



THURSTON COUNTY SHERIFF'S OFFICE

Suspect
 Victim
 Witness

Case #: 18-000762
Date: 02/12/2018
Time: 1640 hours

NAME: Jason L. Loffler, (360) 791-0675
DATE OF BIRTH: 12/09/1970
ADDRESS: 330 Kenyon Street Northwest, Olympia, Washington 98502
INTERVIEWING OFFICER: Detective George Oplinger
INTERVIEW LOCATION: 330 Kenyon Street Northwest, Olympia, Washington 98502
ALSO PRESENT: Detective Alan Clarke

1 Q Okay, Jason, do you understand that I am recording your voice?
2 A I understand.
3 Q Okay, is that okay with you?
4 A That is okay.
5 Q Okay, so last week there was a call early in the morning -- I believe it was Thursday
6 morning, up to 1209 Fern Street Southwest, uh, where there was a female in some kind of
7 distress, and eventually she ended up passing away. Do you recall that call?
8 A I do.
9 Q Okay. So, can you tell me, uh, if you ended up going up on that scene and -- and what
10 you were dispatched to, and then what you did and what you saw when you got there?
11 A Uh, initially I was dispatched for fire alarm activation to the address, uh -- Ida Building
12 (ph). En route learned that there was a female yelling and screaming out in the parking
13 lot and she may -- reports that she pulled a, uh, pull station there at the -- at -- at the Ide
14 building -- the I- -- Ida Building. Uh, at first there was some discussion if we were going
15 to stage, because we had a -- crowds of people, I guess, confronting this person that was
16 yelling at screaming in the parking lot, but my MTC stated that there may have been the
17 smell of smoke in the building, so I decided to go ahead and proceed to the scene, in case
18 there was a fire in the apartment. Uh, as I was pulling in the driveway, uh, I saw a
19 female, uh, shirt off, black leggings, no shoes. She looked distressed. There were also
20 crowds of people around. She wasn't interested in interacting with us, so we just passed.
21 I knew that law enforcement was right behind me, because I was told that they were --
22 they were dispatched as well, as I went ahead and proceeded the alarm activation, uh --
23 she proceeded up the driveway and around the corner, uh -- we found a pull station,
24 pulled on the second floor, I was told that this person -- this -- this woman who possibly

1 pulled the alarm? I was told of her apartment, I went in and -- and did a quick, uh -- just
2 a little quick look see inside the apartment to make sure there was no fire started, that
3 everything was -- was okay inside the apartment. I looked down the hallway. There
4 were some bedroom doors that were cracked, not all the way open. I saw no smoke, I
5 went to the kitchen living area, made sure that the range was off. Uh, nothing was -- was
6 amiss there. I reset the pull station, I went down and reset the -- the overall fire alarm.
7 Uh, I hadn't heard anything as yet to what had happened to this person, got back in the
8 engine with my crew, uh -- was reading my MCT and noticed that law enforcement had
9 requested, uh, an ambulance first, and then they requested, like, a minute or two later --
10 this is after the fact -- it'd already been requested -- they requested a -- an ALS unit for --
11 for, uh -- for chemical restraints, and I noticed that there was not a -- a BLS unit
12 dispatched with the medic unit, which is -- we always -- we always go out together, uh,
13 so I decided, you know, I'd better go around to the scene. The medics had already been
14 dispatched, I figured they'd probably be there, arriving with me, uh -- so I -- I proceeded
15 out of the -- the -- the complex back onto Fern Street, because I knew behind me there
16 was probably -- going to be blocked with police -- police vehicles and all that stuff, so I
17 took a -- a -- a left at 1309, went down to Fern and then took a left back into the complex,
18 which was pretty well choked with police vehicles.

19 Q Mhm-hmm.

20 A Uh, you know, just that -- there's just a bunch of police cars there.

21 Q Okay.

22 A So we pulled up pretty close to where they -- the -- the -- the female was, and I got out of
23 the engine with my crew, and police had a subject -- this -- this woman that I'd seen, no
24 shirt, black leggings. They had her face down on the ground with her hands handcuffed
25 behind her back.

26 Q Okay.

27 A And from what I remember, two officers on either side of her, near her shoulders, uh,
28 kneeling on her, and then one person controlling her legs. From what I -- what I recall.
29 Uh, at this point, I'm thinking the medics are going to be choked in and not be able to
30 get their rig up to the scene, and I really wanted them to have access to the patient,
31 knowing that the way we just came was clear, I -- I sent one of my crew down to Fern, to
32 direct the medics in the way I had just came, knowing it was clear. Unbeknownst to me,
33 a bunch of -- bunch of police cars had choked that. They'd come around in that way and
34 that -- that was totally -- totally choked up and blocked as well, so it took the medics a lot
35 longer to get to our scene. Uh, due to the traffic issue. So, had a patient there -- or
36 patient to us, they req- -- law enforcement requested a spit hood, because I guess she was
37 lunging and spitting at them, so we placed a spit hood on her. We carried one in the
38 engine. And the police were still -- still there. Still on her, controlling her. Uh, I
39 remember I got down on my knees, near her head, and I was talking to her. Uh, she was
40 giving me her name. She was spelling it. Which, I think she gave it -- she spelled it --
41 either spelled it wrong or I misheard her wrong. She was screaming. Uh, she was -- she
42 was yelling about someone coming to get her. Uh, people were after her in her
43 apartment. Uh, so it -- the fact that she's talking and screaming at me -- I know she's got
44 an airway, uh -- the officer was, uh, on her right side, had her -- her arm grabbed in a way

1 that he said I can feel a good strong bra- -- uh, brachial pulse, so I knew she had a good
2 pulse, and basically I was like the -- the medics are going to be here any second.
3 Typically in these situations, we get a sedative on board, the medics give a sedative, and
4 then once that patient relaxes, we go ahead and start -- start moving them around. I kept
5 thinking the medics are going to be here any second. They were dispatched before I even
6 -- I self-dispatched, because I was not dispatched, so, uh -- the medics finally got there
7 after getting through the -- the gauntlet of -- of, uh, police cars that were blocking their
8 way. They came up. They assessed what was going on. Immediately jumped on getting
9 a sedative onboard this person, so, uh -- sedative went in and I don't remember at this
10 point if I was still kneeling there, uh -- oh, we also got a blanket to place under the
11 patient's head, because she was -- she was -- her face was face down on the pavement,
12 and she had some blood going and some abrasions on her face. Uh, I noticed a -- uh,
13 abrasions on her feet. I didn't see her knees, because they were down. Uh --

14 Q Mhm-hmm.

15 A -- but I noticed those abrasions on her, but I wanted to get a blanket, uh, under her head,
16 because she was kind of grating it into the -- into the asphalt, and it -- it -- and it looked
17 pretty bad, uh -- so back to -- the medics get there, immediately got a sedative, got it
18 onboard, I went back with one of the medics to get a gurney -- because that's -- gurney
19 backboard's kind of the next step we do to get them -- get them positioned and -- and
20 away, per our protocols, uh -- and by the time we -- I mean, just enough time to get to
21 the, uh -- get to the medic unit, come back to the gurney, I noticed she had -- she -- she'd
22 physically relaxed, and I remember thinking well, that's weird. Usually this medication
23 -- this sedative takes 10 minutes to -- to kind of -- and I was -- I was thinking okay, it's
24 going to be 10 minutes, and then they're going to give another, additional shot, because
25 I've seen that time and time and time again on somebody that's really amped up. You get
26 one on, it gets them to a level, and then it's the second shot that kind of -- that kind of
27 kicks in and that's where you see -- you see these people, you know, relax and the
28 sedative to take hold, but I -- I noticed, you know, she's still face down, and I noticed her
29 chest -- well, her back, because I couldn't see her chest, but I was counting respirations on
30 her because I could feel her back, I had my hand on her back, and it wasn't moving, and
31 at -- the paramedic and I looked at each other and went -- I -- went got bigger problems.

32 Q Mhm-hmm.

33 A So, after some doing, I think it took a -- it just seemed like it took a little bit for the
34 officers to get her handcuffs off, and got her rolled over and, uh -- her -- her lips are
35 cyanotic. And she took about her last breath and, uh -- and that's when we knew we had
36 some pretty serious problems. We immediately got her on a backboard, got her on her
37 gurney, got in the back of the medic unit. Uh, imme- -- immediately began CPR. And I
38 rode in the back of the medic unit with -- with -- with the others, obviously, uh, to St.
39 Pete's. We got a blood pressure back, we got a good pulse rate back for her. Uh, she --
40 medics are still breathing for her. They then abated her. And uh, when we left St. Peter's
41 ER, uh, she had a pulse and she had a -- she had good pressure, and then learned later on
42 that she had expired.

43

- 1 Q Okay, on the -- when the sedatives are given, is there a -- a certain dose that's automatic,
2 or does it depend on the weight, or is there some way of figuring that out?
- 3 A I -- you know, I'm not a paramedic. That'd be a question for them.
- 4 Q Okay.
- 5 A So I couldn't -- I couldn't speak to that.
- 6 Q Okay.
- 7 A I'm an EMT, not a paramedic, and they -- they would -- Mike would be able to answer
8 that for you.
- 9 Q Okay, as far as it taking a while for the handcuffs to get off, what -- what was up -- was it
10 just difficult to do? Was there a miscommunication or what -- what --
- 11 A I don't --
- 12 Q -- what did you see?
- 13 A You know, it -- I don't -- I don't know. I -- I don't know.
- 14 Q Okay.
- 15 A I don't -- it -- there's never misun- -- communication on our part. Please take the
16 handcuffs off.
- 17 Q Yeah.
- 18 A And sometimes from, you know, I -- I've been doing this almost 27 years. Sometimes
19 there's some reticent- -- like, oh, we take them off, we no longer control the patient --
- 20 Q Mhm-hmm.
- 21 A -- so there's -- I think there's a control thing, sometimes, that -- we look at things a little
22 bit different -- differently than law enforcement, and it's like you want us to do things,
23 you need to take the handcuffs off.
- 24 Q Yeah.
- 25 A So I don't -- I don't know if that's what it was, but I remember there -- it being asked,
26 like, three times.
- 27 Q Okay.
- 28 A You know, and -- and I'm -- I'm on my knees, and I'm listening, or -- you know, I'm not
29 paying -- I'm just, like, this is what we need to do next. These have to come off. This is
30 going to -- you know, this is the next step, uh --
- 31 Q Did you notice who was -- who was saying to take them off? Or who was asking to have
32 them pulled off?
- 33 A I -- I think Craig Meier (ph) -- who's one of my firefighters -- I think he was asking for
34 them to be taken off.
- 35 Q Okay.
- 36 A Now, I -- I -- I think. That's all speculating. You'll have to ask him --

- 1 Q I'll ask him when I get there.
2 A Yeah.
- 3 Q No big deal. Okay, all right. Did -- everybody seemed to be working okay together on
4 scene?
5 A Yeah, you know, uh -- yeah. My -- my -- you know, my frust- -- my frustrations were --
6 were the time -- the time it took the medics to get to the scene, and it's not their fault. It
7 was them trying to get --
- 8 Q Yeah.
9 A -- through a maze of -- of -- of vehicles that were -- weren't -- you know, weren't there.
- 10 Q Mhm-hmm.
11 A So, you know, do I -- I wish that -- that -- in a perfect world, they would have been clear
12 to the scene for them, and maybe there'd have been a different outcome? You know, I --
13 I wish a lot of things about that call but, uh --
- 14 Q Okay.
15 A You know, yeah. Uh, also, the police had told me that she told them that she'd taken two
16 ecstasy pills. Sorry, that was one thing I remember.
- 17 Q Okay.
18 A And that's in my report as well.
- 19 Q So you didn't hear her say that, but the police --
20 A She did not tell me that.
- 21 Q Okay.
22 A Police -- police said that she'd taken two -- two ecstasy pills, and that's what they -- they
23 -- they told me, so -- uh, she was verbal with me, almost the entire time, until -- till the
24 medics got there, when I got up to assist getting a gurney. I mean, she was yelling, she
25 was screaming, she would -- she would say her name and spell her last name, and I kept
26 asking her birthday, and she'd give me numbers, but they were kind of nonsensical. I
27 mean, she wasn't giving me numbers that made sense for her birthday.
- 28 Q Okay.
29 A Uh, but she was verbal and screaming with me the -- the whole time, uh -- until, like I
30 said, till -- till -- till she wasn't, so --
- 31 Q Okay. All right, how long have you worked for Oly Fire?
32 A I've been with Oly Fire since 1996, I think, and then before that I was with McLane Fire
33 for -- since -- '91 is when I got hired, initially.
- 34 Q Okay.
35 A Transferred over in '96 -- '96 or '97.
- 36 Q Okay, so you've been on for quite a while.
37 A Yeah.

1 Q Okay. Have you been on scene for -- over your career, for a lot of the sedations?
2 A I've seen a lot of sedations, yeah.

3 Q Okay.
4 A Yeah, they used to use a different drug. They went to Versed, I don't think, that long ago,
5 uh --

6 Q Okay.
7 A I don't know why. That's a medic thing. That's what they do, but I -- I've seen this --

8 Q Yeah.
9 A -- I mean, a lot.

10 Q It -- and I understand you're not -- you're not a paramedic but in -- in your experience,
11 from what you've seen over the years, is it usually -- it usually does take, like you said
12 earlier, like 10 minutes to kick in?
13 A Yeah, it takes -- like I said, it's always the second --

14 Q Yeah.
15 A It's -- it's always the second dose, a lot of times.

16 Q Is it the first time that you've seen --
17 A This is the first --

18 Q -- such a quick reaction, where almost immediate --
19 A This is the first time I've ever seen something like this.

20 Q Okay.
21 A And I -- I mean, I'm just trying to think back. I mean, I've been on a dozen -- 20 --
22 probably 26, 27 --

23 Q Okay.
24 A I mean, I used to respond over at a state college. You know, we used to see people get
25 sedated -- you know, get a sedative, you know, quite a bit, that would take drugs or do
26 things or having --

27 Q Yeah.
28 A -- you know, psych issues, and, uh, it's a sedative. It's -- it's supposed to calm them
29 down. I've never seen it -- I've never seen this reaction, so --

30 Q Yeah, Detective Clarke, what you got?
31 Q CLARKE: Uh, when you initially responded on scene and arrived in the area of the
32 apartment complex, how you initially described seeing this female, described her shirtless
33 and in a black, like, uh --
34 A Leggings or --

35 Q CLARKE: -- yoga type pants or whatever?
36 A Yes.

1 Q CLARKE: And that was it? No socks, no nothing? No --
2 A No shoes. I didn't see any shoes.

3 Q CLARKE: Okay. And when you initially saw her, can you describe her demeanor? Uh,
4 what was she doing? Uh -- where was she at --
5 A She was --

6 Q CLARKE: -- roughly when you first saw her?
7 A So she was across the street. If you -- if -- I'm sure you have a map of the apartment
8 complex.

9 Q CLARKE: Right.
10 A So, she resides in the Ida -- Ida Building.

11 Q CLARKE: Yep.
12 A She was across the street from that building, and --

13 Q CLARKE: Like, in the middle of the road, or on the sidewalk or --
14 A She was in the road, then on the sidewalk.

15 Q CLARKE: Okay. Okay.
16 A And she was walking towards the entrance of the -- the complex.

17 Q CLARKE: Yeah.
18 A And she was yelling, she was screaming, she was --

19 Q CLARKE: What was she -- what would -- what did it look like she was saying --
20 A There -- there, uh --

21 Q CLARKE: You only -- was anyone else around her, or --
22 A She was just yelling. Yeah, there -- there -- I mean, they were directly within arm's reach
23 of her.

24 Q CLARKE: Right.
25 A But were obviously like, whoa, this -- this lady is having an issue.

26 Q CLARKE: Sure. Okay.
27 A And they're -- they're kind of -- you know, they're backed off of her, and what I
28 remember her yelling is something about someone's getting out of jail and they're going
29 to rape me.

30 Q CLARKE: Okay.
31 A They're going to get me. They're going to rape me.

32 Q CLARKE: Do you -- do you remember hearing any specific names at all?
33 A Yeah, she never said a --
34

1 Q CLARKE: Okay.
2 A Never said a name --

3 Q CLARKE: All right.
4 A -- that I remember. I recall. And I was -- like I said, I knew she was having an issue, but
5 I knew the cops were coming right behind me.

6 Q CLARKE: Okay.
7 A And as soon as I evaluated that her -- you know, I was not her threat, and she was not,
8 you know -- there was no weapons on her, there was no --

9 Q CLARKE: Right.
10 A I mean, it was obvious she wasn't going to threaten me, and my concern was making sure
11 that -- that --

12 Q CLARKE: Sure.
13 A -- apartment building with -- with people in it wasn't on fire.

14 Q CLARKE: So did she appear to be hos- -- in a hos- -- hostile type state?
15 A She wasn't -- not -- not towards us.

16 Q CLARKE: Not towards you?
17 A And not -- and not towards anybody that was even around her.

18 Q CLARKE: Okay.
19 A It was --

20 Q CLARKE: Okay.
21 A -- they're going to get me. It was very high anxiety for her.

22 Q CLARKE: Okay.
23 A She was having a high anxiety moment.

24 Q CLARKE: Uh, so at some point, you -- did you observe law enforcement, uh -- contact --
25 so when you initially then saw her after you dealt with the building and controlled that
26 scene with, you know -- making sure there was no fire or anything going on, they reset
27 the fire alarm, uh -- you went and the next time you saw this -- the same female that you
28 saw, was she already restrained on the ground at that point?
29 A She was on the ground.

30 Q CLARKE: Okay.
31 A She was face down.

32 Q CLARKE: What was her demeanor, then, at that point, when you next -- next saw her?
33 A Scre- -- screaming.

34 Q CLARKE: She was --
35 A Still yelling.

1 Q CLARKE: Okay.
2 A Screaming. You know, she -- they had her controlled.

3 Q CLARKE: Okay.
4 A You know, she wasn't moving. There -- there was knees on her back.

5 Q CLARKE: Okay.
6 A Or knees on her upper -- upper back.

7 Q CLARKE: Okay.
8 A And they were -- they were keeping her down, uh --

9 Q CLARKE: Was she still -- was she agitated? Was she yelling at the police? Remember
10 what she was saying at all?
11 A You know, I -- I honestly don't remem- -- it was more they're going to get me, they're
12 going to get me stuff. She wasn't directly talking to the police.

13 Q CLARKE: Right.
14 A She wasn't saying things to them, if I remember right. I mean, it wasn't -- you know, it --
15 yeah, I mean, she was -- she was having a huge psychotic moment.

16 Q CLARKE: Did -- did it appear at that point that the police were, uh, restraining her
17 reasonably, based on her demeanor?
18 A You know, it -- hard to say. And I know -- I know people face down, hands on their
19 backs, is not a great look.

20 Q CLARKE: Okay.
21 A I mean, I've been around this town long enough to remember some of those, but there --
22 there -- under a little bit different circumstances, uh -- for me, it was like -- the medics are
23 here in a minute.

24 Q CLARKE: Right.
25 A You know? Then we're going to go ahead and take control of the situation, uh, more so.
26 I felt like she's yelling and screaming, she has an airway. Police officer that's there has a
27 brachial pulse and I know it's good.

28 Q CLARKE: Mhm-hmm.
29 A Uh, you know --

30 Q CLARKE: Did -- did you see her -- was -- was her movement -- was she trying to get
31 up? When -- was she reactive, resistant?
32 A I -- I didn't -- I -- she was not bucking.

33 Q CLARKE: Okay.
34 A She was moving her head around. But she -- I don't know how she could have bucked --

35 Q CLARKE: Okay.
36 A -- with two cops up -- on her upper back, with -- with -- with knees down --

1 Q CLARKE: Okay.
2 A -- on her.

3 Q CLARKE: Did -- you said that you -- when you saw her face, you said you saw some,
4 looked like maybe some injuries to her face, and then you got -- was it you that got a
5 blanket out of the --
6 A It was one of my guys I directed to get a blanket.

7 Q CLARKE: Okay. Did you happen to see, uh -- maybe how those injuries were caused?
8 Was she actually striking her head on the pavement, or was -- was anybody controlling,
9 directly, her head?
10 A No. She, uh --

11 Q CLARKE: Okay.
12 A She was moving her head.

13 Q CLARKE: Okay.
14 A You know? So -- it --

15 Q CLARKE: Was she -- did you happen to see her, like, grinding on the pavement, or --
16 A Yeah, she was -- I mean, she could only move her face along the pavement, because of
17 the position of her head.

18 Q CLARKE: Okay. Okay.
19 A So, did those injuries occur when she was taken down, I -- I have no idea.

20 Q CLARKE: Okay. All right.
21 A You know, definitely there -- there was injury there from her moving her face across the
22 pavement.

23 Q CLARKE: Okay.
24 A So -- I mean, that's -- that was obvious. I -- I witnessed that.

25 Q CLARKE: All right.
26 A Her skin was on the pavement, you know -- her lips and -- and all that.

27 Q CLARKE: Okay, so -- so you had three officers controlling her, is that correct?
28 A That's -- I -- yeah, when I pulled up, I believe that's what I -- what I -- I -- I can -- I know
29 three. I know two up at her back, uh -- and one down at her legs.

30 Q CLARKE: Okay, holding her legs, controlling her legs?
31 A Yeah, controlling her legs.

32 Q CLARKE: Did you happen to see what -- what -- where that officer was struggling with
33 trying to control her legs at all? Do you remember any of that by chance?
34 A You know, I -- I -- I don't, but I --

35

1 Q CLARKE: Okay.
2 A Uh, you know, I assume they're using enough force needed to control her.

3 Q CLARKE: Okay.
4 A That's just what I assumed.

5 Q CLARKE: All right.
6 A I mean, that's what I like to think.

7 Q CLARKE: Okay.
8 A I mean, they were using the proper amount of --

9 Q CLARKE: Did anything in your mind -- by looking at the incident -- I mean, shock you
10 or did it appear that they were being reasonable with what they were dealing with?
11 A You know, that's a -- that's a pretty hard, loaded question. The only -- the only time that
12 I thought, you know what? Maybe this isn't cool. Was when one of the officers -- so I --
13 I'm at her head, and he is -- I'm tilted a little bit, but he is on her left side.

14 Q CLARKE: Mhm-hmm.
15 A So she's face down, on left side, I -- I saw once, I think, he had both knees on her upper
16 back.

17 Q CLARKE: Okay.
18 A And I was like you know, I -- I don't know if that's a -- you know, excessive. Uh, she
19 wasn't moving a whole lot. Maybe that was the amount of force needed to keep her
20 down. I can't answer to that, but I thought, you know what? I don't like this amount of
21 weight being on her, where are the medics? You know, uh --

22 Q CLARKE: Okay.
23 Q Yep.
24 A Uh, where -- what -- you know, you know what I'm saying?

25 Q CLARKE: Okay. Sure.
26 A I mean, it's -- it's a difficult position to -- to --

27 Q CLARKE: So she was hand- -- she was handcuffed, so at that point -- when you first
28 came up to her, she was already in restraints? Handcuffed?
29 A Yep. Yeah.

30 Q CLARKE: Okay.
31 A She was down.

32 Q CLARKE: Okay.
33 A We didn't -- we came into this later.

34 Q CLARKE: Okay.
35 A You know, and we weren't even dispatched.

1 Q CLARKE: Sure.
2 A You know, we were just like -- we'd better go over there and help.

3 Q CLARKE: Okay, uh, did you happen to hear anything with -- what any of the officers
4 were saying anything, uh -- that comes to mind?
5 A No.

6 Q CLARKE: Okay.
7 A I mean, I remember them talking about how many people had their -- their cameras out
8 and were filming.

9 Q CLARKE: Okay, all right.
10 A I mean, that -- that was definitely --

11 Q CLARKE: Mhm-hmm.
12 A You know, and I think they even broke some officers away to go talk to people that were
13 filming in the crowd, and --

14 Q CLARKE: Okay. Okay. All right.
15 A And I -- I was trying to stay more focused on her -- on her condition.

16 Q CLARKE: Sure. So the medic unit arrives, and then the two medic -- paramedics, were
17 -- what were their two names?
18 A Michael Hughes and Mark Stewart (ph).

19 Q CLARKE: Okay, and they arrive on scene, and they immediately come and -- and, uh,
20 administer the -- the --
21 A Yeah, there wasn't a whole lot of -- I mean, I think they recognized the situation that was
22 going on there, and they wanted to get her sedated and then in a better position.

23 Q CLARKE: Okay, so that appeared based on their -- the whole reason why -- for them to
24 -- to respond was the chemical restraint, is that right?
25 A Yeah, yeah, for the sedative.

26 Q CLARKE: Okay. Okay.
27 A That -- that's -- that was the whole -- well, anytime that -- that -- in our protocols,
28 anytime you -- you -- you restrain somebody against their will, you have to have law
29 enforcement there --

30 Q CLARKE: Okay.
31 A -- and you have to have the paramedics there.

32 Q CLARKE: Okay.
33 A We just -- I can't just go and just -- unless they're --

34 Q CLARKE: Sure.
35 A -- a danger to themselves, but you better have law enforcement -- law enforcement
36 coming, and you have to have the -- the paramedics coming.

1 Q CLARKE: Okay.
2 Q Mhm-hmm.
3 A Because of these situations where you put people in the --
4 Q CLARKE: So you've been in a number of these type of situations, uh --
5 A I've been in -- I've been in a ton of them, and --
6 Q CLARKE: This -- this person appeared to be under the influence of something to you in
7 your past -- your experience, is that correct?
8 A Yeah, either -- either under the influence of something or -- or having a huge psychotic --
9 Q CLARKE: Okay.
10 A -- you know, break.
11 Q CLARKE: All right.
12 A Yeah, I've -- I've seen them both, and -- and until the tox reports come back, either way
13 wouldn't surprise me.
14 Q CLARKE: So based on your experience, the chemical restraint would have been a
15 reasonable request, from what you saw?
16 A Completely reasonable, I've seen it a ton in the past.
17 Q CLARKE: Okay. Okay.
18 Q Normally when the chemical restraints are given, have you seen any strange reaction, or
19 is it usually just --
20 A Mmm-mmm.
21 Q It sedates them and --
22 A Mmm-mmm. Sedates them and they --
23 Q -- gets the job done?
24 A You know, they -- they quiet down and -- and a lot of times, they actually start talking
25 kind of more sensibly to you, uh -- yeah, I mean, it -- it works.
26 Q Okay.
27 A That's why they -- that's why they do it, you know, it -- it really works, you know?
28 They're no longer a danger because they're not fighting, you know?
29 Q Yeah, okay.
30 A They're not a danger to themselves, you know? They're no longer fighting so --
31 Q CLARKE: Okay, and then, uh -- just -- just to reiterate then, in your past experience,
32 you've seen -- you've been in situations where people like this who were under the
33 influence of drugs, of whatever that might be --
34 A Mhm-hmm.

- 1 Q CLARKE: -- uh, type of drug, uh -- that -- that've been issues or administered, this
2 chemical restraint, uh -- in the past, this is the first time you've ever -- that someone has
3 actually passed?
4 A That -- that I s- --
- 5 Q CLARKE: -- after being administered?
6 A That I've seen, yeah.
- 7 Q CLARKE: Okay.
8 A And I don't know if there are some drugs that -- that -- that -- that Versed wouldn't affect.
9 I don't know.
- 10 Q CLARKE: Okay.
11 A Uh, like I said, I -- I think they change what they are using, uh, within the past few years.
- 12 Q CLARKE: Okay.
13 A Used to be another drug, and I couldn't give you the name of it, to be honest, off the top
14 of my head, but this is a -- a -- uh, Versed's a little -- is a little -- and they can answer --
15 they can answer all that.
- 16 Q CLARKE: Sure, mhm-hmm.
17 A But there's a reason that they went to Versed. It -- it -- you know?
- 18 Q CLARKE: Sure. Mhm-hmm.
19 A It works better.
- 20 Q But it also sounds like, if I understood correctly, that once that was given, uh -- you were
21 able to do CPR and actually you got a pulse, you brought back -- she did not
22 immediately, you know, die after the injection. She didn't die until, like, five hours later?
23 A Yeah. Yeah.
- 24 Q Okay.
25 A Yeah, she was in the hospital for, yeah -- I don't know how many hours she was there
26 before she actually expired.
- 27 Q Okay.
28 A When we left the hospital, she was ali- -- in the back of the medic unit, which -- we
29 brought her back from asystole, which is pretty amazing, I mean -- we were kind of
30 thinking great job. I mean, we kind of had an impossible situation and we -- we -- we
31 turned this around. She had a great pulse rate. She had a great blood pressure and, uh --
32 in the back of the medic unit, I'm thinking you know -- we -- you know, we did good
33 work.
- 34 Q Mhm-hmm.
35 A And then to learn she expired hours later was like whoa, so -- yeah.
- 36

- 1 Q Okay. Nothing else? Okay. So, we have certain questions we ask at the end of the
2 statement. So, during the statement, did I turn the tape recorder off?
3 A No, you did not.
- 4 Q Okay, did you ask me to stop the statement at any time?
5 A I did not.
- 6 Q Were any threats or promises made to get you to give a taped statement?
7 A No, there wasn't.
- 8 Q Okay, is everything you've told us the truth to the best of your knowledge?
9 A Yes, it is.
- 10 Q Okay, thank you for your statement. Ending statement time is approximately 5:03 in the
11 afternoon.
12
13
14 Ending Time: 1703 hours