

1 Q. And y'all, in fact, did that?

2 A. With a few things, yes.

3 Q. Few things?

4 A. Yeah.

5 Q. Thank you, Sergeant.

6 MR. MARTIN: Pass the witness.

7 THE COURT: Anything further?

8 MS. ONCKEN: Nothing further. We pass
9 the witness.

10 THE COURT: Thank you. You can step
11 down. Please remain outside until we take a break.
12 Then we'll tell you if you need to stick around or
13 not.

14 Who's next?

15 MS. ONCKEN: State calls Christopher
16 Stoneham.

17 THE COURT: Members of the jury, we're
18 going to work until about 1:00, 1:15, and then send
19 you off to lunch at that time.

20 Right this way, sir.

21 (Witness sworn.)

22 THE COURT: Have a seat.
23
24
25

1 CHRISTOPHER STONEHAM,
2 having been first duly sworn, testified as follows:

3 DIRECT EXAMINATION

4 Q. (BY MS. ONCKEN) Good morning.

5 A. Good morning.

6 Q. Can you please introduce yourself to the
7 jury?

8 A. My name is Christopher Stoneham. I am a
9 firefighter paramedic with the Houston Fire
10 Department.

11 Q. How long have you been doing that?

12 A. This year I made seven years.

13 Q. And what kind of training did you have to
14 be able to be a firefighter paramedic?

15 A. Initially you start out with E.M.T. school,
16 which was about six weeks. You go through fire
17 school, which was a total of about four months; and
18 then paramedic school was about a year.

19 Q. And, so, have you been doing strictly
20 paramedic stuff since you've been with the Houston
21 Fire Department?

22 A. Initially it starts out as your internship
23 as a paramedic.

24 Q. Okay.

25 A. Since about 2009, I believe July of 2009,

1 it's been a dual job of some days you're a
2 firefighter, some days you're a paramedic.

3 Q. So, you do both?

4 A. Yes, ma'am.

5 Q. Okay. Which do you like better?

6 A. (No response.)

7 Q. Trick question?

8 A. Actually the paramedic part pays better.

9 Q. It pays better. Okay. All right. I want
10 to turn your attention back to March 31st of 2010.

11 MS. ONCKEN: And at this time
12 actually, Judge, I'd like to go ahead and offer
13 State's Exhibit 92, which is a business record
14 affidavit of the Houston Fire Department records on
15 file for 14 days.

16 MR. MARTIN: I have no objection.

17 THE COURT: Being no objection,
18 State's 92 will be admitted.

19 MS. ONCKEN: May I approach the
20 witness?

21 THE COURT: Yes, ma'am.

22 Q. (BY MS. ONCKEN) And I'm going to hand you a
23 copy of State's 92 that is now in evidence and ask
24 you -- you might want to flip through there. And
25 tell us if you have ever seen these kind of records

1 before.

2 A. The initial report here, that's my report
3 that I typed.

4 Q. Okay. Let's start with just really
5 generally. What kind of document is this? What is
6 this?

7 A. It's just a normal record report when we
8 get dispatched to a run. Usually it has what the
9 event is, where it's at, who's dispatching with you.
10 And then once you print it out, because initially it
11 comes in on a laptop in the back of the unit. But
12 once we make it to the hospital, it can be printed
13 out to this here. But we do a narrative, if the
14 patient has history, it puts in the vital signs, it
15 will put in the times of when we got there and when
16 we was dispatched, when we cleared off the run. So,
17 it's pretty much like an overview of what we did from
18 when we arrived on scene until we actually leave the
19 event at the hospital. So, it's pretty much just a
20 record of what we did.

21 Q. So -- I mean, that was an excellent
22 explanation. So, basically these are H.F.D.'s
23 records of an event from March 31st, 2010; is that
24 right?

25 A. Yes.

1 Q. Okay. And you told us a minute ago that
2 the first page, which has a long paragraph of
3 writing, that that was your report?

4 A. Yes.

5 Q. Okay. That's your narration of what
6 happened?

7 A. Yes.

8 Q. Okay. And who was the infant that this
9 record, State's Exhibit 92, was referring to? Do we
10 have the patient's name?

11 A. Yeah. The patient's name is Kamron Kelly.

12 Q. Okay. And you and I have met and talked
13 about this case; is that right?

14 A. Yes.

15 Q. Okay. Do you remember this patient, this
16 incident?

17 A. Once you -- when you came back out and met
18 with us, I was re-familiar with it. Because this is
19 the only -- I guess only pedi I've made, pedi cardiac
20 I've made, I'd probably say, since this one in 2010.

21 Q. Okay. Because this is two years ago?

22 A. Yes.

23 Q. Okay. And can you even estimate how many
24 runs, how many calls you've made in the last 2 years,
25 out to scenes like this?

1 A. Like this one?

2 Q. No. Let me rephrase.

3 A. Just in general.

4 Q. Just scenes, just emergencies you've been
5 called out to.

6 A. We average about ten to 12 a day. So, in a
7 month's span, maybe 50 or 60. So, somewhere in the
8 hundreds, maybe thousands, depending on the day.

9 Q. Okay. But you were telling the jury -- you
10 used the word "pedi case." Is that for pediatric?

11 A. Yeah, for a kid. Basically pedi is a short
12 word that we use. Like when it was dispatched, it
13 just came in as cardiac arrest. But once our engine
14 company made it there, they'll tell you over the
15 radio, you know, "We have a Plan A in effect." But
16 it came through as, "This is a Pedi Plan A," so we
17 know it's an infant at the time. So, I mean, cardiac
18 arrest, if anybody hears that, they know it's a
19 serious problem. But then when you hear "pedi
20 cardiac arrest," it kind of changes the way you
21 respond to it. So --

22 Q. How does that change it?

23 A. Well, at that time for me, you look at it a
24 little bit different when you hear it's a kid. Not
25 that it's saying it's more important than if it was a

1 30-year-old, but you're -- you're -- I guess you're
2 mental mindset changes because it's a little bit more
3 difficult than an adult plan. In an Adult Plan A,
4 it's a set drug. This is what it's going to be no
5 matter what. But with the pedi, you're looking at
6 every kid is a different size. So, it's a different
7 drug for a different size. So, your mental -- your
8 mental capacity has to kind of get in gear for a Pedi
9 Plan A when you know you really have one.

10 Q. Okay.

11 A. And at that time we knew we really had one
12 because it was said over our radio it was a Pedi Plan
13 A.

14 Q. All right. Let me ask you: You said that
15 y'all document everything, correct? Dispatch time,
16 who goes, all that stuff; is that right?

17 A. Yes.

18 Q. Okay. Now, can we tell from the first page
19 here what time that you-all were notified that there
20 was an emergency?

21 A. Yeah. The actual dispatch time was 18:33.

22 Q. Okay.

23 A. Or 6:33 in the evening.

24 Q. Okay. And who contacts the fire
25 department? Is it 9-1-1, or how does that call go

1 through?

2 A. From my understanding, once -- if you're at
3 home, you pick the phone up and call 9-1-1, it goes
4 to our dispatching center. And based on the address
5 that's given, it can pick out who's the closest, who
6 can respond the fastest by distance or where they're
7 at at that time.

8 Q. What station do you work -- or did you work
9 at back in 2010 in March?

10 A. Station 43.

11 Q. Are you still at the same station?

12 A. Yes.

13 Q. Okay. And where is it located, your
14 station?

15 A. On Wayside and Ley Road.

16 Q. And Wayside and what?

17 A. Ley Road.

18 Q. How far away is that from this address, the
19 7201 Hallshire? They might have also given a
20 Homestead address as well.

21 A. It's probably under a 5-mile radius.

22 Q. And how quickly did y'all make it there
23 that day, according to the records?

24 A. Five minutes.

25 Q. Pretty impressive. Did you have -- as I'm

1 looking at this, this gives the scene as 9700
2 Homestead Road. And then it also includes a
3 Hallshire. Are those streets all sort of
4 interconnecting or close to each other?

5 A. Yeah. The way this apartment complex is,
6 the actual apartment name is on Homestead but the
7 actual apartment building -- because it's separate.
8 They're separate apartment buildings. The actual
9 apartment building is on the Hallshire Street. They
10 intersect.

11 Q. Got you. Okay. I want to talk a little
12 bit more. Now, who was with you in your ambulance
13 that day? Anybody other than yourself when y'all
14 rode to the scene?

15 A. My partner Bill Bellamy.

16 Q. Okay. And is he also here today?

17 A. Yes.

18 Q. Okay. Was there just one ambulance that
19 went to the scene or more than one, or what is the
20 protocol?

21 A. This one was dispatched. It was just us as
22 the medic unit, and the engine company came with us.

23 Q. Okay. And when you say "engine company,"
24 what does that mean?

25 A. Basically, depending on who was in the

1 house, with this one it was Engine 56. So, we were
2 dispatched with Engine 56. But it can be, you know,
3 Ladder 56 because they have a ladder truck. It just
4 depends on what apparatus is in the house or
5 available to make that run. But at that time it was
6 Engine 56.

7 Q. Just a big old fire engine, is that what
8 we're talking about?

9 A. Yes. Yes.

10 Q. Okay. And was there a captain or a junior
11 captain that rode out on that?

12 A. Yeah. A captain and -- a captain, an E.O.,
13 who's the driver, and two firefighters ride with him.

14 Q. Okay. And was the captain Lopez?

15 A. Yes.

16 Q. Okay. And he's also here today, if needed;
17 is that right?

18 A. Yes.

19 Q. So, you and your partner, do y'all know
20 what apartment you're going to when you get there; or
21 are you having to depend on someone maybe flagging
22 you in, if you remember?

23 A. Usually, like on this one, it doesn't have
24 the apartment number.

25 Q. Uh-huh.

1 A. Usually it will say an apartment number,
2 but this may have just been the address that whoever
3 called gave. But the engine company was there before
4 us. So, we had a round about idea where they were.
5 So, we knew, you know, what apartment to be at
6 because it was somebody -- once they got there, it
7 was somebody there to let us know what apartment
8 number it was. But usually when it's dispatched, it
9 may say, you know, address 123, this street,
10 apartment, you know, 100. But it just depends on
11 what the person who calls says.

12 Q. Right.

13 A. Or if they're not giving an address, you
14 know, you can be -- when you call 9-1-1, it's like a
15 caller I.D. It will automatically give them an
16 address. So, they dispatch it the best they can
17 based off the info they get.

18 Q. Does the caller I.D., does that only work
19 from a landline at a house or do you think it works
20 on a cell phone?

21 A. From my knowledge, it only works off your
22 home phone or at home.

23 Q. Okay. So, they wouldn't necessarily have
24 that information if a cell phone was being used?

25 A. Yeah. I wouldn't know about that.

1 Q. Okay. Fair enough. Okay. So, you said
2 that the engine got there before just before y'all;
3 is that right?

4 A. Yes.

5 Q. Okay. So, do you go into the apartment?
6 You said you were kind of, like, directed where to go
7 by the engine guys?

8 A. Yeah. Based off the crowds that was
9 standing around, you could tell where it was.

10 Q. Okay.

11 A. Just by pulling up to that apartment, you
12 knew where it was by the neighbors and the bystanders
13 outside.

14 Q. Okay. So, there were some people that
15 started to gather?

16 A. Yeah.

17 Q. So, what did you do?

18 A. Well, once we knew we already had a Pedi
19 Plan A, just our basic things we take is our jump bag
20 and the LIFEPAK monitor.

21 Q. And what is the LIFEPAK monitor?

22 A. Basically it's a...

23 Q. Does it help to start the child's heart
24 or --

25 A. No. It's what we use for -- we put on you

1 if we're going to do a 12-lead or a 3-lead to look at
2 your -- to monitor your heart. So, basically, it can
3 be used for defibrillation. Some people know, you
4 know, you see on TV, they shock the patient?

5 Q. Yes.

6 A. Or it can just be used for the simple -- we
7 put three leads on you, put four stickers on you, and
8 it monitors your heart.

9 Q. Okay. And you can look at the photograph
10 either here on the screen or there's a screen to your
11 left. Can you see any of those little heart monitors
12 from that photograph, or no?

13 A. Yeah. Based on this photo, the large white
14 pad that's on his chest?

15 Q. Yes.

16 A. Those would have been placed by us. Those
17 are -- they call them "pedi pads," you know, to fit a
18 child. But the -- the smaller round leads like just
19 up under there and then up here, those are the
20 hospital-style leads. *(Indicating.)*

21 Q. Okay.

22 A. Because if you're in a cardiac arrest, the
23 only thing we're going to put on is those
24 defibrillator pads. We don't need the leads at that
25 time.

1 Q. So, the large white almost squarish pad
2 that's on the baby's chest, that's the pad that you
3 would have put on?

4 A. Yeah.

5 Q. And you said that that pad has a
6 defibrillator?

7 A. Defibrillator.

8 Q. Thank you. And does that help to start the
9 heart?

10 A. What the defibrillator pads are for is
11 pretty much once you make it to somebody and you put
12 the pads on, it's three to four different rhythms you
13 can see. Either there's asystole, what everybody
14 knows as the flatline. You can be in V-tach or
15 V-fib. Basically it just looks like the -- you know,
16 people see just the scribble -- kind of like scribble
17 lines.

18 Q. And the heart's just kind of going crazy?

19 A. Yeah.

20 Q. Okay.

21 A. And V-tach or V-fib, they're called. Or
22 you can be in what they call P.E.A. Basically it
23 just looks like the normal heart rhythm, but it's a
24 picture on a monitor. You see the rhythm, but then
25 there's no pulse when you feel it. And the only time

1 we would use that pad to shock them if they're only
2 in V-fib or V-tach. Any other time we don't give any
3 shocks. The other rhythms are just fixed by giving
4 the drugs.

5 Q. Okay. Now, specifically on this case then
6 with baby Kamron Kelly, when you arrived, let's just
7 start with you go inside of the apartment. Where's
8 the baby? If you recall, was he in someone's arms?
9 Was he on a surface?

10 A. From my memory, the first thing that I
11 knew, he was on -- we had him on the kitchen table.

12 Q. Okay.

13 A. It was kind of like in a living room/dining
14 room area.

15 Q. Okay. This is a photograph of State's 43
16 of the dining room table in that apartment. Is that
17 likely to be the table?

18 A. Yeah. It looks familiar; but from the time
19 that it was happening, it was so much stuff we had
20 piled on the table.

21 Q. Uh-huh.

22 A. Like the first time we went over the
23 report, you know, it was kind of back and forth about
24 was it glass on the table.

25 Q. Right.

1 A. But then we had so much stuff on that
2 table, I couldn't tell you if the glass was on the
3 table. I just remember the wood.

4 Q. Right.

5 A. You know, I remember seeing wood and the
6 chairs.

7 Q. So, when y'all arrive, I mean, you've got
8 packs and all sorts of things you're laying out to
9 assist you; is that correct?

10 A. Yes.

11 Q. Okay. Was the baby breathing when y'all
12 got there?

13 A. At that time, no. We were doing
14 ventilations with a B.V.M.

15 Q. With a what?

16 A. A B.V.M.

17 Q. What is that?

18 A. Basically has a mask that you put over his
19 face. It will cup over his nose and his mouth. And
20 it's a small reservoir bag that you would assist his
21 ventilations with, since he wasn't breathing at the
22 time.

23 Q. Is that one that you would have to squeeze
24 to cause the breath to go into his mouth?

25 A. Yes.

1 Q. Okay. And that's called again, a B?

2 A. B.V.M.

3 Q. M?

4 A. B.V.M.

5 Q. Okay. Breathing ventilation mask?

6 A. Yes.

7 Q. Okay. Thank you. And talking about -- you
8 explained all the different heart rhythms. Did y'all
9 hook the infant up to -- I guess the pack helps you
10 monitor his heart; is that right?

11 A. Yes. Once you put the pads on, it will
12 show up with a rhythm.

13 Q. And what kind of rhythm, if any, did he
14 have?

15 A. His initial rhythm was P.E.A. meaning
16 pulseless electrical activity. Basically, like I
17 said, on the monitor, you'll see a heart rate,
18 meaning he's having electrical cap, meaning you see
19 it on the monitor but when you went to check his
20 pulse, there was no pulse. So, we had no mechanical
21 capture. That's why it's called "pulseless electric
22 activity."

23 Q. So, would he even have any kind of a -- so,
24 you're saying there's no pulse that you would be able
25 to feel physically by getting a vein. You're not

1 going to be able to feel a pulse; is that correct?

2 A. Correct.

3 Q. Okay. So, is his heart beating?

4 A. At that time because he still has a rhythm
5 showing on the monitor, it's attempting to beat but
6 it's just not producing a pulse.

7 Q. Okay. And what did y'all do then in
8 response to that?

9 A. Well, the first initial thing is to get a
10 I.V. since he was already being ventilated with the
11 mask. But with him, we wasn't able to get an I.V.
12 So, we ended up giving him what they call an I.O.
13 Basically that is a second kind of method of getting
14 a vein, but it's actually taking a small drill and
15 drilling into his tibia of his leg, like down by his
16 calf area. But it works the same as an I.V., but
17 it's just a secondary method when you can't get an
18 I.V. for a cardiac arrest patient.

19 Q. Okay. So, if the baby has little maybe
20 round puncture looking marks on his leg, would that
21 be consistent with y'all drilling to get an I.V. or
22 drilling to get some sort of vein or entrance into
23 the body?

24 A. Yeah. After you establish I.O., if you
25 pull it out, say, the next day after that, it's going

1 to leave a puncture wound where it's going -- you'll
2 see like a puncture wound. Then it will be another
3 outer circle because it's a plastic cap that will
4 press up against his leg.

5 Q. All right.

6 MS. ONCKEN: May I approach the
7 witness again, Judge?

8 THE COURT: Yes, ma'am.

9 Q. (BY MS. ONCKEN) I'm going to show you two
10 photographs that have not yet been admitted,
11 State's Exhibit Number 25 and 26. And do you see
12 puncture wounds similar to what you're describing
13 documented in these photographs?

14 A. Is this his right leg?

15 Q. Yes.

16 A. Yeah. Right here. These two marks. This
17 looks like the outer edge of what would be the
18 plastic cap once you screw it. Because when you
19 screw it in, it's kind of like a drill. So, once it
20 spins it, once it hits the skin, it may produce
21 maybe, like, a little, I guess, like a skin burn.
22 Because it still spins until it goes into that bone.
23 So, that round right there and right there looks
24 consistent with where it might have been. That's
25 close to the area because it looks like this is his

1 knee area. And usually you're going about two finger
2 lengths down from his knee area to where you start
3 the I.O. at.

4 Q. All right. And I know these are not yet in
5 evidence. I won't be able to put them in for a
6 little while. So, just so we can kind of try to
7 remember for later, in these photographs we basically
8 have some circular kind of -- what would you call it?
9 Not scarring, but almost looks like scabbing. Is
10 that right?

11 A. Uh-huh.

12 Q. And looking on the leg, almost it makes
13 sort of a smiley face. Two dots and almost like a
14 circle; is that correct?

15 A. Yes.

16 Q. And you said that the circle is probably
17 from the outer part of the instrument as it pushes
18 into the child's skin?

19 A. Yes. It has a needle that sticks out, and
20 then it's a cap. So, it looks kind of like that.

21 Q. All right. Now, you had told us that you
22 were -- that when it's a pedi case, a pediatric case,
23 that there's concern about the amount of drugs that
24 might be administered; is that right?

25 A. Yes.

1 Q. Okay. What is the drug that's usually
2 administered or that was administered this time to
3 get a heart rhythm?

4 A. With a pedi the only drug for a cardiac
5 arrest is called "epinephrine."

6 Q. Okay. And did you administer that through
7 the I.O.?

8 A. Yes.

9 Q. And what does that drug -- what is it
10 supposed to do?

11 A. Epinephrine is kind of like adrenaline.
12 So, basically we give it to jump start the heart, in
13 so many words.

14 Q. Okay. Did it work on baby Kamron?

15 A. During the time that we worked him, we
16 didn't get back any pulses at the time. He remained
17 in P.E.A. and went into asystole with us.

18 Q. And asystole, what is that?

19 A. Basically that's the -- pretty much if you
20 start out P.E.A. and there is no pulse that starts
21 up, you eventually go into asystole which is just the
22 flat line, meaning there's no kind of electric
23 activity going on. So, that's kind of like the
24 purpose of the C.P.R. and the ventilating. It's
25 basically doing it for the heart since it's not doing

1 it itself.

2 Q. Did you notice any injuries to the infant
3 that were of concern to you, any physical injuries on
4 the outside that you could see?

5 A. Initially, no.

6 Q. Okay. And at some point later on, did you?

7 A. Yes. When we went to -- at a certain point
8 in the cardiac arrest, we go from bagging them with
9 the mask to intubating the patient. And basically
10 that's putting the tube down their throat to breathe
11 for them.

12 Q. Okay. Did you do that?

13 A. Well, when we went to intubate him at the
14 time, that's when I noticed the bruising to his upper
15 gum. And, so, at that time I was with my supervisor.
16 I believe my supervisor or my partner was in the
17 back, and that's when we brought it up.

18 Q. What do you mean, brought it up?

19 A. You know, I brought it up to my supervisor
20 saying, you know, he had bruising kind of like on his
21 gum. And he asked me did I brush up against him with
22 the laryngoscope, which we use to place the tube; and
23 I told him I hadn't started with it yet.

24 Q. Okay.

25 A. And that's when we brought up the idea of

1 we might want to look at calling out P.D. for this
2 here.

3 Q. Okay. Let me go ahead and show you what's
4 been admitted as State's Exhibit Number 34, a
5 photograph of Kamron at L.B.J. Hospital. Is this
6 what you're talking about, what we see here in this
7 photograph?

8 A. Yes.

9 Q. Okay. And just so I understand, you were
10 starting to intubate him with the tube; is that
11 correct?

12 A. Yes.

13 Q. When you noticed injuries to the lips; is
14 that right?

15 A. Yes.

16 Q. Or, I guess, both upper and lower lips and
17 gum area; is that --

18 A. Yeah, the lips and the gum. Up under his
19 top lip and then on the inside of his -- inside of
20 his lip. *(Indicating.)*

21 Q. Okay. And am I understanding correctly
22 then that you paused from intubating him and told the
23 supervisor what you saw or --

24 A. It was just a general -- because we was all
25 in the back of the unit, a general comment out that,

1 you know, he had some bruising to the inside of his
2 lip and his mouth.

3 Q. Okay. So, this is then -- I guess you have
4 already taken the child and you're now in the
5 ambulance?

6 A. Yeah. We was on the way to the hospital
7 now.

8 Q. Okay. Who all rides with you to the
9 ambulance -- or that day? How does that work?

10 A. It's more depending on actually who you got
11 on hand to take with you. To the best of my
12 knowledge, I believe at that time it was me, my
13 partner Bellamy, and my supervisor at the time then,
14 Captain Shaw.

15 Q. Okay. Captain Shaw was your supervisor?

16 A. Yes.

17 Q. Okay. And then who drives the ambulance?
18 Who drove that day?

19 A. With that, I don't know specifically what
20 guy drove; but somebody from the fire engine would
21 drive us.

22 Q. Okay. So, in other words, you and your
23 partner Bellamy can keep working on the baby while
24 someone else drives the ambulance?

25 A. Yes.

1 Q. Okay. And, so, you see this and you just
2 sort of comment out loud, "Hey, this is what I see"?

3 A. Yes.

4 Q. Okay. And was it Shaw that responded back,
5 Captain Shaw?

6 A. I don't remember.

7 Q. Okay. That's okay. But you were starting
8 to explain to us about some sort of apparatus that
9 someone asked you, "Hey, did you bump the child's lip
10 with this"?

11 A. Yeah. The laryngoscope is basically what
12 we use when we go to place a tube. I don't know how
13 to explain it, but it has a blade. Well, once you go
14 into someone's mouth, it helps with moving the tongue
15 out of the way so you can actually see -- you'll see
16 one of two things. You'll see their trach airway or
17 you'll see their esophagus to their stomach. So,
18 basically, it's used to lift up so you can place a
19 tube in there, in their trach.

20 And one of the common things that
21 happens with it is when you're lifting, it can slip,
22 it can fall, it can press. So, it's more of a thing
23 that's kind of done with caution now.

24 Q. Okay.

25 A. Because you can cause things to go wrong

1 when you're in there doing it.

2 Q. Okay.

3 A. So, with him, I had never -- you know, I
4 started to go in; but then that's when I noticed it.

5 Q. So, you had not yet begun to put the -- you
6 said laryngoscope?

7 A. Yes.

8 Q. All right. You hadn't yet even started
9 that when you noticed the bruising to his mouth?

10 A. Yes.

11 Q. Okay. So, what did that tell you then?
12 Were you confident then that nothing you had done
13 medically had caused the injury to the mouth; is that
14 right?

15 A. Correct.

16 Q. So, then that in conjunction with this baby
17 being in serious distress and cardiac arrest, did
18 y'all have a concern?

19 A. Well, with kids or with pedis, one of the
20 big things they say when you find them in cardiac
21 arrest or in situations where they're not responsive,
22 one of the big things they kind of beat into our head
23 is you need to look to see if something's wrong.
24 Because usually if a kid's in cardiac arrest,
25 something has caused it. So, you have to -- pretty

1 much you have to fix the problem. You know, some
2 things you can fix. Some things you can't, you know.
3 But with kids it's always been beaten into our head
4 that if something's wrong, you need to find out
5 what's wrong. I mean, that's with adults, also.
6 You've got to find the problem, fix the problem.

7 Q. Right.

8 A. But in kids, it's put out there that in
9 cardiac arrest, you need to look for other things or
10 signs that stick out. Not necessarily say it's this
11 or that. But if you notice things that don't fit in
12 place, you need to bring it to someone's attention.

13 Q. And, so, is it fair to say that -- and when
14 you say they beat it into our heads, you mean your
15 trainers?

16 A. Yeah, the instructors. When we go through
17 medical management classes, there's different type of
18 things that's being brought up, you know. Not
19 necessarily if you suspect abuse; but if it looks
20 like it, you need to bring it up. You know, it may
21 not be anything. It may -- you know, it can go
22 either way.

23 Q. Okay.

24 THE COURT: Ms. Oncken, let me stop
25 you there. We need to go ahead and stop and take a

1 lunch break at this time.

2 Members of the jury, you're going to
3 go with the bailiff to lunch. Please make sure you
4 stay with the bailiff. Don't go wandering off on
5 your own. Don't discuss the case amongst yourselves
6 or with anybody else. If somebody approaches you and
7 tries to talk to you about the case or about your
8 jury service, tell them that you cannot have that
9 conversation. If that does happen, make sure you let
10 the bailiff know. And we're going to shoot for an
11 hour. It might be a little bit longer than that.
12 We'll be waiting for you if you're after that. So,
13 enjoy lunch. And we'll reconvene in one hour at
14 2:15.

15 Please retire the jury.

16 *(Jury leaves courtroom)*

17 *THE COURT:* Sir, we'll need you back
18 in an hour.

19 By way of housekeeping: Anything that
20 is admitted, please put that on the court reporter's
21 desk. We're going to do that every time we take a
22 break so we don't lose anything.

23 Second housekeeping thing: Are there
24 any witnesses out there that y'all want to either
25 release from their subpoena or release for the day

1 and keep on call? And if so, who?

2 MS. ONCKEN: Mr. Baker. Want to keep
3 him here.

4 THE COURT: You want to keep him here
5 today?

6 MS. ONCKEN: Well, my investigator who
7 is here gave him a ride. So, the only way he's
8 leaving is if somebody from my office is taking him.

9 MR. MARTIN: As long as we can get him
10 back -- if I'm able to impeach him with Avila --

11 THE COURT: That won't be today.

12 MR. MARTIN: It won't be today.

13 MS. ONCKEN: Avila, I don't see him
14 coming on until tomorrow.

15 THE COURT: Okay. So, he's on call.
16 Tell him don't make plans to go anywhere else.

17 MS. ONCKEN: He's going to go to
18 Starbucks and start his shift.

19 THE COURT: Okay. So, he's on call.
20 Then what about Sergeant Williams?

21 MR. MARTIN: Whatever you want to do.

22 MS. ONCKEN: He's actually on shift
23 from 3:00 to 11:00. So, he's probably going over to
24 H.P.D. right now. So, he'll be downtown.

25 THE COURT: Okay. So, he's not

1 released. When I say "released," I mean released
2 from his subpoena for the rest of the trial. That's
3 what I'm talking about.

4 MS. ONCKEN: Right.

5 MR. MARTIN: I'm done with him.

6 THE COURT: I don't care. I just want
7 to make sure --

8 MS. ONCKEN: I'm going to ask for him
9 to just be available, and I know where to get him.

10 THE COURT: And just in terms of if
11 you think you might need somebody back, if y'all can
12 be pretty good about communicating maybe the day
13 before to make sure we're not sitting around waiting
14 20 minutes or an hour for somebody who's on call but
15 didn't know and that kind of thing.

16 MS. ONCKEN: Yes.

17 THE COURT: Otherwise, I'll make them
18 all stay here the whole time.

19 (Pause)

20 MS. ONCKEN: Judge, we have a witness
21 in the holdover, Paco, Alex Acosta. Our question
22 is -- Mr. Blizzard is here, and he is representing
23 Mr. Acosta.

24 THE COURT: That answers my other
25 question, why Lester was hanging around.

1 MS. ONCKEN: And I'll give you all of
2 his record. He has pending cases in the 178th.
3 Lester is representing him on that. That's why he is
4 here. We have clothing for him. The question is:
5 May he dress out?

6 THE COURT: Why?

7 MS. ONCKEN: Well, I mean, in terms
8 of -- the defendant gets to dress out, and it's the
9 same --

10 THE COURT: Yeah, but it's not his
11 trial.

12 MS. ONCKEN: Right. But, I mean, it's
13 the same concept. I mean, if there's any kind of
14 prejudice that a jury would get by wearing a
15 jumpsuit, then I would ask that the witness be able
16 to have the same ability to dress out so that the
17 jury doesn't see him in a big orange jumpsuit. I
18 mean, they'll know about the cases; but it's the same
19 idea for why a defendant doesn't.

20 THE COURT: What is his history?

21 MS. ONCKEN: U.U.M.V.s. Drugs. The
22 current case is retaliation and a P.C.S.

23 THE COURT: I don't know that I've
24 ever done that before, let a witness dress out who's
25 not the person that's on trial. So, I'm going to say

1 no.

2 MS. ONCKEN: Okay. That answers that
3 question.

4 But you want to stay for his
5 testimony, right?

6 MR. BLIZZARD: My client asked that I
7 stay for his testimony --

8 THE COURT: Okay.

9 MR. BLIZZARD: -- just in case there's
10 an issue.

11 THE COURT: Sure.

12 (Luncheon recess)

13 THE COURT: Go ahead and bring them
14 out.

15 (Jury enters courtroom)

16 THE COURT: Be seated, please.

17 Welcome back. I think we were still
18 on direct, correct?

19 MS. ONCKEN: I believe so. May I
20 proceed, your Honor?

21 THE COURT: Yes, ma'am.

22 Q. (BY MS. ONCKEN) All right. Are you the
23 same Christopher Stoneham that was here testifying
24 before the lunch break?

25 A. Yes, ma'am.

1 Q. Okay. And you are still under oath,
2 correct?

3 A. Yes, ma'am.

4 Q. Okay. I'm trying to remember where we had
5 left off, and I think we were talking a little bit
6 about receiving training to be really looking out for
7 other signs of injury if a child is in cardiac
8 arrest; is that right?

9 A. Yes, ma'am.

10 Q. Okay. Now, when y'all were still in the
11 apartment in the scene and you were working on the
12 child, did yourself or one of the other either
13 paramedics or firefighters try to talk to anybody to
14 get, like, a patient history --

15 A. To --

16 Q. -- if you know?

17 A. To my knowledge, I couldn't tell you. I
18 was --

19 Q. Focused.

20 A. -- focused on the task at hand.

21 Q. Absolutely.

22 A. You know, usually somebody probably is
23 asking questions. But at that time, me, I'm figuring
24 what I need to do to get going.

25 Q. And is that also part of your protocol

1 that -- do y'all have different roles that you play
2 or different things that you're going to work on when
3 you get to a scene like that?

4 A. As far as, I guess, roles to play, you know
5 it's --

6 Q. Like, in other words, if one of the
7 firefighter captains was there, Captain Lopez or
8 Shaw, would they more try to assess, you know, the
9 situation, okay, who's in charge here and get a
10 history then, while you and Bellamy worked on the
11 patient?

12 A. Yeah. That's more of the initial captain,
13 or sometimes it may be an E.O. It's not really a
14 designated spot. It's just somebody gets a history,
15 a name, age, you know, find out who is who. I guess
16 in this situation, who is mom, who is dad, you know,
17 who's who in the house. Because at that time there
18 was a lot of people in the house, whereas up until
19 the point of Captain Shaw getting there. Once
20 Captain Shaw gets there, because he's the E.M.S.
21 supervisor, it becomes more of his scene.

22 Q. And you had said something about the first
23 person on the scene would probably be the one, you
24 know, who's figuring out who's who and maybe get a
25 patient history or what do we have; is that right?

1 A. Yes.

2 Q. And in this case, am I correct that the
3 first on the scene would have been Captain Lopez?

4 A. Yeah, him and his engine crew.

5 Q. Okay. And you had said that you have done
6 numerous -- clearly hundreds of emergency scenes in
7 the last two years. Do you happen to recognize
8 anybody in court today from that scene back on March
9 31st of 2010?

10 A. No.

11 Q. Okay.

12 A. I couldn't tell you who was in the room,
13 other than me and, you know, the guys with me.

14 Q. Right. The guys you work with?

15 A. Yeah.

16 Q. Okay. So, going back to -- y'all are
17 driving over in the ambulance with the patient. And
18 you told us before you put the scope in his mouth or
19 throat that you noticed the bruising on his mouth,
20 correct?

21 A. Correct.

22 Q. Then y'all arrive at the hospital. What
23 happens at the hospital? Do the medical people from
24 the hospital take over?

25 A. Yeah. Once we get there, we go in. We'll

1 give them kind of, like, a brief report to them,
2 pretty much age, sex, how we found him, initial
3 rhythm, pretty much what rhythm he's been in the
4 whole time, and then a total of amount of drugs we've
5 given him. We gave him epi. So, we told them a
6 total of, you know, X amount of epis were given.
7 Like since epi was weight based with a pedi, we was
8 given a weight by, you know, a guesstimation of his
9 weight. So, we tell them he weighs about, you know,
10 X amount of pounds. So, we gave this much epi and we
11 gave it this many times. Just kind of like a brief
12 description of what we find, what we found, and what
13 we gave, and what we did. And then they'll take over
14 from there. If they have any other questions,
15 they'll just say them out loud. If we've got an
16 answer, we answer to them. But if we don't have
17 anything, you know, after that we leave it to them.

18 Q. And, so, did you stay then in the emergency
19 room at L.B.J. while the doctors from the hospital
20 worked on the baby?

21 A. Not physically in the -- because we take
22 them into a shock room. It's called a "shock room."

23 Q. Uh-huh.

24 A. Not physically in the shock room, but we
25 were still there.

1 Q. At the hospital?

2 A. Yeah, at the hospital.

3 Q. Okay. Available if you were needed?

4 A. Yeah.

5 Q. Okay. Did you see any H.P.D. officers
6 arrive at the hospital that evening?

7 A. It was later -- I mean, it was the same
8 time but later.

9 Q. Right.

10 A. Because I was back into the -- back in the
11 back of the unit typing my report once H.P.D. showed
12 up.

13 Q. Did you wait for them specifically, or you
14 just happened to still be at the hospital?

15 A. No. We were still there. Usually on a
16 cardiac arrest, you'll probably be at the hospital
17 anywhere from 45 minutes to an hour after you've
18 transferred patient care.

19 Q. And were you still there when the infant
20 was transferred to Texas Children's Hospital in the
21 Kangaroo Unit?

22 A. No, we had left. We ended up making
23 another run that we took to L.B.J., and we seen a
24 Kangaroo Crew out there; but we -- you know, at the
25 time we didn't pay it any mind. You know, we just

1 saw the Kangaroo Crew. So, we didn't know that it
2 was there for him. So, once we left after we
3 finished, finished with transferring him over and
4 came back with that second one, we seen the Kangaroo
5 Crew; but, you know, it didn't cross our mind that it
6 was for him.

7 Q. That it was for baby Kamron. Did you have
8 occasion to talk to anybody from H.P.D. and just kind
9 of let them know what you noted, specifically the
10 injuries to the baby's mouth?

11 A. Initially at the hospital when we --

12 Q. At any time.

13 A. Yeah. Once H.P.D. got there, when we met
14 with them, you know, the same thing. We give them
15 the info, name, address where we found him, and then
16 we just give them kind of, like, a picture of what we
17 found. Because they're just looking at, you know,
18 when y'all got there, what did y'all do. They're not
19 too much concerned about, like, what drugs we gave.
20 It's more of what did we see from the first minute we
21 got there until we started doing what we was doing.

22 Q. So, they're coming at it, am I correct in
23 saying, from a more legal or possible criminal charge
24 aspect instead of a medical aspect?

25 A. Yes.

1 Q. The police. Okay. And did you let them
2 know that you had some concerns about the injuries to
3 the baby?

4 A. Yeah. It was just a simple conversation
5 of, you know, he had some bruising to his upper lip
6 and that it was stated that a bottle broke in his
7 mouth. That's what, you know, we left them with.
8 You know, that's all we know.

9 Q. Then let's talk about that. When you say
10 "he stated" -- is that what you just said?

11 A. Yes.

12 Q. Okay. Let's talk about that. Who is the
13 he that we're talking about now?

14 A. Well, at the time when we -- you know, the
15 day of, the he to me I thought was his father or his
16 parents.

17 Q. Okay.

18 A. It was the young lady and young man there
19 at the time. So, I assumed that those were his
20 parents.

21 Q. Okay. When you say a young lady and a
22 young man there at the time, are you talking about
23 the hospital?

24 A. Yes, we was at the hospital.

25 Q. All right. Before you were at the

1 hospital, the man that you're speaking of, was he
2 also in the apartment when you arrived?

3 A. I couldn't -- that's one of them ones I
4 couldn't tell you, it was so many people in there.

5 Q. Focusing on the baby. Okay. In your
6 report that's been admitted as 92, I think y'all do
7 talk about mother and father. So, again, I guess if
8 there's a male that is with the mother, I guess just
9 logical conclusion is he's the baby's father?

10 A. Yes.

11 Q. Okay. And do you recall whether or not the
12 individual that you believed to be the child's
13 father, was it a black male, white male, Hispanic
14 male, if you can recall?

15 A. To my knowledge it was a black male.

16 Q. Okay. And did yourself or someone else
17 have an occasion to talk to who you believed to be
18 the baby's father at the hospital, at L.B.J.?

19 A. After the bottle comment or in general?

20 Q. That's what I'm speaking of specifically,
21 about the bottle comment.

22 A. No. After the bottle comment, it was no
23 other conversation with the parents. Because we just
24 kind of leave of it at -- you know, like I said, I
25 was assuming it was his parents. A few questions

1 about, you know, was he sick, anything wrong with
2 him. And then you know, I'm going to get out of the
3 way so if they want to go and see their child, leave
4 it at that.

5 Q. Okay. And what I was poorly trying to ask
6 was I want to go back to the comment that was made
7 about the bottle. So, you are having this
8 conversation with both the mother and father; is that
9 correct?

10 A. Yeah. It was the mother, father, and my
11 supervisor, Captain Shaw.

12 Q. Okay. And, so, are you trying to ask them
13 questions about patient history or what?

14 A. It was just a general has he been sick,
15 anything been wrong with him, has he been -- you
16 know, kind of like general questions to see if it's
17 something we didn't know. Because on the scene, it
18 was kind of a chaotic scene where nobody kind of knew
19 a real -- has he been sick or something been wrong.
20 So, it was more of to kind of try to fill in some
21 blanks, has he been sick or something been going on.

22 Q. And what, if anything, did the mother and
23 what you believed to be the father say about whether
24 or not he had been sick?

25 A. It was just the general comment that I put

1 in there about he had a cold.

2 Q. Okay.

3 A. And then we had brought up about the little
4 bruise to his lip, and that's when it was said, you
5 know, the bottle broke in his mouth.

6 Q. And it was who -- which of the male or the
7 female told you that?

8 A. To the best of my knowledge, I believe it
9 was the male.

10 Q. Okay.

11 A. But they both were there. So, it could
12 have been either.

13 Q. If you want to go ahead and flip to the
14 first page of the report, the end of your narrative,
15 the second sentence from the top, when it says when
16 asked about bruising to the lip and gums, father
17 stated --

18 A. Second from the top?

19 Q. It's faster to just point to it. Okay.
20 Right here.

21 A. Yeah.

22 Q. Does that refresh your memory a little bit?

23 A. Yeah.

24 Q. Okay. So, you said you talked to both the
25 parents about whether or not the child had been sick?

1 A. Uh-huh.

2 Q. And they said he had had a cold. And then
3 when you asked about the bruising to the lip and
4 gums, which one was it that answered?

5 A. The father said he had the bottle broke in
6 his mouth.

7 Q. Okay. And, so, that was his explanation to
8 you for how the baby received these cuts was that a
9 bottle broke in his mouth?

10 A. Yes.

11 Q. Okay. And did you then relay that
12 information to H.P.D. officers that were there at the
13 hospital or in any way relay that to them?

14 A. I don't remember.

15 Q. Okay.

16 A. I think we just told them about the
17 bruising; but I don't remember exactly if I said, you
18 know, he said the bottle broke in his mouth.

19 Q. Okay. I'm going to guess the answer is you
20 weren't paying attention, but did you happen to see
21 any broken bottles there at the scene at the
22 apartment?

23 A. Not on the table I was working on. I
24 didn't see any.

25 Q. Okay. Would it be fair to say your focus

1 was pretty much on the baby and that table?

2 A. Yes.

3 Q. But nothing in that immediate area that you
4 noticed?

5 A. No.

6 Q. All right. What the -- who we're calling
7 the father, what he was telling you about this bottle
8 breaking in the child's mouth, did that make sense to
9 you?

10 MR. MARTIN: Objection, your Honor.
11 Calls for a conclusion.

12 THE COURT: Sustained.

13 Q. (BY MS. ONCKEN) Do you know how H.P.D. was
14 notified that they should come to the hospital, that
15 they had a case of possible child abuse? Would it
16 be --

17 A. No, I don't -- I don't -- I mean, we have
18 our -- we can call, but I don't know if we
19 specifically called.

20 Q. Okay.

21 A. I don't know if we did it.

22 Q. All right. But that is something that
23 happens sometimes?

24 A. Yes.

25 Q. Okay. Let's talk about C.P.R. when it

1 involves an infant. And did y'all, yourself or your
2 partner Bellamy, do C.P.R. on baby Kamron, either in
3 the apartment or on the way to the hospital?

4 A. In the apartment, I know we didn't do
5 C.P.R. It probably was somebody off the engine crew.
6 But probably en route it was probably one of us.

7 Q. From the apartment over to the hospital?

8 A. Yeah.

9 Q. Okay. And when you do C.P.R. on an infant,
10 how much pressure is used? Is it very light, lighter
11 than you would for an adult?

12 A. For a child his size, it's just pretty much
13 a two thumb. Because he's small enough, you can
14 grasp him in your hands like this, and you use your
15 two thumbs. It's pretty much about the center of his
16 chest right around his nipple line.

17 Q. If this infant was later found to have
18 cracked ribs or rib fractures, not in the front but
19 on the backside against his back, would that in any
20 way be a result of C.P.R. that y'all performed on
21 him?

22 A. *(No response.)*

23 Q. In other words, is it possible to crack a
24 baby's ribs on the backside like that by doing C.P.R.
25 the way that you're trained?

1 A. Yes and no. It's possible, but it's hard
2 to call. You know, I'm not, I guess, the expert at
3 it.

4 Q. Okay.

5 A. I mean, anything's possible.

6 Q. Understood. Okay. Is it probable the way
7 that you were trained, the way that you worked on
8 that baby that day?

9 A. How we're trained, no. It's not supposed
10 to happen, breaking ribs in the back.

11 Q. Okay. I want to show you State's
12 Exhibit 119 which I believe is up here. Okay.
13 State's Exhibit 119 that's been introduced, a
14 gentleman named Paco has been described. This
15 Hispanic male in this photograph, 119, was he there
16 at the scene that day when you went to the apartment
17 to work on the baby? Do you recognize him?

18 A. I don't recognize him.

19 Q. Okay.

20 MS. ONCKEN: We'll pass the witness.

21 CROSS-EXAMINATION

22 Q. (BY MR. MARTIN) Firefighter Stoneham, more
23 than once you talked about how many people were in
24 the apartment when you got there. Remember that?

25 A. Yes, sir.

1 Q. All right. And is everything you're
2 testifying to today, do you remember it or are you
3 having to look at your offense report and make a good
4 guess at it?

5 A. It's a combination of both. Quite of bit
6 of it I remember. Because like I said earlier, one
7 of these incidents -- it's probably one of the few
8 I've made in the last two to three years. But also,
9 I guess, you'd say when we're trained one of the big
10 things they harp on you about is when you write your
11 report, make sure you kind of paint that picture
12 because you never know when somebody's going to pick
13 it up and read it and you need to go back to it.

14 Q. Okay. Now, tell me about what time it was
15 you yourself and your partner got to the apartment.

16 A. As in time of day or exact time?

17 Q. Time of day.

18 A. Eveningtime. Dinnertime.

19 Q. Okay. Now, you said there were a lot of
20 people there. Can you give me an idea? Who was in
21 the apartment when you got there?

22 A. Initially me and my partner, the engine
23 company, and then just in general, other people. I
24 don't know if they were actual people who stayed
25 there or --

1 Q. All right. Let me ask you: When you say
2 your engine company was there, who's that?

3 A. That's a total of four guys. It would be
4 the captain, two firefighters, and an E.O.

5 Q. So, it's four firefighters?

6 A. Yes. Four firefighters.

7 Q. Were they in the apartment?

8 A. When I got there, yes.

9 Q. All four of these guys were in Apartment
10 Number 235?

11 A. Yes.

12 Q. All right. I'll call them civilians. Were
13 there any civilians or people who were not
14 firefighters in the apartment?

15 A. Yes.

16 Q. How many of those were there?

17 A. That, I don't have an exact number. It
18 could be anywhere from three to five people.

19 Q. Were they all males?

20 A. That, I'm not sure of.

21 Q. Other than the baby Kamron who you ended up
22 working on, were they all adults?

23 A. To my knowledge, yes.

24 Q. Did you ever speak to them there in the
25 apartment, or were you always focused on the child?

1 A. No. In the apartment I didn't speak to
2 anybody. It was just on the child or with one of the
3 other firefighters as in to do this or do that.

4 Q. As soon as you walked in the door and you
5 saw the baby, you went to work on the baby?

6 A. Yes.

7 Q. All right. Do you know who it was within
8 the firefighters that were talking to what I'm
9 calling the civilians?

10 A. As far as the crew that was with me who was
11 talking to the civilians?

12 Q. Yes, sir. What firefighters were talking
13 to the civilians?

14 A. Initially I believe it was Captain Lopez.
15 That was the captain on the engine.

16 Q. So, Captain Lopez got there before you did?

17 A. Yes, sir. The engine company was there
18 prior to us.

19 Q. Okay. Do you recall if H.P.D. was already
20 on the scene when you got there?

21 A. At the apartment, no, they wasn't there.

22 Q. All right. Do you recall -- do you
23 remember if they came, if they arrived on the scene
24 while you were still there?

25 A. No, they wasn't there.

1 Q. So, when you left, H.P.D. had not arrived?

2 A. No, they didn't arrive -- we didn't see
3 H.P.D. until we got to L.B.J.

4 Q. All right. Did any civilians ride with you
5 guys in the ambulance to the hospital with the child?

6 A. Not in the back. I couldn't -- nobody rode
7 in the back with us. Somebody could have rode up
8 front. Because, I mean, by procedure, because it's
9 an infant, the parent needs to ride. So, you know, I
10 can only assume that the parent rode in the front,
11 you know, the front of the cab. We were in the back.

12 Q. You're in the back working on the baby?

13 A. Yes.

14 Q. The driver, chauffeur, whatever you call
15 them, they would be up front driving the vehicle?

16 A. Yes.

17 Q. And there was room there for one or two
18 adults to get in there if they need to be transported
19 to the hospital, too?

20 A. In the back of the unit or up front?

21 Q. Up front.

22 A. Up front it's just one seat for one person.

23 Q. And you just don't remember if mom or dad
24 or any adult went with y'all to the hospital?

25 A. Correct. I couldn't tell you if someone

1 did.

2 Q. Okay. After you get to the hospital -- and
3 I don't know the proper term. After you turned the
4 child over to the hospital personnel, is this when
5 you talked to some of the family members?

6 A. To the best of my knowledge, once we
7 transferred the care over to the E.R. --

8 Q. Yes, sir.

9 A. -- when we came out, Captain Shaw was
10 already talking with them.

11 Q. All right. Now, is Captain Shaw, was he
12 the engineer or is he a different captain?

13 A. No. He's the supervisor, the E.M.S.
14 supervisor.

15 Q. Okay.

16 A. On cardiac arrests.

17 Q. Yes, sir.

18 A. Usually you get, you know, depending on
19 what's available, a medic unit, an engine company on
20 an ambulance; but you always get a supervisor, E.M.S.
21 supervisor.

22 Q. And he would have -- in a situation like
23 this, he would be called to the hospital?

24 A. He would be dispatched with us also to the
25 scene.

1 Q. Did you ever see Captain Shaw at the scene
2 at the apartment?

3 A. Yeah, we seen Captain Shaw. We was already
4 getting the child loaded up headed out to our unit.

5 Q. All right. Is that where you think Captain
6 Shaw visited with the family, or did he visit with
7 them at the hospital?

8 A. That, I don't know when it initially
9 started.

10 Q. All right. Did you ever visit with any of
11 the family members, either at the apartment or at the
12 hospital?

13 A. Just for that brief second when it was
14 asked about any kind of sicknesses or illnesses and
15 about the upper lip.

16 Q. That brief visit was at the hospital?

17 A. Yes, that was at L.B.J.

18 Q. And how many people were you talking to at
19 that time?

20 A. At that time it was two.

21 Q. All right. A man and a woman?

22 A. Yes.

23 Q. And are these the people you assumed were
24 the parents?

25 A. Yes.

1 Q. And you can't tell us how the man and the
2 woman got to the hospital?

3 A. Correct.

4 Q. Had you seen or do you remember if you saw
5 that man and woman at the apartment before you saw
6 them at the hospital?

7 A. No, sir.

8 Q. You can't tell us if they were at the
9 apartment or not?

10 A. Correct. I couldn't tell you exactly who
11 was there or not.

12 Q. Do you know if anyone was doing C.P.R.
13 before you got there? On the child, of course.

14 A. Prior to us getting there?

15 Q. Yes, sir.

16 A. As in -- well, I know once we got there,
17 our engine crew was doing it. But prior to the
18 engine crew, I don't know if it was.

19 Q. Did you see a member of the engine crew
20 doing C.P.R.?

21 A. Yes.

22 Q. How were they doing it?

23 A. The way I showed you earlier. You grasp
24 him -- like, if this was him...

25 Q. Yes, sir.

1 A. Because of his size, you can grip him like
2 this here; and then you do the compressions with your
3 two thumbs together. *(Indicating.)*

4 Q. Do you pick him up?

5 A. No. You can have him down near the table;
6 but you use the back of your hands for, like, a
7 bracing way, you know. Like if you try to do C.P.R.
8 on somebody in a bed --

9 Q. Right.

10 A. -- it would be a little bit difficult
11 versus if they was laying on the floor in the home.
12 So, you have to have somewhat of a firm surface to do
13 C.P.R. You can't just do it, like, in a bed or in a
14 recliner or on the couch. Like, one of the first
15 things they tell you is if you're going to start
16 C.P.R., you need to make sure you're on a firm, hard
17 surface. So, you need to move them to the floor or
18 you need to move them to a backboard, depending on
19 what the situation is when you get there.

20 Q. And where was he when you walked in and the
21 engine crew was doing C.P.R.?

22 A. When I walked in, they was on that dining
23 table.

24 Q. And did they -- whoever did it, they have
25 their hands under him like you just demonstrated?

1 A. Yes.

2 Q. And their thumbs on top pushing down?

3 A. Yes.

4 Q. Okay. If someone was not trained like you
5 and your fellow firefighters and did some sort of
6 different technique to do C.P.R., could they hurt the
7 baby?

8 A. Yes. That's possible.

9 Q. You talked about -- you even used the
10 phrase, I think -- and stop me if I got it wrong --
11 that a big thing is beat into your head in training
12 and I think we're talking about cardiac arrest of
13 children. Is that right? Did you use that phrase?

14 A. Yes.

15 Q. It is beat into you to look for other
16 things or look for something out of the ordinary?

17 A. Yes. Like when you make a cardiac arrest,
18 you're -- in so many words, to fix a cardiac arrest
19 you have to find what's wrong. It can be -- for
20 instance, you know, people who are diabetics, they
21 have low blood sugar.

22 Q. Sure.

23 A. It could be low blood sugar that sends
24 somebody into cardiac arrest. Not necessarily, you
25 know, a child. But you're taught to look for things

1 that may be causing a cardiac arrest. So, if you can
2 fix those things, you're giving them a better chance
3 of getting a return of pulses.

4 Q. Is this just for children or anybody?

5 A. No. It's across the board with anybody.
6 It's just depending on pedi versus an adult, when in
7 an adult you're going to look for different things
8 versus as if you look for a pedi.

9 Q. Okay.

10 A. Where some things may be the same for both
11 pedi and adult. But some things you look for
12 differently with pedis, whereas some things you look
13 for differently in adults.

14 Q. Thank you, Firefighter.

15 MR. MARTIN: I'll pass the witness.

16 THE COURT: Anything else?

17 MS. ONCKEN: No, your Honor. We'll
18 pass the witness.

19 THE COURT: Thank you, sir. You can
20 step down.

21 May the witness be excused for the
22 day?

23 MS. ONCKEN: Certainly for the day.

24 We would just ask that he be on call. I've got all
25 his numbers.