock the door?
 21 A. Correct.
 22 Q. And you wouldn't go in by yourself,
 23 right?
 24 A. No.

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1 Q. You would always be accompanied by a
 2 correctional officer?
 3 A. Yes.
 4 Q. Did you ever -- did the correctional
 5 officers ever make rounds to observe patients
 6 without you?
 7 A. Yes.
 8 Q. And would they tell you what they
 9 observed?
 10 A. Yes.
 11 Q. Did the correctional officers have a
 12 set amount -- set time when they would do their
 13 observations?
 14 MR. RAGEN: Objection. Speculation.
 15 You can answer.
 16 THE WITNESS: I don't know what their policies
 17 are for making rounds.
 18 BY MR. FLAXMAN:
 19 Q. Okay. And as a nurse you were, well,
 20 assessing and taking care of the patients,
 21 right?
 22 A. Yes.
 23 Q. Would you ever rely on the correctional
 24 officers' observations to do your assessments

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1 and care?
 2 A. Well, sometimes they'll tell me so and
 3 so is doing this or that, and I will act upon
 4 it. Because sometimes I rather take care of
 5 something early rather than let it escalate.
 6 Q. But -- so there might be, I guess,
 7 emergency or urgent situations where you would
 8 respond to what a correctional officer told you,
 9 right?
 10 A. Yes.
 11 Q. But for routine things like your
 12 observations or vital signs, that would be your
 13 observations; you wouldn't rely on a
 14 correctional officer, right?
 15 A. Oh, no.
 16 Q. Okay.
 17 MR. RAGEN: Joel, I think it's pretty clear,
 18 but sometimes you get a double negative. You
 19 know, like the -- but...
 20 MR. FLAXMAN: No. That's -- that's a
 21 question I could ask better. You're right.
 22 MR. RAGEN: I mean, it comes in fine, but
 23 just to be clear. You know, you're good.
 24 MR. FLAXMAN: No, no, no, I'm going to fix

<p style="text-align: right;">Page 21</p> <p>1 that one.</p> <p>2 BY MR. FLAXMAN:</p> <p>3 Q. The question I asked you was about -- I</p> <p>4 think you said was about emergency situations</p> <p>5 where you would rely on a correctional officer's</p> <p>6 observation, right?</p> <p>7 A. Put it like this, I'll take what he say</p> <p>8 and I'll get up and go investigate it myself.</p> <p>9 Q. Okay. For your routine</p> <p>10 responsibilities of observing patients and doing</p> <p>11 things like taking vital signs, would you ever</p> <p>12 rely on a correctional officer's observation?</p> <p>13 A. No, that's not his scope.</p> <p>14 Q. So I think you told me that on the</p> <p>15 night when you were in the tier with Mr. Cruz --</p> <p>16 well, I'm sorry. Let's -- I'll start over.</p> <p>17 What do you remember about Mr. Cruz?</p> <p>18 A. I remember coming in the unit. I</p> <p>19 received report from the 3:00-to-11:00 shift</p> <p>20 nurse and she told me his situation. And I got</p> <p>21 report on the whole unit.</p> <p>22 Q. Okay.</p> <p>23 A. Any problems, anything.</p> <p>24 Q. Do you remember who that -- the shift</p>	<p style="text-align: right;">Page 23</p> <p>1 Q. And she -- would she have told you</p> <p>2 other information about other patients?</p> <p>3 A. Yes.</p> <p>4 Q. Do you remember any of that?</p> <p>5 A. Not offhand.</p> <p>6 Q. Did she tell you why Mr. Cruz was in</p> <p>7 restraints?</p> <p>8 A. Yes.</p> <p>9 Q. And what did she tell you about that?</p> <p>10 A. That he had -- was trying to hurt</p> <p>11 himself banging his head and smearing feces all</p> <p>12 over the place and he wouldn't respond to</p> <p>13 redirection. So that's what led to the FLR</p> <p>14 episode.</p> <p>15 Q. Do you know what FLR stands for?</p> <p>16 A. Full leather restraints.</p> <p>17 Q. And I think you said he wouldn't</p> <p>18 respond to redirection?</p> <p>19 A. That's -- that they told him to stop</p> <p>20 trying to -- stop trying to hurt himself and he</p> <p>21 wouldn't.</p> <p>22 Q. Okay. That's what -- that's what you</p> <p>23 meant by wouldn't respond to redirection?</p> <p>24 A. Correct.</p>
<p style="text-align: right;">Page 22</p> <p>1 nurse from the previous shift was?</p> <p>2 A. Kanel.</p> <p>3 Q. Is that K-a-n-e-l?</p> <p>4 A. Uh-huh.</p> <p>5 Q. Is that a "yes"?</p> <p>6 A. Yes.</p> <p>7 Q. Do you remember what Nurse Kanel</p> <p>8 reported to you?</p> <p>9 A. The main thing she reported to me was</p> <p>10 about the gentleman in restraints.</p> <p>11 Q. And was it a standard practice when</p> <p>12 there was a change in shift that the nurse from</p> <p>13 the shift leaving would communicate important</p> <p>14 information to the nurse coming on?</p> <p>15 A. Yes.</p> <p>16 Q. And that's something that Nurse Kanel</p> <p>17 did for you on this shift, right?</p> <p>18 A. Yes.</p> <p>19 Q. And is that something you did for the</p> <p>20 nurse coming on the next shift?</p> <p>21 A. Yes.</p> <p>22 Q. You said that Nurse Kanel told you that</p> <p>23 there was a gentleman in restraints, right?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 24</p> <p>1 Q. Before March of 2016, had you had</p> <p>2 experience with patients being in restraints?</p> <p>3 A. Yes.</p> <p>4 Q. Had you had training on restraints?</p> <p>5 A. Yes.</p> <p>6 Q. How often was a patient placed in</p> <p>7 restraints?</p> <p>8 A. Are you talking about generally?</p> <p>9 Q. Yeah, generally.</p> <p>10 A. Okay. Usually it's like that's least</p> <p>11 restrictive. That's -- we try to avoid that at</p> <p>12 all costs. So usually we'll try to talk the</p> <p>13 patient, redirect them, offer them a prn</p> <p>14 medication, and go from there. Just keep</p> <p>15 watching them. If they continue with -- if they</p> <p>16 continue being disruptive and pose a threat --</p> <p>17 posing a danger to self and others, then we'll</p> <p>18 have to take -- have to put them in restraints</p> <p>19 if necessary. But we try to avoid it.</p> <p>20 MR. RAGEN: And he was just -- tell me to</p> <p>21 stop if you want.</p> <p>22 He was just asking like generally how</p> <p>23 many times, like if you look per week or per</p> <p>24 month or per year, how often would that happen.</p>

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1 THE WITNESS: Maybe two or three times a week
 2 roughly.
 3 BY MR. FLAXMAN:
 4 Q. And you said one of the alternatives
 5 would be to offer prn?
 6 A. Right.
 7 Q. What does that mean?
 8 A. It's like a when necessary.
 9 Q. Medication?
 10 A. Like -- right. If they have a doctor
 11 write an order and say if needed. So that's
 12 like if needed or when necessary.
 13 Q. So it -- if the doctor made that
 14 prescription, you as the nurse would have
 15 discretion to administer it; is that right?
 16 A. True.
 17 Q. And for the decision to put a patient
 18 in restraints, who would make that decision?
 19 A. The nurse.
 20 Q. Okay. And you said that when you came
 21 on to the shift, Mr. Cruz was already in
 22 restraints; is that right?
 23 A. Correct.
 24 Q. Okay. And what did you understand your

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1 responsibilities to be for a patient that was
 2 already in restraints?
 3 A. I have to take his -- take his vitals,
 4 check his CMS that we -- the circulation,
 5 motion, and sensation in his limbs, make sure
 6 he's not in any kind of distress, and talk to
 7 him and see how his mental status is at that
 8 time.
 9 Q. The first thing you mentioned was your
 10 taking vitals?
 11 A. Correct.
 12 Q. What vitals would you take?
 13 A. Mr. Cruz.
 14 Q. I'm sorry, when you say vitals, you
 15 mean -- which things do you mean? Do you mean
 16 pulse?
 17 A. Oh, blood, pulse, oxygenation,
 18 temperature.
 19 Q. And you also said that CMS, what does
 20 that mean?
 21 A. Circulation, sensation. That's
 22 checking restraints and making sure they're not
 23 too tight and constrictive.
 24 Q. Was there a way that you checked

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1 whether the blood was properly circulating in
 2 his body?
 3 A. Usually -- okay. They got cuffs on
 4 each hand, so we put our finger in and make sure
 5 that they're not too tight, you know, because we
 6 don't want to cut off their circulation.
 7 Q. And are there -- so you said there is
 8 cuffs on each hand, right?
 9 A. Right. And each ankle.
 10 Q. And each ankle. And is there sometimes
 11 a belt also?
 12 A. Yeah.
 13 Q. Okay.
 14 A. The belt connects the cuff to the --
 15 the cuff goes on the patient, the belt connects
 16 it to the bed.
 17 Q. Okay. I'm not understanding it. I'm
 18 sorry.
 19 A. Okay.
 20 Q. Let me ask this. So what parts of
 21 a body -- so Mr. Cruz was restrained in bed; is
 22 that right?
 23 A. Right.
 24 Q. Which parts of his body were

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1 restrained?
 2 A. Okay. He had cuffs on each wrist and
 3 cuffs on each ankle and he had a chest restraint
 4 around his chest.
 5 Q. Okay. What did you say about the belt?
 6 I didn't understand.
 7 A. The belt is the leather strap that
 8 connects the cuff to the bed.
 9 Q. Oh, it's not a bed over his waist?
 10 A. No, no, no, no.
 11 Q. You're just talking about a strap
 12 connecting his arms to the bed?
 13 A. Right. But also it's a chest
 14 restraint, so there was a belt across his chest.
 15 Q. Okay. One of the vitals you said was
 16 oxygenation; is that right?
 17 A. Right. That's the -- we put it on the
 18 finger and just check his oxygen.
 19 Q. Okay. And to check a patient's vitals,
 20 is there a machine that does all those
 21 measurements?
 22 A. Yes.
 23 Q. Is there a name for that?
 24 A. A CBP machine. I don't know.

<p style="text-align: right;">Page 29</p> <p>1 Q. Okay. There is a machine and that 2 machine does blood pressure? 3 A. Blood pressure, pulse. We check the 4 respirations. And the pulse ox where we put it 5 on the finger. 6 Q. The machine does that on the finger? 7 A. Right. 8 Q. And does it automatically record it in 9 the medical records or do you have to type it in 10 yourself? 11 A. We have to type it in ourselves. 12 Q. What did you say did you do a -- did 13 you say that you do a measurement about 14 circulation? 15 A. Yeah. 16 Q. And what's that called? 17 A. That's -- that's just where we check 18 and make sure that the restraints are not too 19 constricting on him and adjust them if they need 20 to be adjusted. 21 Q. Okay. And any time you're doing those 22 vitals you have to go into his cell, right? 23 A. Yes. 24 Q. How often would you take somebody's</p>	<p style="text-align: right;">Page 31</p> <p>1 Q. And why would you do that? 2 A. Just to make sure they don't hurt 3 themselves. 4 Q. And is that something you would record 5 in a record? 6 A. Yes. 7 MR. FLAXMAN: I'm going to mark this as 8 Exhibit 1. 9 (Whereupon, Chatman Deposition 10 Exhibit 1 was marked for 11 identification.) 12 BY MR. FLAXMAN: 13 Q. Do you recognize Exhibit 1 as the form 14 you had used to record 15-minute observations? 15 A. Yes. 16 Q. This one has five pages front and back. 17 Can you -- does one of these contain your 18 notations? 19 A. The one on top. The first one. 20 Q. Okay. And that's the -- if you look at 21 the top left of the page, it has the number 0141 22 top of the left? 23 A. 0141? 24 Q. Right? That's right?</p>
<p style="text-align: right;">Page 30</p> <p>1 vitals when he's in restraints? 2 A. Every two -- two -- every three -- 3 usually, I always try to do it twice a shift. 4 So I do it when I make my initial assessment and 5 then maybe about four hours later, maybe not 6 that long. It depends if I gave him a prn or 7 not. So I would say every two to three hours. 8 Q. And why would giving a prn make a 9 difference? 10 A. Because medication can affect your body 11 in different ways. I just want to make sure 12 they okay. 13 Q. So if you would give them medication, 14 you would come back to check on them sooner? 15 A. Yeah. 16 Q. Were you also responsible for checking 17 on a patient in restraints every 15 minutes? 18 A. Yes. 19 Q. And what would those checks entail? 20 A. We -- more often they would -- we would 21 look at the monitor and just make sure that 22 they -- you know, if they laying down 23 comfortably or they moving around or we get a 24 sense of what they doing.</p>	<p style="text-align: right;">Page 32</p> <p>1 A. Uh-huh. 2 Q. Is that a "yes"? 3 A. Yes. 4 Q. Okay. Thank you. 5 Can you tell me what on this page is 6 your notation? 7 A. Okay. I made the form out. I wrote 8 the FLRs on the top. I also write FLRs renewed 9 3/18 at 2155. And then from the 0012 o'clock 10 entry up until the 0700 entry is me. 11 Q. All right. Let me ask you, so at the 12 top above the box, it says -- does it say 2243 13 FLRs? 14 MR. RAGEN: Do you mind if I help her? 15 MR. FLAXMAN: Yeah, why don't you. Your 16 lawyer is pointing to where I'm talking about. 17 THE WITNESS: Oh, that's the room number. 18 BY MR. FLAXMAN: 19 Q. And did you write that? 20 A. Yes. 21 Q. And 2243 is a room on two north? 22 A. Yes. 23 Q. And below that, you write the date, 24 correct?</p>

<p style="text-align: right;">Page 33</p> <p>1 A. Yes.</p> <p>2 Q. And then below you checked 2N for the</p> <p>3 tier?</p> <p>4 A. Correct.</p> <p>5 Q. And you checked yes for was inmate CORs</p> <p>6 upon arriving to assignment?</p> <p>7 A. Yes.</p> <p>8 Q. Do you know what COR means?</p> <p>9 A. It's a term referring to being in</p> <p>10 restraints.</p> <p>11 Q. It's a --</p> <p>12 A. I don't exactly remember what it stands</p> <p>13 for. But it means being in restraints.</p> <p>14 Q. And you understood it to be the same as</p> <p>15 FLR, right?</p> <p>16 A. Correct.</p> <p>17 Q. And then to the right of that is -- is</p> <p>18 handwriting about the renewal, which I think you</p> <p>19 told me about, right?</p> <p>20 A. Yes.</p> <p>21 Q. And did you wrote those two things?</p> <p>22 A. Yes.</p> <p>23 Q. And so what does the first line say?</p> <p>24 A. Renewed at 3/18 at 2155.</p>	<p style="text-align: right;">Page 35</p> <p>1 Q. Oh, you were letting the next nurse</p> <p>2 know when the order is up?</p> <p>3 A. Right.</p> <p>4 Q. Okay. So what was your understanding</p> <p>5 about how long a restraint order should be?</p> <p>6 A. Four hours.</p> <p>7 Q. Okay. And underneath those two times,</p> <p>8 is that a signature?</p> <p>9 A. I can't make out what it is, whose</p> <p>10 signature it is.</p> <p>11 Q. So that's not your signature?</p> <p>12 A. No.</p> <p>13 Q. But you did write the 3:55 and 7:55,</p> <p>14 right?</p> <p>15 A. Yes.</p> <p>16 Q. And what is your understanding of what</p> <p>17 is supposed to happen when the restraint order</p> <p>18 is up after four hours?</p> <p>19 A. Well, before the four hours, you have</p> <p>20 to go and reassess the patient and see do a --</p> <p>21 check his mental status and see if you can</p> <p>22 possibly let him up or you should renew the</p> <p>23 restraint.</p> <p>24 Q. Would you -- would you also do vital</p>
<p style="text-align: right;">Page 34</p> <p>1 Q. So R/N means renewed?</p> <p>2 A. Correct.</p> <p>3 Q. Were you on duty at 2155?</p> <p>4 A. No. That was Kanel's shift.</p> <p>5 Q. Okay. When did -- when did your shift</p> <p>6 start?</p> <p>7 A. 2300, 11:00.</p> <p>8 Q. Okay. And so you were making a note</p> <p>9 when Kanel had been present for renewal?</p> <p>10 A. Right, right.</p> <p>11 Q. Okay. And what did you write</p> <p>12 underneath that?</p> <p>13 A. Renewed 3/19 at 3:55.</p> <p>14 Q. Why are you laughing?</p> <p>15 A. Nothing.</p> <p>16 Q. Okay. And what does it -- is there</p> <p>17 another time next to 3:55?</p> <p>18 A. 0755.</p> <p>19 Q. Okay. Were both of those times on your</p> <p>20 shift?</p> <p>21 A. No. That was -- 0755 is endorsed to</p> <p>22 the next nurse --</p> <p>23 Q. Okay. So would that have been --</p> <p>24 A. -- when the order is up.</p>	<p style="text-align: right;">Page 36</p> <p>1 signs at that time?</p> <p>2 A. Not necessarily. It could be more</p> <p>3 staggered.</p> <p>4 Q. And to do the reassessment, would you</p> <p>5 go into the cell --</p> <p>6 A. Yeah.</p> <p>7 Q. -- and assess the patient?</p> <p>8 A. Yes.</p> <p>9 Q. Would you confer with the doctor when</p> <p>10 the order is up?</p> <p>11 A. Yes.</p> <p>12 Q. Is that something that you're required</p> <p>13 to do each time?</p> <p>14 A. Huh? I'm sorry.</p> <p>15 Q. Were you required to confer with the</p> <p>16 doctor?</p> <p>17 A. Oh, definitely.</p> <p>18 Q. And was there a doctor who was present</p> <p>19 on the overnight shift?</p> <p>20 A. No. We had to use the on-call doctor.</p> <p>21 Q. Do you know who the on-call doctor was</p> <p>22 on 3/19?</p> <p>23 A. Paschos.</p> <p>24 Q. And how did you contact Dr. Paschos?</p>

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1 A. By telephone.
 2 Q. And was the telephone at the nurse's
 3 station?
 4 A. Yes.
 5 Q. Underneath that signature, which you
 6 weren't able to identify, there is something
 7 that -- some more handwriting that looks like it
 8 has the letter CO, do you see that?
 9 A. Oh, that's close observation for
 10 unpredictable behavior.
 11 Q. Did you write that?
 12 A. No.
 13 Q. Do you know who did?
 14 A. Not a hundred percent.
 15 Q. It could have been the nurse on the
 16 next shift, right?
 17 A. True.
 18 Q. Do you know who the nurse was on the
 19 next shift?
 20 A. Manuel, Manny. Manuel. I can't get
 21 his last name.
 22 MR. RAGEN: I kind of got lost. Where were
 23 you pointing to?
 24 MR. FLAXMAN: Oh.

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1 MR. RAGEN: I just wasn't paying attention,
 2 sorry. Thanks.
 3 BY MR. FLAXMAN:
 4 Q. Okay. Is his last name
 5 M-a-n-a-l-a-s-t-a-s?
 6 A. Yes.
 7 Q. Okay. And underneath that CO, it says
 8 another CO. Do you see that?
 9 A. Right.
 10 Q. What is that?
 11 A. Close observation every 15 minutes.
 12 Q. Okay. Did you write that?
 13 A. No.
 14 Q. Okay. And then I think you told me
 15 that the boxes below with times have your
 16 notations, right?
 17 A. Yes.
 18 Q. Or some of them do, not all of them?
 19 A. Yes.
 20 Q. Okay. So the first -- it looks like
 21 the 0000 through 0045 have the same letters in
 22 it; is that right?
 23 A. Yes.
 24 Q. And what are those letters?

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1 A. T-I, which means he was moving around
 2 in his bunk and he was -- he was lying down,
 3 moving around in his bunk.
 4 Q. And the code for I says lying down or
 5 sitting. How do you know that he was lying
 6 down?
 7 A. Because I was monitoring him. I was
 8 getting him -- visually checking him and looking
 9 on the monitor.
 10 Q. Is there -- can you tell what letters
 11 are in the 0100 box?
 12 A. S-A.
 13 Q. And what is that?
 14 A. S for medication A for yelling and
 15 screaming.
 16 Q. Do you remember -- I'm sorry.
 17 A. During the times of between zero --
 18 12:00 o'clock and 0045, I had assessed him and
 19 he was very, very vigorously pulling the belts
 20 on the restraints. He was like jerking at them
 21 and trying to, like, put them off and trying to
 22 get up and bucking against the restraints.
 23 So I talked to him. He appeared to be
 24 delusional, talking about his mother. And so I

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1 made an assessment after that -- it was about
 2 1:55 -- I called Dr. Paschos and informed him
 3 about the patient's status and his vitals and
 4 all that. So he agreed to give him PR
 5 medication -- prn medication at that time. And
 6 that was at 1:00 o'clock I gave the prn
 7 medication.
 8 Q. Do you remember what Mr. Cruz was
 9 saying about his mother?
 10 A. No. It wasn't -- it didn't make sense.
 11 Q. And was that what he was yelling and
 12 screaming about at 1:00 a.m.?
 13 A. During the time between 12 -- 00
 14 hundred up until the 0100, that's why I had
 15 called Dr. Paschos and I made a decision -- or
 16 we -- I made a decision to give him -- offer him
 17 his prn medication. But he really wasn't in any
 18 kind of frame of mind to accept the prn because
 19 he was presenting himself as a danger. So I
 20 didn't want him to, you know -- you know, cause
 21 injury to himself. And also physically like
 22 increase his blood pressure or make his self
 23 sick or something like that by constantly
 24 pulling at the restraints.

1 Q. I wrote down that you said you may have
 2 talked to Dr. Paschos at 1:55, but I may have
 3 just written that down wrong or misheard you.
 4 A. You know what, it's like it was a long
 5 time ago and I might not have the times exactly
 6 right.
 7 Q. But at the --
 8 A. But I did talk to Paschos.
 9 Q. I'll show you another record that might
 10 help us figure it out.
 11 A. Okay.
 12 Q. But let me just ask you about the other
 13 notations on this chart. Well -- and before I
 14 go, do you remember anything else that Mr. Cruz
 15 was screaming at around 1:00 a.m.?
 16 A. No, not exactly. Most of it wasn't
 17 sensical. It wasn't making sense.
 18 Q. Could you hear him from -- through the
 19 door of his cell?
 20 A. Yes. The nurse -- we keep the
 21 restraint rooms close to the nurse's station.
 22 Q. So with -- if his door was shut, could
 23 you hear him screaming?
 24 A. Yes.

1 Q. Okay. All right. Let's just move to
 2 the 0115 box, what letters are written in there?
 3 A. T-I-S. He was still moving around on
 4 his bed, lying down.
 5 Q. And what did you write in the 0130 box?
 6 A. The same thing, T-I. Because usually
 7 once you give a medication, it takes a while --
 8 a while for it to kick in and calm him down.
 9 So 0145 he had started calming down
 10 because I had checked quiet and lying down.
 11 Q. So that -- what letters did you write
 12 in 0145?
 13 A. J, which is quiet; I, which is, once
 14 again, laying down.
 15 Q. And am I right that that's the notation
 16 that you repeated for the next few boxes?
 17 A. Yes.
 18 Q. Okay. What's the first time when you
 19 notated something other than J-I?
 20 A. 05 -- 0530. Oh, I'm sorry. 0500.
 21 Q. So beginning -- let me just ask the
 22 whole question.
 23 Beginning with 0145 and ending with
 24 0445, each box you wrote in there J-I; is that

1 right?
 2 A. Yes.
 3 Q. Okay. And then what did you write in
 4 0500?
 5 A. R, which means breakfast. He was
 6 offered breakfast.
 7 Q. Were you the one who would bring
 8 breakfast to patients?
 9 A. Yes, because I'll have to release his
 10 arm for him to eat.
 11 Q. And what -- what did you have to do to
 12 release his arm?
 13 A. Take the restraint key, open up the
 14 cuff and, in his case, I took the chest
 15 restraints off -- I mean, loosened it so he can
 16 have mobility to eat.
 17 Q. And did he eat something?
 18 A. Yes. It wasn't that much, but he did
 19 get something down.
 20 Q. Did correctional staff go with you into
 21 the cell?
 22 A. Yes.
 23 Q. And this is an obvious question I could
 24 ask first. When you said you offered him

1 breakfast and removed his -- the cuffs, that was
 2 something that happened in the cell, right?
 3 A. Yes.
 4 Q. Were correctional staff ever the ones
 5 who took off restraints?
 6 A. No, not their job.
 7 Q. All right. What's written in the 0515
 8 box?
 9 A. R, that's still eating, eating
 10 breakfast.
 11 Q. All right. And then the 0530 box,
 12 what's written there?
 13 A. J-I. That was -- he had been placed
 14 back in restraint by then.
 15 Q. And did you put the restraint back on
 16 him?
 17 A. Yes.
 18 Q. And you said the last --
 19 A. But you know --
 20 Q. I'm sorry, go ahead.
 21 A. I'm sorry, please forgive me. I'm
 22 sorry.
 23 At -- I will have to see my
 24 documentation. But at some time he was calm

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1 enough to make the assessment that I could
2 remove his chest restraints, which was good,
3 because I -- he was a big guy and I didn't like
4 that chest restraint being on him. So I was
5 able -- he was stable enough for me to release
6 it and take it off.

7 Q. And take it off permanently?

8 A. Right.

9 Q. Do you remember what -- where you --
10 where -- what part of the record you would put
11 that in?

12 A. The checkoff list and the
13 documentation.

14 Q. I think I -- I think I know what the
15 checkoff list is, so I'll try to show that to
16 you in just a moment.

17 A. No problem.

18 Q. But I just wanted to ask the question
19 that the remaining times that you filled out are
20 from 0530 through including 0700; is that right?

21 A. Yes.

22 Q. And did you write J-I in each of those
23 boxes?

24 A. Yes, which means he -- he stayed quiet,

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1 he remained quiet.

2 Q. And then your shift ended at 7:00 a.m.,
3 right?

4 A. Yes.

5 MR. RAGEN: I'll ask for a little break. But
6 finish like this part and before you go to the
7 next document or whatever.

8 MR. FLAXMAN: Oh, sure.

9 BY MR. FLAXMAN:

10 Q. And is your signature somewhere at the
11 bottom of this form?

12 A. Yes.

13 Q. Which -- can you tell us which one it
14 is?

15 A. The first one that was written in the
16 box.

17 Q. Okay. So where it says Officer/Cermak
18 Staff Signature, is your signature right
19 underneath that one?

20 A. Correct.

21 Q. And is that your title right there,
22 CNI?

23 A. CN-I.

24 Q. I'm sorry?

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1 A. No problem.

2 Q. Meaning Correctional Nurse I?

3 A. Correct.

4 Q. Okay. And the -- I'm going to show you
5 other documents in a moment. We will take a
6 break in a moment. But let me just -- before I
7 move on, you said that -- well, what time was it
8 when you removed the chest restraint?

9 A. Right now I don't --

10 Q. And I didn't mean --

11 A. -- I don't precisely remember.

12 Q. I understand you don't remember the
13 exact time. Do you remember, was it a range on
14 the times that we've looked at on this form?

15 A. I don't remember.

16 Q. Was it after you offered --

17 A. It was after breakfast.

18 Q. Okay. And let me just ask, so was it
19 after breakfast that you removed Mr. Cruz's
20 chest restraint?

21 A. Right.

22 Q. And why did you want to remove it?

23 A. I felt he was doing better. He had
24 calmed down. He wasn't jerking and pulling

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1 against the restraints anymore and I just felt
2 he was better.

3 Q. And was there a --

4 A. And it seemed like he was able to
5 listen and follow directions better.

6 Q. Was there a health reason that you
7 wanted him not to have the chest restraint on?

8 A. Once again, he's a big guy. I
9 didn't -- if that -- I don't really like chest

10 restraints. If they're not -- if they're not
11 needed, it shouldn't be there.

12 Q. And as a big guy, did you understand
13 the chest restraint was harming his circulation?

14 A. It could possibly. It was fine because
15 he was breathing okay and everything. But it's
16 a potential risk for them to be strapped at the
17 chest.

18 Q. The risk is related to breathing,
19 right?

20 A. Correct.

21 MR. FLAXMAN: We can take a break.

22 MR. RAGEN: Yeah.

23 THE VIDEOGRAPHER: Going off the video record
24 at 10:52.

<p style="text-align: right;">Page 49</p> <p>1 (Whereupon, a recess was had at 2 10:52 a.m., after which the 3 deposition was resumed at 4 11:00 a.m. as follows:) 5 THE VIDEOGRAPHER: Going back on the video 6 record at 11:00 o'clock. 7 MR. FLAXMAN: I'm going to mark another 8 exhibit. 9 (Whereupon, Chatman Deposition 10 Exhibit 2 was marked for 11 identification.) 12 BY MR. FLAXMAN: 13 Q. The pages in front of you are marked as 14 Exhibit Number 2. Do you recognize these as the 15 check boxes you mentioned about using 16 restraints? 17 A. Yes. 18 Q. So this is -- the first page has Nurse 19 Kanel's name on it, so that's not your record. 20 A. Right. 21 Q. Do you see where your records begin? 22 A. Yes. 23 Q. And what's the page number at the top 24 left?</p>	<p style="text-align: right;">Page 51</p> <p>1 from the nurse's station? 2 A. No. I would get up and go to the door. 3 Q. Or you could look on the monitor? 4 A. Correct. 5 Q. The next line is restraint, patient's 6 behavior, and you put in confused, restless? 7 A. Right. 8 Q. The next one is interventions, safety 9 measure, and it says see below. Do you see 10 that? 11 MR. RAGEN: Do you want me to help her on the 12 form? I mean -- 13 BY MR. FLAXMAN: 14 Q. Well, does that -- I mean if you look 15 to the next page, I think it's pointing you to 16 something that says T-21. Does that make sense? 17 Your attorney wants to help you out. 18 MR. RAGEN: I think she's having trouble 19 going back and forth. But, I mean, it's up to 20 you. I don't want to -- do you know what I 21 mean? You are good. 22 MR. FLAXMAN: I'm okay. 23 MR. RAGEN: I'm here to assist. If you find 24 it's taking too long, let me know, Joel.</p>
<p style="text-align: right;">Page 50</p> <p>1 A. It would be the 0215. 2 Q. Okay. And this has -- starting with 3 the box that has your name in it, this is your 4 record about Mr. Cruz; is that right? 5 A. Yes, sir. 6 Q. And this is something you created on 7 the computer; is that right? 8 A. Yes. 9 Q. Did the computer give you questions and 10 then you filled in check boxes? Is that how it 11 worked? 12 A. Basically, it's fill in -- like you 13 said, fill in the check boxes. 14 Q. Let it go through -- I mean, so this 15 has a list of things under procedure. Would it 16 give you each one of these in order and then 17 you'd answer it? 18 A. Correct. 19 Q. So you stated that for the first one, 20 restraint alternatives attempted, that you were 21 providing constant supervision; is that right? 22 A. Right, as far as looking at him, when I 23 was looking at him on the monitor. 24 Q. Could you see through his cell door</p>	<p style="text-align: right;">Page 52</p> <p>1 MR. FLAXMAN: Okay. Thanks. 2 BY MR. FLAXMAN: 3 Q. Do you understand? 4 A. Oh, okay. I see T-21. Spoke with 5 patient in calm, quiet manner. 6 Q. And is that your note? 7 A. Yes. 8 Q. Okay. And then the one underneath that 9 is -- 10 A. Okay. Patient unable to understand 11 response -- understand response, direction, or 12 reason. Okay. 13 T-36 is referring to his FLR placement, 14 wrist -- to his wrist, right and left wrist, his 15 right and left ankle. 16 And T-48 was referring -- I was trying 17 to talk to him about how we assessed his 18 behavior to be let out of restraints. 19 Q. So you told him what he needed to do to 20 be let out of restraints; is that right? 21 A. Right. 22 Q. And did he respond to you? 23 A. Not in any kind of sensical manner. 24 Q. Based on your note about the restraint</p>

<p style="text-align: right;">Page 53</p> <p>1 location, did he have a chest restraint at 12:39 2 a.m.? 3 A. Yes. 4 Q. And why do you say yes? 5 A. Because he had it on. 6 Q. Oh, but it's not -- 7 A. Right, it's not reflected. 8 Q. But your own recollection is that he 9 had it on? 10 A. Yes, he did. 11 Q. Okay. And if you -- if we're going 12 through any of these notes and if there's any of 13 them that are inconsistent with your 14 recollection, would you let me know about that? 15 A. Yes. 16 Q. Going back to the first page that you 17 looked at that's 0215 -- 18 A. Uh-huh. 19 Q. -- there is a line for reason for 20 restraints. Do you see that? 21 A. Yeah. 22 Q. And the reason given is 23 violent/psychiatric? 24 A. Right.</p>	<p style="text-align: right;">Page 55</p> <p>1 A. Uh-huh. 2 Q. Is that a "yes"? 3 A. I'm sorry, yes. 4 Q. That's okay. And is this how you 5 documented that you spoke to Dr. Paschos in this 6 check box? 7 A. Yes. At this time, yes. 8 Q. Going down a couple lines, one says 9 "skin" under restraints, do you see that? 10 A. Yes. 11 Q. And what did you put for that one? 12 A. Intact. 13 Q. And what did that mean? 14 A. Okay. It meant when I was checking his 15 restraints, I was seeing if it was his -- he had 16 any open wounds or these marks, any scars, 17 anything. Because, remember, I tell you he was 18 vigorously pulling restraints, so I just wanted 19 to make sure he wasn't going to hurt himself. 20 People have been pulled out of restraints. 21 Q. What do you mean by pulled out? 22 A. Pulled them. 23 Q. Oh, pulled them? 24 A. They get loose. You look and the</p>
<p style="text-align: right;">Page 54</p> <p>1 Q. Was that based on your observation or 2 was it based on what you learned from other 3 staff? 4 A. Combination of. 5 Q. Okay. 6 MR. RAGEN: When you say combination -- well, 7 you got it. I mean, I'm trying to help, but 8 I'll stop. 9 BY MR. FLAXMAN: 10 Q. And the next line that says restraint 11 status? 12 A. Continue. 13 Q. Continue. And why did you put 14 continue? 15 A. Because I had spoken to Dr. Paschos and 16 he gave me the order to continue. And then 17 around that time, I gave him -- also gave him 18 the prn medication. 19 Q. So you believe you spoke to 20 Dr. Paschos -- or I'm sorry. 21 A. Well, he -- I did, but I didn't give 22 the medication until 1:05. 23 Q. Okay. So you spoke to Dr. Paschos 24 before you made this note at 12:39 a.m.?</p>	<p style="text-align: right;">Page 56</p> <p>1 person is standing at the door. 2 Q. Mr. Cruz never got loose, right? 3 A. No. 4 Q. Is that "no"? 5 A. No. 6 Q. The next is preventive skin care 7 measures. Do you see that? 8 A. Yes. That's just checking the 9 restraints and making sure they're not too 10 binding or, you know, causing any injury to the 11 patient. 12 Q. And next line is circulatory status 13 intact. What does that mean? 14 A. That means we checked his circulation 15 at all -- at all the restraint points and that 16 it was okay. 17 Q. And how did you check his circulation? 18 A. Say we put our fingers through their 19 belts to make sure they not too tight, check his 20 pulses and make sure everything is -- you know, 21 blood is circulating okay. 22 And as far as the chest, we put -- we 23 put our hand under the chest and make sure it's 24 not too tight. As far as listening to his</p>

<p style="text-align: right;">Page 57</p> <p>1 breathing, you know, making sure his breathing 2 is okay. 3 Q. Would you check the oxygenation to 4 check circulation? 5 A. I do that when I check -- do the vitals 6 because I don't remember the next time -- wait. 7 I did do vitals. Okay. So it would be on the 8 vital sign checklist. 9 Q. Okay. The next line is patient 10 repositioned. What does that mean? 11 A. That he was -- okay. Now I'm going to 12 say an inconsistency. Okay? Where I say the 13 left arm release and stuff, okay, I don't -- I 14 can't say I was the only staff responsible for 15 everything. 16 But at that time, according to his 17 first -- my first assessment, I didn't feel 18 comfortable about letting his arms out. So he 19 didn't have range of motion at this check 20 because of his mental status. 21 Q. Okay. And his -- so I think what 22 you're saying is that the boxes for arm and legs 23 being released should say no? 24 A. Correct.</p>	<p style="text-align: right;">Page 59</p> <p>1 A. Correct. 2 Q. And I'm now looking on the next page -- 3 A. Okay. 4 Q. -- at 0216, is that where you are? 5 A. Yes. 6 Q. Okay. The first line is 7 toileted/toilet offered and that one is 8 correctly yes, right? 9 A. Yes. 10 Q. What about hygiene measures provided, 11 is that one correct? 12 A. Yeah, because he didn't eat anything at 13 that time. 14 Q. Okay. The next one is ROM exercises? 15 A. Range of motion should be no. 16 Q. Should be no. And what is range of 17 motion exercises? 18 A. Where you release a limb and then you 19 take the joint through range of motion, let 20 them, you know, circulate and get the blood 21 flowing and you do it on each limb; both his 22 wrists and both his ankles. 23 Q. And I think you said that -- 24 A. And let him sit up for a little bit.</p>
<p style="text-align: right;">Page 58</p> <p>1 Q. And what about the patient reposition, 2 should that also be no? 3 A. Yes. 4 Q. And what does patient reposition mean? 5 A. That he can change his position a 6 little bit. Well, I guess he can in restraints. 7 He can move around. But they mean as far as 8 repositioning, giving him a break so he can -- 9 when you do range of motion, he can sit up a few 10 before we put him down. 11 Q. But that's not something you did at 12 0039, right? 13 A. No. Like I said, I made the assessment 14 that I -- it wasn't safe to let him out for that 15 time. 16 Q. And what about toileted, toilet 17 offered? 18 A. Right. Usually -- in his situation, we 19 had offered a urinal, so the guy, we have to 20 take the urinal and help him out with it. 21 Q. And did you do that at 12:39 a.m.? 22 A. Yeah, I always do that and offer him 23 some water or juice. 24 Q. That's for food/fluid offered?</p>	<p style="text-align: right;">Page 60</p> <p>1 And then you release the chest belt and let him 2 sit up a little. 3 Q. And you didn't do that at this time 4 because of fears for your safety? 5 A. Correct. 6 Q. When there isn't a safety concern how 7 often are you supposed to do range of motion 8 exercises? 9 A. Every couple hours. 10 Q. And is there a total amount of time 11 that you're supposed to release each limb? 12 A. No. I just do it long enough to just, 13 you know, let them move around, let me look at 14 the fingers and see if the blood is circulating 15 fine. So -- 16 Q. Okay. 17 A. -- I do it for like a minute -- a 18 minute or so. 19 Q. And that would be about a minute per 20 limb? 21 A. For each limb, correct. 22 Q. Okay. And you said you also would take 23 off the chest restraint? 24 A. Right.</p>

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1 Q. And would that be for about a minute
 2 too?
 3 A. Yeah. Let them sit up some.
 4 Q. Okay. The next one I wanted to ask
 5 about was responsible learner present restraint.
 6 What does that mean?
 7 A. It was the patient. So he wasn't
 8 any -- in any frame of mind of listening to any
 9 teaching that I was trying to tell him. I was
 10 trying to talk to him, he needs to contract for
 11 safety and show -- show us that he's not a
 12 danger to himself or others. That's our
 13 criteria for release. And at that time he
 14 wasn't able to focus on any of that.
 15 Q. What does contract for safety mean?
 16 A. Okay. That means he can talk to us and
 17 tell us that he's not going to be a danger to
 18 himself and others. So he has to convince us
 19 that he can be cool and -- and not be a danger.
 20 Q. And at 12:39 a.m. he wasn't able to do
 21 that?
 22 A. No, he was not.
 23 Q. What else might you write for that
 24 responsible learner present restraint?

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1 A. I don't know because to me it seemed
 2 sort of weird, responsible learning -- learner
 3 present restraint. Like it would be the patient
 4 because nobody -- I mean, who else would it be?
 5 Q. Okay. All right.
 6 A. It don't make sense to me either.
 7 Q. All right. The next box is barriers to
 8 learning - restraints?
 9 A. Right. Mental health problems. That's
 10 why he can't really talk to us and -- you know,
 11 talk to us and contract with us at that time.
 12 Q. So just so I understand, you assessed
 13 his mental health problems to be a barrier to --
 14 A. Correct.
 15 Q. Let me finish the question.
 16 You assessed his mental health problems
 17 to be a barrier to learning what he would need
 18 to do to get out of restraints?
 19 A. Correct.
 20 Q. And the next line is tools/resources
 21 used - restraints. Did you write discussion?
 22 A. Right, that we talked to him.
 23 Q. And the next line is educational
 24 outcome - restraints. And you wrote unable to

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1 verbalize/demonstrate?
 2 A. Correct. He couldn't tell me what I
 3 was telling him as far as what he needs to do or
 4 what his behavior needs to do to get out of
 5 restraint.
 6 Q. And then the last line is education
 7 status - restraints, what did you write for
 8 that?
 9 A. In progress. That's why every time I
 10 go see him, I try to talk to him more about, you
 11 know, what he needs to do to get out of
 12 restraints.
 13 MR. FLAXMAN: All right. We'll try to take
 14 it chronological, so I will give you another
 15 exhibit.
 16 (Whereupon, Chatman Deposition
 17 Exhibit 3 was marked for
 18 identification.)
 19 BY MR. FLAXMAN:
 20 Q. All right. Do you recognize Exhibit
 21 Number 3 of a note you made of Mr. Cruz's vital
 22 signs?
 23 A. Yes, I do, sir.
 24 Q. And the service date/time for this is

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1 3/19/16 at 12:39 a.m.?
 2 A. Yes.
 3 Q. And I think you said before you were --
 4 you took his vital signs at the same time you
 5 were doing the assessment we looked at?
 6 A. Correct.
 7 Q. Is that correct?
 8 A. Correct.
 9 Q. The first vital sign on here is
 10 temperature oral, do you see that?
 11 A. Uh-huh.
 12 Q. Is that a "yes"?
 13 A. Yes.
 14 Q. Okay. How did you take Mr. Cruz's
 15 temperature?
 16 A. The thermometer is like built into the
 17 machine.
 18 Q. Okay.
 19 A. So the probe, I just took the probe and
 20 put it under his tongue for a couple seconds.
 21 Q. And the next thing is pulse rate, how
 22 did you take Mr. Cruz's pulse?
 23 A. The machine did that --
 24 Q. Is it something --

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1 A. -- as well as his blood pressure.
 2 Q. Is the same -- does the cuff for blood
 3 pressure also take pulse or is there a separate
 4 attachment for pulse?
 5 A. It takes it. It takes it with the
 6 pulse -- with the blood pressure.
 7 Q. And then the last thing is respiratory
 8 rate.
 9 A. Right.
 10 Q. How is that taken.
 11 A. I think I just visually counted them.
 12 Q. And I think you referred to
 13 oxygenation. Is that on here?
 14 A. No, but I did it anyway.
 15 Q. And did you record that?
 16 A. No.
 17 Q. Do you know why not?
 18 A. Because it wasn't on the checklist. So
 19 I did it from my own knowledge because I was
 20 concerned about the chest restraint.
 21 Q. And how do you measure oxygenation?
 22 A. It's a little attachment on the machine
 23 where you put this little probe-like thing on
 24 your finger and it tells you the oxygenation

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1 percentage.
 2 Q. Do -- do you remember what the
 3 percentage was?
 4 A. 99.
 5 Q. I mean, are you guessing what it was?
 6 A. No, I remember what it was.
 7 Q. Okay. And is that a good percentage?
 8 A. Yes.
 9 Q. What's a -- what's a number of
 10 oxygenation that would make you concerned?
 11 A. 96, 95.
 12 Q. Were you trained to take oxygenation?
 13 A. Yes.
 14 Q. When were you trained to do that?
 15 A. During the course of time when I was at
 16 -- since -- during the course of time I have
 17 been at the county all the years, somewhere
 18 along the line, it -- you know, they showed us
 19 and taught us how to do it.
 20 Q. And what's your understanding of what
 21 that measures?
 22 A. Oxygenation saturation in his body.
 23 You can tell if he's getting deprived of oxygen,
 24 you know, which was a -- which was a concern

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1 because he was in chest restraint.
 2 Q. Sure. Did you ever record the
 3 oxygenation measure in the patient's chart?
 4 A. Sometimes I do in the documentation.
 5 But right now I don't see it, that I did.
 6 MR. FLAXMAN: Let me show you another note
 7 that we'll mark as Exhibit 4.
 8 (Whereupon, Chatman Deposition
 9 Exhibit 4 was marked for
 10 identification.)
 11 BY MR. FLAXMAN:
 12 Q. Do you recognize Exhibit 4 as a nursing
 13 note you made in Mr. Cruz's chart?
 14 A. Yes.
 15 Q. It says that the service date/time for
 16 this one was 3/19/2016 at 12:43 a.m. Do you see
 17 that?
 18 A. Yes.
 19 Q. This one has a -- three different
 20 numbers -- I'm sorry, three different dates and
 21 times listed in the sign information. Do you
 22 know what that means?
 23 A. I don't know. Because I made a note
 24 and then crossed it out.

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1 Q. Well, I see that at the bottom. Do you
 2 know why that's crossed out?
 3 A. Apparently I made a mistake in my
 4 documentation and I, you know, did it over.
 5 Q. Was it your practice to go back and
 6 look at your documentation from earlier in the
 7 shift?
 8 A. Yes. Sometime -- a lot of times I did.
 9 Q. Okay. So that's when you noticed you
 10 needed to fix something?
 11 A. Right. But I don't remember why I
 12 needed to fix it.
 13 Q. Well, let me ask you, so this is a note
 14 from a time just a few minutes after the vitals
 15 that we just looked at, right?
 16 A. Correct.
 17 Q. Do you know why you made separate notes
 18 for this observation and for the vitals?
 19 A. Well, the vitals is on a different
 20 checklist as opposed to documentation.
 21 Q. So the computer treats them as
 22 separate?
 23 A. Right.
 24 Q. Okay. Well, let me ask you about this

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1 progress note. The first thing you wrote in
 2 here is S/O. Do you see that?
 3 A. Right.
 4 Q. What does that mean?
 5 A. Subjective/objective. So subjective is
 6 what you -- what the patient says or what you
 7 observe him doing at that time. And objective
 8 is like the vital signs and what you actually do
 9 to check his sensation -- circulation. And then
 10 inconsistency there was RO -- range of motion
 11 done.
 12 Q. Okay. So based on your recollection --
 13 A. That's an inconsistency.
 14 Q. So as you told me before, at this time
 15 around 12:43 a.m., you didn't do range of motion
 16 exercises for Mr. Cruz; is that right?
 17 A. Correct, based on his assessment.
 18 Q. So let me -- so the first thing after
 19 S/O is received in FLRs five-point; is that
 20 right?
 21 A. Right. That means the four limbs and
 22 the chest, that's five.
 23 Q. The next sentence says noted restless
 24 and irritable upon approach?

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1 A. Right.
 2 Q. What did you mean by upon approach?
 3 A. When I went to talk to him, he was like
 4 really restless, couldn't stay still, you know,
 5 and irritable. He really didn't want to hear
 6 what I had to say. He didn't receive me trying
 7 to talk to him or calm him down.
 8 Q. And this interaction that you noted was
 9 in Mr. Cruz's cell, right?
 10 A. Correct.
 11 Q. Do you recall who else was with you in
 12 the cell?
 13 A. Officer. I don't remember which one.
 14 Q. ROM done, we've already discussed that.
 15 A. Right.
 16 Q. The next one says vitals stable.
 17 A. Correct.
 18 Q. And that refers to what we marked as
 19 Exhibit 3?
 20 A. Exactly.
 21 Q. Let me finish the question. Okay?
 22 A. Okay.
 23 Q. Does the vitals stable refer to what we
 24 marked as Exhibit 3?

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1 A. Correct. Correct.
 2 Q. And then the next sentence says unable
 3 to contract for safety. I think you already
 4 explained that to me, right?
 5 A. Uh-huh.
 6 Q. Is that a "yes"?
 7 A. Yes.
 8 Q. The next sentence says refused
 9 toileting. What does that mean?
 10 A. He refused the need to use the urinal.
 11 Q. Meaning you asked and he said no?
 12 A. Right.
 13 Q. Well, did he say no or did he not
 14 respond? Do you remember?
 15 A. I don't a hundred percent remember.
 16 But -- but I do know he didn't use it at that
 17 time --
 18 Q. Okay.
 19 A. -- despite my offer.
 20 Q. And the next sentence says PT. Does
 21 that mean patient?
 22 A. Right.
 23 Q. Patient noted to become winded upon
 24 exertion (struggling against belts)?

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1 A. Right. That's when I stated earlier he
 2 was so vigorously pulling against the restraints
 3 and stuff, trying to buck against the chest
 4 restraint that he did actually become winded,
 5 like exertion, you know, exerted, like huffing
 6 and puffing a little bit short of breath. But
 7 it wasn't enough to get really concerned about
 8 it, so that's when I talked to Paschos and made
 9 the decision to give him the prn medication.
 10 Q. And was he struggling against all five
 11 of the restraint points?
 12 A. Yes.
 13 Q. Do you remember what he was saying at
 14 that time?
 15 A. "Let me out." He muttering something
 16 about his mother. Really wasn't too sensical
 17 about anything that he was saying.
 18 Q. The next thing on here says accepted 24
 19 cc water/juice?
 20 A. Right.
 21 Q. What does 24 cc mean?
 22 A. 24 ounces.
 23 Q. And do you know if it was water or was
 24 it juice?

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1 A. It was water because I got it from the
 2 fountain in the room.
 3 Q. Inside of his cell you mean?
 4 A. Correct.
 5 Q. The next line says A/P. What does that
 6 mean?
 7 A. Assessment/plan. So the assessment was
 8 ineffective impulse control and the plan was prn
 9 meds given.
 10 Q. Do you use the SOAP every time you make
 11 a nursing note?
 12 A. Yeah, that's what we supposed to do at
 13 Cermak.
 14 Q. And did you say that the -- to make
 15 that plan to give that medication you spoke to
 16 Dr. Paschos?
 17 A. Yes.
 18 Q. And the last thing in here is will
 19 continue to monitor per protocol?
 20 A. Correct, with the 15 minutes checks.
 21 Q. That's what that -- it means 15-minute
 22 checks, right?
 23 A. Correct.
 24 Q. Do you remember what you said to

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1 Dr. Paschos around this time?
 2 A. I gave him an up-to-date status of the
 3 patient, that he was irritable, delusional,
 4 talking about his mother and totally
 5 nonsensical. And I told her that -- that I
 6 didn't feel comfortable releasing his restraints
 7 and that I thought it was a good idea to maybe
 8 offer him a prn medication to help calm him
 9 down.
 10 My thing is I wanted to get him out of
 11 the chest restraints. So that's what we made
 12 the -- Paschos said it sounded good to him so
 13 that's the plan that was carried out.
 14 Q. And just to be clear, you spoke to
 15 Dr. Paschos over the phone, right?
 16 A. Yes, sir.
 17 MR. RAGEN: I need another break. But like
 18 whenever you finish this part, I would like --
 19 whenever there is a time between --
 20 MR. FLAXMAN: Okay. Let me show you one more
 21 exhibit and then I think we'll have a good break
 22 point.
 23
 24

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1 (Whereupon, Chatman Deposition
 2 Exhibit 5 was marked for
 3 identification.)
 4 BY MR. FLAXMAN:
 5 Q. Do you recognize Exhibit 5 as part of
 6 Mr. Cruz's medication administration record?
 7 A. Yes.
 8 Q. And this lists four medications. I
 9 want to ask you about the second, third, and
 10 fourth, which all state that the medication was
 11 administered at 1:00 a.m. on 3/19/2016; is that
 12 right?
 13 A. Right.
 14 Q. Are those three medications the prn
 15 medications that you gave to Mr. Cruz?
 16 A. Yes.
 17 MR. RAGEN: Can I --
 18 MR. FLAXMAN: Sure.
 19 MR. RAGEN: I think this reflects the time
 20 given, but they're not far apart if you look at
 21 them.
 22 MR. FLAXMAN: Sure.
 23 BY MR. FLAXMAN:
 24 Q. What's your understanding -- so the top

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1 of the record has an admin date and time. And
 2 then at the bottom of each box, it has reason
 3 for medication with your name and a time that's
 4 a few minutes after that. Do you know which is
 5 the time that you gave the medication?
 6 A. The 1:05.
 7 Q. Okay. As the admitting?
 8 A. I don't understand it myself why the
 9 administration time/date. Maybe that's the time
 10 I signed it out of the Pyxis machine. I'm not
 11 totally up -- sure on that one.
 12 Q. Okay. And what's the -- do you know
 13 how to spell Pyxis?
 14 A. P-y-x-s-i-x -- I mean P-y-x-s-i-s.
 15 Q. And is that the machine you use every
 16 time you need to give medication?
 17 A. Most of the time.
 18 Q. Okay. And you enter something into
 19 that machine and then it gives you the
 20 medication?
 21 A. Right.
 22 Q. And then after you give the medication,
 23 what do you do?
 24 A. And then I go to the computer and sign

<p style="text-align: right;">Page 77</p> <p>1 it out.</p> <p>2 Q. Is that something you do after you</p> <p>3 administer the medication?</p> <p>4 A. Yes.</p> <p>5 Q. And then each of these three</p> <p>6 medications have for admin details IM, thigh,</p> <p>7 left?</p> <p>8 A. Right.</p> <p>9 Q. Do you see that? What does that mean?</p> <p>10 A. Because he was bucking around so much</p> <p>11 and moving around, so when the officer came in</p> <p>12 the room with me, so -- and usually I want to</p> <p>13 give it in his -- in his buttocks, but this time</p> <p>14 due to his presentation, I assessed it was</p> <p>15 easier for me to give it in his thigh, so that's</p> <p>16 where he -- he received the medication.</p> <p>17 Q. Okay. So the chlorpromazine, the</p> <p>18 diphenhydramine, and the lorazepam were all</p> <p>19 given by you in Mr. Cruz's left thigh?</p> <p>20 A. Yes.</p> <p>21 Q. And do you remember which correctional</p> <p>22 officer was --</p> <p>23 A. No.</p> <p>24 Q. Well, let me start -- let me back up.</p>	<p style="text-align: right;">Page 79</p> <p>1 Q. I'm sorry, after you gave these two</p> <p>2 shots did you go back to the nurse's station?</p> <p>3 A. Yes.</p> <p>4 MR. FLAXMAN: Okay. We can take a break now.</p> <p>5 MR. RAGEN: Now, we're going to keep going.</p> <p>6 I appreciate it. Like I'm doing what you asked,</p> <p>7 though. We're good.</p> <p>8 THE VIDEOGRAPHER: Going off --</p> <p>9 MR. FLAXMAN: No, we are pressing on.</p> <p>10 MR. RAGEN: Thank you, though.</p> <p>11 BY MR. FLAXMAN:</p> <p>12 Q. All right. Let's -- you can put most</p> <p>13 of those aside. I wanted to go back to Exhibit</p> <p>14 Number 2, which was the check boxes. Is that</p> <p>15 what you called it, check boxes?</p> <p>16 A. 15-minute checks.</p> <p>17 Q. Well, that's -- well, the 15-minute</p> <p>18 checks was the handwritten one that we marked as</p> <p>19 I think Exhibit 1. Are you looking at</p> <p>20 Exhibit 2?</p> <p>21 A. Okay. I got you. You on Exhibit 1?</p> <p>22 Q. No, I want Exhibit 2.</p> <p>23 A. Okay.</p> <p>24 MR. RAGEN: She had this one on top.</p>
<p style="text-align: right;">Page 78</p> <p>1 You went into his cell to give these</p> <p>2 medications, right?</p> <p>3 A. Correct.</p> <p>4 Q. Were they all in the same shot or were</p> <p>5 they three separate shots?</p> <p>6 A. Two -- two different syringes, two</p> <p>7 separate shots.</p> <p>8 Q. Do you remember which -- which</p> <p>9 medications were doubled up?</p> <p>10 A. Okay. The chlorpromazine, the</p> <p>11 Thorazine, was like two milliliters and the</p> <p>12 syringe only hold three. So I had to give that</p> <p>13 one separate. And then the diphenhydramine,</p> <p>14 which was one milliliter, and the lorazepam,</p> <p>15 which is one milliliter, I gave that in one</p> <p>16 shot. So two syringes.</p> <p>17 Q. And one or more correctional officers</p> <p>18 were with you in the cell at that time?</p> <p>19 A. Correct.</p> <p>20 Q. Do you remember who they were?</p> <p>21 A. I don't -- I don't remember.</p> <p>22 Q. Okay. And after you gave the shot, you</p> <p>23 went back to the nurse's station?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 80</p> <p>1 MR. FLAXMAN: I understand.</p> <p>2 THE WITNESS: Okay.</p> <p>3 BY MR. FLAXMAN:</p> <p>4 Q. And what do you call those records we</p> <p>5 marked as Exhibit 2?</p> <p>6 A. The checklist, the check box, the</p> <p>7 15-minute checks.</p> <p>8 Q. Well, these aren't every 15 minutes,</p> <p>9 right?</p> <p>10 A. Oh, we call it -- okay. This is the</p> <p>11 15-minute checks.</p> <p>12 Q. And what's that one marked?</p> <p>13 A. This is Exhibit 1.</p> <p>14 Q. Okay. And now --</p> <p>15 MR. RAGEN: Now put that down.</p> <p>16 BY MR. FLAXMAN:</p> <p>17 Q. Put that one to the side. And I want</p> <p>18 you to look at Exhibit 2.</p> <p>19 A. Okay.</p> <p>20 MR. RAGEN: I will go to the beginning for</p> <p>21 her.</p> <p>22 THE WITNESS: Thank you.</p> <p>23 MR. RAGEN: And, Joel, tell me to stop if you</p> <p>24 want me to.</p>

<p style="text-align: right;">Page 81</p> <p>1 BY MR. FLAXMAN:</p> <p>2 Q. All right. So you're holding</p> <p>3 Exhibit 2, right?</p> <p>4 A. Correct.</p> <p>5 MR. RAGEN: See, like look at the sticker and</p> <p>6 make sure it's right.</p> <p>7 THE WITNESS: Gotcha.</p> <p>8 MR. RAGEN: Now, go ahead, Joel.</p> <p>9 BY MR. FLAXMAN:</p> <p>10 Q. What do you call this record?</p> <p>11 A. I -- I'm going to be honest, I don't</p> <p>12 know.</p> <p>13 Q. Well, it doesn't have to be --</p> <p>14 A. I'm sorry. It's just something we know</p> <p>15 that we have to do.</p> <p>16 Q. Sure. All right. Well, we're looking</p> <p>17 at a part of Mr. Cruz's medical chart, right?</p> <p>18 A. Right.</p> <p>19 Q. Okay. And I want you to go to the page</p> <p>20 that says County 0216 in the top left.</p> <p>21 A. Okay, got it.</p> <p>22 Q. Okay. On the bottom half of this page,</p> <p>23 do you see that there is a note that says it was</p> <p>24 recorded by you at 2:06 a.m. on 3/19/2016?</p>	<p style="text-align: right;">Page 83</p> <p>1 Q. And it says provided constant</p> <p>2 supervision?</p> <p>3 A. Yes.</p> <p>4 Q. What does that mean?</p> <p>5 A. Either I was at the window looking at</p> <p>6 him or looking at him on the monitor.</p> <p>7 Q. Meaning the time proceeding this</p> <p>8 assessment?</p> <p>9 A. Right.</p> <p>10 Q. And let me make that clear, meaning you</p> <p>11 were providing constant supervision by looking</p> <p>12 in on him or watching him on the monitor --</p> <p>13 A. Correct.</p> <p>14 Q. -- at the time before this assessment,</p> <p>15 right?</p> <p>16 A. Correct.</p> <p>17 Q. Okay. And -- but at the time of the</p> <p>18 assessment, you actually went into the cell,</p> <p>19 right?</p> <p>20 A. Right.</p> <p>21 Q. Okay. The next line says direct</p> <p>22 observation and it says no. What -- what does</p> <p>23 that mean?</p> <p>24 A. Okay. The -- if he was direct</p>
<p style="text-align: right;">Page 82</p> <p>1 A. Uh-huh.</p> <p>2 Q. Is that a "yes"?</p> <p>3 A. Yes.</p> <p>4 Q. And did you enter these -- did you</p> <p>5 enter this information into Mr. Cruz's chart</p> <p>6 around that time?</p> <p>7 A. Yes.</p> <p>8 Q. And it reflects that you did an</p> <p>9 assessment of him; is that right?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. And like the assessment you did</p> <p>12 before, this is one where you would have to go</p> <p>13 into his cell to assess him?</p> <p>14 A. Correct.</p> <p>15 Q. Okay. And you would be accompanied by</p> <p>16 one or more correctional officers?</p> <p>17 A. Yes.</p> <p>18 Q. Do you remember who accompanied you at</p> <p>19 2:06 a.m.?</p> <p>20 A. No.</p> <p>21 Q. All right. This one begins with</p> <p>22 restraint alternatives attempted. Do you see</p> <p>23 that?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 84</p> <p>1 observation, the doctor would have wrote that</p> <p>2 note and that meant somebody would have to sit</p> <p>3 on, you know, one to one.</p> <p>4 Q. Okay. So because he was in the cell</p> <p>5 and you were monitoring him from a different</p> <p>6 location, he wasn't under direct observation?</p> <p>7 A. Correct.</p> <p>8 Q. The next line says restraint, patient's</p> <p>9 behavior. And it has confused disoriented. Do</p> <p>10 you see that?</p> <p>11 A. Right.</p> <p>12 Q. Do you remember anything in particular</p> <p>13 about Mr. Cruz's behavior at around 2:06 a.m.?</p> <p>14 A. No. It was basically the same, that he</p> <p>15 had been exhibiting up to this point. Even</p> <p>16 though I gave him the shot at 1-0 -- 1:05, it</p> <p>17 hadn't kicked in, it hadn't taken effect yet, so</p> <p>18 he still was presenting as confused and</p> <p>19 disorientated.</p> <p>20 Q. The last line on page 216 is skin under</p> <p>21 restraints. Do you see that?</p> <p>22 A. Uh-huh.</p> <p>23 Q. Is that a "yes"?</p> <p>24 A. Yes.</p>

<p style="text-align: right;">Page 85</p> <p>1 Q. Okay. And you wrote intact?</p> <p>2 A. Yes.</p> <p>3 Q. And why did you write intact for that?</p> <p>4 A. Because he didn't have any open wounds</p> <p>5 or cuts or abrasions that I had noted that was</p> <p>6 under the restraint.</p> <p>7 Q. Okay. If you go to the next page and</p> <p>8 that's -- at the top it says 0217. Are you on</p> <p>9 that page?</p> <p>10 A. Yes, sir.</p> <p>11 Q. Okay. And the first line is preventive</p> <p>12 skin care measures. Do you see that?</p> <p>13 A. Uh-huh.</p> <p>14 Q. Is that a "yes"?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. And you put yes for that one,</p> <p>17 right?</p> <p>18 A. Okay. That -- to me that yes was --</p> <p>19 the preventative skin measure was me doing the</p> <p>20 check and making sure nothing happened.</p> <p>21 Q. Okay. And you saw that his skin was</p> <p>22 intact, right?</p> <p>23 A. Correct.</p> <p>24 Q. Okay. And then the next one is</p>	<p style="text-align: right;">Page 87</p> <p>1 is that because you would have taken some action</p> <p>2 if his circulatory status was not intact?</p> <p>3 A. Yes.</p> <p>4 Q. And you would have remembered that?</p> <p>5 A. Right.</p> <p>6 Q. Okay.</p> <p>7 A. Say if he had a cut or something, I</p> <p>8 would have, you know, taken care of it, cleaned</p> <p>9 it up and badged it up or something.</p> <p>10 Q. And would you have documented that?</p> <p>11 A. Yes.</p> <p>12 Q. All right. So -- so the reason that he</p> <p>13 wasn't repositioned and the reason that none of</p> <p>14 the restraints were released is because of the</p> <p>15 safety concern, right?</p> <p>16 A. Correct.</p> <p>17 Q. What about toileted/toilet offered, why</p> <p>18 is that no?</p> <p>19 A. Inconsistency again. I would have -- I</p> <p>20 know I would have offered him the toilet. I</p> <p>21 always offer the toilet.</p> <p>22 Q. So you know that you would have done</p> <p>23 that because you always do it, right?</p> <p>24 A. Right.</p>
<p style="text-align: right;">Page 86</p> <p>1 circulatory status intact, right?</p> <p>2 A. Yeah.</p> <p>3 Q. Okay.</p> <p>4 A. I guess I do.</p> <p>5 Q. And do you know why that says no?</p> <p>6 A. Inconsistency again.</p> <p>7 Q. Okay. So you -- why do you think</p> <p>8 that's inconsistent?</p> <p>9 A. Because it was intact. There wasn't</p> <p>10 any problems.</p> <p>11 Q. Okay.</p> <p>12 A. And then, once again, I didn't feel</p> <p>13 safe to do any range of motion because the shot</p> <p>14 hadn't fully taken effect yet.</p> <p>15 Q. Okay. Because of Mr. Cruz's</p> <p>16 behavior --</p> <p>17 A. Correct.</p> <p>18 Q. And let me ask the whole question.</p> <p>19 Because of Mr. Cruz's behavior, safety</p> <p>20 didn't permit you to do the range of motion</p> <p>21 exercises at 2:06 a.m.?</p> <p>22 A. Correct.</p> <p>23 Q. Okay. And the reason you know that</p> <p>24 circulatory status intact is an inconsistency,</p>	<p style="text-align: right;">Page 88</p> <p>1 Q. What about hygiene measures provided,</p> <p>2 can you tell me why that's a no?</p> <p>3 A. Since he refused to use the toilet, he</p> <p>4 basically was peeing on himself. But at that</p> <p>5 time the bed was dry, so I didn't have to really</p> <p>6 do anything.</p> <p>7 So say if he had wet himself, I would</p> <p>8 have changed the sheets made sure he was dry.</p> <p>9 Q. But at 2:06 a.m. that wasn't necessary?</p> <p>10 A. Correct.</p> <p>11 Q. Do you know if you had changed his</p> <p>12 sheets before?</p> <p>13 A. No.</p> <p>14 Q. You hadn't?</p> <p>15 A. You mean earlier in the shift?</p> <p>16 Q. Yeah.</p> <p>17 A. No, I didn't have to. He was dry.</p> <p>18 Q. Is that something you would have</p> <p>19 documented?</p> <p>20 A. True, yes.</p> <p>21 Q. Where would you document you had</p> <p>22 changed sheets?</p> <p>23 A. The progress note.</p> <p>24 Q. And did his -- so did his mattress have</p>

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1 a sheet on it?
 2 A. It was a blanket.
 3 Q. There's a blank under --
 4 A. Right.
 5 Q. Sorry. There is a blank underneath
 6 him?
 7 A. Correct.
 8 Q. And what was he wearing, if you
 9 remember?
 10 A. I think nothing. Because usually we
 11 put a -- like a snap down on him, like an IV
 12 gown on him. But I think he had moved around so
 13 much that had came off.
 14 Q. And so were you able to see that he was
 15 very obese?
 16 A. Yes.
 17 Q. The next thing is ROM exercises done.
 18 And is that no because of safety concerns?
 19 A. Correct.
 20 Q. Okay. Food/fluid offered meaning that
 21 -- it says yes, meaning that you offered fluid
 22 to Mr. Cruz?
 23 A. True, yes.
 24 Q. Do you remember if he accepted the

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1 fluid?
 2 A. That particular time, no.
 3 Q. Okay. Let me just ask you about
 4 underneath the box, there is a list of textual
 5 results. Do you see that?
 6 A. Okay.
 7 Q. Does the first one reflect that you
 8 spoke with Mr. Cruz in a calm, quiet manner?
 9 A. Yes.
 10 Q. And the next one reflects that Mr. Cruz
 11 was unable to understand or respond to
 12 directions or reason?
 13 A. Yes.
 14 Q. And then the next one reports that his
 15 right wrist, left wrist, right ankle, left ankle
 16 and chest, waist were restraint?
 17 A. And this one I put chest and waist on
 18 it.
 19 Q. And the previous one should have had
 20 chest and waist on it?
 21 A. Correct.
 22 Q. All right. Do you remember what you
 23 did after you did this assessment at 2:06 a.m.?
 24 A. Just continued to monitor him.

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1 Q. Okay. Was it -- would you have talked
 2 to the doctor after this assessment?
 3 A. No. I had already talked to the
 4 doctor.
 5 Q. When? When would you have -- I'm
 6 sorry, go ahead.
 7 A. Like I say, I don't remember exactly
 8 the time I exactly spoke to Dr. Paschos now.
 9 But after the shot was given, I didn't speak to
 10 him anymore. I spoke to him before I gave the
 11 shot.
 12 Q. Right.
 13 A. And so I didn't speak to him anymore
 14 after the shot was given. So at 2:06 I had
 15 talked to him already, spoken with him already.
 16 Q. Okay. So I understand you don't
 17 exactly remember the exact time. But I want to
 18 make it absolutely clear on the record, before
 19 giving the two shots to Mr. Cruz you had a
 20 conversation with Dr. Paschos; is that right?
 21 A. Yes. I wanted to keep him abreast of
 22 what was going on.
 23 Q. Okay. But between the time of the
 24 shots and this assessment at 2:06 a.m., you

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1 didn't speak to Dr. Paschos, right?
 2 A. No.
 3 MR. RAGEN: Correct? Do you know what I
 4 mean?
 5 MR. FLAXMAN: I do.
 6 BY MR. FLAXMAN:
 7 Q. After you gave him the shot -- during
 8 the time between -- well, from the time you gave
 9 Mr. Cruz the shot to this assessment at 2:06
 10 a.m., did you speak to Dr. Paschos?
 11 A. No.
 12 Q. Okay. After this assessment at 2:06
 13 a.m. going all the way to the end of your shift,
 14 did you talk to Dr. Paschos?
 15 A. No.
 16 Q. All right. Let me show you another
 17 nursing note.
 18 MR. RAGEN: Could we take a break real quick?
 19 MR. FLAXMAN: Oh, sure.
 20 MR. RAGEN: I imagine you're doing fine, but
 21 I bet you have like 30, 40 minutes based on how
 22 long the notes go.
 23 MR. FLAXMAN: I hope 30, 40 minutes.
 24 THE VIDEOGRAPHER: Going off the video record

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1 at 11:44.
 2 (Short pause.)
 3 THE VIDEOGRAPHER: This concludes media unit
 4 one at 1:40 -- 11:45.
 5 (Whereupon, a recess was had at
 6 11:44 a.m., after which the
 7 deposition was resumed at
 8 11:55 a.m. as follows:)
 9 THE VIDEOGRAPHER: Going back on the video
 10 record. This is the start of media unit two at
 11 11:55.
 12 (Whereupon, Chatman Deposition
 13 Exhibit 6 was marked for
 14 identification.)
 15 BY MR. FLAXMAN:
 16 Q. I'm going to give you what we marked as
 17 Exhibit Number 6.
 18 MR. RAGEN: Thanks, Joel.
 19 MR. FLAXMAN: You're welcome.
 20 BY MR. FLAXMAN:
 21 Q. Do you recognize Exhibit 6 as a record
 22 of Mr. Cruz's vital signs from 3/19/16 at 3:35
 23 a.m.?
 24 A. Yes.

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1 Q. And this is a record that you made; is
 2 that right?
 3 A. Yes.
 4 Q. To take Mr. Cruz's vital signs did you
 5 go into his cell?
 6 A. Yes.
 7 Q. And is that -- would a correctional
 8 officer have to open up the door for you?
 9 A. Yes.
 10 Q. Would a correctional officer or
 11 officers accompany you into the cell?
 12 A. Yes.
 13 Q. Do you remember who was with you in the
 14 cell at 3:35 a.m.?
 15 A. Don't recall.
 16 Q. And did you take his temperature the
 17 same way that you took his temperature -- that
 18 you told me you took his temperature before?
 19 A. Yes.
 20 Q. And what about pulse rate, was that
 21 also taken by the machine as before?
 22 A. Yes.
 23 Q. And did the machine do the blood
 24 pressure?

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1 A. Yes.
 2 Q. And then did you measure respiratory
 3 rate?
 4 A. Yeah, I counted his respirations.
 5 Q. Okay. Did you measure oxygenation at
 6 3:35 a.m. too?
 7 A. I don't recall on that one. I know the
 8 first time.
 9 Q. Is there some reason you remember it
 10 for the first time?
 11 A. No.
 12 Q. Okay. Why did you take Mr. Cruz's
 13 vitals at 3:35 a.m.?
 14 A. I know I'm supposed to take them about
 15 every two hours. So since he had calmed down at
 16 this time, I was able to take his vitals with no
 17 problem.
 18 MR. FLAXMAN: Mark this as number 7.
 19 (Whereupon, Chatman Deposition
 20 Exhibit 7 was marked for
 21 identification.)
 22 BY MR. FLAXMAN:
 23 Q. Do you have Exhibit Number 7 in front
 24 of you? Are you looking at Exhibit 7?

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1 A. Yes.
 2 Q. Okay. And that's -- at the top it says
 3 County 0176?
 4 A. Yes.
 5 Q. Do you see that halfway down it lists
 6 the -- well, I'm sorry, halfway down the page do
 7 you see your name?
 8 A. Yes.
 9 Q. And underneath that, it lists the vital
 10 signs that you took of Mr. Cruz at 12:39 a.m.?
 11 A. Yes.
 12 Q. And underneath that, does it list the
 13 vital signs that you took at 3:35 a.m.?
 14 A. Yes.
 15 Q. And then on the next page, if you flip
 16 it over, and this -- do you see the top left
 17 this, one says County 1077?
 18 A. Yes.
 19 Q. Does this list vitals that you took of
 20 Mr. Cruz at 5:05 a.m.?
 21 A. Yes.
 22 Q. And then for all three of these times
 23 that you took vitals, did you go into Mr. Cruz's
 24 cell to take the vitals?

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1 A. Yes, I did.
 2 Q. Do you remember if you took oxygenation
 3 at 5:05 a.m.?
 4 A. I don't really recall, no.
 5 Q. You don't recall?
 6 A. No.
 7 Q. Okay. Let me mark -- is there anything
 8 else on that?
 9 A. Uhn-uhn.
 10 MR. FLAXMAN: Let's mark this next one
 11 Exhibit 8.
 12 (Whereupon, Chatman Deposition
 13 Exhibit 8 was marked for
 14 identification.)
 15 BY MR. FLAXMAN:
 16 Q. Do you see that Exhibit 8 lists orders?
 17 A. Yes.
 18 Q. And at the top of the first page, it
 19 says County 0119?
 20 A. Yes.
 21 Q. Okay. And the last order on this first
 22 page is an order into psychiatric/violent
 23 restraints for Mr. Cruz, right?
 24 A. Yes.

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1 Q. And then -- and this one doesn't have
 2 your name on it, correct?
 3 A. Correct.
 4 Q. The -- if you turn it over, from
 5 looking at County 0120, do you see your name on
 6 the first order on this page?
 7 A. Yes.
 8 Q. And this is an order at 3/19/2016 --
 9 I'm sorry. Is this -- did you make this order
 10 on 3/19/2016 at 3:55 a.m.?
 11 A. Yes.
 12 Q. And was your order to continue Mr. Cruz
 13 on the restraints?
 14 A. Yes.
 15 Q. Okay. What did you -- what did you do
 16 to determine that -- well, were you the one who
 17 determined to make this order?
 18 A. Yes.
 19 Q. And how did you determine that?
 20 A. I assessed the patient again.
 21 Q. What did you do to assess him?
 22 A. Went into the room, talked to him.
 23 Even though he had improved, the prn was
 24 effective and he did note -- was noted to be

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1 calmer, I still didn't feel like he was ready to
 2 be released out of restraints. I don't think
 3 he -- he wasn't able to contract the safety.
 4 Q. Based on your communication with him?
 5 A. Exactly.
 6 Q. And the -- Exhibit Number 2, which had
 7 the lists, I want to ask you to take a look at.
 8 MR. RAGEN: Do you want me to help her?
 9 MR. FLAXMAN: Sure, if your counsel can help
 10 her.
 11 MR. RAGEN: Which page?
 12 MR. FLAXMAN: 0217, which we stopped before.
 13 BY MR. FLAXMAN:
 14 Q. Do you recall we talked about the
 15 assessment reflected on page 0217 at 2:06 a.m.?
 16 A. Uh-huh.
 17 Q. Is that a "yes"?
 18 A. Yes.
 19 Q. Okay. And between that assessment at
 20 02:06 a.m. and the order at 3:55 a.m., did you
 21 make another assessment of Mr. Cruz?
 22 A. I don't recall.
 23 Q. Okay. And if you had made another
 24 assessment during that time, would you have

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1 documented it?
 2 A. Yes.
 3 Q. Okay. The order lists Dr. Paschos as
 4 the ordering physician.
 5 MR. RAGEN: He's -- he's now back on this,
 6 right?
 7 BY MR. FLAXMAN:
 8 Q. I'm sorry, yeah, I'm going back to --
 9 you can put that aside, that -- we'll go back to
 10 it.
 11 Now, I'm at the page that says County
 12 0120, which is the back of page Exhibit 8. Are
 13 you there?
 14 A. Yeah.
 15 Q. Okay. And the order that we were
 16 talking about to continue Mr. Cruz in restraints
 17 entered at 3:55 a.m. lists Dr. Paschos as the
 18 ordering physician; is that right?
 19 A. Yes.
 20 Q. Did you talk to Dr. Paschos before you
 21 made that order?
 22 A. I know I talked to him. But everything
 23 was so hectic and busy that night -- I had to
 24 talk to him to put the order in.

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1 Q. Well, was that before you gave the
2 shots or at a different time?
3 A. Different time. I had to call to get
4 this order, so...
5 Q. Okay. So when you told me before you
6 hadn't talked to him again, was that a mistake?
7 A. Definitely.
8 Q. Other than this order, which is County
9 0120, did you document your conversation with
10 Dr. Paschos?
11 A. Don't recall.
12 Q. Was it your practice to document a
13 conversation like that?
14 A. Yes.
15 Q. Okay. If you had talked to Dr. Paschos
16 before entering this order, what would you have
17 talked to him about?
18 A. The presentation of the patient, about
19 his mental status, you know, about what was
20 going on with him.
21 Q. Okay.
22 A. And that I didn't feel comfortable with
23 him being let out of restraints.
24 Q. And by this time at 3:55 a.m., had you

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1 taken off the chest restraint?
2 A. No. Now I do have documentation
3 somewhere that I did take it off.
4 Q. Oh, okay. Is that in papers that are
5 in front of you?
6 A. I don't see it.
7 Q. Okay. We'll get to that in a few
8 moments.
9 All right. Let me give you the next
10 exhibit that we're going to mark as Exhibit 9.
11 (Whereupon, Chatman Deposition
12 Exhibit 9 was marked for
13 identification.)
14 BY MR. FLAXMAN:
15 Q. Is Exhibit 9 a record of the vital
16 signs that you took of Mr. Cruz on 3/19/2016 at
17 5:05 a.m.?
18 A. Yes.
19 Q. And this -- again, to take his vital
20 signs, you would have gone into his cell with a
21 correctional officer?
22 A. Yes.
23 Q. Do you remember which correctional
24 officer was with you at 5:05 a.m.?

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1 A. No.
2 Q. And did you take these vital signs the
3 same way as the previous two we discussed?
4 A. Yes.
5 Q. Do you remember if you took oxygenation
6 at 5:05 a.m.?
7 A. No, I don't -- I don't recall.
8 Q. All right. Let me show you Exhibit
9 Number 10.
10 (Whereupon, Chatman Deposition
11 Exhibit 10 was marked for
12 identification.)
13 BY MR. FLAXMAN:
14 Q. Is Exhibit 20 a record from Mr. Cruz's
15 chart of your progress note for service date and
16 time of 3/19/16 at 5:16 a.m.?
17 A. Yes.
18 Q. And is this the one that documents the
19 removal of the chest restraint?
20 A. Right, correct.
21 Q. I'm sorry?
22 A. Yes.
23 Q. Okay. All right. This one also has
24 some text that's crossed out. Do you know why

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1 that is?
2 A. I don't know. I felt the need to -- I
3 don't know.
4 Q. Okay. All right. So this one you
5 started with S/O, meaning subjective and
6 objective, right?
7 A. Correct.
8 Q. And you recorded that Mr. Cruz had his
9 right hand released to eat breakfast.
10 A. Correct.
11 Q. And did you release his right hand?
12 A. Yes, I did.
13 Q. And you recorded that he ate a small
14 amount?
15 A. Correct.
16 Q. And did you see him eat that?
17 A. Yes.
18 Q. Do you know what he ate?
19 A. I don't know. Probably some -- a Pop
20 Tart or something to give him.
21 Q. The next sentence says patient noted
22 remaining drowsy from earlier given prn?
23 A. Right.
24 Q. How did you observe that Mr. Cruz was

<p style="text-align: right;">Page 105</p> <p>1 drowsy?</p> <p>2 A. I was trying to talk to him. He kept</p> <p>3 wanting to fall asleep, so I had to like take</p> <p>4 the Pop Tart and literally try to feed it to</p> <p>5 him. He was taking a few bites and he did take</p> <p>6 a few sips of water, so...</p> <p>7 Q. All right. And that's the next</p> <p>8 sentence?</p> <p>9 A. Right.</p> <p>10 Q. Okay. And the next sentence says</p> <p>11 patient remains disorientated and making</p> <p>12 references about his mother. Do you remember</p> <p>13 what the references about his mother were?</p> <p>14 A. No.</p> <p>15 Q. And what made you think he was</p> <p>16 disorientated?</p> <p>17 A. Because he didn't -- he didn't know</p> <p>18 person, place, time.</p> <p>19 Q. And how did you tell that? Were you</p> <p>20 asking him questions?</p> <p>21 A. Because I asked him what the date was,</p> <p>22 about what time is it, you know.</p> <p>23 Q. Is that what you meant by attempted</p> <p>24 reality orientation?</p>	<p style="text-align: right;">Page 107</p> <p>1 didn't need the chest restraint anymore, so I</p> <p>2 took it off. And after I took it off, you know,</p> <p>3 we went through the range of motion.</p> <p>4 Q. And you wrote since patient is calmer</p> <p>5 than earlier, chest restraint removed; is that</p> <p>6 right?</p> <p>7 A. Correct.</p> <p>8 Q. What did you mean when you said you</p> <p>9 sensed the patient is calmer?</p> <p>10 A. Well, he -- it was a fact. He actually</p> <p>11 was calmer. Like I say, he was drowsy, wasn't</p> <p>12 really making sense, anything he said. But I</p> <p>13 didn't feel he was -- he wasn't any longer a</p> <p>14 danger to himself.</p> <p>15 Q. Was he moving around less than before?</p> <p>16 A. Correct. Definitely.</p> <p>17 Q. And was he still straining against the</p> <p>18 restraints?</p> <p>19 A. No.</p> <p>20 Q. Were you the one who removed the chest</p> <p>21 restraint?</p> <p>22 A. Yes.</p> <p>23 Q. Did you take it out of the room after</p> <p>24 you took it off?</p>
<p style="text-align: right;">Page 106</p> <p>1 A. Right.</p> <p>2 Q. The next sentence says ROM done at this</p> <p>3 time?</p> <p>4 A. Right, range of motion.</p> <p>5 Q. Those are the exercises we talked about</p> <p>6 before?</p> <p>7 A. Right. So that's the time I made the</p> <p>8 assessment he didn't need the chest restraints</p> <p>9 anymore.</p> <p>10 Q. Okay. So -- and at this time you were</p> <p>11 not concerned about safety so much that you did</p> <p>12 do the range of motion exercises?</p> <p>13 MR. RAGEN: Objection. Form.</p> <p>14 BY MR. FLAXMAN:</p> <p>15 Q. I'm sorry. I'll ask it in a better</p> <p>16 way.</p> <p>17 You noted that you did range of motion</p> <p>18 exercises with Mr. Cruz, right?</p> <p>19 A. Right.</p> <p>20 Q. Why did you do range of motion</p> <p>21 exercises at this time?</p> <p>22 A. Because I didn't feel like he was a</p> <p>23 danger to himself any longer. He was sleepy.</p> <p>24 He was drowsy. But then I made the decision he</p>	<p style="text-align: right;">Page 108</p> <p>1 A. Yes.</p> <p>2 Q. Is there a special place that you store</p> <p>3 those?</p> <p>4 A. Yes.</p> <p>5 Q. Where is that?</p> <p>6 A. I would take it to the dirty utility</p> <p>7 because dayshift would have to sanitize.</p> <p>8 Q. And I just didn't understand the word</p> <p>9 you said, the what utility room.</p> <p>10 A. The day --</p> <p>11 Q. Oh, the word was dirty?</p> <p>12 A. Dirty, right. The dirty utility room.</p> <p>13 Q. I just misheard the word dirty.</p> <p>14 A. I'm sorry. They -- they got to get</p> <p>15 cleaned for the next person.</p> <p>16 Q. Do you know who cleans it?</p> <p>17 A. Nurse assistant on the dayshift.</p> <p>18 Q. The next sentence was patient remains</p> <p>19 unpredictable and unable to contract for safety;</p> <p>20 is that right?</p> <p>21 A. Right.</p> <p>22 Q. And why did you think he was</p> <p>23 unpredictable?</p> <p>24 A. Because his whole presentation, even</p>

<p style="text-align: right;">Page 109</p> <p>1 going back to the previous shift. So I really 2 didn't trust him, but -- so that's why he got 3 placed on -- I think dayshift one took him out 4 of restraints and they put him on close 5 observation for unpredictable behavior. 6 Q. Okay. But based on your observation, 7 you -- you didn't want him to be taken off? 8 A. Correct. 9 Q. Because he was unpredictable? 10 A. Exactly. 11 Q. Okay. And the reason that you wanted 12 to take the chest restraint off was that you 13 were concerned about his circulation? 14 A. No. I just took it off because he was 15 calmer and I really didn't feel he needed it any 16 longer. He wasn't trying to pull against the 17 restraints. Vitals were stable. I mean, I 18 didn't feel he needed it. Plus I knew that 19 would be a step toward getting him out of total 20 restraints. 21 Q. The next line is A/P. What is A/P? 22 A. Assessment/plan. 23 Q. And you wrote alteration in sensory -- 24 A. -- perception related to -- responding</p>	<p style="text-align: right;">Page 111</p> <p>1 references to his mother. 2 Q. So the last thing written here is will 3 continue of FLRs for protection of self/others; 4 is that right? 5 A. Right. 6 Q. And the next line with q-15 minute 7 checks per protocol, does that mean with checks 8 every 15 minutes? 9 A. Correct. 10 Q. And that was the responsibility of the 11 nursing staff to do those checks? 12 A. Right. 13 Q. If we go back to Exhibit Number 2 -- 14 and that was the packet of lists -- and we left 15 off on County 0217. 16 A. You say number 2. 17 Q. The reporter can help you find the 18 page. 19 A. Thank you. 20 Q. Are you on the page that has 0217 at 21 the top? 22 A. Yes. 23 Q. And we talked about before about the 24 information for the recorded time 2:06 a.m. Do</p>
<p style="text-align: right;">Page 110</p> <p>1 to internal stimuli. 2 Q. Can you tell me what that means? 3 A. Okay. He responded to internal stimuli 4 and his perception was off. You know, like he 5 wasn't perceiving reality like he should. So -- 6 he wasn't perceiving reality like he should have 7 that I felt that was comfortable to him be 8 released from restraints. Then plus what 9 happened to him before he got in restraints, I 10 didn't want him to go back to that behavior, so 11 I felt he was needed to be watched longer. 12 Q. What do you mean when you say what 13 happened before he was in restraints? 14 A. When he was trying to hurt himself, 15 banging his head and smearing feces all over the 16 cell. 17 Q. And the -- in terms of his perceptions, 18 was that based on what he was saying to you? 19 A. Yeah, because he wasn't saying anything 20 really sensical. 21 Q. Do you remember any specifics about 22 what he was saying other than his reference to 23 his mother? 24 A. No, I don't remember anything about</p>	<p style="text-align: right;">Page 112</p> <p>1 you remember that? 2 A. Yes. 3 Q. And at the bottom of this page, it has 4 information with the recorded time of 4:22 a.m. 5 Do you see that? 6 A. Yes. 7 Q. Is that the time that you did an 8 assessment of Mr. Cruz? 9 A. Yes. 10 Q. Okay. Do you know why the -- is that 11 the same assessment that we talked about from 12 the nursing note we marked as Exhibit 10? 13 MR. RAGEN: This is 10. 14 THE WITNESS: Okay. 15 MR. RAGEN: Listen to his questions. 16 THE WITNESS: Okay. So when I assessed him 17 at 0422, he still was restless. And then at 18 0527, he wasn't as restless. So it was an 19 improvement during that time. 20 BY MR. FLAXMAN: 21 Q. Okay. And -- so I was confused about 22 whether these were two different assessments. 23 And that's -- 24 A. No. They -- they are two different</p>

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1 assessments.
 2 Q. Okay.
 3 A. So he was restless here. He was better
 4 at 0527.
 5 Q. Okay. So let me just get it right. At
 6 -- at or about 4:22 a.m. and, again, at or about
 7 5:16 a.m., you did two separate assessments of
 8 Mr. Cruz, correct?
 9 A. Correct.
 10 Q. And for each of those assessments, a
 11 correctional officer let you into the cell; is
 12 that right?
 13 A. Yes.
 14 Q. And you went in and assessed Mr. Cruz;
 15 is that right?
 16 A. Yes.
 17 Q. Okay. Let me ask you about the 4:22
 18 assessment. The first thing you noticed on it
 19 is it stated that Mr. Cruz was restless?
 20 A. Yes.
 21 Q. And you noticed that by 5:16 he was not
 22 quite as restless, right?
 23 A. Correct.
 24 Q. This assessment from 4:22 says that the

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1 restraints were released and that range of
 2 motion exercises were done. Do you see that?
 3 A. Yes.
 4 Q. Does that mean you did range of motion
 5 exercises at both 4:22 and 5:16?
 6 A. Yes.
 7 Q. And range of motion exercises are
 8 something that you do with the patient, right?
 9 A. Yes.
 10 Q. It's not something the correctional
 11 officers would do?
 12 A. No. They stand there and observe.
 13 MR. FLAXMAN: Bill has more advice for me.
 14 BY MR. FLAXMAN:
 15 Q. Did the correctional officers ever do
 16 range of motion exercises?
 17 A. No.
 18 Q. Who would do -- who would be in charge
 19 of doing the range of motion exercises?
 20 A. Nurse.
 21 Q. And on this shift you were the nurse,
 22 right?
 23 A. Correct, yes.
 24 Q. Do you recall anything that Mr. Cruz

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1 said to you during the assessment at 4:22 a.m.?
 2 A. No.
 3 Q. One thing you said about the 5:16 note
 4 was that you remembered Mr. Cruz was very
 5 drowsy, right?
 6 A. Uh-huh.
 7 Q. Is that a "yes"?
 8 A. Yes.
 9 MR. RAGEN: Just make sure you are looking at
 10 the --
 11 MR. FLAXMAN: I'm jumping back and forth.
 12 BY MR. FLAXMAN:
 13 Q. My question was about Exhibit 10, the
 14 5:16 assessment.
 15 A. Okay.
 16 Q. And at that time Mr. Cruz was drowsy?
 17 A. Correct.
 18 Q. And was he also drowsy at the
 19 assessment you did at 4:22 a.m.?
 20 A. Yes.
 21 Q. Do you remember, did you have to wake
 22 him up at that time too?
 23 A. He was woke but really like drowsy.
 24 But he was okay enough for me to do his range of

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1 motion. So I had to take his limb and, you
 2 know, what they call active range of motion
 3 where you actually have to do it to the patient.
 4 Q. And that's something you did to his
 5 right arm, his left arm --
 6 A. Correct.
 7 Q. -- his right leg and his left leg?
 8 A. Right.
 9 Q. And did you -- and you did it again at
 10 5:16 a.m.?
 11 A. I'm trying to see -- go back and see
 12 what time I released him out of the chest
 13 restraints.
 14 Q. Oh, okay. That was the note at 5:16
 15 a.m.
 16 A. Okay. So what was the question again?
 17 Q. It was that you repeated the range of
 18 motion exercises around the time that you took
 19 off the chest restraint, correct?
 20 A. He can really do them himself. I was
 21 talking to him. It was like, move -- I said
 22 move around for me, move your legs.
 23 Q. And by -- at that time, at 5:16 a.m.,
 24 he was able to cooperate with you?

<p style="text-align: right;">Page 117</p> <p>1 A. Correct.</p> <p>2 Q. But the -- okay.</p> <p>3 Do you remember -- so staying with</p> <p>4 Exhibit 10, that's the note with the service</p> <p>5 time of 5:16 a.m., do you recall anything else</p> <p>6 that Mr. Cruz said to you at that time?</p> <p>7 A. No, I don't.</p> <p>8 Q. Was there anything else that he was</p> <p>9 able to cooperate with besides the range of</p> <p>10 motion exercises?</p> <p>11 A. Okay. But I didn't -- I felt</p> <p>12 uncomfortable releasing him totally out of</p> <p>13 restraints, so -- and he wasn't really -- too</p> <p>14 drowsy to contract for safety, so I didn't feel</p> <p>15 comfortable letting him out. So I still felt</p> <p>16 that he was unpredictable and remained a</p> <p>17 potential danger to himself and others.</p> <p>18 Q. Was there something he said to you that</p> <p>19 made you think that?</p> <p>20 A. No, not I -- not that I can think of.</p> <p>21 But I just didn't feel comfortable with letting</p> <p>22 him out at the time.</p> <p>23 Q. And this assessment at 5:16 a.m.,</p> <p>24 that's pretty close to the end of your shift,</p>	<p style="text-align: right;">Page 119</p> <p>1 But it's not, to me, as thorough as the one I</p> <p>2 give verbally.</p> <p>3 Q. I want to show you some video which is</p> <p>4 not going to take very long but it will take me</p> <p>5 a minute to set up. So let's take a short</p> <p>6 break?</p> <p>7 A. Okay.</p> <p>8 MR. RAGEN: Sure.</p> <p>9 THE VIDEOGRAPHER: Going off the video record</p> <p>10 at 12:24.</p> <p>11 (Whereupon, a recess was had at</p> <p>12 12:24 p.m., after which the</p> <p>13 deposition was resumed at</p> <p>14 12:26 p.m. as follows:)</p> <p>15 THE VIDEOGRAPHER: Going back on the video</p> <p>16 record at 12:26.</p> <p>17 (Whereupon, Chatman Deposition</p> <p>18 Exhibit 11 was marked for</p> <p>19 identification.)</p> <p>20 BY MR. FLAXMAN:</p> <p>21 Q. There is a screen in front of you and</p> <p>22 there is also a piece of paper showing -- it</p> <p>23 should show the same thing. Is that what it's</p> <p>24 showing?</p>
<p style="text-align: right;">Page 118</p> <p>1 right?</p> <p>2 A. Correct.</p> <p>3 Q. Did you give information about Mr. Cruz</p> <p>4 to the nurse who came on for the next shift?</p> <p>5 A. Yes, I did.</p> <p>6 Q. Do you remember what you communicated?</p> <p>7 A. You know, I just told him a brief</p> <p>8 scenario of the night, you know, how I received</p> <p>9 him pulling against the restraints and stuff and</p> <p>10 how I gave him the prn medicine and the effect</p> <p>11 that it had on him and that I was able to</p> <p>12 release his chest belts at about 5:16 and he was</p> <p>13 drowsy after that. So that was about the</p> <p>14 scenario of the night.</p> <p>15 Q. And that's something you communicated</p> <p>16 orally, right?</p> <p>17 A. Correct.</p> <p>18 Q. Would you ever give information to the</p> <p>19 nurse on the next shift in writing?</p> <p>20 A. We have report sheets that we write</p> <p>21 information on. But -- yeah, I mean, I wrote</p> <p>22 the -- on the report sheet, I write the time the</p> <p>23 restraint was removed and maybe some brief</p> <p>24 information, that I gave him some prn medicine.</p>	<p style="text-align: right;">Page 120</p> <p>1 A. I don't see anything on the screen.</p> <p>2 MR. RAGEN: Yeah, the screen is not up yet.</p> <p>3 MR. FLAXMAN: You don't see anything?</p> <p>4 MR. RAGEN: It's black.</p> <p>5 (Short pause.)</p> <p>6 THE WITNESS: Now I see it.</p> <p>7 MR. FLAXMAN: Okay.</p> <p>8 BY MR. FLAXMAN:</p> <p>9 Q. You see the image on the screen is the</p> <p>10 same as what's on Exhibit Number 11?</p> <p>11 A. Yes.</p> <p>12 Q. And do you recognize this as two north?</p> <p>13 A. Yes.</p> <p>14 Q. Do you see yourself?</p> <p>15 A. Yeah. Yes.</p> <p>16 Q. Okay. And you're pushing -- what are</p> <p>17 you pushing there?</p> <p>18 A. The vitals, blood pressure machine.</p> <p>19 Q. Are you standing in front of the</p> <p>20 nurse's station?</p> <p>21 A. Yes.</p> <p>22 Q. And do you see somebody sitting in</p> <p>23 front of the computer at the nurse's station?</p> <p>24 A. Yes.</p>

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1 Q. Do you know who that is?
 2 A. Not a hundred percent. But I believe
 3 that's the mental health specialist.
 4 Q. Okay. Let me just -- so I'm just going
 5 to start this video. And are you pushing the
 6 monitor to Mr. Cruz's cell?
 7 A. Uh-huh.
 8 Q. Is that --
 9 A. Yes.
 10 Q. And all I wanted to do is I'll just
 11 play it quickly and you will --
 12 MR. RAGEN: Did you get the time on that?
 13 MR. FLAXMAN: Well, it's on the exhibit.
 14 MR. RAGEN: No, no, I don't know if you want
 15 the record. It's up to you.
 16 MR. FLAXMAN: If I can see the exhibit.
 17 MR. RAGEN: Yeah, for sure.
 18 MR. FLAXMAN: For the record, this is a
 19 video. The file name is on Exhibit Number 11.
 20 We started playing it at 12:20 and 46.939 a.m.
 21 MR. RAGEN: Yeah, yeah, thanks.
 22 BY MR. FLAXMAN:
 23 Q. And what I'm going to do is just play
 24 this video and speed it up because I have some

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1 very quick questions from when you're out of his
 2 cell. And I'll pause it there and ask you those
 3 very quick questions.
 4 A. So what time was this taken?
 5 Q. So you can see the time at the bottom
 6 of the screen, it's at 12:24 a.m.
 7 A. Oh, okay.
 8 (Video played.)
 9 BY MR. FLAXMAN:
 10 Q. And I've just paused it at 12:32 and 30
 11 seconds .476. Do you see that you're now
 12 sitting at the nurse's station?
 13 A. Yes.
 14 Q. Okay. Is the computer sitting in
 15 front, the one where you would make notes in the
 16 medical chart?
 17 A. Yes.
 18 Q. And is one of the monitors that's at
 19 the desk the one that you would use to see video
 20 in cells?
 21 A. Yes. But I was -- had it turned around
 22 the other way.
 23 Q. So the monitor that's facing --
 24 A. Right.

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1 Q. -- away from the desk, that's the one
 2 that shows inside of each of the cells?
 3 A. Exactly.
 4 Q. And it looks like there's four
 5 different correctional officers standing with
 6 you or standing at the desk in front of you?
 7 A. Yeah.
 8 Q. Do you know any of those officers'
 9 name?
 10 A. Yes.
 11 Q. Okay. Which one do you know?
 12 A. The sergeant -- okay. This guy over
 13 here, that's Officer Anderson.
 14 MR. RAGEN: Is that the --
 15 MR. FLAXMAN: Please, just go ahead.
 16 MR. RAGEN: So the person in the white shirt
 17 you mentioned is a sergeant?
 18 THE WITNESS: Right.
 19 MR. RAGEN: Okay. Do you know her name?
 20 THE WITNESS: I can't remember her last name.
 21 MR. RAGEN: And then the person standing to
 22 her right, is that what you're saying is --
 23 THE WITNESS: Yeah, Officer Anderson.
 24

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1 BY MR. FLAXMAN:
 2 Q. He's the one who is leaning against the
 3 desk?
 4 A. Correct.
 5 Q. Okay. And then there is an officer who
 6 is bending over that looks like he has a shaved
 7 head?
 8 A. Him (indicating)? I'm not a hundred
 9 percent, but I think that might be Officer Reed.
 10 Q. Okay. And then one more officer that
 11 looks like he's touching his chin, do you see
 12 that?
 13 A. Don't know him.
 14 MR. RAGEN: If you can like play it for like
 15 ten seconds, maybe she can help see. Go back
 16 ten seconds.
 17 MR. FLAXMAN: Sure, if we see those officers
 18 moving around. I'm just going to play it for a
 19 few seconds.
 20 (Video played.)
 21 BY MR. FLAXMAN:
 22 Q. Does that help you identify any of the
 23 officers whose name you can't remember?
 24 A. I don't know him.

<p style="text-align: right;">Page 125</p> <p>1 MR. RAGEN: When you say "him," you mean --</p> <p>2 THE WITNESS: Right, this gentleman here.</p> <p>3 BY MR. FLAXMAN:</p> <p>4 Q. One thing we talked about before was</p> <p>5 talking to Dr. Paschos on the phone. Do you</p> <p>6 remember that?</p> <p>7 A. Yes.</p> <p>8 Q. Would you have made that from a phone</p> <p>9 at the nurse's station?</p> <p>10 A. Yes.</p> <p>11 Q. Was there a phone that was at the place</p> <p>12 where you're sitting in this image?</p> <p>13 A. Yes. But you can't see it because it's</p> <p>14 sort of back up under the desk.</p> <p>15 Q. Is that the phone you would use to talk</p> <p>16 to Dr. Paschos?</p> <p>17 A. Yes, yes. The supervisor -- the</p> <p>18 coordinator was Nurse Madonna, Madonna Makitas.</p> <p>19 Q. That's the person that made the</p> <p>20 scheduling?</p> <p>21 A. Yeah.</p> <p>22 MR. RAGEN: Yes. Going from question one</p> <p>23 to --</p> <p>24 THE WITNESS: Oh, I'm sorry.</p>	<p style="text-align: right;">Page 127</p> <p>1 before?</p> <p>2 A. Right.</p> <p>3 Q. Is there any other missed dots or</p> <p>4 crossed Ts that we haven't talked about?</p> <p>5 A. No.</p> <p>6 MR. FLAXMAN: Okay. I don't have anything</p> <p>7 else.</p> <p>8 MR. RAGEN: A couple.</p> <p>9 THE VIDEOGRAPHER: Do you want to put your</p> <p>10 mic on.</p> <p>11 MR. RAGEN: I apologize.</p> <p>12 THE WITNESS: Do I --</p> <p>13 MR. RAGEN: He talking about to me, I think.</p> <p>14 EXAMINATION</p> <p>15 BY MR. RAGEN:</p> <p>16 Q. You mentioned at some point in time</p> <p>17 during Mr. Flaxman's questioning of you, that in</p> <p>18 order to put a patient into restraints, a nurse</p> <p>19 -- a nurse needs to make that decision. Do you</p> <p>20 remember that?</p> <p>21 A. Correct, yes.</p> <p>22 Q. Can a psychiatrist also make that</p> <p>23 decision?</p> <p>24 A. Yes.</p>
<p style="text-align: right;">Page 126</p> <p>1 MR. FLAXMAN: Don't be sorry.</p> <p>2 THE WITNESS: It just dawned on me.</p> <p>3 BY MR. FLAXMAN:</p> <p>4 Q. Okay. We're done with the video.</p> <p>5 Was there anything else that you</p> <p>6 couldn't remember that just dawned on you?</p> <p>7 A. No. I'm trying to concentrate on the</p> <p>8 sergeant here.</p> <p>9 Q. Oh, okay. Well, that's all right. We</p> <p>10 can turn that off.</p> <p>11 And is there anything else that you</p> <p>12 recall about your care of Mr. Cruz that we</p> <p>13 haven't talked about?</p> <p>14 A. When I came in on the shift, when I</p> <p>15 initially saw him, it's like -- can I just be</p> <p>16 honest?</p> <p>17 Q. Please.</p> <p>18 A. I felt he's a big kid and it just</p> <p>19 touched me, so I wanted to make sure that I took</p> <p>20 care of him properly. I might have missed some</p> <p>21 dots and didn't cross some Ts, but I took it --</p> <p>22 I really wanted to do my best by him.</p> <p>23 Q. And when you say missing dots and</p> <p>24 crossing Ts, is that what we talked about</p>	<p style="text-align: right;">Page 128</p> <p>1 Q. And can a nurse begin the process and</p> <p>2 make -- finish the process with a psychiatrist</p> <p>3 meaning like -- never mind.</p> <p>4 A. Okay. Put him in, make the decision to</p> <p>5 put him in?</p> <p>6 Q. Yes.</p> <p>7 A. Yeah.</p> <p>8 Q. Okay. And in this case you were not</p> <p>9 involved -- strike that.</p> <p>10 In this case were you involved in the</p> <p>11 decision to initially put Mr. Cruz in</p> <p>12 restraints?</p> <p>13 A. No. Because I wasn't there. Kanel</p> <p>14 did.</p> <p>15 Q. I want to go back to a certain exhibit.</p> <p>16 I don't know the numbers that well. It's --</p> <p>17 MR. FLAXMAN: If you tell me the County</p> <p>18 number.</p> <p>19 MR. RAGEN: -- the service date 12:43. It's</p> <p>20 a one pager.</p> <p>21 MR. FLAXMAN: What's the County number at the</p> <p>22 top?</p> <p>23 MR. RAGEN: 200.</p> <p>24 MR. FLAXMAN: Exhibit 4.</p>

<p style="text-align: right;">Page 129</p> <p>1 BY MR. RAGEN:</p> <p>2 Q. So Exhibit 4 here, do you have it in</p> <p>3 front of you?</p> <p>4 A. Working on it.</p> <p>5 Q. Okay. It's a one pager.</p> <p>6 A. Oh, okay.</p> <p>7 Q. It's a nursing progress note. It might</p> <p>8 be the one that's right in your hand here?</p> <p>9 A. That's 10. That's 6. Oh, okay. Here</p> <p>10 we go, 4.</p> <p>11 Q. I'm going to go through the timeline of</p> <p>12 this note. You see at the top of the note</p> <p>13 the -- what I'm -- do you see where I'm -- it</p> <p>14 says Nursing Progress Note in bold about halfway</p> <p>15 down?</p> <p>16 A. Uh-huh, yes.</p> <p>17 Q. Okay. I'm interested in going below</p> <p>18 that. Do you see how at the top five lines</p> <p>19 there is not a line through it? Do you see</p> <p>20 that? So under Nursing Progress Note, do you</p> <p>21 know where it's in bold?</p> <p>22 A. Okay.</p> <p>23 Q. The next five lines, there is no lines</p> <p>24 through the text; is that correct?</p>	<p style="text-align: right;">Page 131</p> <p>1 A. Uh-huh, yes.</p> <p>2 Q. Noted restless and irritable on</p> <p>3 approach; does it say that?</p> <p>4 A. Yes.</p> <p>5 Q. ROM done; does it say that?</p> <p>6 A. Yes.</p> <p>7 Q. Vitals stable; does it say that?</p> <p>8 A. Yes.</p> <p>9 Q. A/P, does that stand for assessment and</p> <p>10 plan?</p> <p>11 A. Yes.</p> <p>12 Q. Ineffective impulse control; does it</p> <p>13 say that?</p> <p>14 A. Yes.</p> <p>15 Q. Prn meds given; does it say that?</p> <p>16 A. Yes.</p> <p>17 Q. Will continue to monitor per protocol?</p> <p>18 A. Yes.</p> <p>19 Q. And then so would this have been</p> <p>20 charted at 12:43?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. And then the part above that,</p> <p>23 which says S/O, subjective/objective, received</p> <p>24 in FLRs five point -- does it say that?</p>
<p style="text-align: right;">Page 130</p> <p>1 A. Yes.</p> <p>2 Q. Okay. And then lines six, seven,</p> <p>3 eight, nine, 10, 11, 12, there is lines through</p> <p>4 the text?</p> <p>5 A. Yes.</p> <p>6 Q. And if you look at the times that the</p> <p>7 ones -- you see where the lines go through it?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. Is it -- whenever a note is</p> <p>10 modified, does -- does -- does it then later</p> <p>11 get -- so it looks like to me the bottom three</p> <p>12 lines were entered at 12:43?</p> <p>13 A. Yes.</p> <p>14 Q. And you can tell that because that's</p> <p>15 where the -- it says previously charted by</p> <p>16 Chatman, R.N., Lorraine, at 03/19/2016 0043; is</p> <p>17 that correct?</p> <p>18 A. Correct.</p> <p>19 Q. And that would pertain -- and so then</p> <p>20 I'll walk you through it. But it says S/O,</p> <p>21 which stands for subjective/objective, right?</p> <p>22 A. Yes.</p> <p>23 Q. Received in FLRs, five point; does it</p> <p>24 say that?</p>	<p style="text-align: right;">Page 132</p> <p>1 A. Yes.</p> <p>2 Q. Noted restless and irritable on</p> <p>3 approach; does it say that?</p> <p>4 A. Yes.</p> <p>5 Q. ROM done; does it say that?</p> <p>6 A. Yes.</p> <p>7 Q. Vitals stable?</p> <p>8 A. Yes.</p> <p>9 Q. It says that. Unable to contract for</p> <p>10 safety; does it say that?</p> <p>11 A. Yes.</p> <p>12 Q. Refuse toileting; does it say that?</p> <p>13 A. Yes.</p> <p>14 Q. Accepted 24 cc water/juice; does it say</p> <p>15 that?</p> <p>16 A. Yes.</p> <p>17 Q. Assessment/plan, ineffective impulse</p> <p>18 control; does it say that?</p> <p>19 A. Yes.</p> <p>20 Q. Prn meds given; does it say that?</p> <p>21 A. Yes.</p> <p>22 Q. Will continue to monitor per protocol?</p> <p>23 A. Yes.</p> <p>24 Q. And all that information then was</p>

<p style="text-align: right;">Page 133</p> <p>1 entered at 2:04 a.m.?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. And I'm just -- I'm asking you</p> <p>4 that because if you look at the fourth line up,</p> <p>5 it says 2:04.</p> <p>6 A. Okay.</p> <p>7 Q. Well --</p> <p>8 A. I see it.</p> <p>9 Q. Yeah, okay. Does that, to you, mean</p> <p>10 that you -- and it doesn't have to. It's -- do</p> <p>11 you -- if you look at those four lines -- and</p> <p>12 I'm looking at the first four lines that are</p> <p>13 crossed out -- it looks like to me like the time</p> <p>14 for those four lines is 2:04 a.m. Does that</p> <p>15 sound right to you?</p> <p>16 A. Yes.</p> <p>17 Q. Okay. And then at 6:11 a.m. -- now I'm</p> <p>18 going up to lines that are not crossed through.</p> <p>19 A. Okay.</p> <p>20 Q. -- that's when -- if you look at the</p> <p>21 part that's not crossed through, okay?</p> <p>22 A. Okay.</p> <p>23 Q. It appears it's the combination of both</p> <p>24 of the 12:43 and 2:04 notes?</p>	<p style="text-align: right;">Page 135</p> <p>1 If you kind of look -- and, again, this</p> <p>2 is kind of cumbersome, Lorraine, so just kind of</p> <p>3 stay with me.</p> <p>4 A. Okay.</p> <p>5 Q. But it's important. We talked about</p> <p>6 how there is the bottom three lines that are</p> <p>7 crossed out, right?</p> <p>8 A. Okay.</p> <p>9 Q. That's the 12:43. That's one. The</p> <p>10 bottom three lines that are crossed out --</p> <p>11 A. Okay.</p> <p>12 Q. -- you entered that at 12:43; is that</p> <p>13 true?</p> <p>14 A. Right.</p> <p>15 Q. And the next four lines entered 2:04</p> <p>16 and they got crossed out, right?</p> <p>17 A. Right.</p> <p>18 Q. Okay. What Mr. Flaxman was saying is</p> <p>19 that it appears that patient noted to become</p> <p>20 winded upon exertion, struggling against belts,</p> <p>21 that part is new; that's not in either of these.</p> <p>22 And you make sure that -- you make sure that</p> <p>23 that's correct.</p> <p>24 So look at 12:43 and 2:04, I don't</p>
<p style="text-align: right;">Page 134</p> <p>1 A. Okay.</p> <p>2 Q. Well, is that your understanding or is</p> <p>3 it not your understanding?</p> <p>4 A. Yes, that's what it seems.</p> <p>5 Q. Okay. And you combined the note to put</p> <p>6 the parts of the 12:43 that you entered and 2:04</p> <p>7 that you just -- well, strike that.</p> <p>8 MR. FLAXMAN: I mean --</p> <p>9 MR. RAGEN: What am I doing? Go ahead. I'm</p> <p>10 just trying to lay the --</p> <p>11 MR. FLAXMAN: We're not going to dispute what</p> <p>12 the text says.</p> <p>13 MR. RAGEN: No, right. Yeah, yeah, yeah.</p> <p>14 MR. FLAXMAN: I think there is a sentence in</p> <p>15 the top one that's not in the bottom two.</p> <p>16 MR. RAGEN: Exactly, and that's what --</p> <p>17 right.</p> <p>18 MR. FLAXMAN: I mean, we'll stipulate to --</p> <p>19 MR. RAGEN: We know what it says. To</p> <p>20 counsel's point, I'm inviting him to answer --</p> <p>21 to ask -- to chime in.</p> <p>22 BY MR. RAGEN:</p> <p>23 Q. Is since -- so we'll just kind of go</p> <p>24 through it.</p>	<p style="text-align: right;">Page 136</p> <p>1 think I missed that but that doesn't appear to</p> <p>2 be in either 12:43 or 2:04 crossed out portions;</p> <p>3 is that true?</p> <p>4 A. Yeah, correct.</p> <p>5 Q. And then I think everything else -- I</p> <p>6 don't think there is any other portion that's --</p> <p>7 okay. So then --</p> <p>8 A. So I felt that needed to be in there.</p> <p>9 Q. No, I know. And so I'm just saying,</p> <p>10 that's the only part, the patient noted to</p> <p>11 become winded upon exertion, struggling against</p> <p>12 belts, that's the only part that's not reflected</p> <p>13 in the 12:43 portion that's stricken out or the</p> <p>14 2:04 portion that's stricken out; is that true?</p> <p>15 A. True.</p> <p>16 Q. Okay. And so it mentions that ROM done</p> <p>17 at 12:43. So if you look at both those portions</p> <p>18 of the stricken part of the note, the 12:43</p> <p>19 portion and the 2:04 portion, in this</p> <p>20 documentation, you write range of motion done in</p> <p>21 both; is that correct?</p> <p>22 A. Correct.</p> <p>23 Q. And I know you testified earlier that</p> <p>24 some points in time you did not feel he was safe</p>

<p style="text-align: right;">Page 137</p> <p>1 to do range of motion?</p> <p>2 A. Correct.</p> <p>3 Q. Do you know if at one of these times he</p> <p>4 would have been safe to do range of motion and</p> <p>5 you would have done range of motion exercises?</p> <p>6 MR. FLAXMAN: Object to the form.</p> <p>7 THE WITNESS: Yes.</p> <p>8 BY MR. RAGEN:</p> <p>9 Q. Okay. Can you say which one he did</p> <p>10 feel safe, which time of either of these he</p> <p>11 did -- you did feel safe to do range of motion</p> <p>12 and you did do them?</p> <p>13 MR. FLAXMAN: Object to the form.</p> <p>14 THE WITNESS: Well, I would if he was stable</p> <p>15 enough. So...</p> <p>16 BY MR. RAGEN:</p> <p>17 Q. Right now, and you can't -- as you sit</p> <p>18 here today, you can't tell me which time you did</p> <p>19 the range of motion, whether it's 12:43 or 2:04?</p> <p>20 MR. FLAXMAN: Objection. Form.</p> <p>21 THE WITNESS: I don't know.</p> <p>22 BY MR. RAGEN:</p> <p>23 Q. But seeing it's up in the main part</p> <p>24 that didn't get crossed out, range of motion</p>	<p style="text-align: right;">Page 139</p> <p>1 restraints need to be removed from a patient?</p> <p>2 A. No.</p> <p>3 MS. HAIDARI: I have no further questions.</p> <p>4 EXAMINATION (FURTHER)</p> <p>5 BY MR. FLAXMAN:</p> <p>6 Q. Do you still have Exhibit Number 4 in</p> <p>7 front of you?</p> <p>8 A. Yes.</p> <p>9 Q. Did I understand your testimony about</p> <p>10 this to be that you modified this note two</p> <p>11 different times?</p> <p>12 A. That's what it shows.</p> <p>13 Q. Well, we're looking at the nursing</p> <p>14 notes that are printed out on paper, right?</p> <p>15 A. Right. This Exhibit 4?</p> <p>16 Q. Yeah.</p> <p>17 A. Okay.</p> <p>18 Q. Do you ever look at nursing notes on</p> <p>19 paper in your regular employment at Cermak?</p> <p>20 A. What you mean looking at my past notes</p> <p>21 on the computer?</p> <p>22 Q. Well, if you want to look at a past</p> <p>23 note, you look at it on the computer, right?</p> <p>24 A. Right.</p>
<p style="text-align: right;">Page 138</p> <p>1 done, that signified that you would have done it</p> <p>2 at either of those times?</p> <p>3 MR. FLAXMAN: Objection. Form.</p> <p>4 THE WITNESS: Yes.</p> <p>5 MR. RAGEN: Okay. That's all I have.</p> <p>6 THE WITNESS: Okay.</p> <p>7 EXAMINATION</p> <p>8 BY MS. HAIDARI:</p> <p>9 Q. Okay. Ms. Chatman, you testified --</p> <p>10 you testified earlier that you were not the</p> <p>11 person who ordered the full leather restraints;</p> <p>12 is that correct?</p> <p>13 A. Correct.</p> <p>14 Q. Based on your knowledge and the medical</p> <p>15 records that you've looked at, do you know if a</p> <p>16 correctional officer ever ordered those medical</p> <p>17 restraints?</p> <p>18 A. No.</p> <p>19 Q. And based on your experience, can a</p> <p>20 correctional officer order medical full leather</p> <p>21 restraints?</p> <p>22 A. No.</p> <p>23 Q. And can a correctional officer</p> <p>24 determine that medically ordered full leather</p>	<p style="text-align: right;">Page 140</p> <p>1 Q. Are you accustomed to looking at it in</p> <p>2 the format that we've been looking at it in</p> <p>3 today's deposition?</p> <p>4 A. No.</p> <p>5 Q. And are you familiar what it means when</p> <p>6 text gets crossed out in the way it is on</p> <p>7 Exhibit Number 4?</p> <p>8 A. Okay. I know this has -- shows when</p> <p>9 it's printed out. But on the computer you don't</p> <p>10 see it. So I really didn't know that it got</p> <p>11 totally crossed out like this.</p> <p>12 Q. Is it your understanding that that</p> <p>13 sentence that counsel read to you, that patient</p> <p>14 noted to become winded upon exertion, struggling</p> <p>15 against belts, was something that you added to</p> <p>16 the note later on during your shift?</p> <p>17 A. Yes.</p> <p>18 Q. Do you know why you added it later?</p> <p>19 A. Obviously because I thought it was</p> <p>20 important.</p> <p>21 Q. Okay.</p> <p>22 A. I mean, most patients don't do -- don't</p> <p>23 do that. I mean, he's like -- he was just</p> <p>24 really fighting it. So I don't know. I felt it</p>

<p style="text-align: right;">Page 141</p> <p>1 was important.</p> <p>2 Q. And you wanted the chart to be as</p> <p>3 accurate as possible, right?</p> <p>4 A. Yes.</p> <p>5 Q. Okay. And when you added it, did you</p> <p>6 mean that he was exhibiting that behavior at or</p> <p>7 around what's listed as the service date/time on</p> <p>8 this note?</p> <p>9 A. The 0047.</p> <p>10 Q. Well, that's what --</p> <p>11 MR. RAGEN: 0043.</p> <p>12 THE WITNESS: Oh, oh, that was his behavior</p> <p>13 then.</p> <p>14 BY MR. FLAXMAN:</p> <p>15 Q. Okay. And I want to make -- be</p> <p>16 absolutely sure I understand, that the text</p> <p>17 that's not crossed out has a time of 0611 a.m.</p> <p>18 Do you see that?</p> <p>19 A. Yes.</p> <p>20 Q. That's not the time that you're -- you</p> <p>21 made that observation, right?</p> <p>22 A. Right. I don't --</p> <p>23 Q. What time did you make that</p> <p>24 observation?</p>	<p style="text-align: right;">Page 143</p> <p>1 Q. Okay. And so range of motion done is</p> <p>2 part of all three parts of this broken down</p> <p>3 chart.</p> <p>4 A. Okay. Yes.</p> <p>5 Q. Can you say one way or the other</p> <p>6 whether range of motion exercises were done on</p> <p>7 or around 12:43 March 19?</p> <p>8 MR. FLAXMAN: Objection. Asked and answered.</p> <p>9 THE WITNESS: No. Because I wouldn't have</p> <p>10 released somebody that was struggling against</p> <p>11 the belts and pulling and being agitated and</p> <p>12 just -- I wouldn't have did that.</p> <p>13 MR. RAGEN: Okay.</p> <p>14 EXAMINATION (FURTHER)</p> <p>15 BY MR. FLAXMAN:</p> <p>16 Q. Meaning?</p> <p>17 A. I wouldn't have let him loose.</p> <p>18 Q. Meaning you didn't do the range of</p> <p>19 motion exercises?</p> <p>20 A. Did not.</p> <p>21 MR. FLAXMAN: Okay. Thank you.</p> <p>22 THE VIDEOGRAPHER: Hold on a second.</p> <p>23 This concludes the video deposition of</p> <p>24 Lorraine Chatman. The time is now 12:49.</p>
<p style="text-align: right;">Page 142</p> <p>1 A. 043.</p> <p>2 Q. Okay. And -- and that's this entire</p> <p>3 note is about your observations and your</p> <p>4 assessment at 0043, right?</p> <p>5 A. Correct.</p> <p>6 MR. FLAXMAN: Okay. I don't have anything</p> <p>7 else. Thank you.</p> <p>8 EXAMINATION (FURTHER)</p> <p>9 BY MR. RAGEN:</p> <p>10 Q. Well, I guess then, if you look at</p> <p>11 where it says range of motion done, and it's</p> <p>12 listed in all three different parts of this</p> <p>13 exhibit, can you say one way or the other then</p> <p>14 at around when you're providing care to</p> <p>15 Mr. Cruz, on or around 12:43 a.m., did you do</p> <p>16 range of motion exercises?</p> <p>17 MR. FLAXMAN: Objection. Asked and answered.</p> <p>18 THE WITNESS: Okay. You say -- repeat it</p> <p>19 once more.</p> <p>20 BY MR. RAGEN:</p> <p>21 Q. Okay. So counsel has established that</p> <p>22 this note is reflecting care that was provided</p> <p>23 on or around 12:43. Do you remember that?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 144</p> <p>1 MR. RAGEN: And we'll order Etran.</p> <p>2 THE COURT REPORTER: And signature?</p> <p>3 MR. RAGEN: Yeah, reserve it.</p> <p>4 THE COURT REPORTER: Okay.</p> <p>5 (Whereupon, the witness was</p> <p>6 excused.)</p> <p>7 (The proceedings concluded at</p> <p>8 12:50 p.m.)</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

<p style="text-align: right;">Page 145</p> <p>1 IN THE UNITED STATES DISTRICT COURT 2 NORTHERN DISTRICT OF ILLINOIS 3 EASTERN DIVISION 4 LETICIA VARGAS, 5 Administrator of the Estate 6 of Angel Cruz, 7 Plaintiff, No. 18-cv-1865 8 vs. 9 SHERIFF OF COOK COUNTY, et 10 al., 11 12 Defendants. 13 14 I, LORRAINE CHATMAN, being first 15 administered an oath, say that I am the deponent 16 in the aforesaid deposition taken on 17 February 24, 2020; that I have read the 18 foregoing transcript of my deposition, and affix 19 my signature to same. 20 21 LORRAINE CHATMAN 22 23 Subscribed and sworn to 24 before me this day of , 2020. Notary Public</p>	<p style="text-align: right;">Page 147</p> <p>1 said witness as aforesaid. 2 I further certify that the signature to 3 the foregoing deposition was reserved by counsel 4 for the respective parties and that there were 5 present at the deposition the attorneys 6 hereinbefore mentioned. 7 I further certify that I am not counsel 8 for nor in any way related to the parties to 9 this suit, nor am I in any way interested in the 10 outcome thereof. 11 IN TESTIMONY WHEREOF: I certify to the 12 above facts this 4th day of March, 2020. 13 14 15 16 17 18 19 20 21 22 23 24</p> <hr/> <p>CHERYL L. SANDECKI, CSR, RPR LICENSE NO.: 084-03710</p>
<p style="text-align: right;">Page 146</p> <p>1 STATE OF ILLINOIS 2 COUNTY OF COOK 3 4 I, CHERYL L. SANDECKI, a Certified 5 Shorthand Reporter within and for the State of 6 Illinois, do hereby certify that heretofore, 7 to-wit, on February 24, 2020, personally 8 appeared before me, at 2275 Half Day Road, 9 Bannockburn, Illinois, LORRAINE CHATMAN, in a 10 cause now pending and undetermined in the United 11 States District Court, wherein LETICIA VARGAS, 12 Administrator of the Estate of Angel Cruz is the 13 Plaintiff, and SHERIFF OF COOK COUNTY, et al., 14 are the Defendants. 15 I further certify that the said 16 LORRAINE CHATMAN was first administered an oath 17 to testify the truth, the whole truth and 18 nothing but the truth in the cause aforesaid; 19 that the testimony then given by said witness 20 was reported stenographically by me in the 21 presence of the said witness, and afterwards 22 reduced to typewriting by Computer-Aided 23 Transcription, and the foregoing is a true and 24 correct transcript of the testimony so given by</p>	

Transcript Word Index

[00 - 3:55]

0	0530	12:00	2:06 (cont.)
00	42:20 44:11 45:20	39:18	92:12 99:15 111:24
40:13	0611	12:20	20
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