

**THURSTON COUNTY SHERIFF'S OFFICE**

Suspect
 Victim
 Witness

Case #: 18-00762
Date:
Time:

NAME: HUGHES, MICHAEL L.
DATE OF BIRTH: 06-06-83
WORK ADDRESS: 330 Kenyon Street NW, Olympia, WA 98502
Phone: 253 226-6546
INTERVIEWING OFFICER: Det. George Oplinger, 1174, TCSO
INTERVIEW LOCATION: Hughes work: fire station
ALSO PRESENT: Det. Alan Clark, 1193, TCSO

1 Q Okay, Michael, do you understand that the tape recorder's on?
2 A Yes.
3 Q And is it okay that I'm recording your voice?
4 A Yes.
5 Q Okay, thank you. So how are you employed right now?
6 A Um, like-
7 Q Who do you work for?
8 A Olympia Fire-, city of Olympia.
9 Q Okay. And how long have you worked for the fire department?
10 A Three plus years.
11 Q Okay, did you, did you work as a firefighter, a volunteer firefighter prior to coming here?
12 A Yeah, I was, uh, (indistinguishable) for five years in Aberdeen Fire.
13 Q Okay. Okay, so the reason we're here is we want to talk about an incident that happened
14 last week, I believe it was Thursday morning at 1209, uh, Fern Street, uh, SW, up in
15 Olympia where a lady, uh, was in some distress, ended up later in the day passing away.
16 Do you recall that incident?
17 A Yes.
18 Q Okay, so were you working that morning?
19 A Yes.

- 1 Q Alright. And did you end up on scene up there...
- 2 A Yes.
- 3 Q ...did you go up to 1209?
- 4 A Yes.
- 5 Q Okay, so why don't you take me from how, how you ended up up there, I'm assuming
- 6 you got dispatched to something.
- 7 A Yes.
- 8 Q Tell, tell me how you got dispatched and what you did, what you observed upon arrival
- 9 and what you did upon arrival.
- 10 A Okay. We were dispatched to the call, went in route. Um-
- 11 Q What were you dispatched to?
- 12 A I believe we were dispatched for chemical restraint, is how it, law requesting chemical
- 13 restraint.
- 14 Q Okay. Go ahead, sorry.
- 15 A And so ended up on scene. Well, we didn't quite get up on scene. Uh, on our arrival, we
- 16 got like a, uh, a radio traffic report from Lt. Loffler telling us to, to get closer to the
- 17 patient to drive around the back side, that way we'd pull up our van closer...
- 18 Q Okay.
- 19 A ...to the patient. And so we hadn't to actually put ourselves on scene, so he said that he
- 20 was going to have Firefighter Oguiza come out and explain that to us. So he did. So we
- 21 drove passed the first entrance, to the second entrance of the complex. Drove in, we
- 22 couldn't make the turn originally 'cause there's, uh, cars on one side of the street and the
- 23 OPD cars on the other side of the street. There was enough room for us to squeeze by
- 24 (indistinguishable) but we were trying to come at, we couldn't, so we had to go straight, 3
- 25 point turn around, come back at it from the other angle. And we, it took us a while, but,
- 26 we were having to slowly go in to make sure we had enough room on both sides of our
- 27 mirrors. And so came in, got close to the patient. We see the patient's legs at the time. I
- 28 could see three officers pulling the patient down. I, um, at that point just immediately g-,
- 29 I was the, the tech, so I'm in charge of the call. And treatment for the call. So I got out
- 30 and immediately went to the back of the medic van and started drawing a Versed. Got
- 31 the Versed drawn up, double checked it with Mark, right there, walked over to the
- 32 patient. Um, sh-, her pants were kinda already half way down off her bottom, so I took
- 33 an alcohol wipe, wiped, uh, the left glut, and injected 10 milligrams of Versed. Some of
- 34 it kind of leaked out, and so I just kind of tried to rub it in. Walked immediately back to
- 35 the van, tossed the syringe in the sharps container, assisted Lt. Loffler with getting the
- 36 gurney out of the back of the van. We walked that over to the patient. Loffler went to
- 37 the head of the patient, I walked right behind Loffler, and that's when the handcuffs were
- 38 coming off and the patient was rolled to her back. And at that point, the, the mask, or
- 39 sorry, the (sounds like) spits-off was pulled off of the patient...
- 40

- 1 Q Okay.
2 A ...and you could see she had blue lips and was agonal breathing. So you could see breath
3 but there's just, it's just kind of like a, I, there's a, you can just kind of see, it's like a,
4 kind of a guppy-type breath when you see that breath, and that's when I indicated that, to,
5 I think someone was trying to undo the restraints to tie her up, I said, we got bigger
6 problems, and identified that she was no longer breathing on us.
- 7 Q Okay.
8 A Adequately.
- 9 Q Were, when you say that she was, was she laying face down or on her back?
10 A When we got to her, she was, with the police officers, she was face-down with handcuffs
11 behind her back.
- 12 Q Okay.
13 A And when I did inject her, she was still conscious at the time because she did yell ow
14 when I injected her.
- 15 Q Okay. And you said 10 milligrams of Versed-
16 A 10 milligrams of Versed.
- 17 Q Now is, is that just your standard dosage or-
18 A That's the standard dosage.
- 19 Q No matter what the weight of the patient is?
20 A Yup.
- 21 Q Okay.
22 A And actually with, with 10 milligrams, I would expect with someone a little bit larger and
23 having to go through more fat and, to get to muscle, that it would actually take a little bit
24 longer.
- 25 Q To, to set in?
26 A To set in, yeah.
- 27 Q Okay. Were, were, did you observe any kind of issues or delay in the restraints coming
28 off of her?
29 A I, uh, no, because I was getting the gurney at the time.
- 30 Q Okay.
31 A So when I came up and where I positioned myself, they were comin-, the restraints were
32 coming off her at that time.
- 33 Q Okay.
34 A Yeah.
- 35 Q And then so as soon as you injected her, well, let me back up.
36 A Um hm.

- 1 Q Before you injected her, what was her behavior or demeanor like?
2 A I could just see legs kicking at the time.
- 3 Q Okay.
4 A And I could hear commotion. But there's so much, so many people around and engines
5 going on, I couldn't identify what she was saying. I didn't hear any-
- 6 Q Was she being verbal? Was she saying-
7 A Like verbal like comprehensible stuff, the only comprehensible word I heard was when
8 she yelled ow...
- 9 Q Okay.
10 A ...at me when injected.
- 11 Q But was she making noise verbally though?
12 A Yes.
- 13 Q Was she yelling something...
14 A Yeah.
- 15 Q ...just couldn't understand what it was?
16 A Just kinda, almost like a moaning, I can't understand...
- 17 Q Okay.
18 A ...(indistinguishable) yelling, yeah.
- 19 Q And then once she was injected with the Versed, um, how long before you noticed a
20 change in her demeanor?
21 A Demeanor? When I came back. So wh-, it, it probably less than two minutes...
- 22 Q Okay.
23 A ...from the time I injected her to the time I arrived back at her, her head.
- 24 Q Okay. So you've been a firefighter for quite a while or a paramedic, you, uh, in your
25 experience, what's the normal, if there is a normal waiting period before you can expect
26 Versed to kick in normally?
27 A I'm usually waiting around ten minutes if it works on a patient. Sometimes it doesn't
28 quite do the trick.
- 29 Q And do you...
30 A (indistinguishable)
- 31 Q ...give a second dose at that time?
32 A Th-, then I would look into giving a second dose, yeah.
- 33 Q Okay. And so in this case, um, you, you injected, you went to the sharp container, you
34 came back maybe two minutes. What was, what was her demeanor like that, what was
35 the change?

- 1 A So at that time, she, uh, so her handcuffs had come off. There wasn't any visible
2 movement. She was rolled to her back, on her back, at that point. Spits-Off came off, the
3 Spits-Off was soaked through with blood. You could see it was just red all over the front
4 part of it. And when it came off, you could see the obvious cyanosis around the mouth,
5 so lips and mouth were blue.
- 6 Q Okay.
7 A And she's not moving.
- 8 Q Okay, then what took place at that time?
9 A That place, uh, we, we rolled her, or put her onto the back board. Actually, we rolled her
10 onto the back board, lifted the backboard and put it on the gurney immediately. And then
11 buckled her up and went to, we tried to avoid the, the driver's side of the medic unit
12 because there was so many people watching and videoing with phones that we went
13 around the other side to get into the back.
- 14 Q Okay. And th-, so was the plan to just go around the corner somewhere and, and work on
15 her?
16 A So, yeah, so once we got everybody in and we're, you know, established that she was
17 pulseless, that we were beginning CPR. I directed the person that jumped in to drive to
18 drive us around the corner to get us settled, as opposed to there on scene with people
19 around.
- 20 Q Okay. And then so was, was CPR then started there?
21 A Yeah, CPR, as soon as, uh, as soon as she got locked into the back of the van, the gurney
22 was loaded in, we did a pulse check, no pulse, began CPR and placed the EKG electrodes
23 on her.
- 24 Q Okay.
25 A It was confirmed essentially.
- 26 Q Okay. And then how long were you guys there doing CPR before you decided to make a
27 run for the hospital?
28 A I- (sigh). I couldn't tell ya off the top of my head at what, how long we were there when,
29 at what time...
- 30 Q Okay.
31 A ...we started moving. I do remember we got, so I tried for an IV, was unsuccessful. And
32 then I went for an IO, which is where you use a, a bone-injection gun, where you kind of
33 drill into the leg and you, um, do the IV and medications through the bone. And at that
34 point, Mark was unable to get the airway, um, innovate her, so then him and I switched
35 spots. So we'd also done a rhythm check and a pulse check, so there's at least a couple
36 minutes there. So I remember being at the head of the patient trying to innovate when
37 Mark directed the driver to start driving to the hospital.
- 38 Q At what point was an airway gained? Was it still there on scene or-
39 A Oh, it took, it, I believe we were, I couldn't tell ya. I w-, I, I'd have to reference my
40 report to tell you exactly.

- 1 Q Okay.
2 A I can't quite remember if we were moving or not...
- 3 Q Okay.
4 A ...at the time. I, it took me at least, it took me two tries to get the airway because there
5 was so much vomit coming from the mouth that I was having to suction constantly.
- 6 Q Okay.
7 A Yeah.
- 8 Q So when you said you couldn't get the IV in, then you said the IO to the bone, what kind
9 of medication were you administering at that time?
10 A At that time, it was just a saline, uh, normal saline is what's hooked up to the, to the ba-
11 or the, the line. And so, but once we did, I think we got passed the first pulse check, it's
12 Epinephrine, one milligram Epinephr-, Epinephrine, one to 10,000.
- 13 Q I mean, I'm sorry, what was the, the dosage one more time?
14 A Um, 1 milligram of 1 to 10,000.
- 15 Q Okay. And what's the purpose of that?
16 A And that stimulates the heart basically so...
- 17 Q Okay.
18 A ...we, we're actively working the heart but we're also stimulating the heart with the
19 medication as well.
- 20 Q Okay. So once you guys, you guys were in route, and which hospital did you go to?
21 A St. Peter's.
- 22 Q Okay. And when you guys arrived at St. Peter's, do you know what her condition was?
23 A Condition when we arrived and dropped her off, she had a pulse, she had a good heart
24 rhythm, strong pulses, and carotid, femoral and radial. And we were assisting with
25 ventilations while she was innovating.
- 26 Q Okay. So you guys drop there at the ER, and then you guys left and went back...
27 A Yeah, so-
- 28 Q ...for your (indistinguishable)
29 A We give a, give a report off to the nurse and a doctor if they're in the room, and that time,
30 there was a doctor in the room.
- 31 Q Okay.
32 A And then we go clean up our, our rig, get it back in service there, and then we drove back
33 here, finished the report, and then we put ourselves back in service.
- 34 Q Okay. Um, so how, how long was it before you heard, that day, how much time went by
35 before you heard she didn't make it?

- 1 A Uh, oh, I could, do you mind if I look at my phone and reference a time when someone
2 texted (indistinguishable)
- 3 Q I just need a, wi-, with just a guess, like it was a few minutes, was it like hours later?
4 A Hou-, it would be hours. So I got, I probably got home around 8:30, and (sigh), I can't
5 tell you, I eventually took a nap.
- 6 Q Okay.
7 A And I can't recall if someone tex-, if I, text me to let me know...
- 8 Q Okay.
9 A ...before or after the nap.
- 10 Q But it was definitely a little later in the day?
11 A Yeah.
- 12 Q Okay. And it, so what was your reaction when you heard that? Were you surprised?
13 A Yes, I was surprised and just a little dis-, discouraged, I guess.
- 14 Q Um hm.
15 A 'Cause I thought that we'd gotten her back.
- 16 Q Yeah. Have you been in those kind of situations where you brought people back and for
17 the most part...
18 A Yeah.
- 19 Q ...they make it, as (indistinguishable)
20 A Yeah.
- 21 Q Okay. Okay.
22 A But from asystole, it's, it's a rare, rare occasion, um, for you to bring someone back, but
23 just because of the age of the patient, and-
- 24 Q What was the word you used, sys-, systole?
25 A Asystole. Asystole, it's like flat line is basically what it is. Usually, uh, so this is not a
26 shockable rhythm, when you see a flat line, you know, on TV, you hear the whole,
27 clear...
- 28 Q Yeah.
29 A ...and then they shock.
- 30 Q Yeah.
31 A But actually you can shock that, there's nothing to shock. What we shock is (sounds like)
32 b-tac or de-fib, and that's where you see the squiggly lines, and, um, that's a shockable
33 rhythm, that's a more save-able rhythm. But asystole is just flat line.
- 34

- 1 Q Okay. Alright, Det. Clark, do you have any questions?
2 Q CLARK: Maybe let's just go back to where when you guys first arrived on scene, um,
3 and you're...
4 A (Indistinguishable)
- 5 Q CLARK: ...you're approaching the patient. Um, could you describe to me, she, you'd
6 described that she's on her, on her stomach...
7 A Yes.
- 8 Q CLARK: ...face down, and can you describe to me how, uh, how many, uh, law
9 enforcement officers are restraining her and where their positions are?
10 A There was three law enforcement restraining her. One was, I, I recall a, a knee in the
11 back, and the other ones were both pushing down the arms.
- 12 Q CLARK: Okay.
13 A And so she, I could say almost shoulders, so her arms are behind her back, one person
14 with it in her back, and then the other two with shoulders.
- 15 Q CLARK: Um, she, she had hand restraints on as well at that point, did you...
16 A Correct.
- 17 Q CLARK: ...notice. Was anybody holding her legs at all, do you know?
18 A At that time, no.
- 19 Q CLARK: Okay.
20 A 'Cause I, I walked up, and there was no one o-, I was positioned, she was on my right
21 hand side, there was...
- 22 Q CLARK: Okay.
23 A ...nobody here, they were all three right here, and I injected from right here.
- 24 Q CLARK: Okay. And you described, I think you said her legs were kicking up. Can you
25 describe what her physical, um, I guess demeanor was? I think you said she was
26 moaning and saying some things maybe that didn't make sense. Um, but what was her,
27 was she actively resisting, trying to, um, get up or-
28 A Upper body didn't see quite a b-, bit of movement, and it wasn't constant, so when we
29 pulled up, you could s-, I saw her legs moving...
- 30 Q CLARK: Okay.
31 A ...kind of coming up off the ground like this but as I walked up, she was actually fairly
32 still.
- 33 Q CLARK: Okay. So the officers were restraining her. Did it appear to be reasonable with
34 what the officers were doing?
35 A I don't know how hard she's fighting them and what they're feeling 'cause I'm not
36 exactly touching her.

- 1 Q CLARK: Yeah.
2 A So I can't answer that, I, I can't-, yeah.
- 3 Q CLARK: Okay. Did you happen to hear anything else that she said, uh, uh, other than
4 just the ow when you i-, administered that (indistinguishable)?
5 A No.
- 6 Q CLARK: Anything else?
7 A Not that I recall.
- 8 Q CLARK: She wasn't complaining of being assaulted or in any way that you could make
9 out? Okay.
10 A No (indistinguishable)
- 11 Q CLARK: What about injuries to her body, did you observe any-
12 So I could see on her was abrasions all over her face, her knees had abrasions on 'em.
13 And her ankles had abrasions on 'em.
- 14 Q CLARK: Okay.
15 A Ankles/feet, I should say.
- 16 Q CLARK: Okay. Did you say face?
17 A Face.
- 18 Q CLARK: When did, happen to her see, like how those occurred? Did she, was anybody
19 holding her, her face down at all?
20 A I didn't see anyone holding...
- 21 Q CLARK: Okay.
22 A ...her face at the time.
- 23 Q CLARK: Okay. Was she, did you happen to see her hitting her face on the concrete at
24 all or-
25 A I didn't see that.
- 26 Q CLARK: Didn't see that.
27 A No.
- 28 Q CLARK: Okay. Um-
29 My, my, I mean, I guess the best way to put it is I walk up, she's restrained, my, my job
30 is to get her sedated and...
- 31 Q CLARK: Sure.
32 A ...unrestrained at that point. So as quickly as I could...
- 33 Q CLARK: Sure.
34 A ...my goal is to get her sedated so that's...

- 1 Q CLARK: Okay.
2 A ...why it was, go straight back to the van, get the sedation, and hopefully we can evaluate
3 from where once she's-
- 4 Q CLARK: And you've been in situations similar to this over your experience, um-
5 A Correct.
- 6 Q CLARK: Um, was anything different about this, about her demeanor, law enforcement,
7 they request the chemical restraint, is that right, and then-
8 A They, they did on this one. This is what it was...
- 9 Q CLARK: Okay.
10 A ...dispatched as, yeah.
- 11 Q CLARK: And with what you saw on scene, that appear to be a reasonable, um, request
12 with you be coming on scene and then ultimately chemically restraining her? As all, uh,
13 uh-
14 A Sedating her.
- 15 Q CLARK: S-, sedating her.
16 A Yeah. Uh, yeah, 'cause-
- 17 Q Based on your observations (indistinguishable)...
18 A Based on my observations-
- 19 Q ...arrived and what you were given for information?
20 A Based on, based on what I saw, I don't know how long it lasted for or how long it was
21 previous before I got there, but the patient is down, to be honest with ya, I don't know
22 what the patient did when I come up, all I know is that the patient, they said the patient
23 was fighting or doing whatever.
- 24 Q Um hm.
25 A And there are times when y-, I, I can, I have witnessed them, you know, maybe slamming
26 their heads...
- 27 Q Sure.
28 A ...uh, their own heads into the ground, the patients slamming their own heads.
- 29 Q Uh huh.
30 A And, um, and more violent and bloody, and I've sedated them. But this one, I don't kn-, I
31 didn't see that, I didn't see them...
- 32 Q O-
33 A ...at least violent with themselves at the time, I didn't witness it so-. Reasonable, yeah, I
34 mean, I, it's either our people that are trying to, actually usually if it's our people, there's
35 only one time I've seen it where it was our people assisting the cops with holding them
36 down, and that was a few years ago. But this time, it was just they were holding her
37 down. I don't know, the pressure, what they did, how h-, how much energy and...

1 Q Um hm.
2 A ...it was taking to hold her down so-

3 Q Okay. And do you recall what, how would you describe the size of this person that was
4 on the ground?
5 A She was a large woman would be my-

6 Q Okay.
7 A I'd describe it.

8 Q CLARK: And with your experience, did it appear this woman was under the influence
9 of, uh, of something, whether it be alcohol or drugs or...
10 A I, I didn't smell anything...

11 Q CLARK: (indistinguishable)
12 A ...and I don't, I didn't see anything on scene so I wouldn't be able to-

13 Q CLARK: Okay. Okay.
14 A You know.

15 Q CLARK: Okay.
16 Q Okay, so there's questions we ask at the end of statements. So during the statement, did I
17 turn the tape recorder off at all?
18 A No.

19 Q Did you ask me to turn the tape recorder off at any time?
20 A No.

21 Q Were there any threats or promises made to get you to give a taped statement?
22 A No.

23 Q Is everything you told us the truth to the best of your knowledge?
24 A Correct.

25 Q Okay. Thank you for your statement. Ending statement time is 6:19 PM.
26
27
28 Ending Time: 1819 hours