

Opening Statement by Mr. Baldassano
October 3, 2011

1 You may proceed, Counsel.

2 **DR. DEBORAH FERNON,**
3 having been first duly sworn, testified as follows:

4 **DIRECT EXAMINATION**

5 BY MR. BALDASSANO:

6 Q. Please tell us your name.

7 A. Dr. Deborah Fernon.

8 Q. Okay. And, Dr. Fernon, where do you work?

9 A. I work for the University of Texas Medical
10 School.

11 Q. And what type of medicine do you practice?

12 A. Emergency medicine.

13 Q. And how long have you been doing that?

14 A. For about twenty-five years.

15 Q. Tell us for the record, too -- explain a little
16 bit about your background, your education and your
17 training to enable you to work as an emergency room
18 doctor.

19 A. I went to medical school. Did a three-year
20 residency in Chicago. Taught emergency medicine there
21 for about eight years. And then I moved to Texas. And
22 I've worked for the University of Texas for the past
23 thirteen years teaching emergency medicine to students,
24 interns and residents.

25 Q. And, so, how do you teach -- I mean, figure

1 into the emergency room? Are you teaching somebody how
2 to take care of me, or is there somebody that knows --

3 A. Yes, yes. I lecture, but most of it is hands
4 on. I'm supervising residents, students, interns in the
5 emergency department, as we see patients together.

6 Q. Is there a particular time of the year that
7 that begins? Is there, like, residency starts in June
8 or something like that?

9 A. Yes, July.

10 Q. So if you get really sick, July is not a good
11 time?

12 A. Right, right. It will be our novices out there
13 with very little experience.

14 Q. Okay. So, tell us -- give us, I guess, a
15 little glimpse of the emergency room. What do you do on
16 a daily basis?

17 A. We see a little bit of everything. I mean, it
18 might be simple coughs, colds, small children with
19 fevers, broken bones, heart attacks, strokes, absolutely
20 anything that comes in.

21 Q. And do you deal with, or have you dealt with
22 cases involving either smoke inhalation or injury due to
23 fire?

24 A. Yes. We see more than our share of that,
25 because we are a burn center so --

1 Q. Okay. And what does a burn center mean? What
2 does that entail?

3 A. We're an adult burn center. So if you have an
4 adult that has more than just a small percentage of
5 their body burned or they have smoke inhalation
6 injuries, then you want to take them to a hospital where
7 the clientele are particularly trained in handling those
8 types of emergencies and has a unit -- a burn unit to
9 admit the patient to.

10 Q. Okay. And just because it's something we just
11 talked about with the jury, in dealing with fire
12 injuries, have you seen fire injuries that are capable
13 of causing serious bodily injury and death?

14 A. Yes.

15 Q. What are the typical types of things you look
16 for when somebody is involved in a fire case?

17 A. You know, of course, burns to their body, and
18 what percentage of their body is burned, and how deep
19 those burns are. And particular areas of the body are a
20 little trickier than others and would require, you know,
21 special doctors to be called in for things to be handled
22 a little differently.

23 And, also, we deal with what we call
24 inhalation injuries, either breathing in super heated
25 air that would damage and burn the airway, or the smoke,

1 the fumes, the chemicals that people breathe in when
2 they're in a fire.

3 Q. Okay. And if somebody is in a room that just
4 has no flame but just smoke, what types of stuff would
5 you expect to see?

6 A. Then I wouldn't be looking for burns. It would
7 mainly be smoke inhalation and the chemicals that are in
8 the smoke.

9 Q. Now we had talked earlier today about carbon
10 monoxide. Can you tell the jury how that figures into
11 treatment, into what you would expect to see in a case?

12 A. Okay. You see carbon monoxide whenever someone
13 is in an enclosed area. If you're out in the open, no
14 matter how serious the burn is, there will be enough
15 ambient oxygen where usually carbon monoxide is not a
16 consideration. But when you're in an enclosed space for
17 a certain amount of time, the carbon monoxide will start
18 to build up.

19 Q. Now do you have -- can you tell about how long
20 you have to be in a smoky area, and does it have to be
21 the smoke, or can it be the air under the smoke? Does
22 that matter?

23 A. It can be the air under the smoke. And no,
24 there is no prediction to say how long you would have to
25 be exposed to that smoke. It really isn't relevant to

1 how high your level is.

2 Q. And how high could a level be of carbon
3 monoxide, I guess, if somebody died in a fire? What
4 would you expect to see?

5 A. It would depend on how long they were breathing
6 actually. I mean, they could have succumbed to the
7 burn, and maybe they didn't breathe for very long. So
8 then the level would not be high.

9 Q. What is the fatal level of carbon monoxide?

10 A. We don't exactly have a fatal level. The level
11 where we usually treat is twenty.

12 Q. Twenty percent?

13 A. Right. But I've seen people in their forties
14 that did fine.

15 Q. Okay. So right now, if you took, say, one of
16 the juror's carbon monoxide levels, or you took them all
17 and you averaged them, what would you expect to see,
18 just sitting in the courtroom?

19 A. Right. Everyone, just because of metabolism
20 and because of carbon monoxide in the air, like from
21 exhaust from automobiles, and we live in a heavily
22 polluted area. That, too, would raise your carbon
23 monoxide level. But just a general sampling of the
24 jurors, I would say anywhere from one to three would be
25 normal.

1 Q. One to three percent carbon monoxide level just
2 as --

3 A. Right.

4 Q. -- normal?

5 A. Right.

6 Q. Okay. And if you smoke, how high would it be?

7 A. Let's see. I've never personally seen this,
8 but I've heard of a documented case.

9 MR. BARROW: Your Honor, I'm going to
10 object. This is speculation if she has no personal
11 knowledge of it.

12 MR. BALDASSANO: Judge --

13 THE WITNESS: No. I read the cases but
14 did not meet the patient.

15 THE COURT: Overruled. The witness can
16 answer.

17 A. A heavy smoker in a very polluted city having a
18 level of twenty who was not exposed to fire.

19 Q. (By Mr. Baldassano) Okay. And then you can't
20 say exactly what the, I guess, alternates are; but would
21 it be safe to say that the longer you're in a smoky
22 area, the higher your carbon monoxide levels are
23 generally going to be?

24 A. Yes.

25 Q. Okay. Do you have anything other than burns,

1 like singed chest hair?

2 A. What was that?

3 Q. Do you ever see singed chest hair as being
4 affiliated with a fire risk?

5 A. Yes.

6 Q. And tell us what that would be like.

7 A. Well, that would mean that you were next to an
8 open flame.

9 Q. Okay. So how close to an open flame,
10 generally, would you have to be to get your hair burnt?

11 A. That's a good question. I think that would
12 probably be relative to how big the flame was, what was
13 burning. But you're relatively close if you're -- if
14 you have singed hair.

15 Q. When you say relatively close, just to kind of
16 tie that down, would you just generally be within five
17 feet or within ten feet if it was, say, a fire of --

18 Well, let's use a car, for example. If a
19 car was on fire, how close would you have to get to get
20 singed chest hair?

21 MR. BARROW: Your Honor, I'm going to
22 object. It calls for speculation. She just testified
23 depending on how big the fire was, and the question
24 doesn't indicate how big the fire was. Her answer would
25 be speculative.

1 MR. BALDASSANO: Judge, that's why I gave
2 the car example. Because it's not like the World Trade
3 Center might be bigger than a campfire. I'm trying to
4 give her a circumstance; that is, a fire the size of a
5 car, so she can answer.

6 MR. BARROW: I guess my objection is now
7 since it's cleared up, is the whole car engulfed in
8 flames or just a portion of the car engulfed in flames?

9 Again, the question leads to speculation,
10 because she can't determine what size fire the question
11 infers.

12 MR. BALDASSANO: I'll rephrase, Judge.

13 THE COURT: Okay.

14 Q. (By Mr. Baldassano) The whole car?

15 A. I would imagine anywhere from five to ten feet
16 away.

17 Q. Okay. So you think you would have to be around
18 five to ten feet away from a car fire to get singed
19 chest hair?

20 A. Yes.

21 Q. What exactly is singed chest hair?

22 A. Hair that's burned.

23 Q. All right. So it's actually burned by the heat
24 of the fire?

25 A. Yes.

1 Q. All right. And you had mentioned earlier
2 breathing in super hot air. Tell us about that.

3 A. That that can damage your airways.

4 Q. And what kind of damage would it do?

5 A. It could actually cause burns within your mouth
6 and possibly all the way down to your lungs.

7 Q. And does your, I guess, breathing tube respond
8 to that by swelling?

9 A. Yes.

10 Q. Okay. I'm going to call your attention,
11 Doctor, to a time in the early morning hours of October
12 17, 2007. Did you have a chance to look over some
13 records that related to the defendant in this case, John
14 Morin?

15 A. Yes.

16 Q. Were you working that day?

17 A. Yes.

18 Q. All right. And do you recall which shift you
19 were working? Was it the night shift?

20 A. Yes, it was.

21 Q. Okay.

22 MR. BALDASSANO: May I approach the
23 witness, Judge?

24 THE COURT: You may.

25 Q. (By Mr. Baldassano) Doctor, I'm going to show

1 you what's been labeled State's Exhibit No. 10 and ask
2 you if you've looked at that exhibit and compared it to
3 the notes that are the records that you brought today?

4 A. Yes. This was the case that I was asked to
5 review before I came to trial.

6 MR. BALDASSANO: And, Judge, for the
7 record, we'd like to offer State's Exhibit No. 10. It's
8 a -- it's got a business records affidavit. It's been
9 on file the requisite time.

10 MR. BARROW: I have no objection, Your
11 Honor.

12 THE COURT: Okay. State's Exhibit 10 is
13 admitted. You may publish.

14 Q. (By Mr. Baldassano) Okay. And just so the
15 jury knows what we're talking about, what is -- what
16 exactly is State's Exhibit No. 10?

17 A. It's the medical records of a patient that I
18 saw in the emergency department at Memorial Hermann
19 Hospital.

20 Q. Okay. And do you see that person in the room
21 today?

22 A. I don't really remember what the patient looked
23 like.

24 Q. Okay. You see a lot of people, right?

25 A. Right.

1 Q. Okay. Do you know and do you remember somebody
2 taking photographs of this patient?

3 A. No, I don't remember that.

4 Q. All right. Tell us what you -- when you
5 first -- I guess, when the patient first came in, I
6 would imagine you have to rely on these records that
7 they're accurate for the times?

8 A. Yes. Some of the case I did remember, but most
9 of it I do have to rely on reviewing the records.

10 Q. Okay. And when you worked back then on October
11 17th of 2007, were you sort of teaching a resident,
12 somebody that was, you know, sort of in the process of
13 learning? Was that the situation going on?

14 A. Right. Every shift I work with residents and
15 teach residents.

16 Q. And do you sort of sometimes do it yourself and
17 most of the time kind of let them do it?

18 A. Right.

19 Q. And so, how does that work? And I'm referring
20 to October the 19th of 2007. When this defendant comes
21 in, who's doing what?

22 A. Let's see. Depends upon how busy we are, how
23 many cases we get at once. Sometimes we split up
24 different residents in different rooms, me in another
25 room. Sometimes we go in together and see a patient.

1 Q. Okay. And do you remember in this case if you
2 worked with somebody else to see this --

3 A. Yes, I worked with a resident and saw this case
4 with a resident.

5 Q. And as you go through, is the things that you
6 see, is that copied down by somebody? And how does that
7 work? That is, say you see something. A person is
8 missing a finger. Do you go somewhere and write it
9 down, or does somebody write that down for you?

10 A. Oh, generally, at least one nurse goes in with
11 us. Unfortunately, she's stuck documenting on a
12 computer. So we are usually yelling as we see the
13 patient so she can hear us, and she documents what we
14 see. Then after we feel like the patient is stabilized,
15 then we sit down and write up our own chart.

16 Q. Okay. I'm going to call your attention, you
17 know, to these records on October the 19th. Do you
18 remember, other than the records, this defendant coming
19 in?

20 A. No.

21 Q. Okay. Do you remember based on the records how
22 he presented, what he looked like when he first arrived?

23 A. Yes, I do.

24 Q. And can you tell us?

25 A. Let's see. He was brought in by the

1 paramedics, and he was not responsive. In other words,
2 I mean, he appeared to be asleep. His eyes were closed.
3 He's not talking to us. He's not moving. And we were
4 having a hard time telling if he was breathing or if he
5 was breathing actually deeply enough to have a high
6 enough oxygen level when he came in.

7 Q. And so when he comes in, is there any, like,
8 objective way to know -- I think we talked about this
9 earlier, like sometimes people pretend to be asleep for
10 whatever reason. Is there anything you could do or did
11 you do for this defendant to determine if he was really
12 sleepy or he was just quiet?

13 A. Right. So what we have, we call it the glasco
14 coma scale. And it's supposed to tell us how deeply in
15 a coma you are. It's relatively reliable. And so you
16 go by whether or not their eyes are open when you see
17 them, whether or not you do something, you ask them to
18 open their eyes, will they open their eyes. You do
19 something painful, like pinch their finger. Do they
20 open their eyes? Do they try to fight you off to keep
21 you from doing this painful stimuli? Do they try to
22 pull their hand back from you when you're pinching their
23 finger? Those are the tests that we do.

24 Q. Okay. And so, if somebody wants to -- like we
25 were talking about earlier, you're a kid and you try to

1 pretend you're asleep. Just keep your eyes shut. Don't
2 answer anything, and put up with whatever your mother
3 does to you to try to wake you. Is there any other
4 scientific way of knowing if somebody is sedated or
5 sleepy other than just looking at them?

6 A. You can do a brainwave test. But, of course,
7 we're not doing things like that in the emergency
8 department. You know, someone can fake it.

9 Q. Okay. Do you know if the paramedics -- did you
10 look at the paramedic report?

11 A. Yes, I did.

12 Q. Could you tell if they gave the defendant
13 anything to sedate him?

14 A. Not that I could tell, no.

15 Q. And did you give him anything before you made
16 this determination, like some kind of medicine?

17 A. Not prior to what we call intubating him,
18 putting a tube into him to basically have a ventilator
19 breathe for him.

20 Q. And do you do that, end up putting something
21 down his throat?

22 A. Yes.

23 Q. And what are you looking for when you do that,
24 or why do you do that?

25 A. In his case for two reasons. One, my resident

1 felt like there was some swelling in his mouth, felt
2 like he had possibly been breathing super heated air.
3 The other reason was because of what we call his glasco
4 coma scale. He was unarousable. And when they're
5 unarousable, then you're worried that they're not
6 protecting their airway and that they're not breathing
7 adequately. So we put them on the ventilator, the
8 machine to breathe for him.

9 Q. Okay. Did you notice or did you see in the
10 records a singed chest hair?

11 A. I saw that in the records, yes.

12 Q. And what did that indicate to you -- I think we
13 talked about it earlier -- but relative to this
14 defendant?

15 A. That he was close to an open flame.

16 Q. Okay. Do you ever have anybody present to the
17 emergency room with a flame that flashed up; that is, if
18 they're doing, like, barbeque and put -- whatever
19 reason -- gasoline on it or too much lighter fluid and
20 it flames up? Do you ever see that kind of injury?

21 A. Yes.

22 Q. What is that? What type of -- do you have a
23 name for that?

24 A. Just basically a flash burn.

25 Q. And what do you see -- what are some of the

1 signs of a flash burn?

2 A. Okay. It could be variable. I would not
3 expect any type of airway injury, because the flames
4 would clear too quickly for it to be any type of airway
5 injury. It might just be singed hair, on face, head,
6 chest. If it was enough of a flash, it could be a very
7 deep burn.

8 Q. Okay. How about this defendant's level of
9 carbon monoxide? What was it?

10 A. I don't remember, but it was extremely low.

11 Q. Now you said that if you took a test of us in
12 here, it would be about one to three percent?

13 A. Correct.

14 Q. Is that what you're saying is extremely low?

15 A. Right. I think he was between one and two.

16 Q. Okay. So is there anything else about the
17 defendant that, when he presented or after you checked
18 him out, that showed that he was involved in or near a
19 fire?

20 A. Only the singed chest hair.

21 Q. Okay.

22 A. And, also, my resident felt like there was some
23 swelling in his throat.

24 Q. I think you mentioned that was super -- could
25 be caused by super heated air?

1 A. Correct.

2 Q. Do you know how long, based on the records, he
3 spent in the hospital?

4 A. He was discharged the very next day.

5 Q. And do you know what -- any kind of
6 instructions or procedures he was to follow being
7 discharged the next day? Was he given anything?

8 A. Yes. He was just told to, I believe, call his
9 primary care doctor in a week and return to us if he had
10 any problems. And I think they just gave him a generic
11 list of problems to look out for.

12 Q. And do they test alcohol level or that kind of
13 thing in the hospital?

14 A. On him, yes, they did.

15 Q. And was there anything significant about his
16 alcohol level?

17 A. It was elevated. 124, I believe.

18 Q. Okay. What does that mean?

19 A. They consider .80 (sic) as being intoxicated --

20 Q. Okay. So --

21 A. -- in the State of Texas.

22 Q. How high -- for driving purposes?

23 A. Correct.

24 Q. And how much over the legal limit to drive was
25 his intoxication level when it was tested?

1 A. 44, so fifty percent over.

2 Q. And does that have any kind of -- that level of
3 intoxication, does that present in any way -- or is
4 there anything you expect to see or did see?

5 A. Now that would depend upon the person, because
6 you develop tolerance to drugs and alcohol. Had this
7 been, say, a high school student who had never drank
8 alcohol before, they might be heavily affected by this.
9 They might be very drowsy, very difficult to wake up.
10 Someone who drinks on a regular basis, you probably
11 wouldn't know they were intoxicated with a level that
12 high.

13 Q. One last thing, Doctor. Let me show you what's
14 labeled as State's Exhibit 11. Did you see this earlier
15 today?

16 A. Yes, I did.

17 Q. Is everything there accurate, as far as you
18 saw, and a good summary of the medical records, from
19 what you saw?

20 A. Yes.

21 MR. BALDASSANO: Judge, at this time we'd
22 offer State's 11, tender same to defense.

23 MR. BARROW: I have no objections, Your
24 Honor.

25 THE COURT: State's 11 is admitted.

1 Q. (By Mr. Baldassano) I don't know if we went
2 over every term here. Can you tell us -- you talked
3 about the singed chest hair, like Glottic Edema, what
4 exactly --

5 A. That would be swelling in the airway,
6 presumably from breathing super heated air.

7 MR. BALDASSANO: Judge, I'll pass the
8 witness.

9 MR. BARROW: May I approach the chart just
10 for a moment, Judge?

11 THE COURT: You may.

12 MR. BARROW: Thank you.

13 **CROSS-EXAMINATION**

14 BY MR. BALDASSANO:

15 Q. Doctor, would the carbon monoxide level in
16 someone be affected if they were given oxygen on the way
17 to the hospital?

18 A. Yes.

19 Q. So if a paramedic indicated that the patient
20 had a pulse but was not breathing, BVM with O₂ was used
21 to ventilate patient. Do you know what BVM --

22 A. Yes, I do. Bag valve mask is what we call
23 that. So, in other words, they took a mask, and they
24 put it over his face and held it on there tightly. And
25 it's got a bag on it, and they punch air into him under

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1 pressure.

2 Q. Do you know what BVM with 02 --

3 A. Bag valve mask with oxygen, supplemental
4 oxygen.

5 Q. And do you know how long that was administered
6 to Mr. Morin that night?

7 A. I don't really know.

8 Q. And so, that would have an effect on what his
9 carbon monoxide level was when you checked him at the
10 hospital, correct?

11 A. Correct.

12 Q. So a lot of carbon monoxide could have been
13 taken out of his system from anytime the paramedic was
14 dealing with him at the scene, in addition to any time
15 he was in the ambulance, in addition to any time that it
16 took to get to the hospital?

17 A. Yes.

18 Q. Okay. Now, is that common? Do you see that a
19 lot, where somebody's been ventilated and they've been
20 in a fire, but their carbon monoxide level is down?

21 A. Right, because you would have to be in an
22 enclosed space for your carbon monoxide level to go up.
23 So, yes, there is lots of fires that are not in enclosed
24 spaces.

25 Q. Now speaking of that, when you talk about being

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1 approximately five to ten feet away or five to ten feet
2 close to an open flame -- and I believe Mr. Baldassano's
3 example was a car that was on fire -- now, it would make
4 a big difference, wouldn't it, whether that was in an
5 enclosed area or in an open area?

6 A. Yes.

7 Q. Okay. And if, in fact, someone -- well, let me
8 ask you this: I noticed on the chart that it said the
9 nurse noticed singed chest hair, right?

10 A. Right.

11 Q. Well, did you, personally, see singed chest
12 hair?

13 A. I don't remember. How it works is the nurse --

14 Q. That's okay, Doctor.

15 MR. BALDASSANO: Hold it a second, Judge.
16 Can she explain her answer?

17 MR. BARROW: Judge, I've asked my
18 question. I'm moving on. I don't need her response to
19 explain what my next question is.

20 MR. BALDASSANO: Well, Judge, I think my
21 objection is to answer his last question. That's what
22 she was trying to do.

23 MR. BARROW: She did answer it.

24 THE COURT: Okay. Your objection is
25 overruled.

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1 Q. (By Mr. Barrow) If you saw singed chest hair,
2 would you expect to see singed hair anywhere else?

3 A. Possibly.

4 Q. Okay. And there is nowhere in your records, or
5 in the nurse's notes, or anywhere else that indicates
6 that Mr. Morin had any other singed hair anywhere, does
7 it?

8 A. Not that I saw.

9 Q. And you don't know whether or not Mr. Morin had
10 on a -- had on no shirt, or a long-sleeved shirt, or a
11 T-shirt, do you?

12 A. I don't remember what he was wearing.

13 Q. And so if he had on a short-sleeved shirt, for
14 example, you might expect to see singed arm hair,
15 correct?

16 A. Correct.

17 Q. And you didn't notice that, did you?

18 A. No.

19 Q. Okay. If he didn't have any shirt on at all,
20 he might have singed stomach hair, right?

21 A. Right.

22 Q. And as a matter of fact, you don't really
23 recall how hairy Mr. Morin is, do you?

24 A. No.

25 Q. Now you indicated that Mr. Morin, on the coma

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1 scale that you spoke about, was unarousable, correct?

2 A. Correct.

3 Q. Now that's pretty hard to fake, isn't it,
4 Doctor?

5 A. It would depend upon what your pain tolerance
6 was and how aggressive we were at trying to arouse you.

7 Q. And how aggressive were you?

8 A. I don't remember.

9 Q. But you weren't so aggressive that you didn't
10 mark somewhere in those charts that it said coma scale,
11 unarousable, right?

12 A. Right.

13 Q. So even if you would have been pretty rough on
14 Mr. Morin, he still didn't respond, correct?

15 A. Correct.

16 Q. Did you read over -- before your testimony
17 today, did you read over the notes from the paramedic?

18 A. Yes.

19 Q. And did you notice in there when they said that
20 he was not breathing?

21 A. Yes.

22 Q. Now paramedics are trained, aren't they?

23 A. Yes.

24 Q. And they deal with things -- cases like this
25 all the time, correct?

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1 A. Correct.

2 Q. And you have no reason to doubt what that
3 paramedic put in his report, do you?

4 A. No.

5 Q. You indicated -- or the form indicates that the
6 resident believed that there was some swelling in the
7 throat, correct?

8 A. Correct.

9 Q. Did you notice swelling in the throat, or was
10 it the resident?

11 A. It was the resident.

12 Q. And you, being an extremely careful doctor,
13 were going to notate that, correct? You were certainly
14 going to make a notation that the resident believed
15 there was some swelling in the throat?

16 A. He noted that.

17 Q. Exactly. You didn't?

18 A. Well, I only have a space this big to write in.

19 Q. And in that tiny space, you didn't write it in,
20 did you?

21 A. No, I didn't.

22 Q. Thank you. Now you're not trying to tell this
23 jury that an elevated alcohol level of .124 which is --
24 .80 (sic) is intoxicated for driving while intoxicated
25 purposes, correct? You're not trying to tell this jury

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1 that a .124 would equal the coma scale of unarousable,
2 would you?

3 A. A high school student who, you know, first time
4 they've drank.

5 Q. Mr. Morin certainly isn't in high school, is
6 he, Doctor?

7 A. And you can develop tolerance.

8 Q. Doctor -- excuse me, Doctor. My question was,
9 Mr. Morin certainly wasn't in high school back on
10 October the 19th of 2007, was he?

11 A. Not that I know of.

12 Q. As a matter of fact, you didn't have any type
13 of medical history on Mr. Morin when you treated him on
14 October the 19th, did you?

15 A. No.

16 MR. BARROW: Pass the witness.

17 THE COURT: Okay. State.

18 MR. BALDASSANO: Just a couple of
19 questions.

20 **REDIRECT EXAMINATION**

21 BY MR. BALDASSANO:

22 Q. Is alcohol a sedative?

23 A. For most people. For some people it's just the
24 opposite effect.

25 Q. Okay. Let me talk to you a little bit about

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1 what was brought up. First of all, did you look -- you
2 said the residents felt like there was a -- I guess
3 Glottic Edema is swelling?

4 A. Yes.

5 Q. Maybe the implication is that you looked and
6 didn't see it. Did you look?

7 A. No, I don't believe I did.

8 Q. Okay. So you base your medical treatment and
9 the -- well, I guess the medical treatment of Mr. Morin
10 on what the resident told you?

11 A. Yes.

12 Q. This question -- I think this is a quote of the
13 question. Even if you were aggressive, he still didn't
14 respond. This is to the trying to wake him up. Did you
15 say that you don't know how aggressive you were, as far
16 as trying to wake him?

17 A. Right, I don't remember how aggressive I was.

18 Q. So if somebody says -- even if you were
19 aggressive, he still didn't respond, does that say to
20 you that you were aggressive?

21 A. Usually we are.

22 Q. Okay. But in this case, do you know?

23 A. No.

24 Q. And I think it's established you don't know
25 what he was wearing. Would you -- would it be

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1 different, as far as what you get singed, based on where
2 the fire, I guess, flares up and what kind of clothing
3 you have on, as well as the distance?

4 A. Yes.

5 Q. And do you see people that are singed in
6 different places and not all places sometimes?

7 A. Yes.

8 Q. On fire cases where somebody is pulled out of a
9 smoky room, do you expect that the EMTs or the ambulance
10 personnel would administer oxygen?

11 A. Yes, they would.

12 Q. Is that fairly standard procedure?

13 A. Yes.

14 Q. Do you see in those cases sometimes, even with
15 the administration of oxygen, when the person gets to
16 the hospital they still have an elevated CLO? Have you
17 seen that?

18 A. Yes.

19 MR. BALDASSANO: I think that's all I
20 have, Judge. Pass the witness.

21 MR. BARROW: I have no further questions,
22 Your Honor.

23 THE COURT: All right. May this witness
24 be excused?

25 You are excused. Thank you.

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1 Would the State like to call its next
2 witness?

3 MR. BALDASSANO: Manuel Sanchez. And we
4 need the interpreter for this one.

5 (Brief recess)

6 (Jury enters courtroom)

7 THE COURT: You may be seated.

8 State, you may call your next witness.

9 MR. BALDASSANO: State calls Miguel
10 Sanchez.

11 THE COURT: Please have a seat in the
12 witness stand.

13 (NOTE: This witness is testifying through
14 an interpreter)

15 MR. BARROW: Your Honor, may I move
16 Exhibit No. 11?

17 THE COURT: You may.

18 You may proceed, Counsel.

19 **MIGUEL SANCHEZ,**

20 having been first duly sworn, testified as follows:

21 **DIRECT EXAMINATION**

22 BY MR. BALDASSANO:

23 Q. What's your name?

24 A. Miguel Angel Sanchez.

25 Q. And how old a man are you?