

1 John J. Verber, State Bar No. 139917  
2 James Y. Higa, State Bar No. 225683  
3 BURNHAM BROWN  
4 A Professional Law Corporation  
5 P.O. Box 119  
6 Oakland, California 94604  
7 ---  
8 1901 Harrison Street, 11th Floor  
9 Oakland, California 94612  
10 Telephone: (510) 444-6800  
11 Facsimile: (510) 835-6666  
12 Email: jverber@burnhambrown.com  
13 jhiga@burnhambrown.com

14 Attorneys for Defendant  
15 RAMON J. ALCANTAR individually and in his capacity as  
16 a police officer for the City of Oakland

17 UNITED STATES DISTRICT COURT

18 FOR THE NORTHERN DISTRICT OF CALIFORNIA

19 MIGUEL ORTEGA, BENJAMIN ORTEGA,  
20 a minor, by and through his Guardian Ad  
21 Litem, ANA ROSA ORTEGA

22 Plaintiff,

23 v.

24 CITY OF OAKLAND, OAKLAND POLICE  
25 DEPARTMENT, WAYNE TUCKER, in his  
26 capacity as the Police Chief of the City of  
27 Oakland, SGT. BERNARD ORTIZ,  
28 individually and in his capacity as a police  
officer for the City of Oakland, OFC.  
RAMON J. ALCANTAR, individually and in  
his capacity as a police officer for the City of  
Oakland, and DOES 1 THROUGH 200,  
inclusive,

Defendants.

No. C-07-02659 JCS

**DEFENDANT RAMON J. ALCANTAR'S  
OBJECTIONS TO PLAINTIFF'S  
DEPOSITION DESIGNATIONS OF  
THE TESTIMONY OF DR. SEAN  
HANEY AND COUNTER  
DESIGNATIONS**

Trial Date: December 1, 2008  
Time: 8:30 a.m.  
Location: Courtroom A  
Judge: Joseph C. Spero, Magistrate  
Judge of the United States  
District Court

*At ruling*

Defendant RAMON J. ALCANTAR ("Ofc. Alcantar") articulates the following objections to Plaintiff's designations of trial testimony of Dr. Sean Haney, MD, in the above-captioned matter, and Ofc. Alcantar's counter designations where appropriate.

DEFENDANT RAMON J. ALCANTAR'S  
OBJECTIONS TO PLAINTIFF'S DEPOSITION  
DESIGNATIONS OF THE TESTIMONY OF DR.  
SEAN HANEY AND COUNTER DESIGNATIONS

**FILED**

DEC X 3 2008

**RICHARD W. WIEKING**  
CLERK U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff's Designation(s)	Ofc. Alcantar's Objection(s)	Ofc. Alcantar's Counter Designations/Supplemental Designations
18:1-25	18:20-25: Hearsay <i>overlaid</i>	
27:3-11	27:3-11: Insufficient Foundation (in that designated testimony is an incomplete articulation of Dr. Haney's actual testimony on this issue).	27:1-25 <i>OK</i>
		<i>OK</i> 30:1-3 (Follow-up testimony regarding lack of scarring on Plaintiff's right wrist at time of first visit).
		<i>OK</i> 32:19-33:6 (Additional opinion testimony regarding possibility of exacerbation based on Plaintiff's gap in treatment)
		<i>OK</i> 34:7-19 (Additional opinion testimony regarding cause of injury)
	<i>submitted on 8/20 19-24</i>	<i>OK</i> 34:20-35:4 (Testimony regarding scarring not visible at time of first visit)
36:19-25	36:19-25: Hearsay	36:8-13 <i>OK</i>
37:1-19	37:12-19: Lacks foundation; Improper hypothetical; <i>overlaid</i>	

1		Assumes facts not in	
2		evidence	
3	38:2-4	38:2-4: Unintelligible	<i>estained</i>
4		citation contains no	
5		testimony	
6	38:7-23; 38:16-25; 39:1-11	38:7-23; 38:16-25; 39:1-11:	<i>sustained</i>
7		Lacks foundation; Improper	
8		hypothetical; Assumes facts	
9		not in evidence	

10  
11 DATED: November 17, 2008

BURNHAM BROWN

12  
13  
14 /s/ James Y. Higa 11/18/2008

15 James Y. Higa, Esq.  
16 BURNHAM BROWN  
17 Attorneys for Defendant  
18 OFC. RAMON J. ALCANTAR, individually  
19 and in his capacity as a police officer for the  
20 City of Oakland

21  
22  
23  
24  
25  
26  
27  
28 900638



1	MONDAY, JULY 21, 2008	10:53 A.M.	
2	PROCEEDINGS		09:20:55
3	(Whereupon, Deposition Exhibits 1 through		10:52:00
4	12 were pre-marked for identification.)		10:52:00
5	<b>THE VIDEOGRAPHER:</b> On the record.		10:52:00
6	My name is Stewart Pettigrew. I'm a qualified		10:52:41
7	video technician and a notary public for the County of		10:52:44
8	Alameda, State of California. I'm videotaping on behalf		10:52:47
9	of Televideo Production Services at 3655 Grand Avenue in		10:52:50
10	Oakland, California, 94610.		10:52:56
11	Today's date is July 21st, 2008, and the		10:52:59
12	present time on the monitor is approximately 10:53 a.m.		10:53:02
13	The location of this deposition is Kaiser Medical Center		10:53:06
14	at 235 West MacArthur, Oakland, California.		10:53:10
15	Today's witness is Dr. Sean Haney, M.D., in		10:53:14
16	the case of Miguel Ortega and others versus the City of		10:53:19
17	Oakland and others, Case No. C07-02659 JCS, filed in the		10:53:24
18	United States District Court, Northern District of		10:53:31
19	California.		10:53:35
20	This deposition was noticed by Steven Jacobsen		10:53:35
21	for the defendant.		10:53:38
22	<b>MR. VOSE:</b> No, it was noticed by Charles Vose		10:53:39
23	for defendant.		10:53:44
24	(Discussion off the record.)		10:53:49
25	<b>THE VIDEOGRAPHER:</b> Would counsel for the		10:53:53



1	<u>Q.</u> <u>Did you notice any scarring or any other type</u>	<u>11:30:53</u>
2	<u>of visible injury to that area on that day?</u>	<u>11:30:56</u>
3	<u>A.</u> <u>No.</u>	<u>11:31:00</u>
4	<u>Q.</u> Was there -- I mean, as you sit here today,	11:31:02
5	was there anything about Mr. Ortega, his demeanor or	11:31:07
6	affect, that you felt particularly noteworthy on that	11:31:10
7	first visit that you had with him?	11:31:13
8	<u>A.</u> Long time ago.	11:31:17
9	<u>Q.</u> That's fair. Is that a: you don't recall?	11:31:19
10	<u>A.</u> That's: I don't recall.	11:31:24
11	<u>Q.</u> Okay. Which is a perfectly acceptable answer	11:31:25
12	in this deposition.	11:31:28
13	<u>A.</u> Okay.	11:31:29
14	<u>Q.</u> You described his injury as being -- I won't	11:31:33
15	go back over it, but, essentially, it was a ligament	11:31:37
16	injury and a tissue injury --	11:31:40
17	<u>A.</u> Uh-huh.	11:31:42
18	<u>Q.</u> -- I guess, to the dorsal aspect of his right	11:31:42
19	hand or wrist area, as well as leading up toward the	11:31:45
20	thumb. Is that a fairly general reasonable	11:31:50
21	approximation of what you described?	11:31:53
22	<u>A.</u> That's correct.	11:31:54
23	<u>Q.</u> And you've been working with Kaiser in the	11:31:58
24	orthopedic department for -- I think you said three	11:32:01
25	years?	11:32:04







1 then, you know, without necessarily tearing it, where 11:36:45  
2 you need to go in to operate or anything like that. 11:36:49

3 Q. So, typically, that type of injury, then, if I 11:36:52  
4 understand, would be caused by a stretching kind of an 11:36:55  
5 action on that ligament? 11:36:59

6 A. Yes, more likely. 11:37:02

7 Q. Now, would -- could that kind of injury be 11:37:04  
8 caused simply by putting pressure, without any movement, 11:37:08  
9 but simply pressure on that injury -- or on that 11:37:11  
10 ligament? Excuse me. 11:37:16

11 A. A little surprising, just pressure. And if 11:37:17  
12 you fell -- I've seen people fall and they've done that 11:37:19  
13 (demonstrating), and that's done. But just pushing on 11:37:24  
14 it.... 11:37:26

15 Q. Is that a "no" or "unlikely"? 11:37:30

16 A. It's unlikely. 11:37:33

17 Q. So it really is a stretching kind of an 11:37:35  
18 injury? 11:37:37

19 A. Yes. 11:37:38

20 Q. Okay. When you examined Mr. Ortega on August 11:37:38  
21 29, did you notice any injury to the -- to his skin in 11:37:45  
22 the area of the injury? 11:37:54

23 A. Not -- no. Typically, we -- we're not 11:37:55  
24 perfect. We try to write these things down. But, for 11:37:58  
25 example, I've had patients who see (sic) obvious 11:38:01

1 scarring or it's a fresh injury, then you see these 11:38:04  
2 things. We try to write them down the best we can. I 11:38:07  
3 didn't write any of that down, so my assumption is that 11:38:10  
4 there was no swelling and there was no scarring there. 11:38:13  
5 **MR. VOSE:** Okay. Okay. That's it for me. 11:38:15  
6 **EXAMINATION BY MR. JACOBSEN** 11:38:20  
7 **MR. JACOBSEN:** Q. Dr. Haney, my name is 11:38:21  
8 Steven Jacobsen. I represent your patient, Benjamin 11:38:23  
9 Ortega. I do have a few questions for you. 11:38:27  
10 Your diagnosis on August 29 was a ligamentous 11:38:29  
11 strain, correct? 11:38:35  
12 **A.** Right. 11:38:36  
13 **Q.** But you also had: 11:38:36  
14 "Differential diagnosis also includes 11:38:37  
15 synovial fibrosis/impingement following 11:38:40  
16 ligamentous injury." 11:38:53  
17 **A.** Sometimes if you damage the capsule of the 11:38:55  
18 joint, so, for example, if you take an ankle, you can 11:38:58  
19 get -- inside the joint capsule is what we call 11:39:02  
20 synovium. That's where it lines the joint. Sometimes 11:39:05  
21 that tissue can react by getting a little thickened and 11:39:08  
22 irritated and you can get a synovitis. We see a lot 11:39:11  
23 more ankle injuries and that happens. It's not rare. 11:39:17  
24 You do see it a lot in ankle injuries. 11:39:20  
25 **Q.** At the time you saw Mr. Ortega, you felt that 11:39:25

1 that was also a possibility in his case? 11:39:27

2 A. Uh-huh. 11:39:30

3 Q. Yes? 11:39:30

4 A. If I wrote it as part of the differential, 11:39:31

5 it's out there as a possibility. 11:39:34

6 Q. When you saw him again on September 19, was 11:39:36

7 that no longer part of your diagnosis? 11:39:42

8 A. Essentially, when I saw him on the 19th, he 11:39:46

9 was significantly better or resolved. So, in essence, 11:39:49

10 whether it was synovitis or a retinaculitis or a 11:39:51

11 ligament strain, it's gone. He's better. So, we just 11:39:57

12 kind of -- we don't go working up what it could have 11:40:00

13 been if it's all gone. 11:40:03

14 Q. Now, on the 19th of September, when you saw 11:40:06

15 him for the second time, your records indicate that your 11:40:09

16 assessment was "ligamentous strains improved," correct? 11:40:13

17 A. Uh-huh. 11:40:18

18 Q. Yes? 11:40:19

19 A. Yes. 11:40:19

20 Q. But you didn't say "resolved" at that time, 11:40:21

21 correct? 11:40:23

22 A. No, I did not use the word "resolved," but he 11:40:24

23 had no tenderness over there, so I probably could have 11:40:26

24 been stronger and said "resolved." 11:40:29

25 Q. Did he have decreased sensation to light touch 11:40:32

1 described in which his wrist was bent down by a police 11:46:25  
2 officer? 11:46:30

3 A. I rely on what people tell me and, you know, I 11:46:31  
4 rely on what the patient tells me. 11:46:36

5 Q. And given your experience and training, is 11:46:41  
6 that consistent with what he told you? 11:46:43

7 A. It goes -- I mean, I wasn't there. I don't 11:46:46  
8 know how much the wrist was bent, but, theoretically, 11:46:48  
9 yes, it could happen and -- but, you know, it's -- yes. 11:46:52

10 MR. JACOBSEN: Thank you, Doctor. 11:46:59

11 MR. HIGA: I have nothing. 11:47:02

12 THE VIDEOGRAPHER: This concludes the 11:47:06  
13 deposition of Dr. Sean Haney, M.D. The present time is 11:47:08  
14 11:47. The electronic record contains one video disk, 11:47:11  
15 the originals to be retained by Televideo Production 11:47:18  
16 Services at 3655 Grand Avenue in Oakland, California, 11:47:21  
17 94610, phone, (510) 893-0555. Copies are available to 11:47:25  
18 interested parties unless otherwise stipulated. 11:47:33

19 We're now off the record. 11:47:36

20 (Deposition adjourned at 11:47 a.m.) 11:47:38

21 --oOo--  
22  
23  
24  
25

1 STEVEN R. JACOBSEN, BAR NO. 95246  
srj@theaccidentallawyer.com  
2 BRENDA D. POSADA, BAR NO. 152480  
bdp@theaccidentallawyer.com  
3 LAW OFFICES OF STEVEN R. JACOBSEN  
901 CLAY STREET  
4 OAKLAND, CALIFORNIA 94607  
TELEPHONE: (510) 465-1500

5 ATTORNEY FOR PLAINTIFF  
6 BENJAMIN ORTEGA

8 IN THE UNITED STATES DISTRICT COURT  
9 NORTHERN DISTRICT OF CALIFORNIA

11 MIGUEL ORTEGA, BENJAMIN  
ORTEGA, A Minor, By And Through  
12 His Guardian Ad Litem, ANA ROSA  
ORTEGA,

13 Plaintiffs,

14 vs.

15 CITY OF OAKLAND, OAKLAND  
16 POLICE DEPARTMENT, CHIEF  
WAYNE TUCKER, In His Capacity As  
17 The Police Chief Of The City Of  
Oakland, RAMON J. ALCANTAR,  
18 Individually And In His Capacity As A  
Police Officer For The City Of Oakland,  
19 BERNARD ORTIZ, Individually And In  
His Capacity As A Police Officer For  
20 The City Of Oakland, and Does 1  
through 200,

21 Defendants.

) Case No.: C-07-02659 JCS  
)  
) PLAINTIFF'S RESPONSE TO THE  
) DEFENDANT ALCANTAR'S OBJECTIONS  
) TO DEPOSITION DESIGNATIONS  
) OF THE TESTIMONY OF DR. SEAN HANEY



) Trial Date: December 1, 2008

22  
23 Plaintiff hereby submits the following response to the objections to the plaintiff's  
24 designations of deposition testimony of Dr. Sean Haney who will be appearing by deposition in  
25 lieu of live testimony. Plaintiff submits the following designation in conformity with Case  
26 Management and Pretrial Order dated November 20, 2007.  
27  
28

Ofc. Alcantar's Objections	Ofc. Alcantar's Counter Designations/Supplemental Designations	Plaintiff's Response
18:20-25 Hearsay		Disputed. A non-retained expert may rely on hearsay statements in forming expert opinions. FRE 703
27:3-11 Insufficient Foundation (in that designated testimony is an incomplete articulation of Dr. Haney's actual testimony on this issue).	27:1-25	Undisputed. Plaintiff accepts defendant's counter-designation.
	30:1-3 (Follow-up testimony regarding lack of scarring on plaintiff's right wrist at time of first visit.)	Undisputed. Plaintiff accepts defendant's counter-designation.
	32:19-33:6 (Additional opinion testimony regarding possibility of exacerbation based on Plaintiff's gap in treatment)	Objection. Lacks foundation. Calls for speculation. Assumes facts not in evidence. <i>overlaid</i>
	34:7-19 (Additional opinion testimony regarding cause of injury)	Objection. Lacks foundation. Calls for speculation. Assumes facts not in evidence. <i>overlaid</i>
	34:20-35:4 (Testimony regarding scarring not visible	Objection. Lacks foundation. Calls for speculation. <i>overlaid</i>





1 STEVEN R. JACOBSEN, BAR No. 95246  
srj@theaccidentallawyer.com  
2 BRENDA D. POSADA, BAR NO. 152480  
bdp@theaccidentallawyer.com  
3 LAW OFFICES OF STEVEN R. JACOBSEN  
901 CLAY STREET  
4 OAKLAND, CALIFORNIA 94607  
TELEPHONE: (510) 465-1500

5 ATTORNEY FOR PLAINTIFF  
6 BENJAMIN ORTEGA

7  
8 IN THE UNITED STATES DISTRICT COURT  
9 NORTHERN DISTRICT OF CALIFORNIA

10  
11 MIGUEL ORTEGA, BENJAMIN  
ORTEGA, A Minor, By And Through  
12 His Guardian Ad Litem, ANA ROSA  
ORTEGA,

13 Plaintiffs,

14 vs.

15 CITY OF OAKLAND, OAKLAND  
POLICE DEPARTMENT, CHIEF  
16 WAYNE TUCKER, In His Capacity As  
The Police Chief Of The City Of  
17 Oakland, RAMON J. ALCANTAR,  
Individually And In His Capacity As A  
18 Police Officer For The City Of Oakland,  
BERNARD ORTIZ, Individually And In  
19 His Capacity As A Police Officer For The  
20 City Of Oakland, and Does 1 through  
200,

21 Defendants.

) Case No.: C-07-02659 JCS

) PLAINTIFF'S DEPOSITION DESIGNATIONS  
OF THE TESTIMONY OF DR. SEAN HANEY

*Cf Reelings*

) Trial Date: December 1, 2008

22  
23 Plaintiff hereby submits the following designations of deposition testimony of Dr. Sean  
24 Haney who will be appearing by deposition in lieu of live testimony. Plaintiff submits the  
25 following designation in conformity with Case Management and Pretrial Order dated November  
26 20, 2007.

27 The following excerpts hereto attached are taken from the transcript of Deposition of  
28

1 Sean M. Haney, M.D. taken July 21, 2008, specifically:

2 ~~7:15-18~~

3 9:6-25

4 10:1-16

5 10:23-25

6 11:1-2

7 11:4-20

8 12:6-12

9 12:14-25

10 13:1-25

11 14:1-14

12 15:1-2

13 17:13-25

14 18:1-25

15 19:1-3

16 19:6-11

17 19:18-22

18 20:6-23

19 21:1-16

20 22:22-25

21 23:1-25

22 24:5-25

23 25:1-2

24 25:5-25

25 26:1-25

26 27:3-11

27 28:1-25

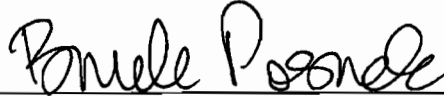
28 29:1-4

- 1 29:13-25
- 2 31:2-17
- 3 31:19-25
- 4 33:15-25
- 5 34:1-6
- 6 35:10-25
- 7 36:1-16
- 8 36:19-25
- 9 37:1-19
- 10 38:2-4
- 11 38:7-13
- 12 38:16-25
- 13 39:1-11
- 14 40:18-25
- 15 41:1-10

16 The above pages are attached hereto as Exhibit A with objections and certain language  
17 interlineated in order to provide for a smooth flow during the re-reading of the testimony at trial.

18  
19 DATED: October 31, 2008

Respectfully submitted,  
LAW OFFICES OF STEVEN R. JACOBSEN

20  
21 By   
22 BRENDA D. POSADA  
23 STEVEN R. JACOBSEN  
Attorneys for Plaintiff Benjamin Ortega

**EXHIBIT A**

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

MIGUEL ORTEGA, et al., )  
 )  
 Plaintiffs, )  
 )  
 vs. )  
 )  
 CITY OF OAKLAND, et al., )  
 )  
 Defendants. )

No. C07-02659 JCS

**CERTIFIED  
COPY**

DEPOSITION OF SEAN M. HANEY, M.D.  
OAKLAND, CALIFORNIA  
MONDAY, JULY 21, 2008

REPORTED BY:

Dominique Isabeau

CSR No. 7076

**USLEGAL  
SUPPORT**

*Certified Shorthand Reporters*

180 Montgomery Street  
Suite 2180  
San Francisco, CA 94104

888-575-3376 • Fax 888-963-3376

[www.uslegalsupport.com](http://www.uslegalsupport.com)



10:53:54 1 parties please identify themselves and for whom they're  
10:53:57 2 appearing?

10:53:58 3 MR. VOSE: Charles Vose, Deputy City Attorney,  
10:54:00 4 appearing for the City of Oakland, Oakland Police  
10:54:03 5 Department, Chief Wayne Tucker and Sergeant Bernard  
10:54:07 6 Ortiz.

10:54:09 7 MR. HIGA: James Higa appearing on behalf of  
10:54:10 8 Officer Ramon Alcantar.

10:54:13 9 MR. JACOBSEN: Steven Jacobsen appearing on  
10:54:14 10 behalf of plaintiffs.

10:54:16 11 THE VIDEOGRAPHER: Thank you. Would counsel  
10:54:16 12 please state any stipulations or statements they would  
10:54:19 13 like on the record at this time?

10:54:21 14 MR. VOSE: Not at this time.

10:54:23 15 THE VIDEOGRAPHER: The reporter may now swear  
10:54:24 16 the witness.

10:54:27 17 SEAN M. HANEY, M.D.,

10:54:27 18 having been duly sworn, testified as follows:

10:54:27 19

09:20:55 20 EXAMINATION BY MR. VOSE

10:54:37 21 MR. VOSE: Q. Morning, Dr. Haney.

10:54:38 22 A. Good morning.

10:54:39 23 Q. My name is Charles Vose. I represent the City  
10:54:43 24 of Oakland as well as the chief of police and a police  
10:54:46 25 sergeant in this matter.

10:55:52 1 best -- your best estimate regarding something. So, if  
10:55:58 2 I ask a question that asks you to estimate, while your  
10:56:02 3 answer may not be precise, I'm entitled to your best  
10:56:05 4 estimate in that regard.

10:56:07 5 A. Uh-huh.

10:56:08 6 Q. I wanted to preliminarily go through your  
10:56:13 7 background. Where did you obtain your medical degree?

10:56:17 8 A. From the Karolinska Institute in Stockholm,  
10:56:20 9 Sweden.

10:56:22 10 Q. What year was that?

10:56:23 11 A. 1999.

10:56:25 12 Q. Where did you -- following that, you did  
10:56:27 13 work -- residency work?

10:56:28 14 A. Yes.

10:56:28 15 Q. Where was that?

10:56:29 16 A. Mayo -- I did internship at Mayo Clinic and  
10:56:33 17 residency at UCLA.

10:56:35 18 Q. UCLA?

10:56:36 19 A. Yes.

10:56:36 20 Q. Was that residency -- did you specialize in  
10:56:39 21 any particular area?

10:56:40 22 A. I specialized in family medicine and I did a  
10:56:44 23 fellowship in sports medicine, essentially,  
10:56:46 24 non-operative orthopedics. That's what I've been doing  
10:56:49 25 for the last three years here at Kaiser.



10:56:52 1  
10:56:53 2  
10:56:54 3  
10:56:54 4  
10:56:57 5  
10:56:58 6  
10:56:59 7  
10:57:01 8  
10:57:04 9  
10:57:05 10  
10:57:06 11  
10:57:10 12  
10:57:12 13  
10:57:16 14  
10:57:19 15  
10:57:20 16  
10:57:21 17  
10:57:24 18  
10:57:25 19  
10:57:27 20  
10:57:28 21  
10:57:29 22  
10:57:33 23  
10:57:37 24  
10:57:39 25

Q. And so you've worked at Kaiser for three years?

A. Yes.

Q. Is that, all those three years, here in Oakland?

A. Yes.

Q. Now, you said you -- so, you basically specialize in, you said, in orthopedic --

A. Yes.

Q. -- injuries?

A. Yes.

Q. And you brought -- included with the deposition notice today is a subpoena duces tecum for medical records. You brought those medical records with you?

A. Yes, I did.

~~Q. Okay.~~

~~Steve, any questions that you want to ask regarding his background and training before we go forward?~~

~~MR. JACOBSEN: No. Thank you.~~

~~MR. VOSE: Okay.~~

Q. Dr. Haney, when did you first treat Mr. Ortega? When I say "Mr. Ortega," I'm referring to the ~~one of the~~ plaintiff in this case, Benjamin

JCS

10:57:43 1  
10:57:44 2  
10:57:49 3  
10:57:55 4  
10:58:00 5  
10:58:02 6  
10:58:05 7  
10:58:10 8  
10:58:13 9  
10:58:16 10  
10:58:20 11  
10:58:23 12  
10:58:23 13  
10:58:25 14  
10:58:27 15  
10:58:28 16  
10:58:31 17  
10:58:35 18  
10:58:48 19  
10:58:50 20  
10:58:51 21  
10:58:53 22  
10:58:56 23  
10:58:57 24  
10:59:00 25

Ortega.

A. August 29th, 2006.

Q. ~~And so you were not his -- well, strike that.~~

Why were you assigned to treat Mr. Ortega or how did you come to treat Mr. Ortega?

A. So, basically, he sustained an injury, which pediatrics -- he had come back to pediatrics, and then if somebody has continued orthopedic pain or musculoskeletal pain, they'll refer them to see somebody within the orthopedic department.

Q. So he was a referral to the orthopedic department?

A. Yes.

Q. So you first treated him, you said, on August 29?

A. Yes. August 29, 2006.

Q. So you were not his treating physician when he initially came to Kaiser for the injury that you ultimately treated him for?

A. No, I was not.

Q. ~~It's important that I get the whole question out. I know it's a habit, and I do the same thing.~~

A. ~~Sorry. In our business, it's, like, you got to -- so, I'll try to do better.~~

Q. ~~We get you for a whole hour, so just --~~

10:59:03 1  
10:59:07 2  
10:59:12 3  
10:59:16 4  
10:59:18 5  
10:59:20 6  
10:59:24 7  
10:59:27 8  
10:59:31 9  
10:59:36 10  
10:59:38 11  
10:59:46 12  
10:59:52 13  
10:59:57 14  
11:00:00 15  
11:00:00 16  
11:00:04 17  
11:00:09 18  
11:00:12 19  
11:00:14 20  
11:00:15 21  
11:00:19 22  
11:00:26 23  
11:00:30 24  
11:00:32 25

~~A. Sorry.~~

~~Q. Now, prior to treating Mr. Ortega on August 29th, did you have an occasion to review his medical chart related to this injury?~~

~~A. No, I did not.~~

Q. And while you were treating -- so, when you -- when the referral came to you, what was the nature of the injury that you were asked to treat Mr. Ortega for?

A. For wrist pain. For wrist pain.

Q. No other injuries?

A. No.

Q. So, when you saw Mr. Ortega on August 29th, ~~what did you do? What did you -- what did you determine -- excuse me. Strike that.~~ What did you talk to him about?

A. So, I talked about how this occurred, where he was hurting, how long has he had the pain, and then that sort of started the visit.

Q. What did he say with respect to how the injury occurred?

A. He said he was cuffed and his hands were in a flexed position.

Q. And when did he indicate that that happened?

A. When I had seen him, approximately three and a half months prior.

11:00:43 1 Q. And what type of pain or ongoing problem did  
11:00:48 2 he describe to you?

11:00:49 3 A. He described some pain on the dorsal aspect of  
11:00:53 4 his wrist and some numbness over a certain area of his  
11:00:57 5 thumb.

11:00:57 6 Q. You said the dorsal aspect of his wrist.  
11:00:57 7 You're talking about the upper -- the part of his wrist  
11:01:00 8 that would be adjacent to the back of his hand?

11:01:02 9 A. Correct. Dorsal.

11:01:04 10 Q. And then also his thumb, you said?

11:01:07 11 A. He complained of numbness in this area.

11:01:11 12 (Indicating.)

11:01:25 13 Q. And so you proceeded to do an examination?

11:01:28 14 A. Correct.

11:01:29 15 Q. And what constituted your examination of him?

11:01:33 16 A. Checking out his range of motion, where he  
11:01:36 17 hurt, and then determining if he indeed had a decreased  
11:01:44 18 sensation over a certain area.

11:01:51 19 Q. What were your conclusions with regard to that  
11:01:55 20 examination that you did?

11:01:56 21 A. He had some pain over the dorsal aspect of his  
11:01:59 22 wrist around this area and he had some decreased  
11:02:03 23 sensation to light touch around this area, around the  
11:02:08 24 thumb. (Indicating.)

11:02:09 25 Q. Now, with respect to the pain, how were you

11:02:15 1 able to determine from your examination that he had pain  
11:02:17 2 in the ~~Wrist~~ wrist?

11:02:20 3 A. Usually it's palpation, so we'll feel, when  
11:02:25 4 somebody complains about pain, we'll feel the area. And  
11:02:27 5 sometimes we'll do some movements or something to see if  
11:02:31 6 we can reproduce the pain.

11:02:33 7 Q. Is that what you did in this case?

11:02:34 8 A. Yes, I did.

11:02:36 9 Q. ~~So you were able to determine~~ when you were  
11:02:39 10 doing that examination, did he react some way?

11:02:42 11 A. Yes. He had some pain with wrist -- resisted  
11:02:46 12 wrist extension, so that seemed to hurt him, and then  
11:02:49 13 this hurt him as well. (Demonstrating.)

11:03:02 14 Q. Do you know about how long your examination of  
11:03:04 15 Mr. Ortega took?

11:03:07 16 A. The examination itself or the whole visit?

11:03:10 17 Q. Well, the whole visit.

11:03:12 18 A. Probably ten to 15 minutes, something like  
11:03:14 19 that.

11:03:16 20 Q. And was -- do you remember if Mr. Ortega was  
11:03:19 21 accompanied by anyone?

11:03:22 22 A. I think he was there with either his mother or  
11:03:25 23 a girlfriend or something. I don't remember  
11:03:28 24 specifically. I think he had company that day, but I  
11:03:30 25 don't remember.

11:03:49 1  
11:03:54 2  
11:03:55 3  
11:04:00 4  
11:04:06 5  
11:04:10 6  
11:04:16 7  
11:04:20 8  
11:04:21 9  
11:04:22 10  
11:04:25 11  
11:04:26 12  
11:04:27 13  
11:04:35 14  
11:04:42 15  
11:04:47 16  
11:04:59 17  
11:05:01 18  
11:05:31 19  
11:05:33 20  
11:05:40 21  
11:05:40 22  
11:05:40 23  
11:06:00 24  
11:06:02 25

Q. And which hand was this?

A. Right.

Q. His right hand.

Now, prior to or during the time that you treated Mr. Ortega, did you have occasion to look at his medical charts, his Kaiser medical records?

A. I looked at some of his records, yes.

Q. Do you remember when that was that you looked at those records?

A. When I saw him initially on the 29th.

Q. So, that day?

A. Yes.

Q. And did you, in reviewing those records, look at records related to an injury that he sustained when he was -- in 1997, when he was about six years old?

A. No.

~~Q. I'm going to show you -- I guess I'll have these marked. Let's see.~~

~~I'm going to have these -- can you mark these as two -- well, why don't you mark them as two separate exhibits.~~

~~(Whereupon, Deposition Exhibits 13 and 14 was marked for identification.)~~

MR. VOSE: Q. I'm showing you what's been marked as Exhibits 13 and 14. And can you take a chance

11:06:06 1 to review, take a minute to review those records?

11:06:10 2 A. (Reviews documents.) Yes, I can.

11:06:30 3 Q. And what do those records talk about?

11:06:36 4 A. This indicates that he, as a six-year-old,

11:06:39 5 fell down and injured his right elbow, Spanish-speaking

11:06:44 6 gentleman, or six-year-old, that he had some pain,

11:06:47 7 vascular status was okay, but it looks like, on the

11:06:53 8 X ray at this time, there was an olecranon fracture.

11:06:57 9 Q. What is that?

11:06:58 10 A. Right here. (Indicating.)

11:06:59 11 Q. He had a fracture of his right elbow?

11:07:02 12 A. Yes. And that was put in a cast, a long-arm

11:07:05 13 cast.

11:07:06 14 Q. Okay.

11:07:07 15 A. And then that's record No. 13.

11:07:10 16 Fourteen is a follow-up. It appears he had a

11:07:21 17 follow-up visit a month later. And he's got full range

11:07:25 18 of motion of his elbow with good neurovascular status.

11:07:31 19 And I can't exactly read what this individual wrote, but

11:07:40 20 it looks like -- yes.

11:07:44 21 Q. Okay. So, thank you.

11:07:50 22 So, it appears, if I understand it, that he

11:07:53 23 broke his right elbow. The records show that he broke

11:07:56 24 his right elbow when he was about six?

11:07:59 25 A. Correct.

11:07:59 1 Q. And that about a month later, it appeared to  
11:08:01 2 be healing normally?  
11:08:02 3 A. Yes.  
11:08:03 4 Q. Would that be a normal healing time for that  
11:08:06 5 type of injury?  
11:08:07 6 A. Yes.  
11:08:08 7 Q. And would that injury, since it was on the  
11:08:12 8 same arm as his wrist and hand injury that you saw him  
11:08:17 9 for, would that have any -- would there be any lasting  
11:08:23 10 effects from that elbow break that would have any effect  
11:08:28 11 on the injuries that you saw him for?  
11:08:31 12 A. I don't believe so.  
11:08:32 13 Q. Okay. So, at the conclusion of your initial  
11:09:01 14 visit with Mr. Ortega in August of '06, what was your  
11:09:08 15 prognosis, I guess would be the right word?  
11:09:13 16 A. My prognosis was, I thought he would probably  
11:09:16 17 do well.  
11:09:16 18 Q. What was the injury that he had?  
11:09:18 19 A. I believe his injury was partly to the  
11:09:22 20 ligaments, and there's tissue over the ligaments, the  
11:09:25 21 retinaculum, and then there may have been some pressure  
11:09:29 22 on one of the superficial nerves that innervate this  
11:09:32 23 area. (Indicating.) And, typically, given time and  
11:09:35 24 rest, they can do pretty well.  
11:09:38 25 Q. Is that an injury to -- ~~is that an injury to~~



11:09:40 1 the muscle or to tendons?

11:09:43 2 A. It is a -- retinaculum is kind of a tissue  
11:09:48 3 that kind of keeps everything in place, and then  
11:09:51 4 ligament. So, the ligaments between the carpals. So,  
11:09:54 5 it's a little bit different than tendon or bone or  
11:09:57 6 muscle.

11:09:58 7 ~~And we have the super -- we have nerves, and~~  
11:10:01 8 there's a superficial nerve that innervates this area,  
11:10:05 9 and if you put enough pressure on it, it can sometimes  
11:10:08 10 kind of not fire properly. But a lot of times, without  
11:10:12 11 a frank injury, cutting or something like that, they can  
11:10:15 12 come back, so....

11:10:16 13 Q. Would the two -- and would it be your  
11:10:19 14 conclusion that those two conditions, the condition on  
11:10:23 15 the wrist as well as the condition in the thumb area,  
11:10:26 16 are related?

11:10:28 17 A. Related in the sense that he's -- an injury  
11:10:32 18 that could have -- yes. I mean, something -- same thing  
11:10:35 19 could have caused it, yes. Yes.

11:10:39 20 Q. Did Mr. Ortega, at any time between the time  
11:10:44 21 or from the time he says that he was injured and the  
11:10:49 22 time that he saw you, did he indicate that he had ~~any~~  
11:10:51 23 ~~other~~ anything else that might have happened that  
11:10:56 24 could have caused that injury?

11:10:57 25 A. No.

11:11:00 1 Q. Now, so, what treatment did you recommend?

11:11:12 2 A. I recommended that he be placed in a cast for

11:11:22 3 three weeks, a month, something like that.

11:11:25 4 ~~Q. So you recommended to place him in a --~~

11:11:27 5 ~~A. Yes.~~

11:11:27 6 Q. What type of a cast did you recommend that he

11:11:30 7 be placed in?

11:11:31 8 A. A short-arm, a short-arm cast.

11:11:34 9 Q. Could you describe what a short-arm cast is?

11:11:36 10 A. It basically goes from below the elbow to the

11:11:42 11 fingers, the palm, about here. (Indicating.)

11:11:44 12 ~~Q. And does that -- is that a permanent cast --~~

11:11:47 13 ~~A. No.~~

11:11:47 14 ~~Q. -- or is that a cast that can be removed?~~

11:11:50 15 ~~A. It's permanent in the sense that the patient~~

11:11:52 16 ~~can't take it off unless they worked hard. But it's not~~

11:11:56 17 ~~permanent. It's intended for about a month.~~

11:12:01 18 Q. So he would have to wear that for about a

11:12:03 19 month?

11:12:04 20 A. Yes.

11:12:05 21 Q. But it's not -- it's not a plaster cast?

11:12:10 22 A. It is a plaster cast.

11:12:11 23 ~~Q. It is a plaster cast?~~

11:12:14 24 ~~A. Yes. If I hesitate with "permanent," a month~~

11:12:18 25 ~~is not, you know....~~

11:12:19 1 ~~Q. I'm sorry. That might have been a poor choice~~  
11:12:21 2 ~~of words on my part. What I was referring to was a cast~~  
11:12:24 3 ~~that could be taken off every night when they're~~  
11:12:27 4 ~~sleeping or showering, something like that.~~

11:12:29 5 ~~A. No.~~

11:12:31 6 Q. And did you put that cast on him?

11:12:34 7 A. No, I did not.

11:12:36 8 Q. Would he be referred to another department at  
11:12:38 9 Kaiser for that?

11:12:39 10 A. No. It would be done within our department by  
11:12:42 11 one of our cast technicians.

11:12:47 12 Q. And did you recommend any other treatment for  
11:12:53 13 him that day?

11:12:54 14 A. No, I did not.

11:12:56 15 Q. Did you prescribe any medication for him?

11:13:00 16 A. I did -- I may have given him Motrin. Or he  
11:13:08 17 had been taking Motrin, which would have been  
11:13:11 18 appropriate.

11:13:36 19 Yes, it appears he had a prescription for  
11:13:38 20 Motrin prior to seeing me. And so far as my treatment  
11:13:42 21 plan, it was short-arm cast for three weeks and continue  
11:13:45 22 taking his Motrin. Someone else had given him a  
11:13:54 23 prescription.

11:13:57 24 Q. ~~Did he -- I may have asked you this already.~~  
11:14:00 25 ~~If I did, I apologize.~~ Did he complain of any pain in

11:14:03 1

any other area of his body?

11:14:06 2

A. I don't recall. Usually what would happen, if

11:14:10 3

he did, I would document it. But I don't see that

11:14:12 4

documented.

11:14:13 5

Q. So your treatment was only for this just wrist

11:14:15 6

and the hand area?

11:14:17 7

A. Correct.

11:14:24 8

Q. Would a cast -- is a cast of this type a

11:14:28 9

normal treatment for this type of injury?

11:14:32 10

A. For ligamentous injury and -- yes, it is.

11:14:37 11

Basically, you want the patient to kind of take the

11:14:40 12

strain off the ligaments. So, by moving it, you --

11:14:44 13

there's forces going across these, and by putting them

11:14:49 14

in a cast, you limit somebody's movement and it can help

11:14:52 15

decrease the pain. It can also help ligaments kind of

11:14:55 16

get stiff. That's what we do.

11:14:58 17

~~Q. Now, you had indicated that when you first saw~~

11:15:00 18

~~Mr. Ortega, that he said that the injury had occurred~~

11:15:03 19

~~about three or three and a half months prior? Do you~~

11:15:07 20

~~have any way of determining whether or not the injury~~

11:15:11 21

~~could have gotten better or worse during that~~

11:15:15 22

~~three-and-a-half-month period before you first saw him?~~

11:15:18 23

A. The way you determine it would be asking the

11:15:22 24

patient: "Is this worse or better?"

11:15:25 25

~~Q. So, do you remember if you did ask him that?~~

11:15:27 1 A. ~~No, I do not remember if I asked him that.~~

11:15:33 2 Q. ~~Your notes don't reflect that?~~

11:15:35 3 A. ~~No, they don't. They don't.~~

11:15:38 4 Q. ~~Now, when you -- during your treatment of Mr.~~

11:15:43 5 ~~Ortega -- and I'm not limiting that to just the date~~

11:15:45 6 ~~that you saw him -- did you consult with any of his~~

11:15:49 7 ~~other physicians at Kaiser regarding his injury?~~

11:15:54 8 A. I spoke to a hand surgeon regarding the sort

11:16:01 9 of numbness in the area and I believe there was some

11:16:06 10 question about whether he could work or not. And the

11:16:12 11 hand surgeon basically said those typically, if I recall

11:16:15 12 right, resolve and, yes, there's no problem with working

11:16:20 13 as far as that injury goes.

11:16:23 14 Q. When you say a problem with him working, are

11:16:26 15 you talking about in the long term or are you talking

11:16:28 16 about during the time that he was being treated?

11:16:32 17 A. Following the casting. So, when you're in a

11:16:34 18 cast, you can't do much, but afterwards, for the -- sort

11:16:38 19 of the decreased sensation, his muscle strength is

11:16:42 20 strong for that same nerve, so, yes, there's no reason

11:16:45 21 ~~why he can't lift and do stuff for that part.~~

11:17:07 22 Q. Now, you then saw Mr. Ortega a second time; is

11:17:14 23 that correct?

11:17:15 24 A. That is correct.

11:17:16 25 Q. And when was that second visit?

11:17:20 1 A. September 19th, 2006.

11:17:28 2 Q. Was that a routine follow-up appointment?

11:17:31 3 A. Correct.

11:17:32 4 Q. And what did you do in terms of examining Mr.

11:17:40 5 Ortega on that day?

11:17:42 6 A. I -- well, the cast was removed, and then did

11:17:45 7 sort of the same thing again, range of motion, palpation

11:17:50 8 and then light touch and then testing muscle function.

11:17:55 9 Q. And what were your conclusions regarding his

11:18:07 10 condition on September 19th of '06?

11:18:10 11 A. It essentially resolved. He had no -- he had

11:18:13 12 full range of motion in his wrist, he had no tenderness

11:18:15 13 to palpation over the ligaments where it had been

11:18:21 14 tender, and decreased sensation with light touch had

11:18:23 15 resolved. He felt things equally on side to side.

11:18:28 16 Q. And so he was not -- was no longer complaining

11:18:31 17 of any ongoing pain?

11:18:34 18 A. No. At that point ~~he was -- he was -- he~~

11:18:37 19 ~~was -- you know~~, when I pressed on him, it didn't hurt,

11:18:40 20 he had no pain with resistive movement, and that he did

11:18:49 21 feel things when I touched him.

11:19:07 22 Q. I'm going to show you X rays that have been

11:19:10 23 marked as Exhibits 1 through 12. I'll give those to you

11:19:24 24 and if you could take a look at those.

11:19:30 25 A. (Reviews X rays.)

11:19:35 1 Q. ~~If you need to organize them in some way,~~  
11:19:38 2 ~~that's fine. They're in the order that I received them,~~  
11:19:40 3 ~~but they're not in any special order, so....~~

11:19:44 4 A. ~~Okay. (Reviews X rays.) Okay.~~

11:21:10 5 Q. Now, are these X rays that you ordered or were  
11:21:13 6 they ordered by a different doctor?

11:21:15 7 A. It seems to be both. Some of these were taken  
11:21:18 8 on May 8th, which is before I saw the patient. And  
11:21:22 9 there appears to be at least one of these -- ~~I have to~~  
11:21:26 10 ~~go back and check these~~ from August 29. This would  
11:21:31 11 have been when I saw him.

11:21:32 12 Q. Do you know which ones were ordered on May  
11:21:35 13 8th?

11:21:36 14 A. Yes. ~~Let's pick them out here.~~

11:22:08 15 These are May 8th.

11:22:09 16 Q. Now, so, let me ask you first, with regard --  
11:22:11 17 I'm going to just -- for the record, the X rays that are  
11:22:15 18 dated May 8th are Exhibits 5, 6, 7, 8, 9, 10 and 11.

11:22:27 19 So, with regard to these ~~exhibits~~ ~~excuse~~  
11:22:31 20 ~~me~~ ~~these~~ X rays, first, did you look at those X rays  
11:22:35 21 at the time that you were treating Mr. Ortega?

11:22:38 22 A. I believe I did.

11:22:40 23 Q. And what ~~do these X rays~~ ~~or what~~ are these  
11:22:44 24 X rays of?

11:22:45 25 A. These are X rays of a right wrist.

11:22:48 1  
11:22:53 2  
11:22:58 3  
11:23:03 4  
11:23:06 5  
11:23:13 6  
11:23:17 7  
11:23:21 8  
11:23:27 9  
11:23:30 10  
11:23:37 11  
11:23:38 12  
11:23:42 13  
11:23:45 14  
11:23:49 15  
11:23:52 16  
11:23:53 17  
11:23:57 18  
11:24:00 19  
11:24:04 20  
11:24:10 21  
11:24:15 22  
11:24:17 23  
11:24:18 24  
11:24:20 25

Q. And can you draw any conclusions about Mr. Ortega's condition based on these X rays on May 8?

A. ~~You can say he did not have a fracture and let me take that back.~~

When I saw him on the 29th -- you can -- sometimes a kid can have a fracture on a growth plate which doesn't show up on an X ray. Having X rays the 29th means -- they look exactly the same, growth plate looks fine. That means essentially that had there been a fracture that was serious and it shifted or moved, you would see that.

Q. ~~So you would be able to tell --~~ so you would be able to tell some difference between his X rays on May 8th and August 29th if there was a fracture?

A. Yes. What I'm looking for is any change. And sometimes you have an X ray that's negative and still -- a kid can still have a fracture, but....

Q. Now, do these X rays show anything else about his condition other than he doesn't have a fracture?

A. It shows that the ligament -- the bones are in the right place. Sometimes you have a ligamentous injury and the bones can be out of place, and these appear to be in place.

Q. Can you tell anything about -- from these X rays, again, these May 8 X rays, with regard to the



11:24:25 1 condition that you treated him for, with respect to the  
11:24:28 2 injuries to the back of his wrist and his thumb?

11:24:32 3 A. If I look at both sets of X rays, I can see  
11:24:35 4 there was no fracture. Had there been a fracture, it  
11:24:40 5 was not significant at this point. And that the pattern  
11:24:44 6 where the bones are appears exactly the same, so my  
11:24:47 7 suspicion, there was any kind of dislocation or any  
11:24:51 8 fracture, it was minimal, and there wasn't.

11:24:55 9 Q. ~~Now, let me -- just for the record,~~ I'm going  
11:24:57 10 to show you what's been marked as Exhibits 1, 2, 3, 4  
11:25:02 11 and 12. If you could take a look at those.

11:25:08 12 A. Sure. (Reviews X rays.) Okay.

11:25:48 13 Q. And these are the X rays that you ordered on  
11:25:50 14 August 29?

11:25:51 15 A. Right.

11:25:52 16 Q. ~~And so your~~ you said that your conclusion  
11:25:56 17 is that there was no fracture based on your review of  
11:25:59 18 both sets of X rays?

11:26:02 19 A. Had there been -- sometimes you can't say for  
11:26:04 20 sure that there was -- that the pediatric patient didn't  
11:26:11 21 have a fracture, but that it was not significant,  
11:26:12 22 because here the X rays are exactly the same,  
11:26:14 23 three-and-a-half-, four-month interval. So, there is  
11:26:19 24 nothing here that would change what I would do in an  
11:26:22 25 extraordinary way.

11:26:22 1 Q. ~~Can you tell anything from these X rays, based~~  
11:26:25 2 ~~on -- you had said his injuries which were his -- I~~  
11:26:30 3 ~~believe you said his ligaments.~~ Can you tell those  
11:26:33 4 kinds of injuries from these types of X rays?

11:26:36 5 A. You can get a hint. If somebody has got a bad  
11:26:40 6 ligament problem, you can see it, distance between two  
11:26:43 7 bones increasing, and I don't see that here. And you  
11:26:45 8 can see the angles sometimes change, and I don't see  
11:26:48 9 that at all.

11:26:50 10 Q. Okay. Okay. So, on September 19th, when you  
11:27:18 11 saw him the second time, you indicated his cast was  
11:27:21 12 removed, that he ~~appeared to be~~ ~~I'm not putting words~~  
11:27:24 13 ~~in your mouth, but he was essentially healed,~~ his issues  
11:27:27 14 were essentially resolved?

11:27:28 15 A. That's what I felt.

11:27:30 16 Q. Did you prescribe anything else for him at  
11:27:33 17 that time?

11:27:33 18 A. A wrist splint.

11:27:37 19 Q. What would that be for?

11:27:39 20 A. Largely for kind of a transition. When you  
11:27:42 21 remove a cast from somebody, sometimes they're stiff. A  
11:27:44 22 splint reminds them that something has been going on,  
11:27:49 23 gives them some support, reminds them that they had an  
11:27:57 24 injury. At the same time, it allows them some freedom  
11:28:01 25 to start moving their wrist, in this case.

11:28:04 1 Q. And a splint would be something that someone  
11:28:07 2 could take on and off at their -- by themselves?  
11:28:10 3 A. Absolutely.  
11:28:12 4 Q. And how long did you indicate to Mr. Ortega he  
11:28:14 5 should use a wrist splint?  
11:28:16 6 A. I believe I said two to three weeks. It's  
11:28:19 7 typically what we would do for something like this.  
11:28:26 8 Q. What was your prognosis of his injury on  
11:28:32 9 September 19?  
11:28:33 10 A. ~~I thought he would do~~ I thought he  
11:28:36 11 essentially had resolved.  
11:28:38 12 Q. ~~Did you~~ so, did you schedule a follow-up --  
11:28:43 13 A. No, I did not.  
11:28:44 14 Q. Okay. And so you never saw him again after  
11:28:47 15 September 19?  
11:28:48 16 A. No, I did not.  
11:28:52 17 Q. At any point did you note anything else in his  
11:28:57 18 medical records that could have been a contributing  
11:28:59 19 cause to his injuries besides what he said caused the  
11:29:03 20 injury?  
11:29:05 21 A. No. But for an injury, ~~something like this,~~ a  
11:29:07 22 ~~lot of times we don't~~ we do a very focused workup, so  
11:29:11 23 we kind of focus on what's going on. And my judgment,  
11:29:16 24 given what I saw on the X rays, there probably would be  
11:29:22 25 low yield looking for -- particularly after somebody is

11:29:25 1 better, you casted them, they're fine, there's no point  
11:29:29 2 looking further for other reasons when somebody is  
11:29:31 3 better. It just doesn't make sense. We have time  
11:29:35 4 constraints in what we do.

11:29:38 5 Q. Okay.

11:29:53 6 ~~In the interest of time, could I take a look~~  
11:29:55 7 ~~at his records here? And, Jim, do you want -- do you~~  
11:29:59 8 ~~have any follow-up questions?~~

11:30:01 9 MR. HIGA: Yes, I have a few, but not very  
11:30:03 10 many.

11:30:07 11 ~~(Discussion off the record.)~~

11:30:07 12 EXAMINATION BY MR. HIGA

11:30:11 13 MR. HIGA: Q. Good morning, Doctor. My name  
11:30:13 14 again is James Higa. I represent ~~one of the other~~  
11:30:15 15 ~~defendants in this case~~, Officer Ramon Alcantar. And I  
11:30:20 16 just have some follow-up questions.

11:30:23 17 Back to the first visit that you had with  
11:30:26 18 Benjamin Ortega in August of 2006, did you recall seeing  
11:30:33 19 any swelling in his right wrist or thumb area as you  
11:30:39 20 described?

11:30:39 21 A. No.

11:30:40 22 Q. Did you recall seeing any other discoloration  
11:30:43 23 in those areas you described?

11:30:45 24 A. I would have to look, but if I -- my  
11:30:48 25 recollection is, no, there wasn't. There was none.

11:32:04 1  
11:32:05 2  
11:32:09 3  
11:32:14 4  
11:32:15 5  
11:32:18 6  
11:32:20 7  
11:32:22 8  
11:32:27 9  
11:32:32 10  
11:32:36 11  
11:32:39 12  
11:32:41 13  
11:32:45 14  
11:32:45 15  
11:32:53 16  
11:32:56 17  
11:33:03 18  
11:33:06 19  
11:33:10 20  
11:33:12 21  
11:33:15 22  
11:33:19 23  
11:33:22 24  
11:33:25 25

A. ~~That's correct.~~

Q. Is this pattern of injury, taken in totality, is this something that you commonly see in your practice over the past three years?

A. I mean, I see a lot of ligamentous injury, yes.

Q. Now, drawing on your experience over the past three years, based on the description of how this injury occurred that Mr. Ortega gave you, ~~is that a~~ is that a common scenario for injuries of this type, in your experience over the past three years?

A. It's -- yes. Anytime you stretch a joint enough, you can stretch the ligaments and capsules, so, yes.

Q. And his particular injury as you described it, is there anything about his description of that injury, you know, as you did your testing on his wrist, ~~is that -- was that consistent with the injury that he --~~ ~~excuse me.~~ Was that consistent with the mode of injury that he described?

A. Yes. It's not inconsistent. I put it that way. We rely on what people tell us when they come in. But if you stretch an ankle or a wrist far enough, you can stretch out the ligaments and sometimes it takes a little time for those to tighten up. Yes.

11:35:13 1 ~~A. For the numbness, no. (Indicating.) Probably~~

11:35:16 2 not. For the ligaments, kind of -- "exacerbated" is a  
11:35:22 3 strong word. Sometimes things percolate a little longer  
11:35:26 4 than necessary, but barring any major stuff, usually,  
11:35:29 5 you know, if you don't do anything, other trauma, fall  
11:35:34 6 off a motorcycle, usually it will get better.

11:35:42 7 MR. HIGA: I think those are all the questions  
11:35:43 8 I have.

11:35:43 9 FURTHER EXAMINATION BY MR. VOSE

11:35:44 10 MR. VOSE: Q. I just have one other question  
11:35:46 11 and I'll try to formulate it so it makes sense.

11:35:53 12 The type of injury that occurred on -- again,  
11:35:57 13 I'm referring to the top of the wrist area. Would that  
11:36:03 14 ~~injury be caused or could that injury be caused -- or~~  
11:36:07 15 how would that kind of an injury typically be caused?  
11:36:09 16 ~~Let me ask you that, first.~~

11:36:12 17 A. ~~If it's~~ there's two things. ~~So, if it's --~~  
11:36:14 18 and it's difficult to say for sure, but if you have a  
11:36:18 19 retinaculum, soft tissue, you stretch it, it's  
11:36:21 20 irritated. Stretch it -- at the same time, you could be  
11:36:23 21 stretching out the ligaments. So, either one of these  
11:36:25 22 are perfectly plausible injuries, mechanism of injury,  
11:36:33 23 can be treated the same way. So, basically, you stretch  
11:36:36 24 it and you kind of stretch out the whole tissue, soft  
11:36:40 25 tissue, and people feel discomfort, pain, so.... And

11:36:45 1  
11:36:49 2  
11:36:52 3  
11:36:55 4  
11:36:59 5  
11:37:02 6  
11:37:04 7  
11:37:08 8  
11:37:11 9  
11:37:16 10  
11:37:17 11  
11:37:19 12  
11:37:24 13  
11:37:26 14  
11:37:30 15  
11:37:33 16  
11:37:35 17  
11:37:37 18  
11:37:38 19  
11:37:38 20  
11:37:45 21  
11:37:54 22  
11:37:55 23  
11:37:58 24  
11:38:01 25

then, you know, without necessarily tearing it, where you need to go in to operate or anything like that.

Q. So, typically, that type of injury, then, if I understand, would be caused by a stretching kind of an action on that ligament?

A. Yes, more likely.

~~Q. Now, would -- could that kind of injury be caused simply by putting pressure, without any movement, but simply pressure on that injury -- or on that ligament? Excuse me.~~

~~A. A little surprising, just pressure. And if you fell -- I've seen people fall and they've done that (demonstrating), and that's done. But just pushing on it....~~

~~Q. Is that a "no" or "unlikely"?~~

~~A. It's unlikely.~~

~~Q. So it really is a stretching kind of an injury?~~

~~A. Yes.~~

~~Q. Okay. When you examined Mr. Ortega on August 29, did you notice any injury to the -- to his skin in the area of the injury?~~

~~A. Not -- no. Typically, we -- we're not perfect. We try to write these things down. But, for example, I've had patients who see (sic) obvious~~

11:38:04 1 ~~scarring or it's a fresh injury, then you see these~~  
11:38:07 2 ~~things. We try to write them down the best we can. I~~  
11:38:10 3 ~~didn't write any of that down, so my assumption is that~~  
11:38:13 4 ~~there was no swelling and there was no scarring there.~~

11:38:15 5 ~~MR. VOSE: Okay. Okay. That's it for me.~~

11:38:20 6 ~~EXAMINATION BY MR. JACOBSEN~~

11:38:21 7 ~~MR. JACOBSEN: Q. Dr. Hancy, my name is~~  
11:38:23 8 ~~Steven Jacobsen. I represent your patient, Benjamin~~  
11:38:27 9 ~~Ortega. I do have a few questions for you.~~

11:38:29 10 Your diagnosis on August 29 was a ligamentous  
11:38:35 11 strain, correct?

11:38:36 12 A. Right.

11:38:36 13 Q. But you also had:

11:38:37 14 "Differential diagnosis also includes  
11:38:40 15 synovial fibrosis/impingement following  
11:38:53 16 ligamentous injury."

11:38:55 17 A. Sometimes if you damage the capsule of the  
11:38:58 18 joint, so, for example, if you take an ankle, you can  
11:39:02 19 get -- inside the joint capsule is what we call  
11:39:05 20 synovium. That's where it lines the joint. Sometimes  
11:39:08 21 that tissue can react by getting a little thickened and  
11:39:11 22 irritated and you can get a synovitis. We see a lot  
11:39:17 23 more ankle injuries and that happens. It's not rare.  
11:39:20 24 You do see it a lot in ankle injuries.

11:39:25 25 Q. At the time you saw Mr. Ortega, you felt that



11:39:27 1 that was also a possibility in his case?

11:39:30 2 A. Uh-huh.

11:39:30 3 Q. Yes?

11:39:31 4 A. If I wrote it as part of the differential,

11:39:34 5 it's out there as a possibility.

11:39:36 6 Q. When you saw him again on September 19, was

11:39:42 7 that no longer part of your diagnosis?

11:39:46 8 A. Essentially, when I saw him on the 19th, he

11:39:49 9 was significantly better or resolved. So, in essence,

11:39:51 10 whether it was synovitis or a retinaculitis or a

11:39:57 11 ligament strain, it's gone. He's better. So, we just

11:40:00 12 kind of -- we don't go working up what it could have

11:40:03 13 been if it's all gone.

11:40:06 14 Q. Now, on the 19th of September, when you saw

11:40:09 15 him for the second time, your records indicate that your

11:40:13 16 assessment was "ligamentous strains improved," correct?

11:40:18 17 ~~A. Uh-huh.~~

11:40:19 18 ~~Q. Yes?~~

11:40:19 19 A. Yes.

11:40:21 20 Q. But you didn't say "resolved" at that time,

11:40:23 21 correct?

11:40:24 22 A. No, I did not use the word "resolved," but he

11:40:26 23 had no tenderness over there, so I probably could have

11:40:29 24 been stronger and said "resolved."

11:40:32 25 Q. Did he have decreased sensation to light touch

11:40:37 1 when you saw him for the second time?

11:40:39 2 A. I believe not. If I look at the assessment,  
11:40:42 3 when it says "gross sensation intact," I think what you  
11:40:46 4 see above that, "decreased light touch over dorsal  
11:40:54 5 aspect of radius," I think that is a typo. Sometimes  
11:40:57 6 we, you know -- the most accurate thing is the  
11:41:02 7 assessment and plan. Sometimes in the history, people  
11:41:05 8 occasionally forget to change things. But when I do my  
11:41:09 9 assessment and plan, I wrote "gross sensation intact,  
11:41:12 10 muscle strength 5 out of 5," so my assumption is, that  
11:41:16 11 had resolved.

11:41:19 12 Q. Is there a certain percentage of patients with  
11:41:22 13 this type of ligamentous strain whose injuries do not  
11:41:27 14 fully resolve?

11:41:31 15 A. I'm sure there is, but I don't -- it depends  
11:41:33 16 on a lot of things. If you, you know, if you come down  
11:41:37 17 on a motorcycle and turn, that's one thing. You've got  
11:41:42 18 to always think about how much trauma is involved and  
11:41:45 19 then how they, you know, how they are.

11:41:48 20 ~~I mean, I have a hard time understanding why,~~  
11:41:51 21 ~~if you're better here, then why it gets worse again. If~~  
11:41:55 22 ~~this was not going to resolve, my expectation is, when I~~  
11:41:58 23 ~~saw him on the follow-up, he would still be really~~  
11:42:01 24 ~~tender over his ligaments. I've had that before, in~~  
11:42:05 25 ~~which case we work it up further. He didn't at the~~

:42:08 1  
:42:08 2  
:42:11 3  
1:42:14 4  
1:42:17 5  
1:42:17 6  
1:42:17 7  
1:42:19 8  
1:42:23 9  
1:42:27 10  
1:42:35 11  
1:42:38 12  
1:42:42 13  
1:42:44 14  
1:42:46 15  
1:42:48 16  
1:42:49 17  
1:42:51 18  
1:42:56 19  
1:43:00 20  
1:43:02 21  
1:43:05 22  
1:43:07 23  
1:43:15 24  
1:43:18 25

~~time.~~

Q. Now, you're comparing this injury to an injury that would be suffered by someone who, for example, had fallen off a motorcycle, correct?

A. ~~Uh-huh.~~

~~Q. Yes?~~

A. Yes.

Q. In this case, if the injury were sustained not due to a fall or an accident, but merely by having someone bend the wrist down, would there have to be a large amount of force applied to the wrist to achieve this type of injury similar to what would occur in a fall from a motorcycle?

~~MR. HIGA: Objection; incomplete hypothetical.~~

~~You can go ahead and answer.~~

THE WITNESS: You would have to have a lot of force to do it. I guess the question is, you know, if you can get that force not from a motorcycle, yes. ~~I mean, force is, yes, it's force, but, you know...~~

MR. JACOBSEN: Q. How would you describe the amount of force that would be necessary to cause this type of injury?

A. I, you know, I have a hard time saying exactly how much force is necessary. We rely on what the patient tells us. We rely on how they do.

11:43:21 1 So, for example, here, he had pain, simple  
11:43:26 2 casting, pain went away. Tells me that there probably  
11:43:31 3 wasn't as much force as a, you know, a -- somebody on a  
11:43:35 4 motorcycle coming down on their wrist, or I had a  
11:43:41 5 patient very similar who had wrist problems. He was  
11:43:43 6 riding his bike and, you know, 30 miles an hour, hit a  
11:43:47 7 car door. That's a lot of force.

11:43:49 8 So, I mean, I don't know. I don't know how  
11:43:52 9 much force anyone -- the police officers did on him, but  
11:43:55 10 he's clearly better three weeks later from simply  
11:43:58 11 casting. So, I don't know what to say, how much force.

11:44:08 12 ~~Q. Now, if the patient still has symptoms with~~  
11:44:13 13 ~~activity now, two years post-incident, would you expect~~  
11:44:22 14 ~~that those symptoms would be continuing?~~

11:44:25 15 MR. HIGA: Objection; incomplete hypothetical,  
11:44:26 16 lacks foundation, assumes facts not in evidence.

11:44:31 17 MR. JACOBSEN: Q. Absent any other additional  
11:44:33 18 trauma.

11:44:34 19 A. I would have a hard time understanding --  
11:44:36 20 again, if you're better here, my expectation is you're  
11:44:41 21 better. It's a little bit more mechanically hard to  
11:44:45 22 understand, you know, a significant tear that gets  
11:44:47 23 better and then is suddenly worse again.

11:44:51 24 If it was a significant strain or tear, my  
11:44:53 25 ~~expectation was, at follow up, it still would have been~~

11:44:57 1 ~~painful. That's my expectation.~~

11:45:00 2 ~~Q. What I'm asking you, Doctor, is to assume for~~  
11:45:02 3 ~~purposes of this question that with activity, Mr. Ortega~~  
11:45:05 4 ~~continues to experience some pain in his wrist.~~  
11:45:08 5 ~~Assuming that to be true, would you expect his injuries~~  
11:45:11 6 ~~to spontaneously resolve or would you expect him to~~  
11:45:15 7 ~~continue?~~

11:45:17 8 ~~MR. HIGA: Same objections.~~

11:45:19 9 ~~THE WITNESS: If he's -- if it's still going~~  
11:45:21 10 ~~on, you know, two years after I had seen him, it's hard~~  
11:45:28 11 ~~to say. I mean, somebody needs to take a look at this.~~  
11:45:31 12 ~~So, for me to say my -- I don't know. I mean, you would~~  
11:45:37 13 ~~have to take a look at him, you have to maybe do an exam~~  
11:45:40 14 ~~and give another test or something. If it shows reason~~  
11:45:44 15 ~~that -- for the continuing pain, that might be helpful.~~  
11:45:48 16 ~~If it doesn't show anything, then, medically, it's~~  
11:45:52 17 ~~difficult to say why.~~

11:45:53 18 ~~MR. JACOBSEN: Q. Are you aware of any~~  
11:45:56 19 ~~problems that Mr. Ortega had with his right wrist prior~~  
11:46:00 20 ~~to the incident of May 7th, 2006?~~

11:46:03 21 ~~A. No, I'm not.~~

11:46:07 22 ~~Q. Given the history that you're aware of with~~  
11:46:10 23 ~~Mr. Ortega and your observations and your review of the~~  
11:46:14 24 ~~records, is it your opinion that the problems for which~~  
11:46:21 25 ~~you saw him were caused by the incident that he~~

11:46:25 1 described in which his wrist was bent down by a police  
11:46:30 2 officer?

11:46:31 3 A. I rely on what people tell me and, you know, I  
11:46:36 4 rely on what the patient tells me.

11:46:41 5 Q. And given your experience and training, is  
11:46:43 6 that consistent with what he told you?

11:46:46 7 A. It goes -- I mean, I wasn't there. I don't  
11:46:48 8 know how much the wrist was bent, but, theoretically,  
11:46:52 9 yes, it could happen and -- but, you know, it's -- yes.

11:46:59 10 MR. JACOBSEN: Thank you, Doctor.

11:47:02 11 MR. HIGA: I have nothing.

11:47:06 12 THE VIDEOGRAPHER: This concludes the  
11:47:08 13 deposition of Dr. Sean Haney, M.D. The present time is  
11:47:11 14 11:47. The electronic record contains one video disk,  
11:47:18 15 the originals to be retained by Televideo Production  
11:47:21 16 Services at 3655 Grand Avenue in Oakland, California,  
11:47:25 17 94610, phone, (510) 893-0555. Copies are available to  
11:47:33 18 interested parties unless otherwise stipulated.

11:47:36 19 We're now off the record.

11:47:38 20 (Deposition adjourned at 11:47 a.m.)

21

--oOo--

22

23

24

25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CERTIFICATE OF WITNESS

I, SEAN M. HANEY, M.D., do hereby declare under penalty of perjury that I have read the foregoing transcript of my deposition; that I have made such corrections as noted herein, in ink, initialed by me, or attached hereto; that my testimony as contained herein, as corrected, is true and correct..

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_,  
2008, at \_\_\_\_\_, \_\_\_\_\_.  
(City) (State)

\_\_\_\_\_  
SEAN M. HANEY, M.D.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

STATE OF CALIFORNIA ) ss.  
COUNTY OF SAN MATEO )

I, Dominique Isabeau, CSR No. 7076, a Certified Shorthand Reporter in and for the State of California and disinterested person, do hereby certify that prior to being examined, the witness named in the foregoing deposition was by me duly sworn to testify the truth, the whole truth, and nothing but the truth, in the within entitled cause; that said deposition was taken before me at the time and place therein stated and was thereafter transcribed into typewriting under my direction; that the foregoing pages are a true record of all proceedings and testimony as reported to the best of my ability; that the witness was given an opportunity to read, correct and sign the deposition transcript.

I further certify that I am not related to any party or counsel or attorney for any of the parties in the foregoing deposition or in any way interested in the outcome of the action herein.

D. Isabeau

DOMINIQUE ISABEAU, CSR No. 7076

DATED: July 23, 2008



U.S. Legal Support, Inc.  
180 Montgomery Street, Suite 2180  
San Francisco, California 94104

AUG 01 2008

Sean M. Haney, M.D.  
Kaiser Permanente Medical Center  
235 West MacArthur Boulevard, Room 669  
Oakland, California 94611

Re: Miguel Ortega, et al., v. City of Oakland,  
et al.

Date of deposition: July 21, 2008

Dear Dr. Haney:

The original transcript of your deposition taken in the above-referenced matter is available for reading, correcting and signing at the San Francisco office of U.S. Legal Support, Inc.

If it is more convenient to read a copy of the transcript and waive signature of the original transcript, please notify said office by letter sent certified or registered mail of any changes made.

In the event you do not sign your deposition transcript within thirty (30) days of receipt of this letter, it may be used with the full force and effect as though it had been read, corrected and signed.

If you wish to arrange an appointment to review the original transcript, please contact U.S. Legal Support at (415) 362-4346.

Sincerely,

Dominique Isabeau  
CSR No. 7076

cc: Steven R. Jacobsen, Attorney at Law  
Charles Vose, Attorney at Law  
James Y. Higa, Attorney at Law  
The deponent

original: Original transcript

1 PROOF OF SERVICE BY FAX & MAIL

2 I declare under penalty of perjury, under the laws of the State of California, that: I am  
3 employed in the County of Alameda; I am over the age of eighteen years and not a party to the  
4 within action; my business address is 901 Clay Street, Oakland, California 94607; on the date below  
5 written I served a copy of the attached

6 PLAINTIFF'S DEPOSITION DESIGNATIONS  
7 OF THE TESTIMONY OF DR. SEAN HANEY

8  
9 inn respondent City of Oakland by placing true copies thereof in sealed envelopes, with postage  
10 fully prepaid, in the United States mail at Oakland, California, addressed and by facsimile  
11 transmission to the facsimile numbers listed below:

12  
13 John J. Verber, Esq.  
14 James Higa  
BURHAN BROWN  
15 1901 Harrison St., 11<sup>th</sup> Floor  
Oakland, CA 94612  
16 Facsimile No. (510) 835-6666

Counsel for defendant  
RAMON J. ALCANTAR

17  
18 Executed at Oakland, California on November 5, 2008.

19  
20   
21 \_\_\_\_\_  
BRENDA D. POSADA

1 John J. Verber, State Bar No. 139917  
 James Y. Higa, State Bar No. 225683  
 2 BURNHAM BROWN  
 A Professional Law Corporation  
 3 P.O. Box 119  
 Oakland, California 94604  
 4 ---  
 1901 Harrison Street, 11th Floor  
 5 Oakland, California 94612  
 Telephone: (510) 444-6800  
 6 Facsimile: (510) 835-6666  
 Email: jverber@burnhambrown.com  
 7 jhiga@burnhambrown.com

8 Attorneys for Defendant  
 RAMON J. ALCANTAR individually and in his capacity as  
 9 a police officer for the City of Oakland

11 UNITED STATES DISTRICT COURT

12 FOR THE NORTHERN DISTRICT OF CALIFORNIA

13 MIGUEL ORTEGA, BENJAMIN ORTEGA,  
 a minor, by and through his Guardian Ad  
 14 Litem, ANA ROSA ORTEGA

15 Plaintiff,

16 v.

17 CITY OF OAKLAND, OAKLAND POLICE  
 DEPARTMENT, WAYNE TUCKER, in his  
 18 capacity as the Police Chief of the City of  
 Oakland, RAMON J. ALCANTAR  
 19 individually and in his capacity as a police  
 officer for the City of Oakland, and DOES 1  
 20 THROUGH 200, inclusive,

21 Defendants.

No. C-07-02659 JCS

**DEFENDANT RAMON J. ALCANTAR'S  
 APPENDIX A: JOINT EXHIBIT LIST**

23 APPENDIX A: JOINT EXHIBIT LIST

EXH#	Description	Bates	When Offered	When Received	Limitations
1	Oakland Police Department Use of Force Policy Handbook, Effective Date February	ALC000001-ALC000053			

1		17, 2006			
2	2	Oakland Police Department Use of Force Policy Handbook, Effective Date August 1, 2007	ALC000054- ALC000141		
3					
4	3	Photographs of Plaintiff BENJAMIN ORTEGA, taken May 7, 2006	ALC000142- ALC000144		
5					
6	4	Internal Affairs Complaint Investigation Report 06-0902	ALC000145- ALC000164		
7					
8	5	Kaiser Permanente Medical Records	ORT000165- ORT000177		
9					
10	6	Documents summarizing medical records and determining reasonable value from G.O.A.L	ORT000178- ORT000179		
11					
12	7	Roger Clark's Expert Report and attachments	ORT000180- ORT000200		
13					
14	8	Roger Clark's Curriculum Vitae	ORT000201- ORT000206		
15					
16	9	OPD General Order K-4.1 "Force Review Board"	ORT000207- ORT000224		
17					
18	10	CAD Purge Printout	ORT000225- ORT000234		
19					
20	11	CD copy of radio transmissions for the subject incident			
21					
22	12	OPD Report Writing Manual (dated December, 1993)	ORT000236- ORT000478		
23					
24	13	Defendant Ramon Alcantar's Response to Request for Production of Documents, Set No.1	ORT000479- ORT000484		
25					
26	14	Defendant Ramon Alcantar's Response to Interrogatories Set One	ORT000485- ORT000494		
27					
28	15	All exhibits to the Depositions transcript of Roger A. Clark	ORT000495- ORT000626		
	16	Maps and satellite views of the incident scene	ORT000627- ORT000630		
		POST training Domain #1: History,	ORT000631- ORT000729		

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

17	Professionalism and Ethics				
18	POST training Domain #2: Criminal Justice System	ORT000730-ORT000787			
19	POST training Domain #11: Juvenile Law and Procedure	ORT000788-ORT000855			
20	POST training Domain #15: Laws of Arrest	ORT000856-ORT000998			
21	POST training Domain #18: Investigative Report Writing	ORT000999-ORT001126			
22	POST training Domain #20: Use of Force	ORT001127-ORT001241			
23	POST training Domain #21: Patrol Techniques	ORT001242-ORT001342			
24	POST training Domain #24: Handling Disputes/Crowd Control	ORT001343-ORT001481			
25	POST training Domain #33: Arrest Methods/Defensive Tactics	ORT001482-ORT001618			
26	POST training Domain #42: Cultural Diversity/Discrimination	ORT001619-ORT001754			

903288