

1 THE COURT: May she be excused? On call if
2 you need her to come back?

3 MR. JOHNSON: Court's pleasure.

4 THE COURT: She's at the assessment center, so
5 if we need her, we can get her back.

6 MR. JOHNSON: Court's pleasure, Judge.

7 THE COURT: Okay. Thank you, ma'am. You're
8 free to go. Please do not discuss your testimony with any
9 of the other witnesses.

10 THE WITNESS: Thank you.

11 THE COURT: Call your next witness, please.

12 MS. JOHNSON: State calls Dr. Marcella
13 Donaruma.

14 THE COURT: Right up here, please, Doctor.
15 Please raise your right hand to take the oath.

16 (Witness sworn.)

17 THE COURT: You may proceed.

18 MR. OTTO: Thank you, Your Honor.

19 **MARCELLA DONARUMA,**
20 having been first duly sworn, testified as follows:

21 **DIRECT EXAMINATION**

22 Q. (BY MR. OTTO) Good afternoon.

23 A. Good afternoon.

24 Q. Please introduce yourself to the jury.

25 A. Hi. My name is Marcella Donaruma.

1 Q. Dr. Donaruma, or I guess I should say are you a
2 doctor?

3 A. Yes, I am.

4 Q. MD?

5 A. Yes, sir.

6 Q. Okay. Is it okay if I call you Dr. Donaruma?

7 A. Yes.

8 Q. How are you currently employed, Doctor?

9 A. I work for Baylor College of Medicine and at Texas
10 Children's Hospital and the Children's Assessment Center.

11 Q. And how long have you worked for Baylor College of
12 Medicine?

13 A. I started working there 2006, so it will be eight
14 years in July.

15 Q. So let's talk a little bit about what you did
16 before you were with Baylor College of Medicine. Can you
17 just kind of take us through your background?

18 A. Yeah. I graduated from Texas A&M and then I went
19 to medical school at Baylor College of Medicine here in
20 Houston, then I went away to St. Louis and Washington
21 University School of Medicine for my residency training in
22 pediatrics, so I was an intern there and a pediatric
23 resident and then I was asked to be a chief resident, so I
24 stayed for another year and then I did my fellowship there,
25 which at that time had a different name. It was called

1 child protection and forensic pediatrics but the name of my
2 subspecialty has since changed to child abuse pediatrics.

3 Q. And whenever you said you were -- you originally
4 got involved in pediatrics, do you remember around what year
5 that was?

6 A. Yes, that was in 2001.

7 Q. Okay. And was that the first time that you had
8 started to specialize in pediatrics?

9 A. Yes, sir.

10 Q. What is pediatrics?

11 A. Pediatrics is the specialty of medicine that deals
12 with the health and well-being of children age zero to 18.

13 Q. Okay. So you've been involved in pediatrics for
14 about 13 years or so; is that right?

15 A. Yes, that's right.

16 Q. And whenever -- you said that after you were
17 involved in pediatrics -- excuse me -- pediatrics, you went
18 into a subspecialty and what did you call it?

19 A. At the time I was doing my fellowship, it was
20 called child protection and forensic pediatrics. In 2009,
21 the board approved a subspecialty board exam but they
22 changed the name to child abuse pediatrics.

23 Q. And what is that subspecialty focused on?

24 A. So that is focused on the maltreatment of children
25 and efforts toward the prevention of child maltreatment.

1 Q. And you said that the board approved an exam. Can
2 you tell us a little bit about that?

3 A. Yes. So, doctors have to -- well, ought to pass
4 their boards and then they're board certified in their
5 specialty. So I have passed my pediatric boards and then I
6 was eligible to take my child abuse pediatric boards. This
7 is all offered by a governing body called the American Board
8 of Pediatrics, so I took my pediatrics boards in 2005 and
9 passed them and then I took my child abuse pediatric boards
10 in 2009 and passed them.

11 Q. Are these boards tests that sort of test your
12 knowledge on these subspecialties?

13 A. Yes, they're nationwide exams. They're
14 administered to everybody that wants to do this job in the
15 country and they're offered every other year.

16 Q. It's kind of like when I had to pass the bar?

17 A. Yes. Well, I think so. That sounds about right.

18 Q. And so after you passed your boards, where were you
19 currently employed whenever you passed -- you said in 2009
20 when you passed the specialty boards?

21 A. Yes.

22 Q. Where were you employed at that time?

23 A. I was already here at Baylor with TCH, Texas
24 Children's Hospital, and the Children's Assessment Center.

25 Q. And when you were originally hired at Baylor

1 College of Medicine, was it for this particular purpose of
2 working in the Children's Assessment Center and the TCH?

3 A. Yes. I spend 100 percent of my time doing nothing
4 but child abuse pediatrics either at the hospital or at the
5 Children's Assessment Center medical clinic.

6 Q. Okay. So, let's talk about those things a little
7 bit. So it sounds to me like you're kind of splitting your
8 time; is that right?

9 A. Yes.

10 Q. Can you tell us a little bit about what your
11 schedule is as far as that goes?

12 A. Sure. So, I spend two weeks out of every month
13 working at the Children's Assessment Center medical clinic
14 where I'm an attending physician, which means I'm the doctor
15 there for all the patients who come through the doors who
16 need a medical assessment, and the CAC clinic is specific
17 for children who have concerns or they have made an outcry
18 that they have been victims of sexual abuse.

19 Q. And the CAC, the Children's Assessment Center, what
20 is that?

21 A. It's awesome. It's a great place to work. It's a
22 partnership of multiple organizations. I can't ever keep
23 running track. It's between 30 and 40 now. Of law
24 enforcement, Child Protective Services, therapy services,
25 medical staff, sheriff's office and everybody's working

1 together to provide what everybody calls one-stop shopping
2 for children who have gone through this experience, to try
3 to make it as simple and streamlined and nonredundant as
4 possible.

5 Q. Why is it important that all of these things sort
6 of be in this central location?

7 A. Well, when you can share information, it helps you
8 be much more effective at taking care of the child and
9 you've got that shared information, you also need less
10 overlap and so the child can spend less time discussing the
11 abuse and more time working on going through the therapy
12 that's needed for the abuse.

13 Q. And is that good for the child not to have to
14 repeatedly discuss these traumatizing events?

15 A. Yes, children in general are pretty willing to
16 discuss with their initial disclosure witness, the person
17 who hears it in the beginning, and usually pretty willing to
18 discuss with the medical providers. Children often will say
19 that they just want to stop having to tell their story over
20 and over again.

21 Q. You mentioned the word "outcry." What does that
22 mean?

23 A. That's --

24 MR. JOHNSON: Objection, Your Honor,
25 relevance.

1 THE COURT: Overruled.

2 A. When a child makes an outcry, it's jargon, I guess,
3 that we use in my field to indicate the child's first
4 disclosure of the type of abuse they have suffered.

5 Q. (BY MR. OTTO) And is there another term that's
6 used to describe something that may not be an outcry? Have
7 you ever heard the term "recovery"?

8 A. Yes.

9 Q. Okay. Can you explain a little bit what the
10 difference of those two things might be?

11 A. I don't think I'm familiar with the context that
12 you'd like me to work on that with.

13 Q. Sure. So, in this particular case, was there an
14 outcry?

15 A. Well, yes.

16 Q. Okay. To whom was that outcry made?

17 A. I know she made one to me. I believe she also made
18 it to the officer that brought her in.

19 Q. So, let's kind of talk a little bit about what
20 happens whenever a child, like in this case, is brought to
21 the CAC and kind of how you interact with them. Can you
22 take us through the first time when you might meet a child
23 who's brought into the CAC?

24 A. So when a child --

25 MR. JOHNSON: Objection, Your Honor,

1 relevance.

2 *THE COURT:* Can you be specific to this?

3 *MR. OTTO:* Yes, Your Honor.

4 *Q.* (BY MR. OTTO) Can you tell us -- did you have an
5 occasion to interview a child by the name of Alexzandria
6 Jackson?

7 *A.* Yes, sir.

8 *Q.* Do you remember when that was?

9 *A.* Yes, that was in October of 2011. It was
10 October 17th.

11 *Q.* Okay. Do you remember around what time you first
12 encountered Ms. Jackson?

13 *A.* My notes here say 9:21.

14 *Q.* Okay. What time do y'all open in the morning?

15 *A.* 9:00.

16 *Q.* Is that what time you usually get there?

17 *A.* No. No, I usually get there a bit earlier because
18 I'm chronically behind on my paperwork.

19 *Q.* Fair enough. And if you recall, was Ms. Jackson
20 the first patient that you saw that day?

21 *A.* Well, it would appear so. Usually our slots start
22 at 9:00, so 9:00 to 9:30, so I believe she was but I don't
23 remember. But I would guess, based on timing.

24 *Q.* How long does a standard exam, from when you
25 initially contact a victim to whenever you're sort of

1 finished, how long does that standard exam normally take?

2 A. Roughly an hour.

3 Q. Do you remember how long this exam took?

4 A. This one I started at 9:15. So, this one took one
5 hour and 15 minutes.

6 Q. Now, can you talk to me about the first thing that
7 Ms. Jackson would have had to do whenever she came into your
8 office at the CAC?

9 A. So, when the children first come in, they'll have
10 to fill out just some paperwork and then they'll get their
11 vitals checked, temperature, respiratory rate, heart rate,
12 blood pressure, and then they talk with me and we do what's
13 called a discussion of their past medical history and the
14 history of their present illness, which is when the doctor
15 says: What brings you here today, you know, does your head
16 hurt or does your stomach hurt.

17 Q. Now, you say you collect some vitals about the
18 patient. Does that include the patient's date of birth?

19 A. Yes, sir.

20 Q. Did you get a date of birth for Ms. Jackson in this
21 case?

22 A. Yes, we did.

23 Q. What was that date of birth?

24 A. July 12th of 1996.

25 Q. And do you know what age she was at the time that

1 you saw her?

2 A. Yes, she was 15.

3 Q. And does that fall into your category of juvenile
4 or pediatric services?

5 A. Oh, yes, sir, you bet.

6 Q. Whenever you first talked to Alexzandria Jackson,
7 where was that?

8 A. That was in our clinic in one of our exam rooms.

9 Q. You conduct an interview with Ms. Jackson, sort of
10 why you're here, what's bringing you here today; is that
11 right?

12 A. Yes. I try to start off with some kind of
13 ice-breaking questions. It looks like she wasn't too
14 excited to break the ice, so we probably just got right down
15 to business.

16 Q. And whenever you're giving these interviews, do you
17 take notes?

18 A. Yes, I do.

19 Q. Do you take notes by hand or on a computer?

20 A. I do it by hand because I'm too old to be fast with
21 the computer, so I can't look at people and type at the same
22 time, so I still write everything down.

23 Q. And do you -- where do those notes go, if anywhere?

24 A. Well, I use them to create the permanent record and
25 they go in the garbage. They get shredded and they go in

1 the garbage.

2 Q. So was a -- for each patient that you see, there's
3 a record that's kept?

4 A. Yes, sir.

5 Q. Okay. Did you make a record for Ms. Jackson?

6 A. Yes, I did.

7 MR. OTTO: May I approach the witness, Your
8 Honor?

9 THE COURT: You may.

10 Q. (BY MR. OTTO) Doctor, I'm showing you what's been
11 marked as State's Exhibit 11. You can take a second to look
12 through that. Do you recognize it?

13 A. Yes, sir.

14 Q. And without going into any of its contents, what is
15 it?

16 A. This is the medical record that I generate through
17 our electronic access database.

18 Q. And is this medical record tied to a specific
19 person?

20 A. Yes, sir.

21 Q. Who is that?

22 A. Alexzandria Jackson.

23 Q. Okay. And is this record a fair and accurate copy
24 of the record that was produced for Ms. Jackson in this case
25 that you prepared?

1 A. Yes, sir.

2 Q. Okay. Has there been any changes made to it at
3 all?

4 A. Yes, sir, it looks like there have been.

5 Q. And what are those?

6 A. Usually this isn't blacked out. Usually it's just
7 typed, but this has been crossed out.

8 Q. So there have been some portions that have been
9 blacked out?

10 A. Yes, sir.

11 MR. OTTO: Your Honor, at this time State
12 offers State's 11 and tenders to opposing counsel.

13 MR. JOHNSON: No objection, Judge.

14 THE COURT: State's Exhibit 11 will be
15 admitted.

16 MR. OTTO: May I publish, Your Honor?

17 THE COURT: You may.

18 Q. (BY MR. OTTO) Dr. Donaruma, as soon as these
19 televisions decide to work for me, I will -- oh, excellent.

20 So, can you tell us just sort of generally
21 what this is, what we're looking at in State's Exhibit 11?

22 A. That's the cover page to the printout of the
23 medical records. That would be the first tab of our access
24 database.

25 Q. And is this where the vital statistics that you

1 talked about are on?

2 A. So, yes, this would all of her demographic
3 information, name, birthday, age, race, the time we started,
4 and then whom referred her and which doctor did the exam.

5 Q. Okay. And what's the patient's name, if you don't
6 mind?

7 A. Alexzandria Jackson.

8 Q. And does that also report her age?

9 A. Yes, sir.

10 Q. Is that the 15-year-old that we talked about
11 earlier?

12 A. Yes, sir.

13 Q. Now, down here at the bottom, it says "Reason for
14 visit." And it says "Evidence kit." What does that mean?

15 A. It means that she was brought by law enforcement
16 because they believed that the abusive contact had happened
17 within 96 hours and there would be a high likelihood of
18 collecting trace evidence off of her body at the crime
19 scene.

20 Q. So they brought her to you in order to -- as part
21 of an investigation; is that correct?

22 A. Yes.

23 Q. Now, kind of turning to the third page of State's
24 Exhibit 11, we start to see a lot of kind of yes/no answers.
25 Without going into each specifically, what are these?

1 A. This is what we would say roughly is the past
2 medical history, allergies, medicines, other medical
3 conditions, just getting a background about the child's
4 health.

5 Q. And specifically I'd like to ask you about this
6 line that says "Significant family medical problems."

7 There's a lot of sort of abbreviations over here. Are these
8 the notes that you made in the computer with regards to this
9 question?

10 A. Yes, sir.

11 Q. And can you tell us a little bit about what these
12 things mean?

13 A. So, significant family medical problems, yes, and
14 then my elaboration on that. MO is mother. CKD is chronic
15 kidney disease. In LTAC, which is a long-term assisted care
16 facility, times three weeks and then it says the father
17 history is unknown.

18 Q. So, what does that mean?

19 A. That means that she didn't know her father to tell
20 me if he had health problems.

21 Q. Now, I'd also like to ask you about this question
22 up here that says, Does the child have any goals? What does
23 that mean?

24 A. So, usually I say, you know, do you have any plans
25 for the future or what are your thoughts about the future

1 and, you know, most of the time I hear I want to be a doctor
2 or a singer or Beyoncé or something like that and what she
3 told me was, I want to go back home to my grandma.

4 Q. And what significance does that have to you?

5 A. It just -- it goes to reinforce the history of
6 abduction, you know, she doesn't want to be here in Texas.
7 She wants to be home in North Carolina with her grandma.

8 Q. Going onto the next page of State's Exhibit 11, we
9 see here a couple more questions and then sort of something
10 that says "Additional history." Can you tell us a little
11 bit about how you came to find out about what's in this
12 additional history?

13 A. There are multiple sources, so what I'll do is
14 typically this is something that either the child has told
15 me that I find the paperwork doesn't give me room for
16 anywhere else or it's information that I get from the
17 paperwork or the referring officer. In this case it looks
18 like it was just information from Alexandria that I wanted
19 to remember but I didn't have a place to put it otherwise.

20 Q. Okay. And in this additional history it mentions a
21 name Quinn. Do you know what that is in reference to?

22 A. That's in reference to the man who took her away
23 from her home.

24 Q. And where was her home?

25 A. In North Carolina.

1 Q. So she -- the person that she refers to as Quinn is
2 the person with whom she traveled to Texas?

3 A. Yes, sir.

4 Q. Okay. And it says that she knew him for two days.
5 Did she mention that to you?

6 A. Yes.

7 Q. Okay. Did she mention how old she believed Quinn
8 was?

9 A. Yes. She said she thinks Quinn is 22.

10 Q. Going on to the next page here, at the top of this
11 we see something that says, "Observed behavior during
12 question and answer," and there's some check marks. What
13 does that mean?

14 A. It's a way to describe how she acted. Sometimes
15 the interviews are very abbreviated, so I can put that
16 they're withdrawn or hostile or tearful, so it's just a way
17 to describe how they -- the demeanor during the discussion.

18 Q. So did you note anything about Ms. Jackson during
19 this interview?

20 A. Yes, sir.

21 Q. What was that?

22 A. I wrote -- I checked that she was cooperative and
23 made eye contact and also that she was tearful.

24 Q. And then did you proceed to ask her some questions?

25 A. Yes, sir, I did.

1 Q. Okay. Let's talk about that kind of in general.

2 Do you have a specific set of questions that you tend to ask
3 every patient?

4 A. Yes, sir, I do.

5 Q. Okay. And what are those questions designed to do?

6 A. The script I keep in my head is a sequence of
7 open-ended questions because you don't want to box the child
8 into giving yes-or-no answers when they may not have a real
9 yes-or-no response.

10 Q. And do you not want to box a child in whenever
11 you're interviewing them?

12 A. Well, it really limits the amount of information
13 that they can provide you about their health and what
14 happened to them.

15 Q. And how many interviews have you done where you
16 used these open-ended questions?

17 A. Oh, my gosh. I've been here for almost -- let's
18 say seven years. I see -- we see 800 patients a year,
19 conservatively; I see half of those, so more -- 2800,
20 probably.

21 Q. And are these open-ended questions, the script that
22 you've sort of gone with, is that something that you were
23 taught?

24 A. Yes, sir.

25 Q. And is that something that you've used in practice

1 and been successful at?

2 A. Yes, sir.

3 Q. Does it help you get to the medical diagnosis that
4 you need?

5 A. Oh, yes.

6 Q. In these questions, you ask things like -- you ask
7 Ms. Jackson about what she means by something being on the
8 street. When she says, "I didn't know I was gonna be on the
9 street," did you get an explanation for what that meant?

10 A. Yes, sir.

11 Q. And what was that?

12 A. She said, "Like, pros -- prostitute? I don't know
13 what they call it."

14 Q. Okay. And did she confirm what she meant by the
15 term "prostitute"?

16 A. Yes.

17 Q. And what was that?

18 A. I clarified. "When I hear 'prostitute,' I think
19 that means someone put his penis in your vagina in exchange
20 for money. Do you mean that, too, or something different?"
21 And she said, "Yeah, that."

22 Q. Can you read us the rest of this narrative portion?

23 A. And then I asked, "What did you think would happen
24 after you got in the car with Quinn?"

25 And she said, "I didn't like, know. I thought

1 I was just gonna ride with him."

2 There's a portion redacted.

3 "He said we need money and I didn't know what
4 to do, so I just did it."

5 "How many times did you do it?"

6 And she said, "I only did three people."

7 And then I asked, "Do you know what a condom
8 is?"

9 And she said, "Yes, I used one every time."

10 And then I asked, "Did a penis ever go any
11 other places besides your vagina?"

12 And she said, "Um, no," and then went,
13 "hm-mm," which is the way I write that sound, that negative
14 grunt noise that we make in English.

15 And then I asked, "When was the last time you
16 did it?"

17 And she said, "Yesterday night."

18 And then I asked, "Did you have sex with
19 Quinn?"

20 And she said, "Um, I don't know when but I
21 know we had sex probably three or four times."

22 Q. And this person that we're referring to as Quinn,
23 is that the same Quinn that we were referencing earlier?

24 A. Yes, that always refers to the person who took her
25 away from North Carolina in a car and drove her to Texas.

1 Q. So, talk to me a little bit about these questions
2 and sort of what these -- what information these questions
3 give you that helps you make this medical diagnosis.

4 A. Well, when I'm seeing a child, when there's been
5 contact with a penis, that means contact with bodily fluids
6 and bodily fluids are how sexually transmitted diseases go
7 from one person to another, so I want to know where the
8 penis went and I want to know with how many people because
9 that helps me determine what testing she might need and then
10 what treatment I might give her.

11 Q. Are these important things to maintain the health
12 of a child victim?

13 A. Oh, yes.

14 Q. Okay. And whenever you're making these
15 determinations about a child victim's health, what are you
16 attempting to do? Are you trying to decide their medical
17 treatment?

18 A. Well, I'm trying to figure out what places to test
19 for what kinds of infections and then what kind of
20 infections I want to try to prevent from blossoming in her
21 body, so the medications I'll give her.

22 Q. And do you explain this to the child whenever
23 you're speaking with him or her?

24 A. Yes, I do.

25 Q. And specifically with Ms. Jackson, did you explain

1 that?

2 A. Yes, sir.

3 Q. So, I'd like to talk a little bit about her
4 demeanor before and after that explanation. Whenever you
5 first encountered her, you said she really wasn't open to
6 much kind of ice-breaker talking. Can you elaborate on that
7 a little bit?

8 A. Well, she didn't want to tell me her real name.
9 She didn't want to tell me what grade she was in. And then
10 eventually, you know, she loosened up and was able to at
11 least tell me her real name. It helped -- her name is
12 tattooed on her back. I was, like, Hey, who's that? I
13 wonder, you know. So she kind of was able to discuss with
14 me more -- I think I'm a little bit more comfortable when I
15 was nonjudgmental to some information that other adults
16 might have gotten a little bit riled up about, a 15-year-old
17 getting a new tattoo.

18 Q. As you explained this stuff to her, this process,
19 showed her you weren't judgmental, did she start to open up?

20 A. I think so. She actually answered my questions,
21 which to me is an indicator, that, yes.

22 Q. Do you have children that sometimes just won't
23 answer anything?

24 A. Yes, I do.

25 MR. JOHNSON: Object, Your Honor, relevance.

1 THE COURT: Overruled.

2 A. Yes, I do.

3 Q. (BY MR. OTTO) Why does the use of a condom matter?

4 A. Well, it helps to explain sometimes what I do or
5 don't find on some of my tests, like we do test for sperm
6 because even if they say oh, no, there was never anything in
7 there and I find sperm in their mouth or their bottom or
8 their vagina, I know something happened. But if there's a
9 condom and I don't find sperm and I have a history that
10 makes me think a penis was around that part of her body,
11 then I'll probably act like there was anyway.

12 Q. Now, if there's a condom used, are there ways that
13 condoms can fail?

14 A. Yes, sir.

15 Q. And so just because a condom is used, does that
16 sort of negate you helping prescribe later safety --

17 A. No, because a lot of times kids know you're
18 supposed to say yes, so you trust but verify.

19 Q. Okay. And what -- did you find anything during
20 your examination that might have lent you that at some point
21 maybe a condom was used or that a condom had failed?

22 A. Yes.

23 Q. Okay. And what was that?

24 A. So, during the actual realtime exam, when I did the
25 speculum exam, which is when the child is in the lithotomy

1 position and I have sort of a duck-bill device in her vagina
2 and I'm opening up the walls of her vagina so I can see the
3 cervix, sort of what connects the place where the periods
4 come where the baby grows with the vagina, I saw this clear
5 liquid there, which to me looked like ejaculate, so I was
6 suspicious that that was going to contain sperm already, and
7 then testing later came back positive for sperm.

8 Q. Now, on the next page of your exam, there is a
9 portion where you say "Relationship to perpetrator." You
10 marked some things there. Can you explain what those are?

11 A. So, the perpetrator is the person who shouldn't
12 have been touching the 15-year-old girl. And when I say
13 "unknown," it means I don't know the details about them or
14 their names or their ages; "Male," because they all were
15 male, and then "multiple," meaning that there was more than
16 one male about whom I have no information.

17 Q. How does that impact your assessment?

18 A. Well, that increases the risk specifically for HIV
19 transmission, so I -- with that information, I automatically
20 would sort of move to prescribe her post-exposure
21 prophylactic medications in case of HIV exposure, meaning
22 medicine to try to keep the AIDS virus from attaching to her
23 cells if she had, in fact, been exposed to the AIDS virus.

24 Q. Did you make any notes about what type of sexual
25 contact she had been engaging in?

1 A. Yes, sir.

2 Q. What was that?

3 A. I described it as genital to genital, which means
4 penis to vagina.

5 Q. To get a little explicit here, does that -- what
6 does that mean, penis to vagina?

7 A. It means the penis went into her vagina from each
8 of those unknown male assailants.

9 Q. Would this be kind of inserted and receptive sex?

10 A. Yes, she had sex with them.

11 Q. Is the penis a sexual organ?

12 A. Yes.

13 Q. A male sexual organ?

14 A. Yes, it is.

15 Q. And is the vagina sort of a female sexual organ?

16 A. Yes, it is.

17 Q. Now, on this last question, you said "surface
18 injuries," and there were surface injuries. Can you explain
19 that a little bit?

20 A. So, it said that she had -- I wrote down that she
21 had many healed scars on her hands, arms and legs. It's
22 just sort of a habit for me to document these injuries.
23 Sometimes kids have cutting, sometimes they may have also
24 been victims of physical abuse, so I just visibly document
25 any injury.

1 Q. You noticed that these were healed, not fresh; is
2 that correct?

3 A. Yes, that's right.

4 Q. Now, Dr. Donaruma, I'm going to the next page
5 entitled "Female examination." What's important about this
6 page?

7 A. Everything. I think it's all important, that's why
8 I document it.

9 Q. Can you kind of give us a little overview about
10 what all of this is?

11 A. So when it says, "Exam position," there's a few
12 different choices of positioning we can use. For teenage
13 girls I use the adult female position, the lithotomy, so if
14 you think about the TV shows where you watch people having
15 babies where their legs are separated, their bottom's at the
16 edge of the table and they have their feet up in stirrups
17 with their knees bent and widely spread, that's lithotomy
18 position. The technique I use, that just means I looked at
19 it. I move the skin; that's separation. Traction is when
20 I --

21 MR. JOHNSON: Objection, Your Honor,
22 narrative.

23 THE COURT: Overruled.

24 A. Traction is when I take my gloved hands and I take
25 those outside folds of skin that are dry skin, when I pull

1 on them, I apply traction and that helps me to get a better
2 view of what's inside. And then colposcope is the device I
3 use. It's a magnifying lens that's attached to a source of
4 light and ours also video-records the exam and that helps me
5 to get a magnified view, either 3.75, 7.5 or 15 times the
6 view I could get with my naked eye, and that helps me to
7 look for injury or signs of infection.

8 Q. (BY MR. OTTO) And during that investigation, that
9 sort of exam that you do, are these observations what you
10 noted?

11 A. Yes, sir.

12 Q. Okay. Now, on a lot of these, we notice that
13 there's no swelling, bruising, lacerations. There doesn't
14 appear to be any what I would say is major trauma. Is that
15 accurate to say?

16 A. That's absolutely right.

17 Q. Now, talk to us about why you might not observe
18 trauma in someone who has recently had sex.

19 A. Well, she's 15 years old. She started having her
20 periods more than two years ago. She has an estrogenized
21 body, meaning she has adult female hormones in her body and
22 her brain isn't a adult female's brain yet but her body is
23 ready, from a physical standpoint, for sex and babies. And
24 so when a penis goes in there, think about an adult woman,
25 like, reflect on the experience with adult women having sex,

1 do they get injured every time they have sex? Hopefully
2 not. Hopefully quite rarely indeed do they get injured when
3 they have sex, so having a 15-year-old girl who's had sex
4 have no injuries sort of like -- is not news. That's the
5 expected findings.

6 Q. So what you've noted here is what you would have
7 expected to find whenever you first started the examination
8 of Alex Jackson?

9 A. Yes, that's right.

10 Q. Is there anything else of note on this page that I
11 haven't covered?

12 A. No, sir, I don't believe so.

13 Q. Now, on the second page of that female examination
14 report, what does "WNL" mean?

15 A. It means within normal limits.

16 Q. So if something's marked WNL, that means what you
17 would expect to find?

18 A. Yes, sir.

19 Q. What is "ABN"?

20 A. Abnormal.

21 Q. On this page there are a couple things marked
22 abnormal. Can you talk to us about those?

23 A. Yes, sir. So where it says "perineum," that is the
24 spot of dry skin that is the place between the anus and the
25 vagina and so it's that sort of island of skin between those

1 two openings. Right there there was a small amount of dried
2 white discharge, which you don't expect to see. And then
3 further down is her cervix, so that's when I was looking
4 inside with a speculum, there was that clear discharge
5 visible from the os and the os is just a little hole that
6 gets real big for a baby and where the blood comes from for
7 a period. That clear discharge, it shouldn't be there.

8 Q. And based on your training and experience and
9 numerous examinations, did you have an idea of what this
10 discharge might be?

11 A. Yes, sir. I suspected it was ejaculate, so, semen.

12 Q. And do you have a way of confirming whether or not
13 these charges are ejaculate, semen, sperm?

14 A. Yes, sir. So I do a swab of the liquid and then I
15 do what's called a wet prep, so I get a slide and I smear it
16 on there and then I send it to the lab that does microscopic
17 evaluation of it and this is much more intense than what I
18 can do with my little colposcope and they tell me if they
19 see sperm on there or not.

20 Q. Did you do that test with this particular
21 discharge?

22 A. Yes, I did.

23 Q. And did you document the results of that test?

24 A. Oh, yes, sir.

25 Q. And what were those results?

1 A. She had sperm on the wet prep.

2 Q. So this discharge, this white material that you
3 saw, is sperm?

4 A. Yes, sir.

5 Q. I'd like to talk to you about this page labeled
6 "Labs-Diagnostics." There's a list of a few different
7 things, some of which have notes on them. Can you tell us a
8 little bit about what this page is telling us?

9 A. This is the testing that we do to look for sexually
10 transmitted infections.

11 Q. Okay. And why do you do this testing?

12 A. Because she's at risk for -- these are things that
13 can affect her long-term health and her ability to have
14 babies in the future.

15 Q. Are these tests dispositive of whether or not she
16 will develop these diseases based on her past exposure?

17 A. Not all of them.

18 Q. Tell us a little bit about that.

19 A. So, the testing that we do for the germs, like you
20 think of a bacteria you can get from, like, washing your
21 hands or it's on somebody's private parts, the
22 gonorrhea/chlamydia test, that's a pretty good test because
23 we're actually looking for the DNA of the germ, either the
24 chlamydia or gonorrhea organism. If we don't find the
25 germ's DNA, they probably don't have that infection and

1 that's between 98 and 99 percent specific for being clean of
2 infection. The blood tests, we're not necessarily looking
3 for the virus or the infection; we're looking at the body's
4 response to the infection. So when I check blood, if I see
5 no response to the infection, that could mean either she
6 isn't sick or she's not sick yet, and so we want to repeat
7 those tests later on.

8 Q. You mentioned earlier that you prescribed sort of
9 prophylactic or preventative medications to help with these
10 blood virals, things like that; is that correct?

11 A. Yes.

12 Q. And did you do that in this case?

13 A. Oh, yes, I did.

14 Q. So, and on the second page of the lab diagnostics
15 we have this thing that says "Xmastn" and then it says
16 "sperm present." Is that just the documentation of the
17 discharge that you had tested or that was tested?

18 A. That's -- we use a specific stain to -- in the lab
19 to look for sperm and it's abbreviated like that.

20 Q. Why is that?

21 A. It's short for Christmas tree.

22 Q. Why is it called a Christmas tree stain?

23 A. There's a stain and the long -- the true laboratory
24 name is called picroindigocarmine/nuclear red fasting and
25 it's this beautiful stain that makes wonderful pictures of

1 cells because it stains different cell components different
2 colors, so they're gorgeous photos. The sperm is not made
3 up of a lot of different parts. It's a fairly simple little
4 critter and so the head is red and the tail is green, so
5 it's called the Christmas tree stain when it looks for
6 sperm.

7 Q. Now, I'm sorry that I got off track there. We were
8 talking about the prophylaxis that you prescribed. I'm
9 going to refer you to the "Impressions and plans" page of
10 your medical records. Did you document what sort of
11 prescriptions you prescribed for Ms. Jackson?

12 A. Yes, I did.

13 Q. What were those?

14 A. I wrote prescriptions for sexually transmitted
15 infections, so for gonorrhea/chlamydia and something called
16 trichomonas and then pregnancy prophylaxis, so I gave her a
17 large dose of hormones that would encourage her to have a
18 period, so if there was any pregnancy that wanted to start,
19 she would bleed and it wouldn't be able to stick; and then
20 HIV prophylaxis, which is three pills in the morning, three
21 pills at night for 28 days to prevent any virus from
22 latching onto her cells and inserting itself into her cells.

23 Q. Why did you prescribe these things?

24 A. Because she was at risk based on the sexual contact
25 with multiple partners who clearly have risky behaviors for

1 affecting her long-term health.

2 Q. I want to refer you to the sort of handwritten note
3 page. It's a Sexual Assault Examination Forensics Report
4 Form and there's a section that appears to be handwritten
5 that says "History of assault." Do you recognize that
6 handwriting?

7 A. That's my handwriting, I'm sorry to say.

8 Q. And can you tell us, when do you make this
9 documentation?

10 A. I do that in realtime. You have to fill out the
11 paperwork before you can seal the kit before you can give it
12 to law enforcement, so I walk in the room and I start
13 writing away to get these notes done.

14 Q. And what notes did you make about Ms. Jackson?

15 A. So I wrote, "Child reports penile/vaginal contact
16 with Quinn, man who trafficked her, as well as three
17 different men she encountered on the street at Quinn's
18 urging. All three men reportedly used condoms. Last
19 contact reported by child last night, Sunday, October 16th,
20 2011. Law enforcement concerned that there was additional
21 contact today, Monday, October 17th, 2011."

22 Q. I'm going to skip to the second to last page of
23 this exam labeled "Body diagrams." Can you tell us a little
24 bit about what this is?

25 A. So, that's a sketch. So, we use this form for

1 everybody. There's different ones, babies, big people,
2 little boys, and it's useful to help describe the findings,
3 if there's any tattoos or branding or physical abuse, just
4 because sometimes the description in words isn't as easy to
5 communicate.

6 Q. And we see a couple of marks that you've labeled as
7 scar up near her collarbone, on her wrist, down by her knees
8 and on her hand. Are those those healed scars that you had
9 talked about earlier?

10 A. Yes, they are.

11 Q. Okay. You also made a note of -- you had talked
12 about earlier that she had a tattoo on her back; is that
13 right?

14 A. Yes, that's right.

15 Q. Is that what you found out to be her name?

16 A. Yes.

17 Q. Okay. There's also this, what you say, "Figure 8
18 scar with defined margin." What does that mean?

19 A. When I write it like that, it means later I want to
20 tell myself I thought it was a pattern mark, so it means I
21 thought that something with a pattern of an 8 had been
22 either pushed in her skin or had hit her skin hard enough to
23 leave a mark behind, that it healed with that scar.

24 Q. And then you also made a note of what appears to be
25 a collection of numbers here on Ms. Jackson's left wrist.

1 Do you -- what is that?

2 A. That is Quinn's phone number.

3 Q. How do you know that?

4 A. She told me.

5 Q. Okay. Why did you make a note of that?

6 A. I don't see that very often and it was striking to
7 me at the time. It was actually that big, from what I
8 remember, that's why I wrote it so large.

9 Q. And is there any significance to this that you
10 know? Did she tell you why she had the number written on
11 her arm?

12 A. No, she didn't.

13 Q. And the last page of this report that you also have
14 labeled as "Body diagrams," can you explain to us a little
15 bit about what we're seeing here?

16 A. This is the rough sketch of the view I have in the
17 stirrups so that the left-hand side, it looks like a -- the
18 Georgia O'Keefe flower painting, all those concentric
19 circles, that's the view of the vulva, so that the vagina
20 and the dry skin on top of that and so the -- their
21 innermost ring where I have a little black semicircle,
22 that's just a place where her hymen was less thick. In
23 teenage girls that's not really meaningful but it was
24 something that I thought visually would help me remember a
25 photo if I had to identify it later.

1 Q. And then what about what you've noted over on this
2 second -- let me ask: What is this second diagram?

3 A. So that one looks kind of like a space alien,
4 that's the view through the speculum, so that's inserted
5 into the vagina with the speculum bills opened and that
6 doughnut in the middle, that's what the cervix looks like,
7 only it's pink. And that oval in the center is of the os,
8 so the mouth of the cervix where babies come from and blood
9 comes out. And right there I circled it and kind of made
10 little messy lines and I wrote "clear discharge," which is
11 the substance I thought was ejaculate.

12 Q. And was that the substance that eventually came
13 back via the Christmas tree test?

14 A. Yes, sir.

15 Q. And it was confirmed that there was sperm in that?

16 A. Yes, sir.

17 Q. And the last thing I want to talk to you about is
18 this page that's labeled Step 2: Sexual Assault Forensic
19 Examination, where at the bottom you note impressions from
20 exam. Can you tell us a little bit about what you noted
21 there?

22 A. I said, "Child has been a victim of human
23 trafficking. Physical exam shows no acute sequelae to the
24 contact she describes and none would necessarily be expected
25 in the context of her history."

1 Q. What do you mean by that?

2 A. It means that she's been trafficked, so she was
3 sold for sex, and physical exam shows no acute sequelae.
4 That's my way of saying there's nothing fresh on her body
5 that would be a consequence of the contact she's describing,
6 and then I elaborate to say nor would I really to expect to
7 find any.

8 Q. Is it safe to say that there's sort of two portions
9 to your exam: The portion where you're just talking with
10 the victim and the portion where you're actually physically
11 examining them?

12 A. Yes, sir.

13 Q. In this case with Ms. Jackson, was there anything
14 that came in your physical exam that caused you to question
15 what she had told you in the verbal exam?

16 A. (No response.)

17 Q. In other words, did you have any reason to believe
18 that she was lying about what had happened with Quinn, what
19 had happened with other male sex partners?

20 A. No, there was nothing there that would contradict
21 what she told me.

22 MR. OTTO: Pass the witness, Your Honor.

23 THE COURT: Ladies and gentlemen, why don't we
24 take a ten-minute break. We'll be in recess until 25 after,
25 please.

1 (Jury not present.)

2 (Recess.)

3 (Jury present.)

4 THE COURT: All right. You passed the
5 witness?

6 Mr. Johnson.

7 MR. JOHNSON: Thank you, Judge.

8 **CROSS-EXAMINATION**

9 Q. (BY MR. JOHNSON) Doctor, how are you doing?

10 A. Doing well.

11 Q. Good. I think you testified earlier that you've
12 done somewhere in the neighborhood of 2800 exams?

13 A. Yes, I think that's about right.

14 Q. And you said that you often get called to testify
15 because of those exams?

16 A. I do.

17 Q. Have you ever been called to testify for the
18 defense?

19 A. I've been asked but they don't like what I say, so
20 I've never been called to testify.

21 Q. So you primarily testify for the State?

22 A. Yes, that's right.

23 Q. And the agencies that you were -- work for, work
24 very close, hand in hand with law enforcement, correct?

25 A. No, that's not correct.

1 Q. The CAC, I think you said, was kind of like a
2 conglomerate of different agencies, including different law
3 enforcement agencies, correct?

4 A. Yes, but I work for Baylor, so I work for Baylor
5 College of Medicine and then they, in a very complicated
6 fashion, they rent me to the CAC.

7 Q. Okay. Working primarily with the CAC and the law
8 enforcement people that work at the CAC, correct?

9 A. Correct, if you add CPS. I work with all three.

10 Q. Okay. And when you conduct these examinations,
11 they're not only for the purpose of medical diagnoses but
12 they're also to gather evidence in the event of a
13 prosecution, correct?

14 A. Yes, that's right.

15 Q. And on -- with relation to Ms. Jackson's
16 examination, I think you said you noticed that she had a
17 tattoo?

18 A. Yes, she did.

19 Q. And you said that you noticed she had a Figure 8
20 scar?

21 A. Yes.

22 Q. Okay. By "scar," do you mean something that was
23 scabbed over or do you mean something that had long since
24 healed?

25 A. No. If I said "scar," I meant long since healed.

1 Q. Okay. So, that would not have been something that
2 was new from, perhaps, the past week?

3 A. That's right.

4 Q. And some of these other sores and stuff that you
5 saw, or scars, as you say, those wouldn't have been
6 something that would be, you know, within the week?

7 A. That's right.

8 Q. Okay. So, most of the abrasions and stuff that you
9 saw had been from, you know, some other time but not within
10 the past seven days?

11 A. That's the most likely, yes. Well, except for the
12 tattoo. The tattoo looked fresh.

13 Q. The tattoo looked fresh.

14 A. Yes.

15 Q. Okay. When you say, "the tattoo looked fresh," I
16 mean, could you -- you know, how old? A week old? Two
17 weeks old?

18 A. It had peeling skin on it. I don't know that I've
19 studied tattoo evolution all that clearly, so peeling skin,
20 to me, means within maybe a week but I couldn't say for
21 sure.

22 Q. Okay. And you said -- you said that she had been
23 with this Quinn person for the past two days?

24 A. Yes.

25 Q. Now, you also said that there were -- that you

1 noticed some sperm in the exam, correct?

2 A. Yeah, there was liquid I thought had sperm in it,
3 yes, sir.

4 Q. And then you later confirmed that to be sperm,
5 correct?

6 A. Yes, sir.

7 Q. Okay. And then you sent that off for DNA testing,
8 correct?

9 A. No.

10 Q. You gave it to law enforcement?

11 A. Yes.

12 Q. Okay. For them to send off for DNA testing?

13 A. Yes, and I don't know if they're doing testing just
14 for the presence of a Y chromosome or if they're doing a
15 full DNA test. I don't work in the crime lab so I'm not
16 sure.

17 Q. Okay. Just for law enforcement to do some testing?

18 A. I think I see sperm, I send it off for the crime
19 lab to do whatever their tests of choice are.

20 Q. Okay. Absolutely. And so, at the point when you
21 encounter the examinee, okay, they are not presently in any
22 harm. And what I mean by that, there is not currently
23 somebody having sex with them?

24 A. Oh, no. Ew. No, no, no. I mean, I'm sorry.

25 Q. That's a real weird question. You know, you

1 generally encounter them and whatever the kind of harm or
2 perpetrator that there was is no longer there?

3 A. That is correct.

4 Q. And when you fill out a portion, you questioned the
5 examinee, correct?

6 A. Yes, we call it getting a history from a patient,
7 but, yeah, that's what I'm doing.

8 Q. I'm sorry for being so ineloquent, but you get
9 their history from the examinee?

10 A. Yes, I do.

11 Q. Okay. And the answers that you record in your
12 report would be the answers that were given, correct?

13 A. Yes.

14 Q. Okay. And you don't have any independent means of
15 verifying what they tell you, correct?

16 A. That is correct, other than their exam.

17 Q. Right. Well, for example, when she says that her
18 mother was in the long-term care, okay, you don't then go
19 and track to see if that's actually true?

20 A. That is correct, I do not.

21 Q. Okay. So, if somebody was to, in response to your
22 questions, say something that's not true, you don't then go
23 out and see if everything they tell you is independently
24 true?

25 A. That's right. I only verify the things that they

1 tell me related to their history of present illness. So I
2 got examined somewhere else, I got tested somewhere else, I
3 do obtain those records but her mother's records would be
4 not relevant to the reason she's seeing me.

5 Q. And if she says to -- you know, when she said I was
6 with Quinn for two days, you don't go out to then verify
7 whether or not she was actually with Quinn for two days or
8 four days or a month or?

9 A. That's right. I stick with my medical training.

10 Q. Okay.

11 A. The questions I can answer.

12 Q. So the only things in that exam that you kind of
13 look to see are true or not true is what comes from the
14 medical examination?

15 A. Yes.

16 Q. Okay. In your examination of Ms. Jackson, you
17 mentioned giving her medication as prophylactic, preventive
18 measures?

19 A. Yes, sir.

20 Q. Did you have to give her any medication for
21 anything current?

22 A. Well, no. When -- so routinely when we worry about
23 bodily fluids, we treat in case because I want to make sure
24 that it doesn't ascend, the infection doesn't go up her
25 reproductive tract, so I would have treated her just based

1 on her history, even though her exam didn't look infected at
2 the time.

3 Q. That's what I mean. So when you examined her, you
4 didn't note any infection?

5 A. That is right.

6 Q. Okay. I think you said the only kind of abnormal
7 that you noticed was the discharge in the perineum as well
8 as the discharge at the os?

9 A. That's correct, yes, sir.

10 MR. JOHNSON: May I have a moment, Judge?

11 THE COURT: Sure.

12 Q. (BY MR. JOHNSON) When you -- when you asked those
13 questions, okay --

14 MR. JOHNSON: Your Honor, may I approach?

15 THE COURT: Sure.

16 Q. (BY MR. JOHNSON) The exam that was -- is that the
17 one that was --

18 A. That's my copy, but --

19 MR. JOHNSON: Where is the one that was
20 actually --

21 MR. OTTO: Over here.

22 MR. JOHNSON: It's over here?

23 Q. (BY MR. JOHNSON) Okay, Doctor. When you were
24 getting the medical history from Ms. Jackson?

25 A. Yes.

1 Q. Again, you note in your report, and I think you
2 read to the jury, "What did you think would happen after you
3 got in the car with Quinn?"

4 A. Yes.

5 Q. And the response was, "I didn't, like, know. I
6 thought I was just going to ride with him. He said we
7 needed money," and I don't -- "and I didn't know what to do,
8 so I just did it." That's what was in that exhibit?

9 A. Yes, that's -- yes, I wrote that.

10 Q. And that was just from what she said, from what she
11 had said to you?

12 A. Yes. I have this horrid shorthand I take, so when
13 I put it in quotes, it's verbatim from the child.

14 Q. Okay. Again, when you kind of do this or take this
15 stuff, this is part of your forensic examination?

16 A. This is part of my medical diagnosis and treatment.
17 The forensic examination is because I'm a doctor, I'm down
18 there by the vagina anyway, so I just get the swab so nobody
19 else has to go there, too.

20 Q. Okay. Okay. Okay. And you work with these type
21 of kids or you work with kids that have been sexually abused
22 a lot, right?

23 A. Yes, sir, that's 50 percent of my time.

24 Q. Okay. And it's something that's very important to
25 you, correct?

1 A. Well, yes.

2 Q. And what I mean by that is you want to make sure
3 that the health of these kids is preserved?

4 A. Absolutely.

5 Q. Okay. And you want to, at the time when you were
6 doing these examinations, you want to gather as much
7 evidence as you possibly can, correct?

8 A. Well, yes.

9 MR. JOHNSON: Pass the witness, Judge.

10 THE COURT: Mr. Otto?

11 MR. OTTO: Your Honor, may we approach?

12 THE COURT: Me?

13 MS. JOHNSON: Yes.

14 (At the bench, on the record.)

15 MS. JOHNSON: Your Honor, the
16 cross-examination has gone into the portion where it says on
17 the prostitution, Oh, I didn't know what to do, so I just
18 did it. But in the earlier portion that's now been redacted
19 is where he has given her instructions about what to do, so
20 he has put out there in his cross-examination to
21 Dr. Donaruma this concept that the girl was doing it on her
22 own when the later reference indicates that she had been
23 given instruction by him about what to do.

24 THE COURT: Okay. So, what are you asking me?

25 MS. JOHNSON: We would ask for an opportunity,

1 since she said and he said you don't go out and verify this
2 information, so she referenced the fact that she does verify
3 what she can with regard to her diagnosis and she's included
4 in here that she is a victim of human trafficking and that
5 she's been put out and sold for sex for a fee.

6 *THE COURT:* I don't think we're there yet. I
7 do not think we're there yet, so I'm not going to allow it.

8 *MS. JOHNSON:* Okay.

9 *(End of discussion at the bench.)*

10 *MR. OTTO:* May I have a moment, Your Honor?

11 *THE COURT:* Sure.

12 *MR. OTTO:* May I proceed, Your Honor?

13 *THE COURT:* You may.

14 **REDIRECT EXAMINATION**

15 Q. *(BY MR. OTTO)* Doctor, you were -- on cross you
16 talked a little bit about or were repeatedly asked about how
17 long you noted that the complainant -- excuse me -- that
18 Alex Jackson knew the person that she called Quinn, the
19 person that trafficked her. Do you remember that?

20 A. Yes.

21 Q. Okay. I'm referencing page 2 of 2 of the history.
22 Is this, in this little section here, is this where you talk
23 about that?

24 A. Yes, sir.

25 Q. Now, did she say that she knew Quinn for two days

1 total?

2 A. No.

3 Q. Okay. What was that "two days" in reference to?

4 A. So, she knew him two days before she got in the
5 car, so two days before she packed a bag and left with him.

6 Q. Okay. So, two days prior to her leaving North
7 Carolina?

8 A. Yes, sir.

9 Q. Okay. And then whatever time she knew him after
10 that as well?

11 A. Yes, sir.

12 Q. Okay. So it wasn't a total of two days?

13 A. That's right.

14 Q. Okay.

15 MR. OTTO: No further questions, Your Honor.

16 THE COURT: Mr. Johnson?

17 MR. JOHNSON: Nothing, Judge.

18 THE COURT: All right. May this witness be
19 excused?

20 MR. JOHNSON: Court's pleasure, Judge.

21 MR. OTTO: Yes, Your Honor.

22 THE COURT: Thank you, Doctor. You are free
23 to go. Please do not discuss your testimony with any of the
24 other witnesses.

25 THE WITNESS: Okay.

1 THE COURT: Call your next witness, please.

2 MR. OTTO: State calls Amy Castillo.

3 A JUROR: She left her original notes.

4 A JUROR: Her original report is up there.

5 THE COURT: Is that what's in evidence?

6 THE JURORS: That's her copy.

7 MR. OTTO: No, we have it. Would you like for
8 me to take it to her, Your Honor?

9 THE COURT: Yes, please do. I can't see over
10 the wall there.

11 Right up here, please, ma'am. Come right
12 around up here. Before you have your seat, if you would
13 raise your right hand to take the oath.

14 (Witness sworn.)

15 THE COURT: If you would, have your seat,
16 please. Would you please state and spell your name for my
17 court reporter.

18 THE WITNESS: Amy Castillo, C-A-S-T-I-L-L-O.

19 THE COURT: And you may proceed.

20 MR. OTTO: Thank you, Your Honor.

21 **AMY CASTILLO,**

22 having been first duly sworn, testified as follows:

23 **DIRECT EXAMINATION**

24 Q. (BY MR. OTTO) Good morning -- excuse me. Good
25 afternoon, Ms. Castillo. How are you?