1 you are ready.
2 PATRICK RICHARD,
3 having been first duly sworn, testified as follows:
4 DIRECT EXAMINATION
5 BY MS. MICKELSON:
6 Q. Could you please state your name for the
7 record?
8 A. Patrick Scott Richard.
9 Q. How are you currently employed?
10 A. With the Houston Fire Department as a
11 paramedic.
12 Q. How long have you been with the Houston Fire
13 Department?
14 A. Little over seven and a half years.
15 Q. And what did you do before going to the
16 Houston Fire Department?
17 A. Worked as an engineer in the telecom field.
18 Q. Where did you live when you did that?
19 A. In Dallas. And then I worked in middle
20 management in oil and gas here in Houston.
21 Q. When did you come to Houston?
22 A. In 2002 -- January of 2002.
23 Q. Now, I'd like to talk a little bit about your
24 background. When did you go to the Houston Fire
25 Department or the fire academy?

1 A. March of 2005.
2 Q. And can you tell us what type of training you
3 receive at the academy?
4 A. Our class involved three phases. We started
5 out EMT basic class. Then we went through paramedic
6 school, which is off-site for most of it through HCC.
7 Then back at the fire academy for fighter school
8 training.
9 So, as our class graduated, we were
10 firefighter paramedics.
11 Q. Now, are there different types of
12 firefighters?
13 A. There's different levels of EMT training for
14 firefighters. There are still a few that are not EMTs.
15 Those are being phased out. Most all firefighters
16 currently have to be EMT basic certified, which is what
17 are on most of the ambulances. And then for those of
18 us that have the red badges, that designates that
19 you're a paramedic, which is the highest level of
20 training for EMTs.
21 Q. Are you currently certified as a paramedic
22 EMT?
23 A. Yes, ma'am.
24 Q. And what types of certification have you
25 received?

1 A. When we graduated HCC, we were given training
2 in certification for the National Registry, Texas
3 Department of Health, Paramedic Certification, PALS,
4 which is Pediatric Advanced Life Support. There's
5 another certification I can't remember.
6 Q. Now, can you tell me, were you working at the
7 Houston Fire Department as an EMT on July 28th, 2010?
8 A. Yes, ma'am.
9 Q. What was your assignment on that day?
10 A. Medic 49.
11 Q. And can you tell us what part of town that is
12 in and where that is?
13 A. That station is located basically I-10 and
14 Gessner, one block north of I-10.
15 Q. And where are you assigned today?
16 A. I'm currently assigned to Station 27.
17 Q. Is that just in a different part of town?
18 A. On the east side of Houston by I-10 and Crest.
19 Q. Do you have the same responsibilities today
20 that you did on July 28th of 2010?
21 A. Yes, but I've been promoted to EO. So, I'm
22 actually a paramedic engineer/operator now.
23 Q. What does an engineer/operator do?
24 A. Short answer, driver.
25 Q. So, now you drive the ambulance?

1 A. You drive, but you're also functioning as a
2 paramedic.
3 Q. Okay. On July 28th, 2010, did you sit in the
4 back part of the ambulance?
5 A. Yes, ma'am.
6 Q. Okay. Were you ever dispatched on July 28th,
7 2010 to 9010 Laverne Crescent?
8 A. Yes, ma'am.
9 MS. MICKELSON: Your Honor, may I
10 approach the witness?
11 THE COURT: Yes.
12 MS. MICKELSON: For the record I'm
13 handing the witness what's been pre-marked as State's
14 Exhibit 26.
15 Q. (BY MS. MICKELSON) Do you recognize that?
16 A. What is this first page?
17 Q. That's just the business record. If you'll
18 open it up.
19 A. Here's my -- this is the report that I wrote
20 while I was on Medic 49. This report right here is the
21 one that I wrote.
22 Q. Okay.
23 MR. CHERNOFF: Can I see that? All these
24 pages you wrote?
25 THE WITNESS: No, just that -- those --

1 that report should consist of two pages. That would be
2 the report from my unit. It will have my name and also
3 Marco Martinez.
4 MR. CHERNOFF: First two pages?
5 THE WITNESS: Yeah, I believe so. It
6 should be Page 1 of 1 and 1 of 2.
7 MR. CHERNOFF: I thank you.
8 MS. MICKELSON: Your Honor, at this time,
9 the State will offer State's Exhibit 26 with the
10 business record that's attached. It's been on file for
11 14 days in advance of trial.
12 THE COURT: All right.
13 MR. CHERNOFF: No objection --
14 THE COURT: It's admitted.
15 MR. CHERNOFF: -- with the exception of
16 our previous objection.
17 THE COURT: Correct.
18 MS. MICKELSON: Yes.
19 THE COURT: All right. But he can use
20 that portion to refresh his recollection, if necessary,
21 in his testimony. But it will be removed prior to
22 going to the jury.
23 MS. MICKELSON: And all of the portions
24 that have been admitted, may I publish portions of his
25 on the document camera?

1 THE COURT: Yes, ma'am, you may.
2 MS. MICKELSON: Thank you, Your Honor.
3 Q. (BY MS. MICKELSON) Now, Mr. Richard, is this
4 the report that you wrote?
5 A. Yes, ma'am, it is.
6 Q. Okay. Now, can you tell us, on July 28th,
7 2010 -- and we'll come back more to the report in a
8 moment.
9 Do you remember what type of building
10 were you dispatched to?
11 A. It was a single story apartment/townhouse type
12 complex.
13 Q. And when you got there that day, what was the
14 first thing that you did?
15 A. First thing I did was we went to the
16 dispatched address. We walked into this -- it was a
17 single room that I saw. The -- I think her name was
18 Maria -- Leticia.
19 Q. That's okay. I couldn't hear you. Could you
20 speak in the microphone?
21 A. Well, I was trying to remember her name. I
22 don't remember her name.
23 We walked into the room. The other units
24 were arriving right behind us. So, we had -- at this
25 particular dispatch, there was an engine, an ambulance

1 and a medic unit. So, all three units were arriving on
2 scene. We, me and my partner Marco, we walked into
3 this room. There was a -- I saw a lady sitting on the
4 couch, you know, holding a towel trying to catch a lot
5 of blood. And she told us that she had been shot.
6 MR. CHERNOFF: Objection, narrative.
7 THE COURT: Let's proceed question and
8 answer.
9 MS. MICKELSON: Yes, sir.
10 THE COURT: Sustained.
11 Q. (BY MS. MICKELSON) Now, when you got to the
12 9010 Laverne, you said that was a townhome. Was the
13 first person you saw the female?
14 A. Yes.
15 Q. Okay. And she told you that she had been
16 shot?
17 A. Yes, ma'am.
18 Q. What about her appearance stood out to you?
19 A. She was bleeding profusely. She had her head
20 down with a towel. My initial reaction was I didn't
21 believe that -- it didn't appear that way based on the
22 room that I walked into.
23 Q. Okay. Now, when you say that you didn't
24 believe that, can you be more specific as to why you
25 did not believe that she had been shot?

1 A. She was bleeding profusely. However, it
2 looked like it possibly could have been domestic abuse
3 that we see. I did not see any signs of struggle in
4 the room. There was no -- the room was clean. It just
5 -- the location did not appear to -- what the story she
6 was telling me. So, my initial impression was
7 something else is going on.
8 Q. Were you surprised that someone that had been
9 shot in the face could speak to you?
10 A. After I realized that she had been shot, yes.
11 I was very surprised that she's still conscious and
12 speaking to us.
13 Q. Did you eventually learn where -- in what
14 building she was actually shot?
15 A. She said she was in a neighbor's home. That's
16 why -- she was not in the location where she -- the
17 incident had occurred. So, that made a lot more sense
18 to us. I did not see the -- I did not go into the
19 location where she was. I do not know where she lives.
20 Q. Now, what do you do to start treating her once
21 you start tending to her?
22 A. We immediately start -- we try to apply
23 pressure. However, based on the location, you know,
24 we're giving her bandages, trying to keep her
25 comfortable. But also help her with the breathing and

1 keep some of the blood from coming out everywhere. So,
2 cold packs and bandages are what we start with.
3 Q. Now, what were your immediate concerns having
4 a gunshot wound to her face?
5 A. One, she's complaining of breathing. She was
6 bleeding quite a bit. Initially I wanted to find out
7 what her blood pressure and heart rate were because
8 that would tell us what kind of condition she's in.
9 We were primarily concerned with
10 respiratory because she kept complaining about having
11 difficulty breathing. She was swallowing a lot of
12 blood, which is common for irritation. If she started
13 to throw up and aspirate that, that would complicate
14 matters a lot more.
15 Q. Now, I'd like to turn your attention in some
16 more detail to your report. And let me see if I can
17 zoom in.
18 In regards to intubating her and not
19 being able to breathe, was there a complication since
20 the gunshot wound was to her face?
21 A. Yes. That's what my partner and I were
22 discussing. If she got to the point where she couldn't
23 breathe and she was still conscious, then we had an
24 issue. We have a way to intubate her and get someone
25 oxygen when they can't breathe when they're still

1 conscious by putting a tube through their nose. It's
2 called nasal intubation. However, based upon the
3 location of the gunshot and the damage to her face,
4 that was immediately ruled out because we have
5 potential of sending the tube into her brain instead.
6 And that would cause a lot more damage.
7 Q. Now, I just -- and I don't mean to interrupt
8 you.
9 Just to be clear, if someone does have an
10 injury to this portion of their face, where their
11 cheekbones and their nose are, and you're talking about
12 your normal procedure would be to place a tube through
13 the nose into their breathing passage. Is that true?
14 A. If we need to do that, yes, ma'am.
15 Q. And in this case where were you afraid that
16 the tube would go based on the injuries to the
17 cheekbones and the nose area?
18 A. Damage to the maxillary area. The tube has
19 the potential, instead of curling down into the
20 trachea, possibly going up into the brain causing a lot
21 more damage.
22 Q. So, how did you then -- in this situation, how
23 were you forced to treat her complaints of not being
24 able to breathe?
25 A. We couldn't lay her down as protocols dictate

1 for trauma. We did put a C collar for stabilizing the
2 spine. However, we had her sitting up on the
3 stretcher, which is -- normally we would lay them down
4 and put them on their back during transport.
5 Due to the complications we had, she --
6 we transported her sitting up. And I held an oxygen
7 mask next to her face because until she -- if she
8 became unconscious then I could intubate her normally
9 through the mouth and trachea. But when she was still
10 conscious, we don't want to do that.
11 Q. When someone is still conscious, why can you
12 not intubate them through the mouth?
13 A. Gag reflex.
14 Q. It will -- the body will reject it. Is that
15 fair?
16 A. Well, two things. It's like sticking a finger
17 down the back of your throat. It will cause you to
18 regurgitate. Also a lot people, when you try to stick
19 something down their throat like that, they'll clench,
20 they'll bite, and you can't get anything in their
21 mouth.
22 Q. Now, were you the one that actually sat in the
23 back with Ms. Gracia while you were transporting her to
24 the hospital?
25 A. Yes, ma'am.

1 Q. What hospital did you go to?
2 A. Ben Taub.
3 Q. Why did you choose to go to Ben Taub Hospital?
4 A. Ben Taub is one of two Level 1 Trauma Centers
5 in the City of Houston.
6 Q. Can you explain to us what a Level 1 trauma
7 hospital is?
8 A. A Level 1 trauma is a hospital that has every
9 specialty on staff 24 hours a day. They can handle
10 anything from minor cuts to major injuries to mass
11 casualty incidents. So, it has every specialty. And
12 that's where we're dictated to go to when we have a
13 severe trauma case.
14 Q. In your opinion was a gunshot wound to the
15 face a severe trauma case?
16 A. Yes, ma'am.
17 Q. Did you make the decision to go to Ben Taub
18 Hospital with Ms. Gracia?
19 A. I don't know if we made the decision with her
20 approval. However, because of the injuries, we are
21 dictated by our protocols of where we have to go. So,
22 it was either Ben Taub or Hermann Memorial.
23 Q. Now, while Ms. Gracia was in the back of the
24 ambulance during transport to the hospital, what was
25 her demeanor like?

1 A. She was upset, shaken, crying. She would
2 vomit clumps of blood periodically. We were trying to
3 keep her comfortable and just reassure her that she was
4 safe and we were taking her to the hospital and we'd be
5 there as quick as we can and get her into surgery.
6 Q. Based on her injuries, do you have a medical
7 explanation of why she was vomiting blood?
8 A. She was swallowing a lot.
9 Q. I'm sorry?
10 A. She was swallowing a lot of blood. Obviously
11 when anyone swallows blood, it irritates the stomach
12 typically. And people tend to vomit when they swallow
13 large amounts of blood.
14 Q. Was Ms. Gracia vomiting in the back of the
15 ambulance?
16 A. She -- she was vomiting, you know, heaving and
17 coming up with some chunks of blood, which we had some
18 -- we had a -- I don't remember the technical term. I
19 know what we call them. They're bags for emesis --
20 emesis bags. So, if she throws up, it goes into a bag
21 that has a container that has lines so the hospital can
22 see how much blood or how much liquid came out of the
23 body.
24 Q. Now, I'd like to turn to the second page of
25 your report. Just asking you initially, you put down

1 the cause of the gunshot wound and the complaint [sic]
2 was shot. But the symptoms of swelling, were you able
3 to physically observe Ms. Gracia's swelling while she
4 was in your presence in the ambulance?
5 A. She started getting a lot worse while we were
6 transporting. When she was sitting on the couch, her
7 face was slightly swollen. By the time we got to the
8 hospital, her face was severely swollen, which is a
9 natural response the body has to a major trauma.
10 Q. Now, we can see down here at this bottom line
11 you have her initial blood pressure. The BP 116 and
12 then the heart rate.
13 A. Yes, ma'am.
14 Q. At any time did those numbers change?
15 A. Yes, they did. And that was our --
16 Q. I'm going to turn the page. I believe that's
17 where your information is.
18 And so, this information, is this being
19 entered by you and your partner in the ambulance while
20 you're on the transport to Ben Taub?
21 A. Some of it is entered while we're
22 transporting. The narrative portion of it is what I
23 type after the call is over. And that narrative is
24 done before we leave the hospital and prior to us going
25 back in service.

1 Q. Now, can you explain to us -- when we see that
2 the blood pressure was 116 at the top and then at the
3 bottom it's 132 over 65, do those -- are those numbers
4 important to you?
5 A. Yes, they are. The first blood pressure that
6 we took, the 116 P, means it's palpated, which was the
7 method --
8 Q. What does palpated mean?
9 A. Palpated is a method we use to quickly get a
10 blood pressure, especially if you need to do it
11 quickly. Instead of using a stethoscope, we put a
12 blood pressure cuff on and you can feel it, which is
13 palpable. But that's the reason why we only have the
14 top number instead of a bottom number. You can't get
15 the bottom number.
16 Q. And so, just for those of us that don't know,
17 like myself. When you go to the doctor and the doctor
18 uses a -- puts -- listens to it and does the blood
19 pressure, is that what -- is that when you usually get
20 two numbers?
21 A. Yes, ma'am.
22 Q. Okay. And so, then at the bottom of the chart
23 at 36, which is a little bit after midnight on
24 Wednesday into early Thursday morning, were you able to
25 get a better reading of her blood pressure?

1 A. Well, it's not a better reading. It's a more
2 thorough reading. It's -- what our concern was on
3 scene with the amount of -- I didn't know how much
4 blood she had lost prior to our arrival. When I first
5 got there, I'm looking at a blood pressure of 116
6 palpated with a heart rate of 110. Oxygen saturation
7 is 100 percent. That's what that 100 percent RA means,
8 room air. So --
9 Q. Hold on. What does oxygen saturation mean?
10 A. That's the amount of oxygen blood is -- that
11 the body is carrying throughout the blood. As long as
12 that stays 96 to 100 percent, then it's doing well.
13 So, she's -- she's doing well without having
14 supplemental oxygen. RA means room air. That's before
15 we add any oxygen to it.
16 Our concern on scene was getting her
17 blood pressure and heart rate to determine how well she
18 was doing. At this point with that heart rate and
19 blood pressure, she's compensating for what she's
20 losing. She still has a decent blood pressure and her
21 heart rate is not too accelerated. I mean, it's
22 accelerated, but not severely accelerated.
23 When I see the times to get to the
24 hospital, that's why we need to go to a Level 1 trauma.
25 She's lost enough blood to where her blood pressure is

1 still compensating with the 132 over 65, but her heart
2 rate has jumped up to 122.
3 Q. Okay. So, her heart went from 110 to 122?
4 A. Yes, ma'am.
5 Q. Okay. And then can you just give us a little
6 bit of an explanation. If someone is losing vast
7 amounts of blood, does their heart have to work harder
8 and beat more to compensate to keep blood flowing
9 throughout the body?
10 A. Yes, it does. That's what the body is doing.
11 Q. Now, is that stressful on someone's body to
12 have to maintain that for a long period of time?
13 A. The body can only maintain that for a certain
14 amount of time. And once she lost enough blood, that
15 was the concern I had at the hospital. Our diastolic
16 rate is down to 65. So, the bottom number is getting
17 lower than what it needs to be and the heart rate is
18 going faster than it was before.
19 So, she's reaching the end of the
20 compensation phase where the body can keep itself
21 alive, compensate. And then she'll start to quickly
22 deteriorate into the decomposition phase.
23 Q. Now, as a paramedic on an ambulance, do you
24 have access to a blood supply or a blood bank?
25 A. No, ma'am.

1 Q. With someone losing large amounts of blood, is
2 that of great concern to you?
3 A. Yes, ma'am.
4 Q. Why?
5 A. We can't replace it. It requires surgery.
6 Q. Now, have you encountered few or many gunshot
7 wounds?
8 A. A number of gunshot wounds.
9 Q. Would you say in this case having a gunshot
10 wound to your face, does that present the potential for
11 substantial risk to life?
12 A. Yes, it does.
13 MS. MICKELSON: Pass the witness.
14 THE COURT: Cross?
15 MR. CHERNOFF: Yes. Thank you, Judge.
16 THE COURT: Yes, sir.
17 CROSS-EXAMINATION
18 BY MR. CHERNOFF:
19 Q. Mr. Richard, thanks for coming today.
20 A. Yes, sir.
21 Q. Did Ms. Gracia ever lose consciousness during
22 the period of time that you were with her?
23 A. Not in my presence. We kept talking to her
24 and reassuring her. That's the last thing I wanted. I
25 did not want her to pass out.

1 Q. She was responsive to your questions?
2 A. Yes, sir, she was.
3 Q. I have just two -- just a couple of questions
4 for you and I'll let you go.
5 The complaints that Ms. Gracia made was
6 one, a gunshot wound to the face, right?
7 A. Yes, sir.
8 Q. All right. She complained about some pain?
9 A. Yes, sir.
10 Q. Did she?
11 Okay. What about her eyes? What did she
12 say about her eyes?
13 A. I don't have any -- I didn't see any comments
14 in there about her saying about her eyes. I know -- if
15 I remember correctly, it was her left eye that was --
16 or the left side is where the entry, if I remember
17 correctly. And that was the side that was swelling
18 more. I don't see anything specifically in my report
19 saying about her eye, just the severe swelling.
20 Q. All right. Bear with me here. I'm just
21 learning as I go.
22 Did you -- did you look at her eyes?
23 A. What I could see, yes, sir.
24 Q. All right. Did you look at the right and the
25 left eye?

1 A. Yes, sir.
2 Q. All right. And what does reactive normal mean
3 when you put it in your report?
4 A. Reactive normal is on our patient care
5 report's pick list. Pick list meaning, I click it and
6 it automatically fills.
7 Normal reactive means when I look at the
8 pupils, at that point in time, the pupils -- the black
9 part of your eye, when you shine the light, they're
10 still reactive. So, the optic nerve is still working
11 to some extent.
12 Now, regarding vision, I don't know. But
13 at least the nerve is still working.
14 Q. During -- you testified that there was
15 swelling in Ms. Gracia's face; is that right?
16 A. Yes, sir.
17 Q. Can you see that okay? What if I make it a
18 little bit larger? I know it's -- there's no way I can
19 make this smaller to take a look at it. Let me --
20 MR. CHERNOFF: Can I just approach the
21 witness, Judge?
22 THE COURT: Yes, sir.
23 MR. CHERNOFF: Thank you. Let's make
24 this easier. I will put it back up.
25 Q. (BY MR. CHERNOFF) Here you go.

1 You said there was some swelling in
2 Ms. Gracia's face. Did you have the ability to see the
3 gunshot wound itself?
4 A. I saw what appeared to be an entry. And I'm
5 pretty sure it was on the left side.
6 Q. Okay. Where -- and you're pointing --
7 A. I'm pointing right about where -- from where
8 we saw it.
9 Q. Okay. On the left side of the face -- and
10 you're pointing to the left side of your face, right?
11 A. Yes, sir.
12 Q. And was it -- can you -- is that about where
13 you saw the gunshot wound --
14 A. Yes, sir.
15 Q. -- right there under the eye?
16 A. Yes, sir.
17 Q. And what about an exit wound?
18 A. That, I could not discern, you know. Usually
19 entry wounds are fairly small going in. Even a large
20 caliber bullet is typically small going in. And the
21 exit wound is fairly large, if it comes out.
22 Q. Okay. Let me -- let me -- let me be -- when
23 we talk about entry and exit wounds, let me be clear
24 about this. Entry wound is where a bullet enters.
25 A. Yes, sir.

1 Q. And you're pointing to your left side, right?
2 A. Yes, sir.
3 Q. If -- if I were facing this way, for instance,
4 somebody would have to shoot me from on my left side to
5 put an entrance wound into my left side; is that right?
6 A. Yes, sir.
7 Q. They couldn't from the right side?
8 A. Well, it would be difficult.
9 Q. Well, I mean, is there any possible way?
10 A. No, sir.
11 Q. All right. All right.
12 MR. CHERNOFF: I have no other questions.
13 THE COURT: No more questions?
14 MR. CHERNOFF: No.
15 THE COURT: Anything else?
16 MS. MICKELSON: Just briefly, Your Honor.
17 THE COURT: Okay.
18 REDIRECT EXAMINATION
19 BY MS. MICKELSON:
20 Q. Now, you just mentioned a moment ago that you
21 believe what you saw was an entry -- a bullet entry
22 wound on the left side of her face, correct?
23 A. Yes, ma'am.
24 Q. And roughly in this cheekbone, under eye area?
25 A. Yes, ma'am.

1 Q. Okay. Were you able to get a good look at the
2 skin?
3 A. Yes, I was.
4 Q. Did you notice any powder burns?
5 A. No, I did not.
6 MS. MICKELSON: No further questions.
7 THE COURT: All right. Anything else,
8 sir?
9 MR. CHERNOFF: No, thank you.
10 THE COURT: All right. You may step
11 down.
12 Is this witness excused?
13 MS. MICKELSON: Yes, please.
14 THE COURT: All right. You're excused,
15 sir.
16 Call your next witness, please.
17 MS. MICKELSON: The State calls Officer
18 Belinoski.
19 THE COURT: All right. Come forward,
20 sir.
21 You may have a seat.
22 Ms. Mickelson, you may proceed when
23 you're ready.
24 MS. MICKELSON: Thank you, Your Honor.
25 MICHAEL BELINOSKI,