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IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR MULTNOMAH COUNTY

Grand Jury A Proceedings

Case No. 59

Conducted by:

Devin Franklin and Shawn Overstreet,

Deputy District Attorneys

Death Investigation

November 12, 2025

DA Case No. 051-1099378

Proceedings recorded on digital audio recording

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**PROCEEDINGS**

DDA FRANKLIN: Okay. Okay. We are on the record in death investigation under DA case number 0 5 1 dash 1 0 0 9 9 3 7 8. Devin Franklin on behalf of the state, F-R-A-N-K-L-I-N, my bar number is 1 6 1 1 7 9. I'm joined by my co-counsel. I'll let him put his name and bar number on the record.

DDA OVERSTREET: Yes, also appearing on behalf of the State of Oregon. Shawn Overstreet, O-V-E-R-S-T-R-E-E-T, bar number 1 1 4 8 5 9.

DDA FRANKLIN: And we are in Grand Jury A today it is November 12th, of 2025. This is case number 59, and we're gonna get started with our first witness. Who is Anthony Cash.

EXAMINATION OF ANTHONY CASH

DDA OVERSTREET: Mr. Cash.

GRAND JUROR: Uh, that is George <laugh>.

DDA FRANKLIN: Mr. Cash, that'll be your seat if you don't mind, uh, remain standing initially and just raise your right hand to get sworn in. Okay. Thank you.

GRAND JUROR: Do you solemnly swear and or affirm that the testimony you're about to give in the matter pending before this grand jury shall be the truth, the whole truth, and nothing but the truth?

MR. CASH: I do.

GRAND JUROR: Thank you.

DDA FRANKLIN: Thank you. You can take a seat, get yourself situated there, and we will start by having you tell us your full name and spelling it for the record.

MR. CASH: Full name is Anthony Gene Cash, A-N-T-H-O-Y-G-E-N-E-C-A-S-H.

1 DDA FRANKLIN: Thank you for being here today, Mr. Cash.

2  
3 MR. CASH: Mm-hmm <affirmative>.

4  
5 DDA FRANKLIN: Um, can you start by telling us what your occupation is? What do you  
6 do?

7 MR. CASH: I am a security officer.

8  
9 DDA FRANKLIN: Okay. And where do you, uh, work currently?

10 MR. CASH: At the Argyle Garden Apartments.

11 DDA FRANKLIN: And was that where you worked in June of 2025?

12  
13 MR. CASH: Yes, ma'am.

14 DDA FRANKLIN: Okay. How long had you, um, been working at that location?

15  
16 MR. CASH: Uh, did that incident happen in June?

17 DDA FRANKLIN: That's right.

18  
19 MR. CASH: Of 2025?

20 DDA FRANKLIN: Correct.

21  
22 MR. CASH: Then I would've been there about a year and a month.

23 DDA FRANKLIN: Okay.

24  
25 MR. CASH: So, 13 months.

26 DDA FRANKLIN: Can you tell us a little bit about what your duties and responsibilities  
27 are and your position at the Argyle Apartments?

28

1 MR. CASH: Well, my position is security officer. I'm assigned to protect the property  
2 and tenants that live there.

3  
4 DDA FRANKLIN: Okay. And what hours do you generally work?

5 MR. CASH: 10 to six. Monday through Friday.

6  
7 DDA FRANKLIN: Okay. So that's 10:00 PM to 6:00 AM

8 MR. CASH: Yes, ma'am.

9  
10 DDA FRANKLIN: And did you work last night?

11 MR. CASH: Yes, ma'am.

12 DDA FRANKLIN: Okay.

13  
14 MR CASH: Can I go home?

15 DDA FRANKLIN: Again, I appreciate you being here.

16  
17 MR. CASH: Can I go home now?

18 DDA FRANKLIN: <laugh>

19  
20 MR. CASH: <laugh>. I'm So tired.

21 DDA FRANKLIN: Um, so I know you said that this was an apartment complex, is that  
22 right?

23 MR. CASH: That is correct.

24  
25 DDA FRANKLIN: Can you just describe the location generally, how many floors there  
26 are or just anything else about how the layout of the apartment complex is?  
27  
28

1 MR. CASH: There are three buildings. Uh, the main building has three floors, and the  
2 other three buildings have two floors. Uh, the first building, which is the one I'm mainly in,  
3 but I mean all of them, but mainly that one. Um, the one that has three floors, uh, they are like  
4 little, small apartments. They have a kitchenette and a shower and a bathroom and a stove and  
5 refrigerator and little space for their, their bedding and clothing and all that. So, it's pretty  
6 much like a little small one-bedroom apartment. In the first building, building, there's not,  
7 there's not even a number or a letter. The rest are lettered A, B, and C. But the main building  
8 has no lettering. It's just, just the address, which is 8850 I believe it is. Um, so it's, it's, the first  
9 building is basically the apartments. The other three, I don't even know what the heck to call  
'em. It's just a room. It ain't even this big, it's about half the side

10 DDA FRANKLIN: mm-hmm <affirmative>.

11 MR. CASH: Or half the size. And it's just big enough for a bed, maybe a, some kind of  
12 closet to hang their clothes in and a, uh, maybe a table to put a microwave on or something.  
13 But it's very, very small. It has no bathroom, no kitchen, no nothing. Just a room.

14 DDA FRANKLIN: Okay.

15 MR. CASH: And so, uh, yeah.

16 DDA FRANKLIN: Okay. And so, you had said initially that your job is to essentially  
17 protect the residents of this apartment complex. Does that mean you're responsible for all four  
18 buildings that you've just described?  
19

20 MR. CASH: Mm-hmm <affirmative>.

21 DDA FRANKLIN: Okay. Um, would you say you're generally familiar with the residents  
22 that live at this location?  
23

24 MR. CASH: Yep, absolutely. All of them.

25 DDA FRANKLIN: Okay. Um, so were you working on June 27th of 2025?  
26  
27  
28

1 MR. CASH: If that is the date of the incident happened, then yes.

2 DDA FRANKLIN: Okay, um, and do you recall calling 9 1 1 around 10:00 PM that  
3 night?

4 MR. CASH: I do.

5 DDA FRANKLIN: And what was your reason for calling?

6 MR. CASH: Can I get a drink of water?

7 DDA FRANKLIN: Sure.

8 MR. CASH: I've got my own.

9 DDA FRANKLIN: oh yeah, absolutely.

10 MR. CASH: It had grapefruit juice in it, but I filled it with water.

11 UNKNOWN SPEAKERS <laugh>.

12 MR. CASH: Uh, that particular evening, I usually arrive early. My company that I work  
13 for don't like it. They're like, you're not on the clock. What are you going in so early for us?  
14 'cause I live right around the corner and I've grown fond of everybody there. So, and I,  
15 nothing better to do, but just going there and make sure everything's safe and going like it  
16 should. So, I, I got there actually about, uh, uh, maybe 9:30, but it was early. And soon as I  
17 got there, uh, a young lady who doesn't live there, but her parents do, she was washing clothes  
18 and she came up to me and said, this guy upstairs pretty much threatened me. And, um, and he  
19 threatened me with a light knife and threatened to kill me. And the other guys who were  
20 playing cards out in the lobby. Uh, they said that, uh, yeah, uh, we, we had to have a  
21 conversation with him and then we gave her a taser to protect herself.  
22

23 MR. CASH: I was like, whoa, that's a lot. So, uh, so they were talking about, uh, Damon,  
24 uh, whom I had met maybe a couple of months before. Uh, um, anyhow, so that was first what  
25 happened when, as soon as I got there, everybody comes to me with all, everything that's  
26  
27  
28

1 going on. They let me know what's, what areas, who's doing what, and blah, blah, blah. They  
2 always do. They call me personally and let me know, hey, something's going on over here. So  
3 I appreciate them letting me know that. But because I didn't see it, I was not gonna confront  
4 him about any of it at all. So, I have to see something in order to report it or intervene or, uh,  
5 deescalate the problem or whatever. So, uh, and I told her that. I was like, well, I didn't see it,  
6 but uh, if he brings it up to me or if I see something, of course I'll take care of it.

7 MR. CASH: And um, so, um, I proceeded to unload my lunch and all that, getting it all  
8 on the table and everything. And then one of the guys from upstairs came down, his name is  
9 Joseph. Uh, he came down and said, hey, that new guy upstairs, there's water coming out from  
10 underneath his door. And I was like, water. So, I stopped what I was doing, shot to the  
11 elevator, got on the elevator and went upstairs. Soon as I stepped out of the elevator, he was  
12 on his hands and knees with, well, one hand had, uh, a canister of shaving cream.

13 DDA FRANKLIN: I apologize for interrupting. When you say he, who are you referring  
14 to there?

15 MR. CASH: Damon Williams.

16 DDA FRANKLIN: Okay.

17 MR. CASH: He had a canister of, um, shaving cream and a cloth of some sort in his other  
18 hand. And so, I, I approached him and said, hey man, uh, there's water coming outta your  
19 room. What's going on? And he took the canister of, of cream and sprayed it on the, the cloth  
20 that he had. And then he took the canister and sprayed it. Like he was making a hat on top of  
21 his head. And I was just sitting there and all like, what in the heck is going on? And then he  
22 took the shaving cream and um, he smeared it on his chin and then he turned to the wall and  
23 started wiping on the wall. And I asked him again. He was like, hey man, what's going on  
24 with you? And he turned to me and barked like a dog and growled. so, you know, I, I, I just  
25 like, okay, I need some help. I don't know what to do about this.

26 DDA FRANKLIN: Mm-hmm <affirmative>.

27 MR. CASH: So, I got back on the elevator, went downstairs, called my supervisor, her  
28 name is Jada, and told her what I witnessed and what was going on. I need some help here.

1 And she said, well, call the police. So that's exactly what I did. Told them what was going on.  
2 They all came, and I escorted 'em upstairs. And, uh, they proceeded to go inside, and they  
3 were talking to him gently, like, hey brother, what's going on? And da, da da da da. They were  
4 talking to 'em and, and, um, um, I decided I'd go back downstairs. They, they, they were  
5 taking care of it. So, I went back downstairs and just told everybody to evacuate out of the  
6 building that was down there in the lobby. Let's all go outside. 'cause at that time, I think there  
7 was only two or three cops, I think at the time, but more had arrived.

8 DDA FRANKLIN: mm-hmm <affirmative>.

9 MR. CASH: And so I escorted them upstairs too. And then the property manager came  
10 and escorted him upstairs too. So altogether I must, I'm just guessing there must have been at  
11 least 10 police officers up there, including the, the, uh, the, uh, property manager.

12 DDA FRANKLIN: Okay.

13 MR. CASH: So all the rest of the tenants on the first floor and beyond, whoever knew  
14 about it, was all outside with me. And we're all looking upstairs at the window. At his  
15 window.

16 DDA FRANKLIN: Mm-hmm <affirmative>.

17 MR. CASH: And, uh, there wasn't any, any, uh, any conversation at the time. But  
18 Damon was at the window, and I don't know what it was to this day, but he was eating  
19 something, something was on the windowsill and he, we could clearly see he was grabbing,  
20 putting it in his mouth, don't know what it was.

21 DDA FRANKLIN: Mm-hmm <affirmative>.

22 MR. CASH: I thought it might have been cake or something, or candy or whatever, I  
23 don't know. But um, whatever it was, he was definitely putting in his mouth. Then we all  
24 heard the officers step behind him and say, put your hands behind your back. And I saw them  
25 reach for both his arms. 'cause he was like, I'm standing in front of you, he's eating the stuff.  
26  
27  
28

1 Cops were behind and they grabbed his arms and put 'em behind, put 'em behind him like this.  
2 Then they backed out of view of the, of the window.

3 DDA FRANKLIN: Okay.

4  
5 MR. CASH: And that's when, uh, Damon began screaming and hollering and, uh, we  
6 couldn't see anything. They were just like, put your hands behind your back. Put your hands  
7 behind your back. That's all we could hear. And him screaming and screaming, screaming.  
8 And of course I could, I know what happened now because I've seen the video, the body cams  
9 and stuff, but.

10 DDA FRANKLIN: So I don't want you to talk about anything that you didn't personally  
11 observe.

12 MR. CASH: Right, right.

13 DDA FRANKLIN: So, I'm actually gonna stop you right there and go back and kind of  
14 get some additional details.

15 MR. CASH: Okay.

16  
17 DDA FRANKLIN: Um, based on what you've already testified to. Okay. Um, so you  
18 mentioned that it sounds like pretty much immediately when you showed up at work at 9:30,  
19 you got this report from this woman who had said she had been threatened. Is that right?

20 MR. CASH: That is correct.

21  
22 DDA FRANKLIN: And did she indicate that that threat had like, just happened or what  
23 was sort of the timeline with that?

24 MR. CASH: If I recall, it was, um, a little bit earlier. I would say maybe two or three  
25 hours before I got there.

26 DDA FRANKLIN: But that same night?  
27  
28

1 MR. CASH: Yeah.

2 DDA FRANKLIN: Okay.

3  
4 MR. CASH: That same day.

5 DDA FRANKLIN: That same day?

6 MR. CASH: Yeah.

7  
8 DDA FRANKLIN: Okay. Um, and so you said that uh, you then got a report from another  
9 man who had said there was some water coming out of Damon's apartment.

10 MR. CASH: Correct.

11 DDA FRANKLIN: When you went upstairs and observed Damon yourself, did you also  
12 see water on the floor?

13 MR. CASH: I did.

14  
15 DDA FRANKLIN: Okay. Um, so what I'm gonna do now is actually play your 9 1 1 call.

16 MR. CASH: Okay.

17  
18 DDA FRANKLIN: And then I might have some follow up, um, after that as well.

19 MR. CASH: Okay.

20 **911 CALL PLAYED**

21  
22 DDA FRANKLIN: Hm. Dunno what that was. Gimme just a second here and I'll back it  
23 up.

24 DDA FRANKLIN: Do you know what that is by chance? <laugh>.

25 DDA OVERSTREET: I don't. Maybe skip ahead a little bit. See if it passes.

1 DDA FRANKLIN: Yeah, let's see, hm. Can we go off the record just so we can figure  
2 out the technical issue? All right. We are back on the record. We resolved a technical issue  
3 with the audio, so we're gonna restart that 9 1 1 call again here.

4 DDA OVERSTREET: Okay.

5 GRAND JUROR: Is the clock still moving? It looks like it's,  
6

7 DDA OVERSTREET: It is.

8 GRAND JUROR: Yeah, it's running. Yeah.  
9

10 DDA FRANKLIN: Okay. And now of course it is not playing <laugh>. Gimme just a  
11 second.

12 MR. CASH: <laugh>.

13 **9 1 1 CALL PLAYED:**

14 GRAND JUROR: You know what, this is broken. So, it is on my screen. I feel like I  
15 should turn it off and back on just to make sure we don't miss any spoken testimony.

16 DDA FRANKLIN: Okay? Sure. Uh, that's probably a good idea.

17 GRAND JUROR: Okay.  
18

19 DDA FRANKLIN: I don't know if we need to go back and make sure that we can do that  
20 maybe at the end.

21 DDA OVERSTREET: Yeah, it's the 9 1 1 call, so  
22

23 DDA FRANKLIN: Yeah. Okay.

24 DDA OVERSTREET: That has to be on the record.

25 GRAND JUROR: It's actually not even letting me turn it and do anything.  
26

27 GRAND JUROR: Oh No.  
28

1 DDA FRANKLIN: Okay, so it sounds like we might need,  
2

3 DDA OVERSTREET: Need some help.  
4

5 DDA FRANKLIN: To call in some staff.  
6

7 GRAND JUROR: Yeah, we gonna have to.  
8

9 DDA FRANKLIN: Apologies Mr. Cash. Well, we'll get you in and out as quickly as you  
10 can. <laugh>.  
11

12 MR. CASH: Is there any coffee anywhere around?  
13

14 GRAND JURORS: Yeah, yeah, we got a pot back there if you want some.  
15

16 DDA FRANKLIN: Oh, there we go.  
17

18 MR. CASH: I do. And there's a restroom back there.  
19

20 DDA FRANKLIN: Uh, there is a restroom back there.  
21

22 MR. CASH: May I use it?  
23

24 DDA FRANKLIN: Absolutely. Yeah.  
25

26 MR. CASH: I'm on Torseמיד. I don't know if you guys know what that is. Water pill.  
27

28 GRAND JUROR: Do you want any cream or sugar?  
29

30 MR. CASH: Yes ma'am.  
31

32 GRAND JUROR: Okay. <laugh>.  
33

34 DDA FRANKLIN: Taking care of you here. <laugh>.  
35

36 MR. CASH: <laugh>. Appreciate it. I'm gonna use the restroom real quick. Uh,  
37  
38

1  
2 DDA FRANKLIN: And then just so everybody is aware, just because we're not sure what  
3 the record is doing right now, obviously feel free to chat, but we might be on the record.

4 GRAND JURORS: <laugh>. Sure.

5 MR. CASH: I appreciate you.

6  
7 DDA FRANKLIN: Of course.

8  
9 GRAND JUROR: This hasn't happened before, but I could see.

10 GRAND JUROR: Of course it's on the important one.

11 GRAND JUROR: She's showing that.

12  
13 DDA FRANKLIN: Mm-hmm <affirmative>. Okay. We've got Jill here

14 JILL: Yes.

15 DDA FRANKLIN: To the rescue.

16  
17 GRAND JUROR: And she's a tech master.

18 DDA FRANKLIN: <laugh>.

19  
20 GRAND JUROR: That's what she was saying earlier today.

21 JILL: Well, usually it's the opposite. Usually this is running and that's frozen. So.

22  
23 DDA FRANKLIN: Yeah, I haven't heard of this issue before.

24 JILL: Yeah, me either.

25 GRAND JUROR: There was a massive Windows update that pushed last night.

26  
27 GRAND JUROR: Um Oh great.

28

1 GRAND JUROR: It has been causing some problems.

2  
3 DDA FRANKLIN: Love that, love that. <laugh>.

4 GRAND JUROR: Just in general, <laugh>.

5  
6 GRAND JUROR: Because they've had such a stellar record lately.

7 GRAND JUROR: Oh my gosh. I know,

8  
9 GRAND JUROR: They are.

10 GRAND JUROR: I turned off the auto updates just because of that one that

11  
12 GRAND JUROR: Yeah. Shut.

13 GRAND JUROR: Bricked everything.

14  
15 GRAND JUROR: Yeah, that was crazy.

16 GRAND JUROR: Put them on trial.

17  
18 GRAND JUROR: <laugh>.

19 GRAND JUROR: We do a lot of our like tracking on spreadsheets, and we couldn't do  
20 anything.

21 GRAND JUROR: Mm-hmm <affirmative>.

22  
23 GRAND JUROR: We're just like, okay.

24 GRAND JUROR: No, but the clock's still going. Yeah. And that's completely like.

25  
26 DDA FRANKLIN: I appreciate you stopping us when you did because I wouldn't want  
27 Mr. Cash to have to retestify.

28

1 GRAND JUROR: Yeah, no, kidding

2 DDA FRANKLIN: We can always replay. Okay, so we have resolved another technical  
3 issue. Um, and so we're still continuing with Mr. Cash 's testimony. Um, Mr. Cash, when we  
4 last left off, we had just played your initial 9 1 1 call. Um, do you recall speaking after that 9 1  
5 1 call speaking with, uh, an officer directly, um, and explaining kind of more of the situation?

6 MR. CASH: Uh, yes. I think I spoke to maybe two different Officers.  
7

8 DDA FRANKLIN: Okay. I'm gonna play, um, the audio from one of those conversations.  
9 Give me just a sec.

10 **AUDIO PLAYED FROM BODY CAM**

11 DDA FRANKLIN: Okay, so I just have a few more questions for you Mr. Cash. So, um,  
12 before we played either one of those audio, um, recordings, you had, uh, talked about how  
13 when you got to work, um, uh, one of the residents let you know that she was threatened by  
14 this person. Um, and then in both of these audios you also mentioned reports of, uh, Damon  
15 hanging out the window with knives. Was that a, a, a different resident that had reported that  
16 to you or how did you get that information?

17 MR. CASH: It is, it is a different re

18 DDA FRANKLIN: Okay.

19 MR. CASH: Different resident, resident two.  
20

21 DDA FRANKLIN: Mm-hmm <affirmative>.  
22

23 MR. CASH: One. Was she, she doesn't live there. Uh, she claimed that the guy that she  
24 was staying overnight with several times was her brother. But he said no, that's not my sister.  
25 In fact, he called the police on her at one point too, but she's no longer there. I'm sure he  
26 knows where she moved. I heard she moved up on 82nd somewhere.  
27  
28

1 DDA FRANKLIN: Okay. And we don't need to, we don't need to actually talk about each  
2 of those individuals. I'm just trying to make sure we understand where information was  
3 coming from generally.

4 MR. CASH: Well, the young lady that expressly, uh, including the one I was just telling  
5 you about, her name is Kim, but she said I am not talking to no police officers about nothing.  
6 But he earlier today.

7 DDA FRANKLIN: Mm-hmm <affirmative>.

8  
9 MR. CASH: He was, he wasn't hanging out of the window. He was hanging knives out.

10 DDA FRANKLIN: Mm-hmm <affirmative>.

11  
12 MR. CASH: You could see him in the window, and he was, you know, threatening  
13 people or doing whatever he was doing.

14 DDA FRANKLIN: Mm-hmm <affirmative>.

15 MR. CASH: They felt intimidated, and I believe, uh, and I asked some of the men that  
16 were there and they was like, yeah, he was, he was definitely doing that.

17  
18 DDA FRANKLIN: Okay.

19 MR. CASH: But I didn't see it and that's why I didn't mention it.

20  
21 DDA FRANKLIN: Okay.

22 MR. CASH: But, um, nonetheless, I probably shouldn't have mentioned it just while I  
23 was given my testimony. But like I said, she's, she's there, uh, her name is Kim. But like I  
24 said, you, that'd be up to you guys, how you can get her to testify or say anything. 'cause she  
25 was like, uh uh, that night.

26 DDA FRANKLIN: Mm-hmm <affirmative>.

1 MR. CASH: She was not like, Uh uh..

2 DDA FRANKLIN: Sure.

3  
4 MR. CASH: Nope, come, don't bring him over here. Nope. I'm not saying nothing, so.

5 DDA FRANKLIN: Okay.

6  
7 MR. CASH: But, uh, she did tell me that he was hanging knives and other people that,  
8 men that lived there.

9 DDA FRANKLIN: Mm-hmm <affirmative>.

10 MR. CASH: I gotta find who they were if I need to. But, uh, everybody was like, yeah, he  
11 was definitely hanging knives out the window.

12  
13 DDA FRANKLIN: Okay.

14 MR. CASH: So, yeah.

15  
16 DDA FRANKLIN: So at this point, um, you've got reports from multiple different  
17 people.

18 MR. CASH: Multiple people.

19 DDA FRANKLIN: About things that have been going on that day or that night that.

20  
21 MR. CASH: That day, that day

22 DDA FRANKLIN: uh, leading up to this 9 1 1 call.

23  
24 MR. CASH: Yes ma'am.

25 DDA FRANKLIN: Um, this might seem like a silly question but given your capacity and  
26 kind of what your role is at the apartment complex.

27  
28

1 MR. CASH: Mm-hmm <affirmative>.

2 DDA FRANKLIN: What were your concerns at that point?

3  
4 MR. CASH: My

5 DDA FRANKLIN: Like, what you were hearing with these reports?

6  
7 MR. CASH: My concern was the property and also the tenants. Like I said, they all come  
8 to me with everything. They'll come to me today, tonight when I with stuff, um, people  
9 starting fires and blah, blah blah. Anyhow, um, uh, my concern was the tenants and the  
10 property, when they told me water, uh, was coming out of his room, about a week or two  
11 before that, somebody had flooded their room, left the sink going and it flooded from the third  
12 floor all the way down to the first floor. So that was really, antennas went up when they said  
13 water's coming out of his room. Uh, like I said, when I first got there, this young lady, her  
14 name is Rachel, she does not live there and her parents are moving to Grants Pass, I think this  
15 weekend. But, um, uh, she's there at least she was there heavily. She's not there, quite there  
16 that often. I'm sure I can contact her if you need to. I'll tell her, hey, they need to talk to you.  
17 But, um, uh, she is a homeless girl and uh, but she comes to visit her parents, but she  
18 specifically came up to me as soon as I got there and said, he said he was gonna stab me, kill  
19 me, and he was threatening me. And then I, uh, the other guys that were standing there  
20 listening, they're like, yep, he sure did. We gave her a, a a taser to protect herself, so.

21 DDA FRANKLIN: So, it sounds like you had both concerns for property damage and the  
22 safety of the other residents.

23 MR. CASH: Yes.

24 DDA FRANKLIN: Is that fair?

25 MR. CASH: That is correct.

26 DDA FRANKLIN: Okay. And in fact, in both of these recordings you describe how, um,  
27 I think you had said that you even evacuated some of the people from the building.

1 MR. CASH: I did.

2  
3 DDA FRANKLIN: And that everybody was standing outside.

4 MR. CASH: That is correct.

5  
6 DDA FRANKLIN: Okay. Um,

7 MR. CASH: Oh, and I must say I was concerned for him too.

8  
9 DDA FRANKLIN: Mm-hmm <affirmative>.

10 MR. CASH: I had met him when he first got there. Everybody that gets there, they kind  
11 of all gotta go through me. I gotta critique him and uh, you know, I gotta figure if they're a  
12 threat to the property and to the people.

13 DDA FRANKLIN: Mm-hmm <affirmative>.

14  
15 MR. CASH: So, I talked to him several times and I had observed him over the past two  
16 months.

17 DDA FRANKLIN: Mm-hmm <affirmative>.

18 MR. CASH: And, uh, I won't tell you my opinion of him, but he was a different  
19 individual and uh, I could tell you some stories. I just sat there and listened to him, but I didn't  
20 know it was that, that night just, I was really shocked what I saw.

21  
22 DDA FRANKLIN: Mm-hmm <affirmative>.

23 MR. CASH It was almost like a movie.

24  
25 DDA FRANKLIN: Mm-hmm <affirmative>.

26 MR. CASH: But, uh.

27

28

1 DDA FRANKLIN: Okay.

2 MR. CASH: Uh, my concern was just getting somebody there 'cause I didn't know how to  
3 approach him. I didn't know if he, they said he had knives. I don't know if he had a knife, and  
4 I don't need to get no altercation.

5 DDA FRANKLIN: Mm-hmm.

6  
7 MR. CASH: So, I sought help, I sought my supervisor, which is with my company, and I  
8 sought the police, which I know they do a great job, so Yeah.

9 DDA FRANKLIN: Okay. Alright. Thank you. Um, and so you described earlier how,  
10 you know, once police arrived, I think you said there were two or three initially you brought  
11 them up, you went downstairs.

12 MR. CASH: Yep.

13 DDA FRANKLIN: You brought up a couple additional officers at one point.

14 MR. CASH: Yep.

15 DDA FRANKLIN: And then you described how, um, you were just sort of standing  
16 outside.

17 MR. CASH: Yes.

18 DDA FRANKLIN: And you could look up to Damon's apartment.

19 MR. CASH: Yes. Yes.

20 DDA FRANKLIN: Um, after that, it sounds like you weren't, uh, in the apartment or you  
21 weren't up with the officers at Damon's apartment after that. Is that right?

22 MR. CASH: I went into the apartment after it was all over.

23 DDA FRANKLIN: Okay.

1 MR. CASH: Cops were gone.

2  
3 DDA FRANKLIN: Sure.

4 MR. CASH: Ambulance were gone. Everybody was gone. I was given the key to lock up  
5 and all that kind of stuff. So, I went in and took a look.

6  
7 DDA FRANKLIN: Okay.

8 MR. CASH: And wow. Yeah.

9  
10 DDA FRANKLIN: Okay. I think that's all the questions I have. I'm gonna ask my co-  
11 counsel if he's got some questions for you.

12 DDA OVERSTREET: For the record, this is Shawn Overstreet. I just have a couple of  
13 follow up questions.

14 MR. CASH: You look like my best friend, man, I tell you,

15 GRAND JURORS: <laugh> <laugh>.

16 MR CASH: You do, man. You looked just like him, man, Scott. Well, I tell you anyhow,  
17 go ahead.

18 DDA OVERSTREET: Um, okay. You said when you first saw Damon, he was in the  
19 hallway?

20  
21 MR. CASH: Yes.

22 DDA OVERSTREET: Okay. Um, did you ever get close enough to his door to be able to  
23 see into his room?

24 MR. CASH: No.

25  
26 DDA OVERSTREET: Okay.

27 MR. CASH: I, I, how can I explain? Uh, I couldn't see inside of his room.

28

1 DDA OVERSTREET: Sure.

2  
3 MR. CASH: But from an angle I could see the water all on the floor.

4 DDA OVERSTREET: Okay.

5  
6 MR. CASH: He was like on the side of the door up against the wall

7 DDA OVERSTREET: In the hallway.

8  
9 MR. CASH: I, I'd have to demonstrate, but

10 DDA OVERSTREET: That's okay. I think, I think I understand. But you, you're saying  
11 he's in the hallway?

12 MR. CASH: Yeah. Say he's right here. His door is right there

13 DDA OVERSTREET: Mm-hmm <affirmative>.

14  
15 MR. CASH: The elevator's over here on the side, and I'm standing over here about  
16 maybe five feet away from him. So, I could see the water coming out on the floor and I could  
17 see him spraying and like, you know, plastering the wall with shaving cream. And so, I could  
18 see all that. I'm standing here, he's right here, and the door is right there. So, I had a pretty  
19 good angle.

20 DDA OVERSTREET: Sure.

21  
22 MR. CASH: But I didn't walk around to look inside of his door. I didn't want to get too  
23 close and provoke him in anything or start something. I didn't know if he had any weapons  
24 next to him underneath him or anything. So, um, I just, I chose to stay away and get right back  
25 on the elevator and call for help.

26 DDA OVERSTREET: Okay. And, uh, when you say you saw this water on the floor, did  
27 it appear to be running or was it standing water or could you tell?

28

1 MR. CASH: Uh, it was a big, large puddle of water.

2  
3 DDA OVERSTREET: Okay.

4 MR. CASH: It's like there's a hallway that we're in and coming out of his, uh, room, it  
5 was about halfway to the other room, which is across the hall. The, the water was

6  
7 GRAND JURORS: <laugh>.

8 MR. CASH: So, um, yeah. So, it was like halfway in the wa- uh, uh, halfway in the  
9 hallway and it was a large, large puddle of water.

10 DDA OVERSTREET: Right. And when you, you were responding to a question, um, by  
11 DDA Franklin that you said something about, you were shocked, it was like a movie. Are you  
12 talking about Damon's behavior or.

13 MR. CASH: The whole ordeal?

14 DDA OVERSTREET: Like everything. Okay.

15 MR. CASH: When I got off the elevator to see, like I said, I've, I've, I've known him for  
16 maybe, excuse me, a couple of months.

17 DDA OVERSTREET: Mm-hmm <affirmative>.

18 MR. CASH: And, uh, you know, uh, he, he's a different kind of individual, but for me to  
19 walk out into the hallway and see water in the hallway coming out of his room, him on his  
20 knees and spraying, wiping, you know, shaving cream and, you know, just, just, you know,  
21 all, all over the place was just shocking.

22 DDA OVERSTREET: Okay.

23 MR. CASH: To me, I'd never seen anything like that in my life.

1 DDA OVERSTREET: So even knowing Damon, and I know you didn't share your  
2 opinion of him, but even knowing him, did this seem like out of the ordinary behavior for  
3 him?

4 MR. CASH: Absolutely.

5 DDA OVERSTREET: Even him.

6  
7 MR. CASH: He did some strange things, but this was the top of the list I had. I, I  
8 wouldn't imagine him be doing something. It, it's like he gradually, the whole time he was  
9 there, it was like he was gradually leading up to something in my opinion, because he did  
10 some strange stuff, uh, there, uh, that didn't happen that day, but beforehand that I witnessed,  
11 so.

12 DDA OVERSTREET: Okay. And when you, um, and I know we heard you talking to  
13 the police officer. Did you relay any other information outside of that, um, conversation that  
14 we heard? Did you relay any other information about Damon to the police officers, or.

15 MR. CASH: No, I didn't.

16 DDA OVERSTREET: Did we pretty much hear everything that you told them?

17  
18 MR. CASH: Just like I'm discussing what, like, previous stuff with you, even though I'm  
19 not telling you exactly what I saw.

20 DDA OVERSTREET: Right?

21 MR. CASH: No, I didn't go there.

22 DDA OVERSTREET: Okay.

23  
24 MR. CASH: I just told 'em exactly what was happening right then at that moment, at that  
25 time.  
26  
27  
28

1 DDA OVERSTREET: Right then, great. thank you. Um, when you brought the officers  
2 up to the third floor and you s- did you see the officers actually begin to engage with Damon  
3 attempting to talk to him?

4 MR. CASH: What I saw was as soon as I got out, um, I was gonna escort them directly to  
5 his room. And I can't remember if I did or not. Um, I don't think I did. Uh, they went past me  
6 and I believe one of 'em said, we, we can handle it from here.

7 DDA OVERSTREET: Okay.

8  
9 MR. CASH: And they drew their guns. And uh, when I saw that, that was my indication,  
10 like, okay, I don't wanna see him get shot. So that's when I left. But I know that was like  
11 standard procedure. I told him that he may have a knife, and they were

12 DDA OVERSTREET: Sure.

13 MR. CASH: Gonna protect themselves, so, but they drew their guns. They all went  
14 towards his door and one of the officers started talking to him 'cause his door was open now  
15 and he started talking to him and he was being kind and like, hey, I don't remember exact  
16 words, but something similar. I always call you everybody, brother. You're my brother.

17 DDA OVERSTREET: Okay.

18 MR. CASH: that was my brother and that's my sister. So, I always call each other. He  
19 may have said something like, uh, because I, for the life of me, I can't remember the exact  
20 words, but it was gentle. It was not aggressive. Or.

21 DDA OVERSTREET: The officer or Damon?

22 MR. CASH: The officer.

23  
24 DDA OVERSTREET: The officer, Okay.

25 MR. CASH: The officer, he was like, hey brother, what's going on? Well, you need some  
26 help. What's happening here? And um, and then he put his guns back all put their guns back in  
27 the blah, blah, blah. And there was standing at the door trying to talk to him.

1 DDA OVERSTREET: Okay.

2  
3 MR. CASH: And, um, uh, that's when I left.

4 DDA OVERSTREET: That's,

5  
6 MR. CASH: They drew their guns, and I was about to leave, but I stayed just for a  
7 second and listened to what he was talking about. And like I said, he was being gentle, and I  
8 felt like, okay, Damon's safe with these guys. They're trying to find out what's going on to  
9 help him. I don't know what's going on with **him** in this room. Um, but uh, the officers were  
10 still outside of his room when I got up back on the elevator and went downstairs and then, um,  
11 uh, got everybody outside and we were all sitting down and we were all looking up at the  
12 window. And um, the only thing I could hear was officers telling him to put his hands behind  
13 his back. And they continued to say that for the longest. Um, but yeah.

14 DDA OVERSTREET: And my, my last question is, you, you explained once you went  
15 back downstairs, you sort of evacuated everyone.

16 MR. CASH: Yeah, everybody was downstairs like, what's going on, what's going on,  
17 <laugh>, of course. And I was like, we need to get outta the building just for everybody's safe.  
18 So, um, everybody that was on the third floor, they had heard, I guess Damon screaming. So,  
19 they all came downstairs automatically. Uh, one guy had heard him, I think one guy had heard  
20 him say something or do something. He came down to tell me, hey, this guy upstairs is, is  
21 doing something or whatever, uh, and his name is Rodney. Um, he was like, something's  
22 going on with my neighbor. 'cause he was the neighbor.

23 DDA OVERSTREET: Yeah.

24 MR. CASH: He's pounding on the walls or something like that. I can't exactly remember  
25 what it was. I have to talk to him.

26 DDA OVERSTREET: It's okay. But you got everybody outside?

27 MR. CASH: I got everybody else, uh, off the second floor and the first floor all outside.  
28 So, it was like, I don't know, 10, 20 people all outside.

DDA OVERSTREET: Okay.

1 MR. CASH: Yeah, I don't think anybody was in the building. Um, yeah.

2  
3 DDA OVERSTREET: Okay. um, I think that was all the questions I have. So I think  
4 we'll turn to the grand jurors now and see if they have any questions. Yes, go ahead.

5 GRAND JUROR: So, when you escorted the first batch of police officers up to try and  
6 help, was Damon was the defendant, uh, in his apartment at that time? Had he moved inside  
7 or was he still in the hallway?

8 MR. CASH: He had moved inside.

9  
10 GRAND JUROR: Okay, and did you hear anything from him? Was he screaming or  
11 yelling at that point or was he quiet at that point?

12 MR. CASH: Uh, I did hear him say something. I think they asked him, do you need some  
13 help? Is what's going on here? And he was like, Nope, nope, nope.

14 GRAND JUROR: Okay.

15 MR. CASH: Something like that.

16 GRAND JUROR: Just responding

17 MR. CASH: To that effect.

18 GRAND JUROR: Okay.

19 MR. CASH: Yeah.

20 GRAND JUROR: Um, and then fast forward to when you've escorted everybody outside  
21 and you are observing the window, was the window open? 'cause you're saying you could hear  
22 the officer's commands and you can hear him. Was the window open or was it just like thin  
23 walls?  
24

25 MR. CASH: Yeah, the window was open.  
26  
27  
28

1 GRAND JUROR: Okay.

2  
3 MR. CASH: They're the weirdest windows you could ever see. I, I can't even describe  
4 'em. They open weird. They like, uh, it's like the bottom part lifts up.

5 GRAND JUROR: Mm-hmm <affirmative>.

6  
7 MR. CASH: So you can throw stuff out the window, it's a little bottom part, and you  
8 can twist this other thing inside and it kind of opens up on the side like a door.

9 GRAND JUROR: Sure.

10 MR. CASH: Some weird deer, but yeah, the, the windows or the window was open.

11  
12 GRAND JUROR: Were open, okay. Thank you.

13 MR. CASH: Yeah. Yes ma'am.

14  
15 GRAND JUROR: I know you didn't see this, but when people said he was hanging  
16 knives, does that mean he was holding a knife and letting it dangle? Is that sort of what you  
17 understood?

18 MR. CASH: That's what I understood because he couldn't possibly fit outside the  
19 window, stick his whole body, even half of his body, maybe even head. I don't, I don't believe  
20 he could stick his anything out, but you can definitely stick your arms out. And uh, uh, that's  
21 what they were saying. He was threatening people dangling knives out of the window. So  
22 that's what I assumed he had his arms out saying whatever he was saying or doing whatever  
23 he was doing. But his arm was definitely out of the window, and they could physically see a  
24 knife or knives. Yeah.

25 GRAND JUROR: Thank You.

1 GRAND JUROR: And the police officers that told you we could handle it from here, that  
2 was after you guys went up the elevator doors opened, they stepped out and said, we've got  
3 this from here. Guns were drawn?

4 MR. CASH: Pretty much.

5 GRAND JUROR: Walked to the door, spoke calmly, um, then put the guns back into  
6 their, their, um, holster.

7 MR. CASH: Yeah.

8 GRAND JUROR: And, and you just exited, you went downstairs?

9 MR. CASH: I went downstairs.

10 GRAND JUROR: Okay.

11 MR. CASH: I heard Damon, like I said that the, I believe the question was, do you need  
12 any help?

13 GRAND JUROR: Mm-hmm <affirmative>.

14 MR. CASH: Um, can we help you? What's going on in here? And he was like, no, no, I  
15 don't need any help. He didn't say I didn't need help, but I heard him say like, no. Mm-hmm.  
16 No, no, no.

17 GRAND JUROR: Mm-hmm <affirmative>.

18 MR. CASH: And that's when I got an elevator door shut and I didn't hear anything else. I  
19 went downstairs.

20 GRAND JUROR: Thank you.

21 MR. CASH: Yeah.

22 GRAND JUROR: I have a question for you.

1 MR. CASH: Yes, sir.

2  
3 GRAND JUROR: When you saw him eating something off of the windowsill.

4 MR. CASH: Yes sir.

5  
6 GRAND JUROR: Was it handfuls of something?

7 MR. CASH: Yes.

8  
9 GRAND JUROR: Or just a small fistful or.

10 MR. CASH: maybe just a small fistful. All I could see from, from the angle, I could see  
11 him standing there and whatever he was doing, he was grabbing it and putting it in his mouth  
12 and I could see crumbs flying everywhere. 'cause he was doing it kind of fast.

13 GRAND JUROR: Okay.

14  
15 MR. CASH: He was like, you know, you know, putting stuff in his mouth. And I was, I  
16 was wondering like, what the hell is that?

17 GRAND JUROR: Sure.

18  
19 MR. CASH: And um, he would not stop. They, they, they're like, okay, put your hands  
20 behind your back.

21 GRAND JUROR: Okay. So, this was while the police were telling him to.

22 MR. CASH: Yeah.

23  
24 GRAND JUROR: Okay.

25 MR. CASH: Yeah, he was still doing it while they.

26  
27 GRAND JUROR: Alright.

1  
2 MR. CASH: Were trying to put their hands behind his back, he began to resist a little bit  
3 to grab some more, to put some more in his mouth. So, I don't know what it was. Still don't  
4 know.

5 GRAND JUROR: Interesting.

6 DDA FRANKLIN: Any other questions? Okay. All right. Thank you so much Mr. Cash.

7  
8 MR. CASH: Good night.

9 DDA FRANKLIN: Appreciate

10 GRAND JURORS: <laugh>.

11  
12 GRAND JUROR: Thank you So much.

13 MR. CASH: You guys are doing wonderful.

14  
15 GRAND JUROR: Thanks for coming in.

16 MR. CASH: What time is it? That means 10:09.

17  
18 DDA FRANKLIN: That's right. Thank you.

19 DDA OVERSTREET: Yes.

20  
21 MR. CASH Okay. I still got like nine hours to get some sleep.

22 DDA OVERSTREET: Um, why don't we go ahead and go off the record because  
23 it, we we should take a short break.

24 EXAMINATION OF GARRETT GARCIA

25 DDA FRANKLIN: All right. We are back on the record. It is about 10:15 in the morning.  
26 We are still in grand jury A for case number 59 and our next witness is Officer Garrett Garcia.  
27  
28

1 Thanks Officer. If you don't mind, can you remain standing and raise your right hand to get  
2 sworn in?

3 OFFICER GARCIA: Yep.

4 GRAND JUROR: The door's not shut all the way.

5 DDA FRANKLIN: Oh,

6 GRAND JUROR: <laugh>.

7 DDA FRANKLIN: Thank you.

8 GRAND JUROR: You're welcome.

9 GRAND JUROR: Um, okay. Yeah. Do you solemnly swear and or affirm that the  
10 testimony you're about to give in the matter pending before this grand jury shall be the truth,  
11 the whole truth and nothing but the truth?

12 OFFICER GARCIA: I do.

13 GRAND JUROR: Thank you.

14 DDA FRANKLIN: Take a seat and we'll have you start by telling us your full name and  
15 spelling it.

16 OFFICER GARCIA: Garrett Garcia. G-A-R-R-E-T-T-G-A-R-C-I-A.

17 DDA FRANKLIN: And how are you currently employed?

18 OFFICER GARCIA: Uh, Portland Police Bureau.

19 DDA FRANKLIN: And what uh, unit or task force are you assigned to?

20 OFFICER GARCIA: Uh, just North Precinct Patrol.

1 DDA FRANKLIN: Okay. Um, and what shift do you work?

2 OFFICER GARCIA: I work C shift.

3  
4 DDA FRANKLIN: And what are those hours?

5 OFFICER GARCIA: Those are 2 to 1:00 AM

6  
7 DDA FRANKLIN: So 2:00 PM to 1:00 AM

8 OFFICER GARCIA: Yeah.

9  
10 DDA FRANKLIN: Okay. And was, uh, were you working patrol and those similar hours  
11 back on June 27th of 2025?

12 OFFICER GARCIA: Yes.

13  
14 DDA FRANKLIN: Okay. And do you recall on that night being dispatched to the Argyle  
15 a- Apartments located at 8550 North Argyle Way?

16 OFFICER GARCIA: Uh, I responded there, but I wasn't dispatched.

17  
18 DDA FRANKLIN: Mm-hmm. <affirmative>. Okay. Um, so how did you come to learn  
19 about the call and, and kind of what was the initial information that you were aware of?

20  
21 OFFICER GARCIA: Uh, the initial information we got was that officers were calling for  
22 emergency backup, uh, while my partner and I were writing reports at our precinct.

23  
24 DDA FRANKLIN: Okay. So, you are kind of, sounds like you're doing something else at  
25 one of the precincts and you hear that there's a call for an emergency. Is that right?

26 OFFICER GARCIA: Yes.

27  
28 DDA FRANKLIN: Okay. And what was your understanding? Did you have any  
information about what that emergency was at that point?

1 OFFICER GARCIA: No, the only information we had was that.

2 DDA FRANKLIN: Mm-hmm.

3  
4 OFFICER GARCIA: They, they had previously called for medical and that to be standing  
5 by and that, uh, they were fighting with one person.

6 DDA FRANKLIN: Okay. Um, so when you started to respond, did you get any updates  
7 as you were going?

8 OFFICER GARCIA: Uh, not too much, no.

9  
10 DDA FRANKLIN: Okay. Um, when you got to the location, can you just kind of  
11 describe what you saw? Like what was the atmosphere there?

12 OFFICER GARCIA: Uh, like inside the apartment?

13  
14 DDA FRANKLIN: Yeah, just right when you got there, uh, whether it was, you know,  
15 who you observed in the like main entryway, uh, just kind of what did you see as you were  
16 going up to the apartment?

17 OFFICER GARCIA: Uh, as we were trying to make our way up to the apartment, it was  
18 on the top floor, so it's all secured, and fob needed to get up so there were people standing by  
19 to help us get up and there were just a lot of people out.

20 DDA FRANKLIN: Okay. Um, and so when you responded, you said you had a partner,  
21 was your partner with you at this point? Yes. And what's your partner's name?

22 OFFICER GARCIA: Uh, Donn McGlohlon.

23  
24 DDA FRANKLIN: Okay. Um, and so did you kind of just immediately go to the  
25 apartment in question?

26 OFFICER GARCIA: Yes.

27

28

1 DDA FRANKLIN: Alright. What did you observe as you were on the floor of that  
2 apartment and kind of walking toward that apartment?

3 OFFICER GARCIA: Uh, as soon as I walked in I noticed that the lights were off and  
4 there was just large standing water, amount of water. It was kind of slippery.

5 DDA FRANKLIN: Okay.

6 OFFICER GARCIA: There's smoke in the air.

7 DDA FRANKLIN: Okay. So, uh, was this in the apartment itself or did you observe any  
8 of the, the water or the smoke in the hallway or as you were approaching the apartment?  
9

10 OFFICER GARCIA: The smoke was like isolated into the apartment and then some of  
11 the water had spilled out into the hallway.  
12

13 DDA FRANKLIN: Okay. Um, and who was in the apartment, or did you observe  
14 anybody in the apartment at that time?

15 OFFICER GARCIA: Uh, there were three officers with the suspect when I was in there.  
16

17 DDA FRANKLIN: Okay. So, you said lights are off, there's standing water in the  
18 apartment itself, right?

19 OFFICER GARCIA: Yes.

20 DDA FRANKLIN: And then you said smoke as well?  
21

22 OFFICER GARCIA: Yes.

23 DDA FRANKLIN: In the apartment?  
24

25 OFFICER GARCIA: Yes.  
26  
27  
28

1 DDA FRANKLIN: Okay. Can you describe the water? Did it, um, like how much water  
2 was it, was it, did it affect kind of your ability to walk? Um, can you just describe that a little  
3 bit more? Yeah,

4 OFFICER GARCIA: There was enough water that it was, I don't know exactly how  
5 thick, but it was enough that we were worried about slipper slipping and there also seemed to  
6 be like soap and dissolved, uh, paper and everything else that was making it really hard. A lot  
7 of the furniture had been moved and was in the way.

8 DDA FRANKLIN: Okay. Um, so I wanna uh, just show you some photographs of the  
9 apartment itself, um, and just have you confirm that these are in fact, or this is in fact the  
10 apartment that we're talking about. So let see. Alright. So, does this look familiar?

11 OFFICER GARCIA: Yeah.

12  
13 DDA FRANKLIN: Okay. And can you see the target apartment from here? And if so,  
14 could you point it out for us? Oh, that's, love that. More, more technical issues. Just a second  
15 here. It's very strange. Yeah, we're just, let me see if I can put it in this computer and if that's  
16 there's helpful. All right. Let's see if we can pull it up here. <laugh>, I don't know what is  
17 happening here. Um.

18 GRAND JUROR: Are these on an individual thumb drive?

19 DDA FRANKLIN: They are.

20  
21 GRAND JUROR: Um, if you right click the thumb drive, hit eject safely, I think is what  
22 it says and then re-put it in. Right.

23 DDA FRANKLIN: Redo it. Okay. Let's see here. I don't have anything opened. There we  
24 go. Alright, do the Nintendo trick.

25 GRAND JURORS: <laugh>.

26  
27 DDA FRANKLIN: All right. Let's see if we can get this going here.

28

1 GRAND JURORS: Now, it looks like it's corrupted on the actual drive.

2  
3 DDA FRANKLIN: Huh? Okay.

4 DDA OVERSTREET: Where do you have, you can see 'em?

5  
6 DDA FRANKLIN: I know. Well, um, so let me do this. I've got another option. I don't  
7 think we need to go off the record here.

8 DDA OVERSTREET: Can I take this?

9  
10 DDA FRANKLIN: Uh, yeah, let me safely eject it just to make sure. Okay, go ahead.  
11 Alright. It might be a little out of order just given how we are pulling them up here. All right.  
12 Okay. Here's that picture that we had up a second ago. Are you able to point out the apartment  
13 that you went into or that is the subject of this call? And if you can't that's okay. Um, does this  
14 hallway look familiar to you?

15 OFFICER GARCIA: Yes.

16 DDA FRANKLIN: And does it look like it is the hallway that you walked down to go to  
17 the, the apartment that was in question?

18 OFFICER GARCIA: Yes.

19  
20 DDA FRANKLIN: Okay. Um, let's see if we can get a few other photos up here. Again,  
21 they're not gonna be in the order that I had wanted, but okay. And does that look familiar as  
22 the apartment that you were responding to?

23 OFFICER GARCIA: Yes.

24 DDA FRANKLIN: Okay. And we can see some shininess on the floor here. Um, when  
25 you were there, was this about what the water looked like, or did it look different when you  
26 were there in person?

1 OFFICER GARCIA: That was pretty close to what it looked like. There probably was  
2 just a little bit more. 'cause as we were coming in and out it was spilling more into the  
3 hallway.

4 DDA FRANKLIN: So, you're saying when you were there there was a little bit more  
5 water than what appears to be in this video or picture?

6 OFFICER GARCIA: Yeah.

7  
8 DDA FRANKLIN: Okay. Perfect. Um, lemme see. All right. This is inside the apartment.  
9 Does this look familiar to you?

10 OFFICER GARCIA: Yes.

11  
12 DDA FRANKLIN: Okay. And we will just for the grand jurors, we'll go back to these  
13 photos down the road. We're just, um, having Officer Garcia walk us through what he  
14 observed. All right. And how about this, does this look familiar as the apartment that you  
15 responded to?

16 OFFICER GARCIA: Yes.

17 DDA FRANKLIN: Okay. Okay. I think I just have one more or two more. Also, the same  
18 apartment?

19 OFFICER GARCIA: Yes.

20  
21 DDA FRANKLIN: Okay. Another photo here. Same apartment?

22 OFFICER GARCIA: Yes.

23  
24 DDA FRANKLIN: Okay. I think there's just one more. Okay. I believe that is all the  
25 photographs, uh, of the apartment itself. So thanks for bearing with me through those  
26 technical issues there. Um, so you described a little bit about what you observed when you  
27 first arrived at this location. Um, we're gonna watch some, some video here in a moment, but  
28 before we do that, I'm, I'm gonna have you kind of walk us through what you did, um, before

1 we watch it. So, there's some context. So, you go in there, you see the smoke, you see the  
2 water, you see the three officers and then the subject that lived in the apartment. What did you  
3 do after that?

4 OFFICER GARCIA: Uh, I, if I remember right, I turned on the lights because it was  
5 dark. My lights were turned off. Um, I saw that they had the subject under control, so I  
6 wanted to see what was going on with the smoke. And I checked the oven to make sure  
7 nothing else was actively burning inside of it. Made sure everything was off and then I opened  
8 the windows to try to get some of the smoke out.

9 DDA FRANKLIN: Mm-hmm <affirmative>. So, can you describe the smoke a little bit  
10 more? I mean, I, I know you said it was kind of focused to the apartment. Could you tell  
11 where it had come from, or did you have any information about where it was coming from?

12 OFFICER GARCIA: Not for sure. I was kind of, the best guess was that it was coming  
13 from the oven.

14 DDA FRANKLIN: Okay. And so while you're sort of, um, walking around the room  
15 trying to to to ventilate, uh, you said you opened the window. Was it, uh, was it smokey to the  
16 point where like you could feel it like you were breathing it in? Uh, to that extent?

17 OFFICER GARCIA: It was to the point where it was, you could feel it kinda on your  
18 back of your throat, but it was quickly started dissipating once I was able to get the windows  
19 open and once the door had been left open, so.

20 DDA FRANKLIN: Okay. Um, did it trigger a smoke alarm to your memory?

21 OFFICER GARCIA: I wanna say I remember a smoke alarm going off.

22 DDA FRANKLIN: And so, what is going on as you're, you know, opening the window,  
23 checking the oven and doing that sort of thing?

24 OFFICER GARCIA: Uh, the officers are with the, the subject and I heard them saying  
25 things like, uh, don't resist and uh, take a deep breath, calm down and trying to deescalate.  
26  
27  
28

1 DDA FRANKLIN: Okay. And what happened after that?  
2

3 OFFICER GARCIA: Uh, I moved some of the furniture around to make sure the medical  
4 would be able to get in the inside and one of the officers said, uh, something about getting him  
5 in a recovery position and so I looked over and they had already gotten him in a recovery  
6 position.

7 DDA FRANKLIN: Okay, um, so I wanna touch base on, uh, you said you were kind of  
8 clearing the way for medical. Um, you also described that some of the initial information you  
9 had was that medical had been called, is that right?

10 OFFICER GARCIA: I believe so, yes.  
11

12 DDA FRANKLIN: Okay. So, before you even got there, you're hearing that there, they're  
13 talking about setting up medical, um, when you were in the room and um, you know, opening  
14 the window, uh, and then sort of just, uh, checking the stove. Did you hear any other calls for  
15 medical? Like were you expecting medical to show up?

16 OFFICER GARCIA: Yes, we were.  
17

18 DDA FRANKLIN: Okay.  
19

20 OFFICER GARCIA: Not sure exactly when the calls went out, but I know at least two  
21 more times we were calling to have them come straight up.

22 DDA FRANKLIN: Okay. And when you say we're calling, was this you or other  
23 officers?

24 OFFICER GARCIA: Other officers were calling on the radio  
25

26 DDA FRANKLIN: Okay. So, when you say radio, is that like one of the radios that you  
27 got attached to you there?

28 OFFICER GARCIA: Yes, yes.

1  
2 DDA FRANKLIN: Okay. So, you heard these other officers calling for medical, um, so  
3 you're clearing the way to make sure that they can get in.

4 OFFICER GARCIA: Yes.

5 DDA FRANKLIN: Is that right? Okay. Um, okay. At this point I wanna play, um, some  
6 of, uh, the body-worn camera and it's not your body-worn camera. Um, but I'm gonna have  
7 you kind of show, um, what we're looking at and I understand, and just for the grand juror's  
8 information, um, this witness was not there for parts of the video that you're gonna see. So  
9 there are parts of that he can't testify to, but we're just showing you the whole thing 'cause it's  
10 gonna be something that we're gonna be talking about, um, throughout, uh, the case here. So  
11 let me see if I can get this workin. Okay. And just for the record, this is Officer Duque  
12 Valencia's, uh, body-worn camera. And so, officer, to be clear, you're not any of these guys, is  
13 that right?

14 OFFICER GARCIA: Correct.

15 DDA FRANKLIN: Okay. And just while we have this playing, um, there's no audio. Can  
16 you tell us why that is? For the first portion of body-worn camera footage in general,

17 OFFICER GARCIA: I believe the program for Axon is set up that the first 30 seconds  
18 doesn't have audio.

19 DDA FRANKLIN: Okay. Okay. well, we still don't have audio here, so let, let me see  
20 what's going on.

21 BODY CAMERA FOOTAGE PLAYED

22  
23 DDA FRANKLIN: I'm gonna pause it here for just a moment. Officer Garcia. Um, so we  
24 just saw the lights turn on. You had indicated that you turned the lights on. Is this about the  
25 point where you arrived at the, the location?

26 OFFICER GARCIA: I believe so.  
27  
28

1 DDA FRANKLIN: Okay. Uh, I probably will pause again just to have you point yourself  
2 out here in a moment. Um, but we'll continue.

3 DDA OVERSTREET: [Unintelligible].

4 DDA FRANKLIN: Yeah, we did. Okay.

5  
6 BODY CAMERA FOOTAGE PLAYED

7 DDA FRANKLIN: Okay. I'm gonna ask a couple questions about what we, um, observed  
8 in this video. Um, so I think we pretty much nailed down the point where you were arrived.  
9 Um, you turned on the lights, you, uh, talked about how you kind of tried to handle the smoke.  
10 Um, there was a point where you're observed going over to the two officers who are tending  
11 to this person. Um, can you tell us what you were doing in that moment?

12 OFFICER GARCIA: Uh, they had mentioned they were looking for a pulse, so I walked  
13 over and did a sternum rub.

14 DDA FRANKLIN: Okay.

15 OFFICER GARCIA: On the subject.

16 DDA FRANKLIN: And what's a sternum rub?

17 OFFICER GARCIA: Uh, where you use your knuckles to rub their sternum to see if they  
18 can get any reaction.  
19

20 DDA FRANKLIN: Okay. And is that something that you're trained to do in these types  
21 of situations? And, and kind of what would prompt that response?  
22

23 OFFICER GARCIA: Uh, like an unresponsive person or something to see if you could  
24 bring 'em back to consciousness to help wake 'em up.

25 DDA FRANKLIN: Okay, and um, when you did the sternum rub on this individual, was  
26 there any response that you observed?  
27  
28

1 OFFICER GARCIA: No, the only thing I was able to observe was, uh, carotid pulse.

2 DDA FRANKLIN: So, you did observe a, a, a pulse at that point?

3  
4 OFFICER GARCIA: Yes.

5 DDA FRANKLIN: Okay. Um, so you kind of, after that kind of walked off and, and it's  
6 difficult to see where you went. Do you recall what you did after that?

7  
8 OFFICER GARCIA: Uh, no. I was just going out and, uh, checking to see if anybody  
9 had heard anything about medical or seen them. Uh, once or twice I checked the window to  
10 see if I could see them staged anywhere and I couldn't see them coming out.

11 DDA FRANKLIN: Okay. And you had said before, and you know, we observed in this  
12 video that there were multiple points at which you heard medical was, was called up.

13 OFFICER GARCIA: Yes.

14 DDA FRANKLIN: Is that right? Okay. Um, let's see. Did you write a report regarding  
15 this incident?

16  
17 OFFICER GARCIA: I did not.

18 DDA FRANKLIN: Okay. And is that sort of standard procedure for these types of  
19 situations?

20 OFFICER GARCIA: Yes. Typically, one officer will be, uh, debriefed with a verbal  
21 interview and that will be transcribed.

22  
23 DDA FRANKLIN: And so, were you that officer who did a, a debrief interview?

24 OFFICER GARCIA: Yes.

25 DDA FRANKLIN: Okay. Um, so no wri- no written report that you wrote documenting  
26 your, your work on this case?  
27  
28

1 OFFICER GARCIA: Correct.

2  
3 DDA FRANKLIN: Okay. I believe that's all the questions I have. I'll see if my co-counsel  
4 has some questions.

5 DDA OVERSTREET: Um, just some general policing, uh, questions. Uh, we could hear,  
6 uh, an officer say when they arrived that they were gonna go 61. Uh, could you describe what  
7 that is? What that means?

8 OFFICER GARCIA: That usually means like go in custody, uh, place handcuffs on them.

9  
10 DDA OVERSTREET: Okay. So that's just a code that police use to indicate to other  
11 officers what they're gonna do?

12 OFFICER GARCIA: Yes.

13  
14 DDA OVERSTREET: Okay. Um, and just, uh, real briefly on the sternum rub, what, why  
15 is that technique used? What, I mean, I know you said to get a response, but like what  
16 particular is a person feeling or experiencing when you do a sternum rub?

17 OFFICER GARCIA: Usually, it's somewhat painful.

18 DDA OVERSTREET: Okay.

19 OFFICER GARCIA: And so, it usually helps wake somebody if they're knocked out or if  
20 they're faking it. Usually, people will try to get away.

21 DDA OVERSTREET: Okay. Um, I don't actually have any other questions. Uh, we'll  
22 turn over to the grand jurors.

23  
24 GRAND JUROR: Um, this might be kind of a silly question, but you had mentioned in  
25 your testimony that when you got there and you kind of were observing the scene and it was  
26 really smoky, and they were getting him in the position that you went to open the windows to  
27 let the smoke out. Um, in that video it looked like the windows were already open. Did you  
28 just kind of crack them open more? Was there another window we didn't, see?

1 OFFICER GARCIA: Yeah, it was kind of, those windows are a little odd, so it was only  
2 open a tiny bit and they opened this way as opposed to opening wide.  
3

4 GRAND JUROR: Yeah.

5 OFFICER GARCIA: So, it wasn't opened all the way. So, I opened that one and I tried to  
6 see if I could get any of the other ones open, but they were all sealed shut.  
7

8 GRAND JUROR: Okay. Thank you.

9 DDA FRANKLIN: Yes.

10 GRAND JUROR: Uh, aside from the smoke that was in the unit, were there any other  
11 detectable smells that you would've, that would've stood out to you? Like chemical?  
12

13 OFFICER GARCIA: No. It is really musty from the water and the smoke, so that pretty  
14 much ma masked all other smells that I could get.

15 GRAND JUROR: Okay. Thank you.

16 DDA FRANKLIN: Any other questions? Okay. I think we're all set. Thank you, officer.  
17

18 DDA OVERSTREET: Alright, thank you officer.

19 GRAND JUROR: Thank you.  
20

21 OFFICER GARCIA: Thank you.  
22

23 DDA FRANKLIN: And did we wanna try with our next witness?

24 DDA OVERSTREET Yeah, why don't we go ahead and go off the record and take a  
25 short break while we get prepared for our next witness. Thanks everyone.

26 GRAND JUROR: I'm frozen again. <laugh>.  
27  
28

1 DDA OVERSTREET: Yes.

2 DDA FRANKLIN: Okay.

3  
4 DDA OVERSTREET: It's still going.

5 DDA FRANKLIN: Let's, hope it's still recording.

6  
7 DDA OVERSTREET: It's still recording.

8 GRAND JUROR: Yeah.

9  
10 DDA OVERSTREET: All I'll go run and grab staff again, but just again be mindful that  
11 it's probably still recording.

12 GRAND JUROR: I'm gonna turn the lights on 'cause I had them up and then turn it down  
13 to the side. Thank you.

14 DDA OVERSTREET: Whoa, that's really bright.

15 GRAND JUROR: Now we are really awake,

16  
17 GRAND JUROR: There we go.

18 DDA OVERSTREET: Now, take it down just a tiny notch until our eyes adjust.

19  
20 GRAND JUROR: Thank you.

21 GRAND JUROR: Just figured all these tech issues, issues today.

22  
23 GRAND JUROR: I know, of all the days.

24 GRAND JUROR: You guys drew the short straw for sure.

25  
26 DDA OVERSTREET: Of course. Do you guys normally take your lunch from 12 to one  
27 usually?

1 GRAND JUROR: Yeah. Mm-hmm <affirmative>.

2  
3 DDA OVERSTREET: Okay. Okay. We'll stick to that. I just was double check. Yeah, so,

4 DDA FRANKLIN: Uh, she's in Jill's in orientation and not expected out and they have no  
5 idea how to fix it. So, we have to just let it record. They're gonna get IT to come up, but, I  
6 mean, IT can spend however long they want trying to fix it, but we might not be able to get  
7 started again. So, I figured just let it record and

8 GRAND JUROR Just keep going.

9  
10 DDA FRANKLIN: Um, yeah, so for the record, there's a technical issue that we need to  
11 call in IT for. Um, but because that might delay things a little, we are considering just letting it  
12 record while we talk for a few minutes with our next witness. Um, if you guys are okay with  
13 that, that's kind of how we're gonna continue moving on with that.

14 GRAND JUROR: Sure. I'm fine with that.

15 DDA FRANKLIN: Okay. And they are calling IT, it's just that if it gets here and it's  
16 gonna be this massive delay, we kind of wanna try to get through some of our witnesses

17 GRAND JUROR: That's fair.

18  
19 DDA FRANKLIN: So, we'll see how it goes. <laugh>. Thank you, guys. Appreciate it.  
20 Okay.

21 GRAND JUROR: <laugh>.

22  
23 DDA FRANKLIN: Not sure is she's just stretching or running for it? I'm sorry.

24 GRAND JUROR: You can run to the other one if you wanna make it That far. It's not  
25 that far.

26 GRAND JUROR: I know. I'm assuming  
27  
28

1 GRAND JUROR: Just do it <laugh> at this point. Just do it.

2  
3 DDA FRANKLIN: Um, alright. Yeah, yeah, yeah. Um, let me, yeah, exactly. Um, so, uh,  
4 no. So, um, think we're.

5 UNKNOWN SPEAKER: How you doing?

6  
7 DDA OVERSTREET: How are you?

8 UNKNOWN SPEAKER: Good.

9  
10 DDA OVERSTREET: Great. Better problem. Possibly audio.

11 DDA FRANKLIN: Thank you so much, recorder. Um, okay.

12  
13 DDA FRANKLIN: Okay, <laugh>. Um, we just have, uh, a thumb drive for our next  
14 witness and I'm just gonna get things in here. I wonder if it is the Windows update that's kind  
15 of.

16 GRAND JUROR: Finagling everything.

17 DDA FRANKLIN: Now I'm skeptical.

18 GRAND JUROR: That explains some things.

19  
20 DDA FRANKLIN: Mm-hmm <affirmative>.

21 GRAND JUROR: I went ahead and let him go.

22  
23 DDA FRANKLIN: Okay.

24 DDA OVERSTREET: Have him back at one.

25  
26 DDA FRANKLIN: Oh, LOVATO. Yeah, that makes sense.

27 DDA OVERSTREET: 'Cause we're not gonna get to.

28

1  
2 DDA FRANKLIN: Um, okay. Actually, let me, is there a way to turn off the tv, like  
3 while I'm doing stuff to this?

4 GRAND JUROR: I think it's either on that panel in the, or the tv.

5 GRAND JUROR: You can always unplug the HDMI.

6  
7 GRAND JUROR: itself there might be a button.

8 DDA OVERSTREET Yeah, you could just change the output.

9  
10 GRAND JUROR: Yeah.

11 DDA FRANKLIN: Okay. Perfect. Okay, I just need a couple seconds here.

12 DDA OVERSTREET: Now watch what happens when we try to get.

13  
14 GRAND JUROR: <laugh>.

15 DDA FRANKLIN: Don't say it, don't say it, Um, alright

16  
17 GRAND JUROR: Yeah, I can see. I think this counter must be the clock. I can see that's  
18 moving. Everything else in my screen is frozen.

19 GRAND JUROR: Is the lock icon back?

20  
21 GRAND JUROR: Mm-hmm <affirmative>.

22 GRAND JUROR: I, uh,

23  
24 DDA FRANKLIN: Hi, so we are in a little bit of a rush, but if you can just confirm that  
25 we are recording, we can deal with that right now. But it sounds like they're, it's frozen on the  
26 computer, but the clock is still going.

27 DDA OVERSTREET: They can't stop.

28

1  
2 DDA FRANKLIN: And we do have a witness with time constraints, so if it means just  
3 dealing with a broken screen as long as it's recording, that's all we need for now.

4 GRAND JUROR: I have a lock icon to see did [Unintelligible].

5 DDA FRANKLIN: Do we need this one? Because now all the numbers have changed.  
6 This was after the.

7 DDA OVERSTREET: I don't think so.

8 DDA FRANKLIN: I don't think so either. Um, I.

9 GRAND JUROR: Oh, great. <laugh>.

10 DDA OVERSTREET Is there a way you can hide it as opposed to?

11 GRAND JUROR: That's what we'd love to hear. Um, <laugh>.

12 DDA OVERSTREET Intelligible. But that's okay.

13 GRAND JUROR: It looks like the number update was, uh, an emergency fix for security  
14 issues too, because apparently.

15 DDA FRANKLIN: No,

16 GRAND JUROR: Apparently the previous update had blocked, uh, provider issued  
17 security updates from being able to go through. So, the emergency patch this morning is to let  
18 the security updates wrong.

19 CHERYL: I'm gonna call Joel and.

20 GRAND JUROR: <laugh>.

21 CHERYL: So I'll call him and see if he can tell whether or not it's recording.  
22  
23  
24  
25  
26  
27  
28

1 GRAND JUROR: [Unintelligible], been doing the best.

2 DDA OVERSTREET: Thank you, Cheryl.

3  
4 GRAND JUROR: Oh wait, her coffee's in here.

5 DDA OVERSTREET: Oh Cheryl.

6  
7 CHERYL: Yeah.

8 DDA OVERSTREET: Coffee.

9  
10 CHERYL: Oh, thanks.

11 GRAND JUROR: That's important.

12 GRAND JUROR: Yes <laugh> <laugh>.

13  
14 CHERYL: Yes. I'd have been very sad.

15 DDA OVERSTREET: Get you fueled up.

16  
17 GRAND JUROR: Love these glasses that come apart in the middle. So cute.

18 GRAND JUROR: I love them. They're so cute.

19  
20 GRAND JUROR: Do we need all of this?

21 DDA OVERSTREET: Now, Amanda telling me not to [unintelligible].

22 DDA FRANKLIN: Right. Okay.

23 DDA FRANKLIN: Let's see. It's just, okay. I think we are all set

24  
25 DDA OVERSTREET: Ready for Dr. Hurst?

26 DDA FRANKLIN: Yeah. Yeah, yeah. So, we'll call our next witness to Dr. Sean Hurst  
27 and hopefully we can [unintelligible].  
28

1 GRAND JUROR: <laugh>.

2  
3 DDA OVERSTREET: [Unintelligible].

4 GRAND JUROR: Can we turn it on? We did it. I'm so proud of us.

5  
6 DDA FRANKLIN: I'm so nervous.

7 GRAND JUROR: A win is a win.

8  
9 GRAND JUROR: You know, how how many professionals does it take to turn on the tv?

10 GRAND JUROR:<laugh>? Yeah.

11 DDA FRANKLIN: A lot.

12  
13 GRAND JUROR: Alot and outside help.

14 EXAMINATION OF DR. SEAN HURST

15  
16 DDA FRANKLIN: Yeah. Yeah. All right. Once you get settled in there, Dr. Hurst if you  
17 don't mind, remain standing for us.

18 DR. HURST: Mm-hmm <affirmative>.

19 DDA FRANKLIN: Okay, and we'll have you raise your right hand to get sworn in.  
20 Please.

21 GRAND JUROR: Do you solemnly swear and or affirm that the testimony you're about  
22 to give in the matter pending before this grand jury shall be the truth, the whole truth, and  
23 nothing but the truth?

24 DR. HURST: Yes.

25  
26 GRAND JUROR: Thank you.

1 DDA FRANKLIN: Thank you. And we'll have you start by telling us your full name and  
2 spelling it, please.

3 DR. HURST: Okay. My name is Sean Hurst. Uh, that's S-E-A-N-H-U-R-S-T.  
4

5 DDA FRANKLIN: Okay. And how are you employed?

6 DR. HURST: I am currently the Chief Medical Examiner for the Oregon State Medical  
7 Examiner's Office.

8 DDA FRANKLIN: Okay. And can you just briefly run through your training and  
9 experience to get where you are today?  
10

11 DR. HURST: Yes. Uh, so I graduated from Seton Hall University, uh, in 2007 with a  
12 degree in biology and, uh, minor in chemistry. Uh, then I attended St. George's University  
13 Medical School graduating with my medical doctorate. Uh, then I completed a four year, uh,  
14 anatomic and clinical pathology residency at St. Barnabas Medical Center in New Jersey. Uh,  
15 after which I became board certified in those two specialties. Uh, then I completed a one-year  
16 forensic pathology fellowship at the Miami-Dade County Medical Examiner Department in  
17 Miami, Florida. Uh, following which I became board certified in forensic pathology as well. I  
18 worked for about two years in, uh, the southwest coast of Florida. Uh, and then moved out  
19 here in 2018 and has been in the chief position since April of 2019.

20 DDA FRANKLIN: Okay. And what, um, does a chief medical examiner do?

21 DR. HURST: Uh, so two basic, uh, things is, uh, I do all of the things that you'd expect a  
22 board certified forensic pathologist to do. Uh, so the thing that most lay people are familiar  
23 with when it comes to thinking about medical examiners and forensic pathologists is, uh,  
24 mostly forensic autopsies. It's a big, uh, component of what we do. Uh, and then, uh, the  
25 second half of the job is a variety of administrative duties, um, such as our strategic planning,  
26 budgeting, you know, interfacing with the state legislature and lots of other state and county  
27 agencies, uh, as well as more mundane things like recruiting and determining our physician  
28 call schedule, stuff like that.

1  
2 DDA FRANKLIN: Okay. And what would you say the goal of a forensic pathologist is,  
3 and in terms of your work?

4 DR. HURST: So, the overall goal of each individual case that we manage, um, is  
5 probably best summarized as determination of cause and manner of death.

6 DDA FRANKLIN: Okay. Um, and is that fair to say, or or another way to say that, is that  
7 certifying the case or certifying the, the cause and manner?

8 DR. HURST: Yes.  
9

10 DDA FRANKLIN: Okay. Um, so I'm gonna talk, uh, a little bit more broadly about what  
11 you do and kind of what, um, a forensic pathologist does generally, and then we'll kind of go  
12 into the specifics of this case. Um, so what is the, you said that your primary purpose is, is  
13 determining cause and manner of death?

14 DR. HURST: Yes.  
15

16 DDA FRANKLIN: What is, can you explain cause and manner in that context?

17 DR. HURST: Yes. So, cause of death, um, is basically the thing that starts the process  
18 that results in a person's death. Uh, so that can be anything like a, a severe injury or things like  
19 heart disease, other sort of, uh, uh, organ system-based diseases, um, that can directly  
20 contribute to someone's death. And a manner of death is best thought of as a summary of all of  
21 the circumstances surrounding a death. Um, so manner of death only has a few options. It's  
22 natural accident, suicide, homicide, undetermined, or pending.

23 DDA FRANKLIN: Okay. Um, so in terms of cause of death, what do you mean? When  
24 somebody says there's a, um, a contributing cause of death?

25 DR. HURST: A contributing cause of death, um, is something that sort of factors into the  
26 overall mechanism that results in a person's death, but it's not the thing that causes death  
27 directly.  
28

1  
2 DDA FRANKLIN: Okay. Um, and then in terms of manner, you described sort of what  
3 the options are there.

4 DR. HURST: Mm-hmm <affirmative>.

5 DDA FRANKLIN: One of those options was homicide.

6  
7 DR. HURST: Yes.

8 DDA FRANKLIN: And so that is commonly understood as a criminal term as well.

9  
10 DR. HURST: Mm-hmm <affirmative>.

11 DDA FRANKLIN: Um, can you speak to that a little bit about, and what does it mean to  
12 call something a homicide in, in your work?

13 DR. HURST: Yeah. So, uh, our definition is much more limited than kind of the, the  
14 legal or judicial definition of the same word. Uh, for us it's purely a, a vital statistics  
15 descriptor. It's basically a way for, uh, death certificates to be sort of subdivided into different  
16 categories in a very broad sense. Uh, so when a medical examiner uses the term homicide, all  
17 we mean is that the volitional actions of one person resulted in the death of another person.  
18 Uh, it's not meant to include any commentary on culpability or the appropriateness of a  
19 specific action or anything like that. It just means that one simple thing.

20 DDA FRANKLIN: Okay. So, you're essentially not commenting on criminal liability to  
21 any extent when you call something a homicide. Is that right?

22 DR. HURST: That's correct. That, that would be beyond the scope of what we do.

23  
24 DDA FRANKLIN: Okay. Um, so I wanna talk a little bit about what informs certify your  
25 certification of a case in terms of the, the cause and manner of death. Um, you briefly  
26 mentioned an autopsy. Can you just describe the, the phases of an autopsy or the steps?  
27  
28

1 DR. HURST: Sure. Uh, so overall an autopsy is best, uh, defined as a systematic  
2 examination of a deceased human, again, for the purpose of determining cause and manner of  
3 death. Uh, and we sort of go through two basic steps, uh, in an autopsy in, in most cases. So,  
4 the first is an external examination, uh, which as the name implies, is an examination of the  
5 external body surfaces, uh, as well as anything else that comes in, on or near the decedent. So,  
6 uh, that includes things like property, other types of evidence that might come in with a body  
7 when it's secured from, uh, uh, a scene. Um, and then when we examine the external body  
8 surfaces, we're basically looking for things of note. So that can include things like tattoos, uh,  
9 other things that might be considered identifiable such as, you know, like, you know,  
10 birthmark, surgical scars, that sort of thing, uh, as well as injuries. Uh, in the external  
11 examination, we also have the opportunity to do some additional things such as collecting  
12 trace evidence from body services if needed or as indicated in the case, um, or the  
13 performance of forensic radiology. Uh, and then for the internal examination, it's a systematic  
14 examination of each of the body's organ systems, largely with the same goal. We're looking  
15 for things of note. So internally, uh, that can include any sort of natural disease processes that  
16 might affect any of the internal organs, uh, as well as injuries that might be related to anything  
17 that we saw externally. Uh, and then in the internal examination, we also have the opportunity  
18 to do some other things, uh, that mostly entails collecting biological specimens for ancillary  
19 testing down the line, uh, which would most commonly be forensic toxicology testing.

18 DDA FRANKLIN: Okay. Um, so in addition to the internal and external examinations  
19 during the autopsy, what else kind of informs your certification in any case?

20 DR. HURST: Uh, in, in, in every case, I would say, uh, knowing a lot about the deceased  
21 person is important. Um, so medical history is the big one. Uh, there are certainly medical  
22 diseases, uh, that might be limited in our ability to observe them postmortem, uh, because they  
23 technically, you know, typically have like a functional component to them. Um, uh, social  
24 history is also important. So, when a doctor says social history, uh, we're mostly referring to,  
25 uh, like recreational drug or alcohol use. Uh, so that's important. Uh, and then, uh, usually  
26 documentation of the scene is also very important. And just about all cases, uh, that we  
27 examine, um, you know, not everything leaves sort of identifiable marks on a body. So,  
28

1 understanding, uh, what happened on scene is also very important for our understanding of the  
2 death that we certify.

3 DDA FRANKLIN: And so how do you generally get information about the scene or the  
4 incident itself?

5 DR. HURST: Uh, so we work really closely with county employed medicolegal death  
6 investigators, uh, which are basically, uh, the people that go out to the scenes and do all the  
7 scene documentation. Uh, so they're the ones that you know, are physically present on scene.  
8 They take the photos, they write up reports of what they, uh, find on scene. Uh, and then  
9 anything that they don't sort of observe directly, they can sort of help us get, uh, uh, additional  
10 resources that are relevant to the case. So again, most of the time that includes things like  
11 medical records, uh, but it can also include other types of records like, you know, law  
12 enforcement records, that sort of thing.

13 DDA FRANKLIN: Okay. Um, and then, so once you do, uh, you know, determine the  
14 cause and manner of death, do you document all of your findings in a report?

15 DR. HURST: Yes.

16 DDA FRANKLIN: Okay. Um, does, uh, as part of the autopsy or photographs taken as  
17 well?

18 DR. HURST: Yes.

19 DDA FRANKLIN: And do you use those kind of to reference when you're writing your  
20 report?

21 DR. HURST: Yes.

22 DDA FRANKLIN: Okay. Um, so with regard to this specific case, did you perform, um,  
23 an autopsy on Damon Lamarr Johnson born 11/10 of 72?

24 DR. HURST: Yes.

1  
2 DDA FRANKLIN: Okay. And did you write a report summarizing your findings and  
3 conclusions in terms of your certification for his death?

4 DR. HURST: Yes.

5 DDA FRANKLIN: Okay. I'm gonna, um, have you kind of just verbally walk us through  
6 that report

7  
8 DR. HURST: Mm-hmm <affirmative>.

9 DDA FRANKLIN: But just for the record, um, we,

10 GRAND JUROR: Is it still going?

11  
12 DDA FRANKLIN: It is still going. Yes.

13 GRAND JUROR: Okay. They have like, come in, um, they're doing the thing from  
14 remote, so.

15 DDA FRANKLIN: Okay.

16  
17 GRAND JUROR: So, I don't have control of it, so if you guys just go make sure it's.

18 DDA FRANKLIN: I appreciate that. Do you think it's worth checking to make sure it's  
19 recording?

20  
21 DDA OVERSTREET: Sure

22 DDA FRANKLIN: Okay. Do you, are you okay if I just continue?

23  
24 DDA OVERSTREET: Yeah, please.

25 DDA FRANKLIN: Okay. So, we're gonna continue, but we're just gonna make sure that  
26 everything is recording in the meantime. Um, so we're gonna have you walk us through the  
27 report, but, um, again, for the record and for the grand Juror's information, um, we have that

1 entire report available for your review. So, if at any point you want to talk about something in  
2 particular, just let us know. I can pull it up on the screen here. And same for you, Dr. Hurst.

3 DR. HURST: Mm-hmm <affirmative>.

4  
5 DDA FRANKLIN: If there's something that would be helpful for us to display on the  
6 screen.

7 DR. HURST: Okay.

8  
9 DDA FRANKLIN: Um, I'm, I'm happy to, to do that. So just let us know. Um, so Dr.  
10 Hurst, what did you determine was the cause of Mr. Johnson's death?

11 DR. HURST: The cause of death in this, uh, case was prone restraint cardiac arrest.

12 DDA FRANKLIN: Okay. And was there any contributing condition to that cause?

13  
14 Dr. Sean Hurst Yes, it was, uh, acute methamphetamine intoxication.

15 DDA FRANKLIN: Okay. And how about the manner of his death? What did you  
16 determine there?

17 DR. HURST: The manner of death was homicide.

18  
19 DDA FRANKLIN: Okay. Um, and we just walked through kind of, um, the other sources  
20 of information that helped to inform your certification. So, I just wanna confirm what you  
21 looked at here. Um, did you ref- reference or review Mr. Johnson's med- prior medical  
22 records?

23 DR. HURST: Yes.

24 DDA FRANKLIN: And to your knowledge, was he, um, treated at the hospital, uh, or  
25 was there efforts to treat him at the hospital after this incident and before he passed away?

26  
27 DR. HURST: Uh, I don't believe so.  
28

1  
2 DDA FRANKLIN: Okay. Um, so, uh, did you also review toxicology or was toxicology  
3 done on, uh, Mr. Johnson?

4 DR. HURST: Yes.

5 DDA FRANKLIN: Okay. And, um, I know that you described how you gain information  
6 about the scene, um, and sort of how you might get some additional information if you need  
7 it. In this situation, did you review body-worn camera footage of the incident to help kind of  
8 inform your certification?

9 DR. HURST: Yes.

10  
11 DDA FRANKLIN: Okay. Um, so we're gonna, I know I just said we're gonna go through  
12 your findings in your report, but before we do that, I wanna talk about prone restraint cardiac  
13 arrest

14 DR. HURST: Mm-hmm <affirmative>.

15 DDA FRANKLIN: Um, and so I've got a PowerPoint up here. Do you recognize this  
16 PowerPoint?

17  
18 Dr. Sean Hurst Yes. This is, uh, an educational presentation that I created for, um, our,  
19 uh, monthly educational in-services for state's death investigators.

20 DDA FRANKLIN: Okay. So not necessarily a PowerPoint created for this particular  
21 grand jury, um, but it contains information that's relevant to your testimony today. Is that fair?

22 DR. HURST: Yes, I think so.

23  
24 DDA FRANKLIN: Okay. And so just prior to getting started today, you and I just kind of  
25 ran through a few things

26 DR. HURST: Mm-hmm <affirmative>.

1 DDA FRANKLIN: Um, and removed a few slides just that we didn't believe were, uh, ne  
2 uh, necessary for your testimony today. But if at any point you want us to refer to any of  
3 those, we can absolutely do that.

4 DR. HURST: Great.

5 DDA FRANKLIN: Um, so I'm gonna have you kind of just take it away from here  
6

7 DR. HURST: Okay.

8 DDA FRANKLIN: And sort of, uh, walk us through and you, whenever you want me to  
9 change the slide, you can just let me know and I'll do that. Okay.  
10

11 DR. HURST: Alright. Uh, then yeah, you can just, uh, go through it. So just an outline of  
12 the topics that are covered in the presentation, so we don't need to focus on that.

13 DDA FRANKLIN: Okay.

14 DR. HURST: Um, alright. So, this is just a basic definition of what is considered to be an  
15 in-custody death. And for medical examiners, that's a pretty broad, um, uh, definition because  
16 it really includes, uh, any point at which a, uh, person has contact with, uh, a law enforcement  
17 agent. Uh, so that includes, you know, initial contact when, uh, law enforcement first makes  
18 contact with, uh, the person. Uh, that includes anything that happens during, uh, you know,  
19 attempted apprehension, uh, all the way through when the person is actually incarcerated, if  
20 that happens.

21 DDA FRANKLIN: Okay.

22 DR. HURST: Uh, again, just, uh, sort of background. It references our state law, um, uh,  
23 which basically requires, uh, medical examiners to investigate deaths in custody, which is  
24 pretty common. Um, and then, uh, this is sort of a, an example of how, uh, similar cases have  
25 been certified in the past. Um, there has been a movement towards more sort of succinct death  
26 certification for these cases. Um, one, because of the understanding of what actually happens  
27 to, uh, the deceased person is much better now than it was even a few years ago. Um, and, uh,  
28 generally, you know, a death certificate can be an effective way to communicate with the  
general public. Um, and so it's generally thought, uh, to be preferable, to be a little bit more  
succinct, which is reflected in the, in how I certified, uh, this death. But this is an example of

1 sort of, uh, cases how, uh, a case in the past has been certified. Um, and, uh, this is just sort of  
2 a, a general disclaimer about, you know, we communicate with death investigators, um, 'cause  
3 there are tough cases. They're, they're sort of difficult on, on everybody that's faced with  
4 investigating them from the death investigator to the doctor, to family, to the, uh, community  
5 in general. Alright. Um, okay. We can probably go through this. I think what we're most  
6 interested in is, uh, the sort of physiology here. Um, alright. So, we can go further. Uh, this is  
7 just a, uh, description of what we require, uh, medical, uh, legal death investigators to  
8 reference in their report. Uh, so it is pretty broad. It's gonna include lots of different things  
9 about, you know, the decedent's demographics, medical history, social history, uh, as well as  
10 body camera footage. They're probably the most essential, uh, uh, piece of evidence that we  
11 use when we investigate these deaths. Uh, those are basically what we do, uh, in the long and  
12 short of is just like everything. Um, you know, we, we sort of deploy a lot of resources in  
13 these cases and, uh, often do, uh, additional dissections and lots of different additional testing  
14 as needed. All right. So, uh, this was a topic that was big in the past, uh, excited delirium. Uh,  
15 it was a term that's been, uh, that's has been used to describe a subset of in custody deaths, um,  
16 that is, that has fallen out of favor. Um, so we don't use this anymore. Um, but, uh, uh, a  
17 subset of these types of deaths in the past probably would have been certified as excited  
18 delirium. Um, so this is, uh, just as some history, uh, the initial paper for, uh, excited delirium  
19 was written by the American College of er, uh, American College of Emergency Physicians,  
20 um, but was withdrawn a couple of years ago. Uh, and basically, you know, with excited  
21 delirium, uh, it does have certain, uh, uh, physical signs as well as like, you know, uh, observe  
22 laboratory abnormalities that accompany in it. So, uh, there is sort of an acceptance that there  
23 is sort of some type of mechanism that's adversely affecting people in these situations. Um,  
24 but, uh, the, the, the term itself, for lack of a better description, has a lot of sort of baggage  
25 attached to it. And so, um, it's like to be sort of unnecessarily biasing in how it's used. And so  
26 that's one of the major reasons why it's no longer recommended as, um, uh, an, uh, a cause of  
27 death or a specific diagnostic terminology. Nowadays, the, the more common, uh, more sort  
28 of accepted way of describing this, but may not sound, uh, different to, uh, lay people is  
hyperactive delirium with severe agitation. That's the actual, uh, diagnosis that someone  
would make these days, uh, versus excited delirium. What else we have? Uh, yeah, so there's  
just a lot of press coverage, uh, over the years that, uh, that a lot of things that have been  
written with respect to excited delirium, whether or not it's valid, whether or not it should be  
used. So, it's been a long, uh, sort of very detailed discussion in the medical examiner world.  
So just sharing that, uh, with death investigators, maybe have a little bit less, uh, insight into  
it. Uh, okay. So now this is moving into, uh, the sort of a mechanisms, uh, physiology of  
what's happening in these situations. Uh, and one of the, the, the things that's sort of been, uh,  
focused on with respect to how we describe these cases and certify them, um, is that excited  
delirium really focuses on an internal pathology, whether or not it's known, whether or not  
you can sort of identify that in the course of your exam. Um, which is thought is seen as sort  
of like, you know, minimizing the environmental factors in the death and really maximizing  
anything that's happening internally versus focusing on restraint and referencing restraint  
specifically in the cause of death statement may strike a better balance between, uh, those two  
sort of opposing forces. So, we can move on. Alright. So, um, and the cases that have been  
studied, uh, um, for restraint related deaths, they, they more or less follow, you know, a  
consistent pattern where, you know, basically there's, there's contact maybe between a law  
court official, uh, and then the deceased person there is restraint. Usually, the person is in a

1 prone position, uh, with, uh, hands held behind their back. Uh, and then at some point in the  
2 process, the person becomes gradually less responsive until they become unresponsive, uh,  
3 which usually, uh, precipitates aggressive resuscitation, uh, uh, attempts which are  
4 unsuccessful. Uh, and, and I think that that's sort of the same pattern that's played out in the  
5 case of, uh, under discussion today, uh, for, uh, what we look for in an autopsy on these cases.  
6 One of the reasons why they're pretty challenging, uh, is that there's often not a whole lot to  
7 see.

8 DR. HURST: Um, uh, usually when we do autopsies, we find sort of minimal blunt  
9 injuries, usually sort of superficial soft tissue injuries, sometimes rib fractures. Another thing  
10 that's sort of, uh, common in these situations, although not, uh, a factor in our case here, uh,  
11 usually is the presence of some underlying cardiovascular compromise. Um, so that's, uh, uh,  
12 sort of a common, uh, uh, constellation of findings that's been cited in these cases. Let's see.  
13 What is, so again, this is more a mechanism, so we're gonna talk about specific mechanism  
14 here so we don't have to go through this. Um, and, uh, yeah. So, one thing that's sort of  
15 interesting is that I, uh, uh, had gotten some questions over the years about, uh, whether or not  
16 a prone position is really all that impactful on a, uh, deceased person. Uh, and, uh, and people  
17 are sort of very, uh, effective in how they sort of do their own research and, uh, gather  
18 information for their own opinions and to inform their death investigation practices. Uh, and  
19 people rightfully recognize that one of the ways to improve oxygenation in COVID patients  
20 was, uh, to place them in a prone position while they're in the hospital. Uh, now obviously a  
21 person in the hospital is sort of a markedly different type of scenario, uh, than, uh, a person  
22 that is put in a prone position, uh, out in the community around in, you know, during a law  
23 enforcement, uh, encounter. Um, but I just thought that was interesting. So, I addressed in my  
24 presentation. Um, so, okay, so this is getting more into sort of the, the physiology of, uh, um,  
25 these types of events so we can move forward. Um, and basically, yeah, so this is maybe  
26 where, uh, it makes sense to, uh, maybe sort of speak a little bit more open, uh, in an open-  
27 ended fashion. Because really what this sort of understanding of this sort of the situation relies  
28 on, uh, some understanding, uh, basic physiology and basically how your body responds to,  
uh, uh, strenuous exercise or strenuous physical activity. Um, and, uh, what comes down to  
sort of the bottom line is blood pH, uh, and, uh, your blood is usually about neutral. Uh, and,  
uh, your body expends a lot of resources keeping your blood pH within a relatively narrow  
range. 'cause once you get outside the range, either too high or too low, um, then it, it

1 precipitates cardiac dysrhythmias sort of in short order, uh, and then past a certain point it's  
2 not compatible with life. Um, so moving on.

3 DDA FRANKLIN: Next slide?

4 DR. HURST: Yeah.

5 DDA FRANKLIN: Okay.

6 DR. HURST: We move on the next slide here. Um, so these are some of the things that  
7 that factor into, uh, uh, your basically, you know, arterial pH. Um, and really what it has to do  
8 is, uh, with a balance of organic acids that are produced for a variety of reasons, uh, as well as  
9 sort of compensatory mechanisms and things that your body has to keep the, uh, pH of your  
10 blood, uh, uh, pretty normal. Uh, so common ways that you sort of introduce, uh, excess acid  
11 into your blood, uh, sometimes via ingestion. So common ones are aspirin. Uh, aspirin is  
12 actually an acid. Uh, and then that can produce sort of a, uh, a bias towards, uh, uh, lower pH  
13 in your blood, which is sometimes referred to as acidemia or acidosis. Uh, or sort of other  
14 poisons often have a component of acidosis to them and the pathology that they cause. Um,  
15 but a good way to, uh, uh, increase the, uh, concentration of organic acids in your blood is to  
16 basically undergo strenuous exercise. Uh, exercise. Exercise produces, uh, organic acids, uh,  
17 based on things that get broken down. So, amino acids often contain, uh, things like sulfur.  
18 Um, you've got other compounds in your body called phospholipids, which produce  
19 phosphoric acid. Uh, as a well as, uh, uh, anaerobic metabolism in your muscle itself produces  
20 lactic acid. Uh, additionally, when you exercise, your muscles are utilizing oxygen as part of,  
21 uh, the process by which they produce energy. Um, and then that produces carbon dioxide as  
22 the byproduct. And carbon dioxide in the blood is an acidic substance. Uh, so sort of for those  
23 reasons, as you exercise, you perform physical activity, your blood pH tends to progressively  
24 decrease as it gets more acidic. Uh, okay, we can move on. So, the overall goal, uh, is to  
25 maintain, uh, that, uh, normal balance of, you know, acids invasive in your circulating blood.  
26 So, a major way that this happens, uh, uh, is the, i uh, uh, existence of what are called buffers  
27 in your blood. Uh, buffers are basically just like weak acids or weak bases that combined  
28 either things that are basic or acidic. Uh, and they can do a really good job of regulating, uh,

1 blood pH to make sure it stays within that range. 'cause they can basically neutralize, uh,  
2 substances that are either acidic or basic to maintain that sort of about seven pH. Um, but  
3 these are easily overwhelmed because, uh, they're basically things that just circulating freely  
4 your blood, it's not like an, inactive process that your body deploys in order to, uh, manage  
5 excess spacer acids. We can move on.

6 GRAND JUROR: Ah, we have a question over here.

7 DR. HURST: Yeah.

8  
9 GRAND JUROR: Quick question, oh, maybe you're getting to this, I was thinking about  
10 hyperventilation.

11 DR. HURST: Yeah, that's a very good

12 DDA FRANKLIN: Very good.

13  
14 DR. HURST: Uh, uh, timing for that 'cause that's, uh, where we're going next. Um, so  
15 basically outside of those sort of hazard processes, your body also has member of active  
16 processes to help, uh, maintain blood pH. So, um, a big one when you, uh, are faced with a  
17 metabolic acidosis, that's what we're talking about before, where you're undergoing some sort  
18 of process, uh, in this case exercise that causes excess acid to be generated in your blood. Uh,  
19 then respiratory compensation plays a major role. So, as we talked about before, you know,  
20 uh, as, uh, your peripheral tissues use oxygen, uh, you end up with an increasing  
21 concentration of carbon dioxide in the blood. Uh, and then every time you exhale, you're  
22 blowing off that excess carbon dioxide. So, it's a very good way of maintaining normal blood  
23 pH. Uh, and, uh, that should be sort of intuitive, you know, for most people. 'cause if you go  
24 out and go for a run, you know, one of the first thing that happens is that you breathe more  
25 rapidly and you breathe more deeply. And the reason for that is because your body has a need  
26 to get rid of that excess carbon dioxide and respiration is a really effective way to do that. I  
27 think that was, that's an example of that exact thing. So.

28 DDA FRANKLIN: Any further questions on that? Okay.

1  
2 DR. HURST: Um, yeah. So basically, this is exactly what we're talking about. You know,  
3 a person is running on a treadmill. They're producing all of these organic acids, they're  
4 increasing the carbon dioxide, uh, content of their blood. And so, this person's going to start to  
5 hyperventilate, and that's going to do a good job of keeping, uh, your blood pH normal, uh,  
6 when it works in conjunction with those passive things that we talked about before, such as  
7 the, the buffers in your blood. So, uh, this, I think, gives, uh, multiple, yeah, yeah. So, um,  
8 yeah, I think the, the diagram is probably the most, uh, useful there.

9  
10 DDA FRANKLIN: Okay.

11 DR. HURST: Yeah. So, this again, is just sort of diagram diagrammatic representation of  
12 exactly what's happening. Um, you've got, uh, metabolic demand that's created by physical  
13 exertion or other things. Uh, it produces, uh, metabolic acidosis, uh, in your blood via the  
14 production of carbon dioxide, as well as organic acids. Uh, so you hyperventilate to get rid of  
15 a lot of that excess, uh, CO<sub>2</sub>, which does a good job of maintaining a normal, uh, uh, pH in  
16 your blood. Um, one of the things I think that's often underappreciated when it comes to  
17 respiration is just understanding how breathing works. Um, and so basically breathing is both  
18 an active and a passive process, because every time you take a breath, uh, basically your  
19 diaphragm can track. So, what that does is that, uh, it, it sort of increases the volume inside  
20 your, uh, pleural cavities or where your lungs are. Uh, and that causes air to passively enter  
21 your lungs because there's a pressure differential between, uh, the ambient air and then the  
22 environment inside your body. Um, so that pressure differential can be altered by how, you  
23 know, strenuously, uh, the muscles that control your breathing are working. So, your  
24 diaphragm is the big one. Um, but then as you get past a certain point, uh, when you're  
25 exercising, uh, then you start to utilize what are called accessory muscles of respiration. So  
26 that include the muscles between your ribs as well as the muscles on the side of your chest,  
27 you know, like the Serratus Anterior and things like that. So, as you get sort of further along,  
28 you're not only utilizing your diaphragm, uh, but also, uh, multiple additional muscle groups,  
uh, to basically increase that pressure differential to make sure that your, uh, respiration  
occurs more efficiently and at a higher volume than it would if you were at rest. Uh, and then  
this is just more sort of physiology and anatomy, um, uh, concerning the lungs. The second

1 portion of respiration that's important is your heart, uh, because we know that you are  
2 hyperventilating, uh, and so you're exhaling that CO<sub>2</sub>, and that basically happens via gas  
3 exchange. So, uh, you know, your, uh, circulating blood goes through your lungs, you breathe  
4 in air, uh, and then exhale carbon dioxide. So basically, the oxygen and the carbon dioxide are  
5 switching places. So, it kind of makes sense that the more blood, uh, the higher volume of  
6 blood that's circulating through your lungs at any one point means that there's a larger  
7 capacity for gas exchange to occur, right? So, saying at the same token, once you exercise  
8 more, then your cardiac output increases. So basically, your heart is pumping faster and more  
9 powerfully, uh, to basically maximize the volume of blood that's passing through the  
10 pulmonary vasculature, which increases the efficiency of the gas exchange process. Um, and  
11 then a way that you could, uh, uh, demonstrate this that I think is very relevant in these  
12 specific types of cases is measurement of chest excursion. So, chest excursion basically just  
13 means how much does your chest wall move when you're breathing? Uh, and then if you're at  
14 a doctor, your physical examination, this is basically how they would demonstrate it. They'd  
15 ask you to take a deep breath and they'd observe the difference between their thumbs, uh, uh,  
16 as demonstrated, uh, in this diagram. Um, but it makes sense, you know, that if you are  
17 breathing more actively and you need to maximize their res, your respiration, uh, then your  
18 chest wall is gonna move a lot more because again, you're gonna be utilizing all those a-  
19 accessory muscles of respiration, uh, to maximize the pressure differential between inside  
20 your body and the ambient air. Okay, so now this goes back to, uh, the actual, uh, um, uh, case  
21 itself.

20 DR. HURST: Uh, and basically, you know, uh, a major problem that exists when a  
21 person is in the prone restraint position, um, is that last component of breathing. The chest  
22 excursion is significantly impaired, um, because, you know, a person is attempting to exhale  
23 against a hard and yielding surface, which is necessarily going to limit, uh, the chest  
24 excursion. And thereby limit that, again, the sort of the volume of gastric exchange that can  
25 occur. Uh, this has actually been proven experimentally. Uh, there have been a number of  
26 studies that have been done in recent years, um, with healthy volunteers, which, you know,  
27 sound, uh, uh, pretty, pretty awful when you read about the experimental design. But  
28 basically, they have a person, um, under various conditions, and they're doing what are called

1 pulmonary function tests, which basically it's just, uh, uh, measuring certain parameters that  
2 measure the efficiency of your breathing. Um, and, uh, they will have a person at rest. Uh,  
3 they'll measure, you know, whatever parameters they're measuring in that particular  
4 experiment. Uh, then they'll put them in a prone position, do another set of tests, uh, and then  
5 put increasing weight on their backs, um, uh, uh, and then do the same sort of, uh, data  
6 collection from pulmonary function testing. Um, and, uh, you know, this's, uh, been done in a  
7 number of different settings. Uh, and it's not so important, I think, to, to sort of understand the  
8 magnitude of the changes or, um, uh, sort of whether or not one might consider them  
9 significant or not. But just, uh, it's important to note that, uh, that prone restraint position with  
10 weight on the back is very capable of altering, uh, both, you know, parameters that could be  
measured via, via pulmonary function testing, as well as your cardiac output.

11 DR. HURST: So having a person in a prone restraint position with weight on their back  
12 does impact, uh, um, how efficiently they, they breathe. But one of the big misconceptions,  
13 uh, of this is that these ducts are sort of asphyxial in nature, um, but they're not, uh, and no  
14 study, uh, has demonstrated changes in blood oxygenation when placed in, uh, a prone  
15 position with or without weight. Uh, it really has to do more with, uh, how efficiently the  
16 person is, is, uh, breathing. Um, and so there's there, there have been a couple of studies that  
17 have said that, you know, okay, well, we can demonstrate these changes occur, but basically  
18 there are insignificant. Um, but in our, uh, specialty, we tend to disagree with that because an  
19 experimental model cannot replicate sort of real-world situations where this occurs in.  
20 Because, you know, most of the time, unfortunately, when there's gonna, you know, be  
21 contact between a police officer, um, and a person that's sort of in, in the process of  
22 apprehension or whatever, uh, they may not be a healthy volunteer. And oftentimes, uh, the  
23 decedents that we investigate have a degree of underlying cardiovascular compromise, or  
24 maybe under the influence of one or more substances, all of which can also factor into how  
25 efficiently a person is breathing and place them at risk for an adverse outcome in the prone  
26 restraint position. Um, so we can skip past this. Uh, it's just more diaphragmatic, or sorry,  
27 diaphragmatic representation of limited chest excursion. Um, so this is **have** a summary slide  
28 that shows all of the things in our real world example that might be contributing towards  
metabolic acidosis. So, uh, we know that there is sort of, uh, physical diversion occurring. Uh,

1 so everything we talked about before is relevant, uh, because, uh, if a person is struggling  
2 against restraint or struggling, uh, against a police officer, they're gonna be exerting energy.  
3 All of the usual sort of exercise physiology things, um, are, uh, occurring.

4 DR. HURST: Um, but then in the prone restraint position, uh, we talked about how it can  
5 impact a person's, uh, ability to, uh, breathe effectively, uh, thereby reducing their ability to  
6 compensate via that respiratory mechanism. Uh, and it also can have reductions, uh, and  
7 cardiac output, again, just because, you know, their heart is sort of beating against external  
8 pressure, which will further reduce the efficiency of that respiratory, uh, compensation  
9 mechanism. Uh, and then another wrinkle that we often see in these cases, the impact of  
10 stimulant intoxication. So, on the West coast, uh, methamphetamine is a very, very commonly  
11 used stimulant, which can have really profound impacts on a person's, uh, cardiovascular  
12 system. So, add a further wrinkle in there. All of these things mean that the body's ability to  
13 compensate for that building metabolic acidosis is impaired, uh, which then results in  
14 progressively lower pH in blood, uh, which then introduces the risk of a fatal cardiac  
15 dysrhythmia. Yeah. So yeah. So, all of these things are, are impacting that. Um, and then the,  
16 the common dysrhythmia that's been observed in these situations, uh, is what's called PEA or  
17 pulseless electrical activity. Um, uh, pulseless electrical activity is linked to metabolic  
18 acidosis, so that kind of physiologically makes sense. And unfortunately, there, there the, uh,  
19 uh, rate of survival for a person with a PEA arrest is very, very, very low. Uh, only about 4%  
20 or so, even, even if that occurred like in a hospital, which is a very, very dangerous situation  
21 for a person to be in. Uh, so this guy talks just more about sort of, uh, uh, the concept of  
22 asphyxia is that I think traditionally these deaths are seen as asphyxial in nature, but they're  
23 not, they're really there. It's more of a metabolic cause the than asphyxia. Um, and then for the  
24 sort of cause of, yeah,

25 GRAND JUROR: Sorry, back up a little bit.

26 DR. HURST: Yeah.

27 GRAND JUROR: Uh, pulseless electrical arrest, you said less than 4%, and that's even  
28 with like, uh, external defibrillation.

1  
2 DR. HURST: Yeah. So pulseless electrical activity basically means the heart is  
3 conducting electricity, um, but it's just not stimulating the muscles to contract. Um, and so  
4 depending on the thing that gets you there in the first place, it may or may not be possible to  
5 correct that. Yeah.

6 DDA FRANKLIN: Any other questions before we continue? Okay.

7 DR. HURST: Uh, and so, uh, we talked about recommendations for certification on these  
8 cases. Um, and so there really has been sort of a movement towards simplifying how the cases  
9 are certified. Um, and so in the past, you know, people have tended towards these very, very  
10 detailed death certificates, which are certainly, uh, sort of accurate in terms of capturing the  
11 overall context of the case. But the problem is that they're difficult to understand. Uh, other  
12 cases have been certified as sort of, uh, um, uh, positional asphyxia or more sort of, you know,  
13 uh, uh, referencing asphyxial cause that we now know is probably not accurate. So a, a  
14 recommendation that was made a few years ago, uh, by a cardiologist who reviewed a lot of  
15 these studies, um, uh, and, and actually spoke at one of our national meetings, um, was prone  
16 restraint cardiac arrest, which, which I, uh, think is an effective way of certifying these cases  
17 because it sort of captures the most impactful risk that a person, uh, is faced with in this  
18 situation. Uh, and it's a little bit easier to understand. So typically, if I'm faced with one of  
19 these cases, which is what I did in this case, um, that I will keep the cause and manner of  
20 death pretty simple, pretty straightforward. Um, but I will add a lot of detail in an opinion  
21 section in the autopsy report.

22 DDA FRANKLIN: Mm-hmm <affirmative>.

23 DR. HURST: Uh, so anybody that examines that report will sort of understand my  
24 thought process and have, uh, insight into all the other things that were occurring in that  
25 particular case. So, uh, so that's sort, again, recommendations, certification. And then this is  
26 more just, uh.

27 GRAND JUROR: Wait, we have a couple questions.  
28

1 DR. HURST: Yeah.

2 GRAND JUROR: Um, is this based on the person being restrained and face down?  
3

4 DR. HURST: Yeah.

5 GRAND JUROR: Is there significant impact if a person is restrained on and then like on  
6 their back?

7  
8 DR. HURST: Uh, yeah. So that, that if a person is, you know, restrained, they have sort  
9 of like they're handcuffed, uh, behind their back, but they're not prone, uh, then the things that,  
10 that reduce the efficiency of that respiratory compensation, um, would not be impaired to as,  
11 as great a degree.

12 GRAND JUROR: And is that true for, uh, the recovery position as well being on your  
13 side?

14 DR. HURST: Yes.

15 GRAND JUROR: Okay. Thank you.

16  
17 DDA FRANKLIN: So, if I'm understanding that correctly, if I may, um, it sounds like  
18 there are some positions that might decrease the risk, but it, if I'm understanding you  
19 correctly, there's, there's still some risks that exists even in those positions, is that right?

20 DR. HURST: Yes. Uh, so, you know, there's still the, uh, the impact of sort of, uh, the  
21 physical exertion itself, which you know, may or may not be able to be compensated for.  
22 There's also the additional wrinkles of the person's underlying cardiovascular health, which  
23 may mean that a person has very limited, uh, reserve and ability to compensate at baseline, uh,  
24 as well as the additional wrinkle added by the impact of any substances the person may be  
25 under the influence of, uh, tho- those wouldn't be impacted by the, the position the person is  
26 in.  
27  
28

1 DDA FRANKLIN: Okay. We kind of went through this a little bit at the beginning. Um,  
2 I'm wondering if it makes sense, let me see how much more was left in this. Oh, it looks like  
3 the next slide was just a summary anyway. Um, so I'm gonna just kind of turn to this case.

4 DR. HURST: Mm-hmm <affirmative>.

5  
6 DDA FRANKLIN: In particular. And I wanna pull up one of the, this diagram that you  
7 had here. So, um, uh, and, and if I'm getting this incorrect, please, please correct me. Um, but  
8 from what I'm hearing is the goal is to maintain a normal blood Ph.

9 DR. HURST: Yes.

10 DDA FRANKLIN: Um, and when that balance is sort of thrown off, we have, uh, a  
11 condition metabolic acidosis where there's an increased level of acid in the blood. Is that  
12 right?

13 DR. HURST: Yes.

14  
15 DDA FRANKLIN: Okay. Um, and, uh, uh, uh, based off of this and what you just  
16 testified to, it sounds like there are different conditions or stressors that can, um, increase the  
17 risk associated with metabolic acidosis.

18 DR. HURST: Yes.

19 DDA FRANKLIN: And here you've got stress, excitement, agitation, physical exertion,  
20 and stimulant drugs.

21 DR. HURST: Yes.

22  
23 DDA FRANKLIN: Um, can you tell us in your opinion, after, um, you know, looking at  
24 this case and all of the information that we discussed at the beginning, what were the factors  
25 or stressors that were involved in Mr. Johnson's case?

26 DR. HURST: So, the, the primary additional risk factor, uh, in this case was, uh, the use  
27 of methamphetamine. So, methamphetamine was detected in the postpartum toxicology  
28

1 testing that, uh, was performed by the toxicology lab. Uh, and it was detected at a very high  
2 level. So if you look at the report, um, it doesn't have a specific concentration, it just says  
3 greater than a number. Um, so that's referred to as the limit of quantitation, uh, for that  
4 particular substance. Um, which means that the concentration was sort of so high that it  
5 couldn't be detected reliably by the usual testing.

6 GRAND JUROR: So, quick question towards that. So, the autopsy outlined a high level  
7 of.

8 DR. HURST: Mm-hmm <affirmative>.

9 GRAND JUROR: Meth intoxication, or meth, I guess meth in the body, but the  
10 contributing cause was defined as an acute, uh, meth intoxication. So, if it's a high level, how  
11 does the acute come into play there?  
12

13 DR. HURST: Oh, that's just, uh, um, uh, standard terminology for death certification.

14 GRAND JUROR: Okay.

15 DR. HURST: So, if you're going to reference the impact of, uh, particular drug, uh, in  
16 any individual death, um, you basically have to specify whether it's an acute, uh, intoxication,  
17 meaning that the, the substance is actively exerting its effect at the time of the death.  
18

19 GRAND JUROR: Mm-hmm <affirmative>.

20 DR. HURST: Versus chronic, uh, drug use. So chronic drug use more related to kind of  
21 the cumulative, uh, effects and cumulative and organ damage related to chronic use of the  
22 substance rather than sort of, uh, the acute effects in an individual episode of use. So, in this  
23 case, it means that, uh, the, the substance is actively exerting its effects on the decedent of  
24 found death.

25 GRAND JUROR: Okay. Is there any, I mean, this, my, this, this isn't, okay, let me know,  
26 but like, uh, uh, do you, can you see typical chronic meth use, can that occur as well? Like,  
27 but you didn't, that wasn't observed and this, this was observed as more of an acute.  
28

1 DR. HURST: Oh, yes.

2  
3 GRAND JUROR: Okay.

4 DR. HURST: Yeah, definitely. Um, so, you know, uh, chronic effects of  
5 methamphetamine use are, are usually represented as like what we've heard to as structural  
6 heart disease.

7  
8 GRAND JUROR: Mm-hmm <affirmative>.

9 DR. HURST: Uh, so that includes abnormalities of the blood vessel, so like, you know,  
10 atherosclerosis or plaques in the coronary arteries, um, or enlargement in dilatation of the  
11 heart. Um, those actually were not present in this case.

12 GRAND JUROR: Okay. Thank You.

13  
14 DDA FRANKLIN: Um, so you had mentioned that the primary stressor involved in this  
15 case was the stimulant intoxication. Um, were any of these other factors present based on your  
16 understanding of the situation and kind of what you reviewed to certify?

17 DR. HURST: Uh, yes. I'd say that the, the other ones saw applying the situation as well,  
18 you know, stress, excitement, agitation, um, uh, you know, the, uh, the, the, the person in, in  
19 the video did appear quite agitated.

20 DDA FRANKLIN: Mm-hmm <affirmative>.

21 DR. HURST: Throughout the course of the, uh, uh, what was, uh, uh, reviewed by me.

22  
23 DDA FRANKLIN: Okay. And are there outward signs or like symptoms that somebody  
24 would be able to observe when somebody else is going through metabolic acidosis to the point  
25 where it's like a risk? What, what would someone be able to see going on there, if anything?  
26  
27  
28

1 DR. HURST: I, I think it would be difficult to define that consistently, um, because that  
2 sort of thing may not sort of manifest as, you know, like pain or something like that, or like a,  
3 a, a very visible external, um, manifestation of it. Um, is it okay if I sort of speak to this case?

4 DDA FRANKLIN: Absolutely.

5 DR. HURST: Individually?

6 DDA FRANKLIN: Yeah.

7 DR. HURST: So, in this case here, um, as you watch the body camera footage, you'll,  
8 you'll note that, you know, the person is sort of actively struggling, um, against the restraint.  
9 Um, and, you know, he sort of making these, uh, these frequent high pitched vocalizations,  
10 and at a certain point in the process, um, that sort of shifts and he starts making more of kind  
11 of like a lower pitch, like almost like a grunting or groaning noise. So, you know, if I had to  
12 pinpoint something in this particular case that might sort of chart where that turn occurs, that  
13 would probably be that, um, uh, yeah, it would be difficult to say with a high degree of  
14 certainty.

15 DDA FRANKLIN: So, um, I hear you describing what you see in this situation as, you  
16 know, outward signs of metabolic acidosis, but, um, if I'm understanding correctly, that might  
17 be different from person to person depending on the, the stressor or what the person's  
18 condition is. Is that right?

19 DR. HURST: Yeah.

20 DDA FRANKLIN: Okay.

21 DR. HURST: Uh, it, it probably would commonly include things like, sort of like maybe  
22 an altered mental status or just a person becoming sort of more somnolent or kind of like just  
23 sleepier out of it. But, uh, yeah, it, that probably varies greatly from person to person.

24 DDA FRANKLIN: Okay. Um, how long does it take for metabolic acidosis to become  
25 deadly? Are you able to say, um?

1 DR. HURST: Yeah, again, that would be, that would be difficult to kind of pinpoint, but  
2 probably on the order of of minutes.  
3

4 DDA FRANKLIN: Okay. Um, is there any kind of medical intervention that can be used  
5 in order to kind of halt that process or address the risk in the moment?  
6

7 DR. HURST: Yes. Uh, so, you know, there are fluids and things that could be  
8 administered, uh, and the course of resuscitation, uh, that would aim to sort of correct the, the  
9 pH, but it would be sort of dependent on where in the process the person was.  
10

11 DDA FRANKLIN: Mm-hmm <affirmative>. Okay. Um, how about in this case, based  
12 off of your review of the body-worn camera, if is there a point at which you would think that  
13 this medical intervention, uh, might've been helpful or you able to say?  
14

15 DR. HURST: Uh, sort of same caveat of before? It's really difficult to say with a high  
16 degree of certainty, but it, it probably would have been very early on in the process.  
17

18 DDA FRANKLIN: Mm-hmm <affirmative>.  
19

20 DR. HURST: Because, you know, again, that, uh, that sort of term that I described to, uh,  
21 before happens kind pretty close to the end of the event itself, so.  
22

23 DDA FRANKLIN: Okay. Um, I'm gonna go through somewhat quickly, but again, I  
24 don't wanna rush. I know we're in a little bit of a time constraint here. We can always follow  
25 up with you later on if we need to.  
26

27 DR. HURST: Yeah.  
28

DDA FRANKLIN: Um, but in terms of the, uh, autopsy for Mr. Johnson, um, starting  
with the external examination, was there anything notable that you observed, um, and that  
kind of went to this, uh, this final certification, um, that you've, you made in this case?

DR. HURST: Uh, the, uh, the things that we observed externally were pretty mild, um,  
and consisted mostly of like, minor blunt injuries in the anterior body surfaces.

1  
2 DDA FRANKLIN: Okay. And earlier when you were kind of describing, um, uh, prone  
3 restraint cardiac arrest, um, you had said that in these cases there's often not a lot to see.

4 DR. HURST: Yes.

5 DDA FRANKLIN: Um, so it does, is this case, uh, in terms of the external examination  
6 at least consistent with that, um, idea that there's not much injury to, see?

7  
8 DR. HURST: Yes.

9 DDA FRANKLIN: Okay.

10 GRAND JUROR: I've got a quick a question.

11  
12 DDA FRANKLIN: Go ahead.

13 GRAND JUROR: Um, so just to, uh, from my understanding, so you saw some external  
14 markings on anterior, I'm assuming that's the back of the body.

15  
16 DR. HURST: uh, front of the body.

17 GRAND JUROR: Front the body, okay. And there were no markings on the back of the  
18 body at all?

19 DR. HURST: No.

20  
21 GRAND JUROR: Okay.

22 DDA FRANKLIN: And so, when you're saying markings, um, are we talking like  
23 bruises, cuts, you know, open wounds, things like that? What are, what, what were you seeing  
24 specifically?

25 DR. HURST: Uh, mostly minor abrasions and contusions.

26  
27 DDA FRANKLIN: Okay. Um, and so, uh, in terms of the internal examination.

28

1 DR. HURST: Mm-hmm <affirmative>.

2  
3 DDA FRANKLIN: What did you observe there and was it, how was it consistent with  
4 kind of what we've been talking about, uh, in terms of prone restraint cardiac arrest?

5 DR. HURST: Yeah, so we, we really didn't see a whole lot internally. Uh, the injuries  
6 that we saw internally included, you know, some minor hemorrhages of, uh, a couple of  
7 muscles in the neck as well as some rib fractures. Um, but rib fractures are often a  
8 consequence of CPR that's administered, um, in, in the course of resuscitation. Um, other  
9 things that we observed internally, uh, include very mild atherosclerosis, um, uh, the coronary  
10 arteries, um, but not to a degree that we would really consider it significant. Uh, there is a  
11 saying, sort of mild to moderate atherosclerosis in the aorta, which often, uh, is a finding that  
12 can accompany like, uh, high blood pressure or something like that. Uh, the heart itself was  
13 actually normal in its weight and, and the measurements that we, we, uh, take when we  
14 examine a heart. Um, so it did not appear that he had, uh, much in the degree of structural  
15 heart disease when we examined him. Uh, other things are pretty minor, including just some  
16 congestion in the lungs. Very, very common, uh, in most autopsies that we do. Um, some mild  
17 enlargement of the liver. Um, uh, there is a, what's called a granular appearance of the  
18 kidneys, which also can imply a degree of underlying high blood pressure, uh, as well as, uh,  
19 edema in the brain, uh, which again is a common finding that we see. So that's basically  
20 swelling of the brain.

21 DDA FRANKLIN: Um, so you mentioned a moment ago that there was, um, some rib  
22 fractures.

23 DR. HURST: Mm-hmm <affirmative>.

24 DDA FRANKLIN: That Mr. Johnson had, um, but you also indicated that they might be  
25 indicative of CPR attempts.

26 DR. HURST: Yes.

27 DDA FRANKLIN: Um, to your knowledge, was CPR attempted in this case?  
28

1 DR. HURST: Yes.

2  
3 DDA FRANKLIN: Okay. And so, it doesn't sound like there's a way for you to tell  
4 whether, you know, whether it was caused by CPR or something else? Yeah,

5 DR. HURST: We wouldn't be able to say that definitively.

6  
7 DDA FRANKLIN: Okay. Um, on one of the previous slides that you did, when you were  
8 talking about how to certify these cases and, and, and the ways in which they might be a little  
9 bit different than other cases, there was some, um, discussion of, uh, neck dissections.

10 DR. HURST: Mm-hmm <affirmative>.

11 DDA FRANKLIN: Can you talk a little bit about neck dissections and whether you  
12 performed them here and kind of what they told you?

13  
14 DR. HURST: Yes. Uh, so, uh, neck dissection, um, is basically just, uh, uh, sort of more  
15 specialized dissection of all the layers of muscles in your neck, both in the, the anterior, the  
16 front part, uh, as well as the posterior and the back part. Um, we often do those when, uh, we  
17 are looking to assess any injury that occurs in that part of the body. And that can be significant  
18 because, uh, it often, uh, uh, correlates with sort of external compression of the neck. Um, uh,  
19 so in this case we did both an anterior neck dissection as well as a posterior neck dissection.

20 DDA FRANKLIN: So that's a front and back of the neck?

21 DR. HURST: Yes.

22 DDA FRANKLIN: Okay. And, um, what were, what did you determine after doing those  
23 dissections?

24 DR. HURST: So, the posterior neck dissection was, uh, unremarkable. We did not see,  
25 um, much there at all. Um, and then in the neck we've had, uh, some small hemorrhages of  
26 two of the muscles.

1 DDA FRANKLIN: Okay. And what, if anything, does that, uh, indicate to you?

2 DR. HURST: Uh, so usually, again, that can mean that there's sort of like pressure against  
3 the neck itself. Um, uh, or sometimes it can also mean that the, the head is either  
4 hyperextended or HyperFlexed for a period of time that can also produce, uh, hemorrhages in  
5 the, the neck muscles.

6 DDA FRANKLIN: And did I hear you right, did you categorize those hemorrhages as  
7 minor?

8 DR. HURST: Yes.

9 DDA FRANKLIN: Okay. So, it sounds like overall internal and external examination,  
10 there were minor injuries that you observed?

11 DR. HURST: Yes.

12 DDA FRANKLIN: Okay. And it all sounds like it's what you'd expect given, uh, prone  
13 restraint cardiac arrest and kind of the research around that condition?

14 DR. HURST: Yeah, we, we kind of expect the findings to be subtle and minor in these  
15 types of situations.

16 DDA FRANKLIN: Okay. Um, we talked a little bit about the toxicology, but, um, just  
17 one additional question here. So, you had said that there was a significant amount, essentially  
18 of, of methamphetamine

19 DR. HURST: Yes.

20 DDA FRANKLIN: In Mr. Johnson's, um, body at the time of his death. Um, so, uh, fair,  
21 we talked also about how this is a kind of a stressor that adds and creates a higher risk, um,  
22 associated with metabolic acidosis. Um, are you able to say if there was no meth in Mr.  
23 Johnson's body, whether that would've made a difference?

24 DR. HURST: Uh, not definitively,  
25  
26  
27  
28

1  
2 DDA FRANKLIN: No. Okay. Um, are you able to say if there was less meth, whether it  
3 would have made a difference?

4 DR. HURST: Uh, I don't think so. Really, the, the, the key point in this case for, you  
5 know, my certification to my understanding of the event is whether or not the  
6 methamphetamine was having a demonstrable effect on the person's cardiovascular system.  
7 So as long as you can answer that question, I think that the specific concentration is a little bit  
8 less important.

9 DDA FRANKLIN: Okay. Um, so I kind of have a few summary questions, so it might  
10 mean that we're going over a little bit.

11 DR. HURST: That's okay.

12 DDA FRANKLIN: Um, so this was sort of a typical arrest scenario, um, with minor  
13 injuries. Um, why, if you had to summarize, why did things play out the way they did, why  
14 did it end in Mr. Johnson's death?

15 DR. HURST: Yeah, it's a good question. And you know, because you're right, this, this  
16 situation probably plays out pretty commonly without this outcome. Um, and you know, these  
17 types of cases are, are thankfully pretty rare. Um, this is only about the, the second one of  
18 these I've had in my entire career, which is about 10 years now. Um, so it typically in these  
19 types of situations, it's the impact of the prone restraint plus something else. Um, really, you  
20 know, it, it seems that people have to have some sort of underlying dysfunction or some sort  
21 of other exogenous influence, uh, that places them at higher risk for this outcome. So, in this  
22 situation, that would be, uh, the impact of methamphetamine.

23 DDA FRANKLIN: Okay. Um, if prone restraint is kind of commonly used by law  
24 enforcement everywhere, um, do you have a recommendation, uh, as to what can be done to  
25 avoid this outcome? Is there anything from your training experience and your knowledge of  
26 this condition, anything that can be done differently?  
27  
28

1 DR. HURST: Uh, I think the most commonly cited recommendation is just to get the  
2 person out of the prone position as soon as possible, either into a rescue position or on their  
3 back.

4 DDA FRANKLIN: Okay.

5 DR. HURST: Or sometimes propping them up against something.  
6

7 DDA FRANKLIN: And are you able to say in this situation if putting Mr. Johnson in a  
8 different position, um, earlier, whether that would've made a difference?

9 DR. HURST: Uh, no, not again, not with a high degree of certainty.  
10

11 DDA FRANKLIN: Okay. Um, okay. I think that's all the questions I have. Do you have  
12 questions?

13 DDA OVERSTREET: I just want to, uh, reference the report. Have you, did you review  
14 the toxicology report in this case?

15 DR. HURST: Yes.  
16

17 DDA OVERSTREET: Okay. So, I'm gonna show you.

18 DR. HURST: Okay.  
19

20 DDA OVERSTREET: This report and just scroll down.

21 DR. HURST: Mm-hmm <affirmative>.  
22

23 DDA OVERSTREET: And it's a report authored by, uh, Justine, uh, Tenant?

24 DR. HURST: Yes.  
25

26 DDA OVERSTREET: Uh, that's the report that you reviewed?

27 DR. HURST: Yes.  
28

1  
2 DDA OVERSTREET: Okay. Uh, and just for the record, it's lab number 25 M dash 0 0 1  
3 6 1 8, uh, referencing agency case number 2 5 0 6 2 8 dash 1 7 8. Um, actually think you  
4 covered everything. I don't.

5 DDA FRANKLIN: I can, Okay.

6 DDA OVERSTREET: I don't have any further questions, so I'll turn it over to the grand  
7 jurors if they have questions. If they have questions.

8 DDA FRANKLIN: Yeah.

9  
10 DR. HURST: Yes.

11 GRAND JUROR: Can I ask a quick question, you, you mentioned the yelling is kind of a  
12 yelping

13 DR. HURST: Mm-hmm <affirmative>.

14  
15 GRAND JUROR: That was leading up to where they acted, placed him on the floor. I,  
16 that sounded really unusual to me, but I, is that, was that indicative of any type of health  
17 condition in your opinion?

18 DR. HURST: I don't think so, no.

19  
20 GRAND JUROR: Okay.

21 GRAND JUROR: Um, when you mentioned the minor neck muscles hemorrhage, um,  
22 and you said that means that typically the neck was either hyperextended or, um, flexed, I  
23 think is what you said?

24 DR. HURST: Yes.

25  
26 GRAND JUROR: Um, does that impact breathing in your experience?  
27  
28

1 DR. HURST: It can, uh, not to the same degree that the other factors that we have talked  
2 about earlier would. Um, but if you know there is significant hyperextension or hyperflexion,  
3 um, it doesn't necessarily impact like how the air moves through your airway, but it can  
4 impact how blood flows through the blood vessels, which can, uh, sort of adversely impact the  
5 cardiovascular, uh, aspects of the compensatory mechanisms that might be used.

6 GRAND JUROR: So, uh, would it be safe to say that you sometimes in those cases it  
7 would contribute to increases in the metabolic acidosis?

8 DR. HURST: It could, yeah.

9 GRAND JUROR: Okay, Thank you.

10  
11 GRAND JUROR: I had a question. So, in your professional opinion, had the officers  
12 removed the pressure from the, uh, rear of the individual, how quickly in that case would the  
13 metabolic acidosis if nothing else changed in your opinion, starts to reverse itself?

14 DR. HURST: Uh, so same caveat of before, it's really hard to comment.

15 GRAND JUROR: Sure

16  
17 DR. HURST: Uh, with a high degree of certainty in these sort of hypothetical situations.  
18 But it really would depend kinda where in the process the person was.

19 GRAND JUROR: Okay.

20  
21 DR. HURST: You know, if they still had appreciable, you know, or cardiorespiratory  
22 reserve and they had not used up all of those circulating buffers in their blood, maybe, um, if  
23 it was passed a certain point and sort of the, the impact of that attempted compensation have  
24 been exhausted, then the outcome would've been the same.

25 GRAND JUROR: Okay. Interesting, thank you.

26 DDA FRANKLIN: Any other questions? Anything from you?  
27  
28

1 DDA OVERSTREET. Uh, no. Okay.

2 DR. HURST: Alright.

3  
4 DDA FRANKLIN: Alright. Thank you so much. Thank you, Dr. Hurst we're gonna break  
5 for lunch so we can go off the record, hopefully off the record.

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1 DDA OVERSTREET: Where's our Sheet?

2 DDA FRANKLIN: I got it here. Um, I'll keep my,  
3

4 DDA OVERSTREET: Got it.

5 DDA FRANKLIN: Unless you wanted it.  
6

7 DDA OVERSTREET: No, it's okay. Uh, we're back on the record, uh, with a death  
8 investigation. DA case number 1 0 0 9 9.

9 DDA FRANKLIN: Yes.

10 EXAMINATION OF DOMINIC LOVATO

11 DDA OVERSTREET: 3 7 8. Um, we're grand jury A case number 59. We're ready to  
12 resume after our lunch break. Our next witness is Dominic Lovato. All right. If you could  
13 stand by that chair and go ahead and raise your right hand and we'll get you sworn in.  
14

15 GRAND JUROR: Do you solemnly swear and or affirm that the testimony you are about  
16 to give in the matter pending before this grand jury shall be the truth, the whole truth, and  
17 nothing but the truth?

18 DOMINIC LOVATO: I do.

19 GRAND JUROR: Thank you.

20 DDA OVERSTREET: Once you're seated, go ahead and state and spell your full name.  
21

22 DOMINIC LOVATO: My name is Dominic Lovato. Dominic is spelled D-O-M-I-N-I-C.  
23 Lovato is L-O-V-A-T-O.

24 DDA OVERSTREET: And where are you employed?  
25

26 DOMINIC LOVATO: The Portland Police Bureau.

27 DDA OVERSTREET: Okay. What do you do for the Portland Police Bureau?  
28

1  
2 DOMINIC LOVATO: I am the lead patrol rifle, uh, program instructor at the training  
3 division.

4 DDA OVERSTREET Okay. And, uh, how long have you been in law enforcement?

5 DOMINIC LOVATO: Uh, You're gonna make me do math in public here. I was hired in  
6 2008, so I'm in my 17th year.

7  
8 DDA OVERSTREET: Okay. And how long have you been in the training division

9 DOMINIC LOVATO: Combined? About four years. This is my second passing through  
10 the training division.

11 DDA OVERSTREET: Okay. Oh, but combined about four years.

12  
13 DOMINIC LOVATO: About Four years.

14 DDA OVERSTREET: Got it. How long have you been in there? This, this time, around

15  
16 DOMINIC LOVATO: About a year and a half.

17 DDA OVERSTREET: Okay. And, uh, I'll have you describe the training division in a  
18 minute, but could you kind of briefly describe, uh, sort of the initial training that police, that  
19 all police officers go through?

20 DOMINIC LOVATO: Sure.

21  
22 DDA OVERSTREET: Whether they're at PPB or anywhere else

23 DOMINIC LOVATO: Sure.

24  
25 DDA OVERSTREET: In Oregon?

26 DOMINIC LOVATO: Sure. So, every certified police officer in the state of Oregon, uh,  
27 attends the same police academy that's in Turner, just outside of Salem. It was 16 weeks when  
28

1 I went through and I believe, and its current iteration. It's still 16 weeks. Um, there you learn  
2 about law, patrol tactics, defensive tactics, ethics, first aid, um, your basic street level  
3 investigations, like domestic violence investigations, DUII investigations, car crashes, that  
4 sort of thing

5 DDA OVERSTREET: Okay. Every officer goes through that.

6 DOMINIC LOVATO: Every police officer in the state of Oregon? Correct.

7  
8 DDA OVERSTREET: Okay, and then specifically when somebody is hired by the  
9 Portland Police Bureau, is there any additional training once you're done with the adv, once  
10 you're done with the basic academy?

11 DOMINIC LOVATO: There is. So that's what we call our Portland Police Bureau  
12 Advanced Academy. Over the years, it's changed in length. When I went through, its 13,  
13 currently it's 10, and that's where we take our new officers, and we train them to our policies  
14 and our way of doing things.

15 DDA OVERSTREET: Okay, and when you said the, the numbers 13 and 10, you mean  
16 10 weeks?

17 DOMINIC LOVATO: 13 weeks When I went through in its current form, it's 10 weeks.

18  
19 DDA OVERSTREET: Great, um, and so you, you sort of touched on what some of the  
20 things are policy more, uh, Portland Police specific policy, I guess.

21 DOMINIC LOVATO: Correct. Yeah.

22  
23 DDA OVERSTREET: Um, and then do you also work on some of the things that you  
24 were taught in the Basic Academy as well?

25 DOMINIC LOVATO: Yes. We reinforce what we think are sort of the fundamental  
26 things you need to know, um, in order to operate on your own safely. Uh, and also, so the  
27 state academy teaches to Oregon Revised Statutes, Oregon Law. Um, the Portland Police  
28

1 Bureau Advanced Academy teaches specifically to our policy to sometimes differ and  
2 oftentimes are more restrictive than state statute.

3 DDA OVERSTREET: Okay. So, uh, for example, things like search and seizure, would  
4 that be a topic covered?

5 DOMINIC LOVATO: That would be a topic covered, yes. Okay.

6  
7 DDA OVERSTREET: So whatever the law allows, but then Portland specific on search  
8 and seizure?

9 DOMINIC LOVATO: Correct.

10  
11 DDA OVERSTREET: Okay. And more specifically, I guess, uh, things like inventory  
12 policies.

13 DOMINIC LOVATO: Correct, inventory of towed vehicles, that sort of thing. That, that's  
14 a perfect example.

15 DDA OVERSTREET: Okay, and where is the training division located?

16  
17 DOMINIC LOVATO: The training division is at 1 4 9 1 2 Northeast Airport Way, um, in  
18 an industrial area and a nondescript industrial part of the city.

19 DDA OVERSTREET: Okay, and as part of that advanced academy, is that, does the  
20 officer, are they at the training division every day? Are they out on the road? How does that  
21 kind of work?

22 DOMINIC LOVATO: So how that works is, uh, when you're first hired as a Portland  
23 Police officer, unlike in some agencies, we don't put you on the street until you've been to the  
24 state academy. So, everyone goes to the state academy and then they come back, and they are  
25 partnered with a coach as part of what's called the Field Training Evaluation Program. And  
26 that's just an apprenticeship, um, that last 18 months. And sometime during that FTEP time  
27 period, before you reach a certain stage in, uh, your advancement, you're required to attend the  
28

1 Advanced Academy. So, it really varies. It depends on a number of factors. How many people  
2 did we hire? At what interval do we have to run the academies? But typically, people will  
3 have zero time on the street up to maybe three or four months.

4 DDA OVERSTREET: Okay, and then, but nonetheless, once they begin the Advanced  
5 Academy, is that every day in the classroom type of thing, or

6 DOMINIC LOVATO: It is every day for 10 weeks. It's, uh, they don't live there. Unlike  
7 the state academy where there's, uh, dormitories, they show up. Um, it's Monday through  
8 Thursday with a couple of deviations and schedules for various training venues that, um, have  
9 to be scheduled as they're available. But typically, it's a 40 hour work week.

10 DDA OVERSTREET: Okay, and beyond the Advanced Academy, is there any required  
11 training for Portland police officers?

12 DOMINIC LOVATO: Yes. So, they're still required to pass FTEP and that is broken into  
13 five stages, entry, 1, 2, 3, 4, I guess six, and then five, um, by four is where an officer is  
14 expected to be able to operate safely and lawfully, but still needs mentoring by a coach. Um,  
15 and then phase five, they would go plain clothes, so they wouldn't ride, sorry. So their coach  
16 would be in plain clothes with them for a couple weeks to make sure that, um, they're good to  
17 go and then they're signed off on, and then they finished the remainder of their 18 month  
18 probationary period riding by themselves, but with a mentor that checks in on 'em.

19 DDA OVERSTREET: Okay. And I'm gonna ask you about two specific areas of training.

20 DOMINIC LOVATO: Okay.

21 DDA OVERSTREET: The first being arrest, uh, tactics.

22 DOMINIC LOVATO: Yep.

23 DDA OVERSTREET: Um, are you trained arrest tactics at the Basic Academy?

24 DOMINIC LOVATO: Yes.

1 DDA OVERSTREET: Okay. And what about at the Advanced Academy?  
2

3 DOMINIC LOVATO: Yes.  
4

5 DDA OVERSTREET: Do you also cover that?  
6

7 DOMINIC LOVATO: We do.  
8

9 DDA OVERSTREET Okay. Could you kind of, um, briefly describe to the grand jurors,  
10 what is that training like when it comes to arrest tactics? What are officers being told to do  
11 when they're trying to in effect an arrest?  
12

13 DOMINIC LOVATO: So, ultimately the goal is to get someone in handcuffs. Um, here  
14 in Portland, we prefer, um, a two one one handcuffing tactic, um, because we think that  
15 having numerical superiority works through advantage. Um, and so for a cooperative  
16 situation, it, it's really just a matter of just put them in handcuffs. Two officers grab each arm  
17 and put them in handcuffs,  
18

19 DDA OVERSTREET: Two to one officer on each arm.  
20

21 DOMINIC LOVATO: One officer on each arm. Correct.  
22

23 DDA OVERSTREET: Um, handcuffs go on. And then do two people stay with that  
24 individual?  
25

26 DOMINIC LOVATO: Uh, it would really, really depend on the circumstance. That's  
27 certainly not required. But if you feel, for instance, that, well, he was cooperative or she was  
28 cooperative, we put him in handcuffs, but there's a chance they get animated for whatever  
reason, maybe it is a good idea to have two officers with that person or with the detainee.  
29

30 DDA OVERSTREET: So even in a cooperative situation, you expect two officers to be  
31 assisting in the arrest  
32

33 DOMINIC LOVATO: To affect the arrest? Yes.  
34

1  
2 DDA OVERSTREET: Yes, um, what about when the, uh, subject is uncooperative? Are  
3 officers trained to use more officers or a different tactic?

4 DOMINIC LOVATO: You would? Well, both. Um, you would want an adequate amount  
5 of officers, and that's always gonna be situational. Um, depending on who are the officers you  
6 have with you, how skilled are they? Um, is this, are these two officers that practice jujitsu in  
7 their off time and are very comfortable was one a college wrestler and they're comfortable  
8 grappling with people? Or is it someone who never laid their hands on someone than you  
9 might need more help or less help? So it's team tailoring is kind of the answer.

10 DDA OVERSTREET: Okay.

11 DOMINIC LOVATO: There's no, there's no definitive, hey, three people all the time, but  
12 you wanna make sure that if time and circumstances allow that you get the adequate team  
13 together to address whatever potential threat you think you're gonna be faced with.

14 DDA OVERSTREET: Okay. Now specifically, are officers trained on putting somebody  
15 on the ground?

16 DOMINIC LOVATO: Yes.

17 DDA OVERSTREET: Forcefully?

18 DOMINIC LOVATO: Yes. That would be so forcefully that would be called the take  
19 down.  
20

21 DDA OVERSTREET: Okay. And, and how is an officer trained in order to affect the  
22 take down?  
23

24 DOMINIC LOVATO: Uh, several ways. There's hip throws, trips, um, just the good old  
25 bulldog and take 'em to the ground. Um, the reason for taking someone to the ground is it's  
26 ultimately to get someone in handcuffs, you have to control them in order to control them. It's  
27 EAs it's easier to do on the ground because you're working with gravity. And it gives me  
28

1 something to pin you against, um, to immobilize you, as opposed to if you're standing, and  
2 even if you're not trying to hurt me, if your only goal in life is to not let me get your two hands  
3 behind your back and get these handcuffs on, it's going to be an extremely difficult  
4 proposition. So, what we teach is called segmenting, and it's where you, the idea is control the  
5 hips, control the head, control the feet, um, and then controlling the arms makes it much  
6 easier. So essentially, you're just immobilizing someone so someone can control the arms.

7 DDA OVERSTREET: Okay, and is this sort of, uh, something that you would expect  
8 would escalate, so meaning adding in another step as the situation requires? So if somebody's  
9 uncooperative, you can't just grab 'em, put 'em two hands, you take 'em to the ground, are you  
10 immediately doing all of those things, controlling the legs, the hips, and the head? Or are you,

11 DOMINIC LOVATO: If, if you can safely do so? Yes. I mean, the goal is always to get  
12 someone into custody as safely and quickly as possible. The longer these things drag on, the  
13 longer the potential for injury to, um, the detainee and officers. So you're always looking to  
14 get, get it done as quickly as possible.

15 DDA OVERSTREET: Okay. Is putting somebody onto their stomach and getting their  
16 hands behind their back something that officers are taught to do?

17 DOMINIC LOVATO: Yes.

18 DDA OVERSTREET: Okay. Is that, would that be considered sort of a standard  
19 procedure for making an arrest or is that a special circumstance?  
20

21 DOMINIC LOVATO: In fact, that would be standard procedure, yes.

22 DDA OVERSTREET: Okay. Is it the preferred procedure?  
23

24 DOMINIC LOVATO: I don't know that preferred is the word I would use. I would say  
25 it's the most common.

26 DDA OVERSTREET: Okay, um, once somebody is on their stomach and the handcuffs  
27 are on  
28

1 DOMINIC LOVATO: mm-hmm <affirmative>.

2  
3 DDA OVERSTREET: What is an officer trained to do at that point?

4 DOMINIC LOVATO: They would likely, uh, conduct a cursory pat down of the detainee  
5 for weapons or implements of escape. Um, then they would stand 'em up, take 'em to the back  
6 of the patrol car, and, um, begin paperwork charges, that sort of thing.

7  
8 DDA OVERSTREET: Okay.

9 DOMINIC LOVATO: Continue the investigation, I should say.

10 DDA OVERSTREET: Okay. Um, are officers trained to leave handcuffs on an  
11 individual, um, during the entire course of the arrest, all the way up to the point of taking them  
12 to jail?

13 DOMINIC LOVATO: Yes. That's typical.

14  
15 DDA OVERSTREET: Okay, um, are there situations that officers are trained on in which  
16 you would remove the handcuffs?

17 DOMINIC LOVATO: Sure.

18  
19 DDA OVERSTREET: What, what would that be?

20 DOMINIC LOVATO: Uh, if someone needs medical transport or medical care and the  
21 doctors or paramedics request, hey, can you take these handcuffs off? Then normally a short  
22 conversation would occur between the officers, like, hey, is this safe? Is it not? Um, is it  
23 necessary? And if so, what do we do to ensure that this person is still somewhat restrained  
24 and, um, not a threat.

25 DDA OVERSTREET: Okay. Are officers trained that when people go unresponsive to  
26 continue leaving the handcuffs on because the person may become responsive again or may  
27 be faking it,

1 DOMINIC LOVATO: That would be situationally dependent.

2  
3 DDA OVERSTREET: Sure.

4 DOMINIC LOVATO: It's certainly not prohibited. It's not uncommon to leave someone  
5 that's in medical distress in handcuffs. There's documented cases, you can YouTube it, um, of  
6 people that were, for instance, uh, overdosing, they got Narcan, reanimated. And then, uh, I  
7 know of at least one instance where a guy had a gun on him and shot and killed a firefighter.  
8 So it's not unheard of.

9 DDA OVERSTREET: Okay, um, are officers trained that once the person becomes, uh,  
10 once they're in custody and stops resisting to, to put the person in a particular position to, uh,  
11 allow them to breathe better?

12 DOMINIC LOVATO: It would depend on whether or not you perceive that person to be  
13 in medical distress. So oftentimes people will find a position that is comfortable for them,  
14 they'll self-soothe. For instance, um, you know, I'm a bigger guy. Lots of bigger guys can't fit  
15 comfortably into one pair of handcuffs 'cause they're not terribly flexible. So, you know, being  
16 on my stomach may be more comfortable for me than, for instance, being on my side or, um,  
17 some other position.

18 DDA OVERSTREET: Okay.

19 DOMINIC LOVATO: If they're in medical distress, uh, and you sense that they're  
20 having, they're unresponsive, it would be appropriate to put them in what's called a rescue  
21 position.

22 DDA OVERSTREET: Okay. And what position is that?

23 DOMINIC LOVATO: That's on the side, uh, leg pulled up. If their arms are free, then  
24 you would put an arm on their head to kind of keep their airway open. Uh, in the absence of  
25 that, our officers are still trained to, um, run through a series of triaging to kind of diagnose  
26 problems.  
27

1 DDA OVERSTREET: Okay. What problems are you looking for?  
2

3 DOMINIC LOVATO: So, the problems are, there's, there's five categories. It's an  
4 acronym we call MARCH. Um, the first is massive hemorrhaging. So, is this person bleeding?  
5 Um, and if so, can I stop it? A would be airways. So, you would check, um, to see if their  
6 airways are obstructed or if there's something in someone's mouth, you know, is their head in  
7 a position that is conducive to breathing, then you would move on to R respiration. Um, are  
8 they, you know, are they breathing C circulation that's gonna be, do they have a pulse? And  
9 then H which would be hypothermia.

10 DDA OVERSTREET: Okay. Uh, so I don't think we'll get to hypothermia in this case.  
11 Uh.

12 DOMINIC LOVATO: No.

13 DDA OVERSTREET: Uh, but sounds like, um, running through those other ones you  
14 would expect to see, you would expect the officers to run through sort of that procedure

15 DOMINIC LOVATO: Yes.

16 DDA OVERSTREET: When there's somebody in a medical distress or,  
17

18 DOMINIC LOVATO: yeah.

19 DDA OVERSTREET: An apparent medical distress.  
20

21 DOMINIC LOVATO: Yeah. So that isn't, that doesn't preclude someone from, well, if  
22 this person obviously presents with X, Y, or Z problem, then I probably don't need to waste  
23 time on, you know, massive hemorrhaging if it's apparent to me that they're not massively,  
24 massively hemorrhaging.

25 DDA OVERSTREET: Right. You'd expect them to move on to the next one right away.  
26

27 DOMINIC LOVATO: Correct. Just be reasonable.  
28

1  
2 DDA OVERSTREET: Okay. Um, before I move on to the second part of the training, I  
3 want to actually turn to for questions regarding specifically arrest, how people are trained to  
4 arrest. I don't know if you have any questions in that area.

5 DDA FRANKLIN: I don't.

6 DDA OVERSTREET: Any grand jurors do. Yes, please go head.

7  
8 GRAND JUROR: So, um, the initial state training is roughly around 16 weeks, and then  
9 the, um, additional Portland specific training is around 10 weeks. Do you know how much of  
10 each either of those trainings are specifically for arrest task tactics?

11 DOMINIC LOVATO: I do not. I can get you that number. That's not impossible number  
12 to give you, but I don't have it on the top of my head.

13 GRAND JUROR: Okay. And, um, never mind.

14 DOMINIC LOVATO: Yes.

15  
16 GRAND JUROR: Um, as part of these trainings, do they discuss, uh, the risks that come  
17 with certain types of arrest tactics?

18 DOMINIC LOVATO: For sure, yes.

19  
20 GRAND JUROR: Okay.

21 DOMINIC LOVATO: Um, so I'd mentioned segmenting earlier where you control the  
22 head, the hips and the knees.

23 GRAND JUROR: Mm-hmm <affirmative>.

24  
25 DOMINIC LOVATO: Um, there's, it's in our policy, I can't tell you if DPS teaches it, I  
26 can tell you that we teach it, um, which is to be mindful of restricting people's airways. So if  
27 you're gonna control their head, that means stay off the neck, stay off compressible areas of  
28

1 the upper thoracic. Um, that is not a place where you would, um, pick to control someone  
2 with, with this segmenting tactic I'm talking about.

3 GRAND JUROR: I do have a question.

4  
5 DOMINIC LOVATO: Yes.

6 GRAND JUROR: Do, do officers get any sort of training on, uh, particularly the  
7 identification of respiratory distress where they're trained in any sort of, say a medical type  
8 thing where they are able to recognize that somebody is currently experiencing some sort of  
9 respiratory distress, whether or not they are able to elucidate the causes of the distress. But do  
10 they have any sort of training on the warning signs that this person is experiencing this?

11 DOMINIC LOVATO: We do not, no.

12 GRAND JUROR: Okay.

13  
14 DOMINIC LOVATO: Um, so everyone, every police officer gets sort of your CPR first  
15 aid,

16 GRAND JUROR: Sure.

17  
18 DOMINIC LOVATO: Um, certification here in Portland, we teach what's called tactical  
19 emergency casualty care, which is, um, the use and application of tourniquets, wound  
20 packing, chest seals, um, if you've heard of the Stop the Bleed campaign, um, it's the stop the  
21 bleed,

22 GRAND JUROR: Sure.

23 DOMINIC LOVATO: Uh, stuff. But as far as diagnosing causes of problems, that's  
24 beyond the scope of our training.

25 GRAND JUROR: Okay.

1 GRAND JUROR: What type of situation triggers the need for an actual arrest with  
2 handcuffs?

3 DOMINIC LOVATO: Uh, well, if you are detaining someone under suspicion of a crime  
4 and there's an articulable reason, and it's just any a reasonable reason, so say they're, um, you  
5 know, they're, you think they're gonna run and they've articulated they're gonna run, or maybe  
6 they're posturing like they're gonna run, then you can detain them in handcuffs. Or if I know  
7 for sure I'm arresting this person, I'm going to charge this person with a crime. They're gonna  
8 go to jail, they're gonna go in the back of my car, I can detain them.

9 GRAND JUROR: Does it common to detain somebody if they're in, um, having a mental  
10 episode and you're unsure what their actions may be related to that?

11 DOMINIC LOVATO: That's common, mostly because you want to make everything safe  
12 for the medical responders that are gonna come in and do the evaluation, are we gonna take  
13 them to the hospital Am 'is AMR gonna take them to the hospital? Are we gonna have Project  
14 Respond and come out and do, uh, an onsite evaluation? So if an officer thinks, Hey, there's a  
15 safety concern here and under, you know, under the totality of the circumstances, everything  
16 I'm seeing, if I think handcuffs are gonna make this safer for everyone, then they're free to do  
17 that.

18 GRAND JUROR: Is it possible to consider somebody still resisting arrests after they've  
19 been handcuffed?

20 DOMINIC LOVATO: Oh, yeah. Absolutely.

21 GRAND JUROR: Okay. Could you maybe give me an example of like what sort of,  
22 what, I guess what qualifies as resisting arrest  
23

24 DOMINIC LOVATO: For purposes of, so

25 GRAND JUROR: Like, once they have already, once they're in, in handcuffs,  
26  
27  
28

1 DOMINIC LOVATO: I guess off the top of my head, I would say, you know, concerted  
2 physical efforts to resist my control. So, you can resist my control despite being handcuffed.

3 GRAND JUROR: Okay.

4  
5 DOMINIC LOVATO: Right. Um, you could run away, you could kick at me, any of you  
6 could handcuff me and I could still physically give you a problem.

7 GRAND JUROR: Mm-hmm <affirmative>.

8 DOMINIC LOVATO: Um, in terms of, you know, threatening your safety.

9  
10 GRAND JUROR: Just, and that's still true once the segmenting has occurred, once the,  
11 the hips, feet and head are in control, and they were handcuffed.

12 DOMINIC LOVATO: For sure, um, to some extent getting a resistive person into  
13 handcuffs. There's certainly some nuance to it in terms of what's the most efficient way for me  
14 to control you, but there's also an element of brute strength involved. So, yes.

15 GRAND JUROR: Thanks.

16  
17 DDA OVERSTREET: Oh, oh, go ahead. Sorry.

18 GRAND JUROR: Um. I was wondering if you could just describe some like, de-  
19 escalation tactics that they're trained on when somebody is resisting arrests in cuffs.

20  
21 DOMINIC LOVATO: Well, de-escalation would really come before the resistance, to be  
22 perfectly honest with you. So, an example of that would be, you know, having a plan, getting  
23 multiple officers there. Um, so that numericals purity may be discouraged as someone from  
24 fighting, uh, the officer or resisting their efforts of control. Um, there is something we call  
25 reactive de-escalation, which is lowering the amount of force you use as someone's resistance.  
Uh, subsides,

26 GRAND JUROR: What's it called again? I'm sorry, we  
27  
28

1 DOMINIC LOVATO: Reactive de-escalation. It's in our policy.

2 DDA OVERSTREET: So, could you talk, maybe expand on that just a little bit more?  
3 Um.

4 DOMINIC LOVATO: Sure.

5  
6 DDA OVERSTREET About what, what is the officer looking for? Um, in as far as  
7 compliance goes, in order to make them feel more comfortable to lower the level of force that  
8 they're using.

9 DOMINIC LOVATO: It would be whatever that officer feels is safe for them. And that's  
10 gonna vary, um, depending on that person's physical ability, how experienced they are, um,  
11 you know, you might have some guys, like I mentioned, people we've, we've hired, uh, you  
12 know, some college wrestlers, they're, the level of resistance that they feel comfortable putting  
13 up with probably is higher than the level of resistance that someone who's never fought  
14 someone is comfortable with.

15 DDA OVERSTREET: Sure. Is part of the analysis, um, not just the fighting back or  
16 resisting, but just even the tensing of the body, I mean, as, as an officer affecting that arrest,  
17 feeling, that tension, uh, in the body, is that something the officer is supposed to consider  
18 when determining the level of force or reason?

19 DOMINIC LOVATO: Yes. Um, normally tensing up is a precursor to other bad things to  
20 follow. Um, so it wouldn't be unusual. So, say, I got you in handcuffs, I'm controlling you just  
21 because you're in handcuffs. I'm not suddenly gonna take my hands off of you that may look  
22 like a control, or an escort hold where I got you kind of by the elbow and I'm walking you  
23 around. Or if we've been in a, a scuffle and I'm out of breath and you're out of breath and I  
24 think you're kind of still fighting, maybe everyone holds in place and I'm, I'm gauging this is  
25 this, you know, I'm gonna take a few beats. I'm gonna gather myself, I'm gonna let you gather  
26 yourself. I'm gonna assess the situation like, is everyone safe? Am I hurt? Or my partner's  
27 hurt? Is this guy hurt? Meanwhile, you know, I have a hand on the detainee and I'm also  
28 trying to gauge where they're at. Are is this, um, are, are we really done? Is this, are they

1 catching their breath? Um, so there would certainly be instances where, um, after proactively  
2 deescalating that you're still using some degree of control.

3 DDA OVERSTREET: Okay. Um, so I wanna move sort of that to that second part of the  
4 training that I want to get to. And that is dealing with somebody who, um, is in apparent crisis  
5 of some sort

6 DOMINIC LOVATO: Mm-hmm <affirmative>.

7  
8 DDA OVERSTREET: Whether it be drug induced or mental health. Um, are officers  
9 trained in, in recognizing that in some way?

10 DOMINIC LOVATO: They are trained. Yes, they're trained in recognizing, I wouldn't  
11 say they're trained in diagnosing.

12 DDA OVERSTREET: Sure.

13  
14 DOMINIC LOVATO: Um, drug induced states, mental health crisis induced states often  
15 present the same with the same sorts of behaviors and associated problems. Um, so those are  
16 considerations you take into your, um, plans and decision-making processes.

17 DDA OVERSTREET: Okay. Um, if somebody is in some sort of apparent crisis,  
18 whether it be drug induced or, and I'm just gonna refer to it as a crisis because as you just said,  
19 determining whether it's mental health or, or drug induced is, is almost impossible. Um, so  
20 just seeing somebody who's in an obvious crisis are officers, what kind of direction do they  
21 get in approaching that individual?

22 DOMINIC LOVATO: Um, well, the first approach would be in defining the event. So  
23 whatever the circumstances are of our contact, is this something criminal in nature? Is this,  
24 does this end with a trip to jail because this person is committing a crime that warrants taking  
25 to jail? Or is this, um, behavior that looks like we need to take this person to the hospital?  
26 Right. So is this gonna be a criminal event or is it gonna be, um, something civil? And that  
27 would be your jumping off point for, you know, how much force are we willing to use to get  
28 this person into custody. Um, typically that's not gonna be very much if it's, uh, civil in nature.

1 Like we don't wanna hurt you to help you. Um, there certainly may be times where you have  
2 to use force to take someone into custody to get them to help, to get them help. Um, but that's  
3 sort of the first step.

4 DDA OVERSTREET: Okay. And what if you don't really know what you have yet?  
5 What if you don't know if it, this, this might be criminal, this might be just the mental health.  
6 Um, would it be appropriate for the officer to detain that individual and put handcuffs on  
7 them?

8 DOMINIC LOVATO: Sure, sure. Um, the first goal in any interaction is to make sure it's  
9 safe with someone that's doesn't show signs of being resistive or combative. Then that  
10 typically requires no measures, um, all the way up to the person that is combative before you  
11 contact them and they're acting erratically. You're gonna have to do what you have to do to  
12 make everyone safe so that you, so that you can either conduct your investigation or evaluate  
13 them for transport to a medical facility.

14 DDA OVERSTREET: Okay. Uh, and so I'm gonna give you a scenario, um, and what I'd  
15 like you to answer at the end of it is whether you would expect the officers to, uh, make the  
16 decision to put that person into handcuffs or not. Um, and also how to approach that  
17 individual. So the information the officers have are that this individual had previously made  
18 threats, um, against people's, uh, a person's life, uh, that they had been in possession of knives  
19 at some point, not necessarily threatening people with knives, but in possession of knives, um,  
20 and generally acting erratic, uh, and doing strange things, uh, like, uh, putting water on the  
21 floor, um, rubbing shaving cream all over themselves and the walls. Uh, if that's the  
22 information that an officer has when they arrive, how would you expect them to initially  
23 approach that person if they don't recognize immediately that the person has weapons?

24 DOMINIC LOVATO: Mm-hmm <affirmative>.

25 DDA OVERSTREET: Obviously that might be a different scenario

26 DOMINIC LOVATO: Sure.  
27  
28

1 DDA OVERSTREET: In how they approach, but the person when they make contact,  
2 uh, clearly does not presently, uh, possess any weapons.

3 DOMINIC LOVATO: So, I would say there's going to be a short period of face-to-face  
4 evaluation that occurs and you would wanna make the scene as safe as you could for yourself.  
5 So maybe that's using, you know, um, numerical superiority or distance or barriers or lighting  
6 to your advantage, um, or some sort of concealment or, uh, cover, which is, you know, a  
7 barrier that would stop, um, rounds, for instance. And you would try and conduct your  
8 evaluation as safely as possible until you arrived at a conclusion as to the nature of the event.

9 DDA OVERSTREET: Okay. And in that scenario, I gave you, I sort of gave you what  
10 potentially could be a crime, um, the threats and and such, and also somebody suffering from  
11 some sort of crisis. Um, would you expect that officers would take that person into custody  
12 while determining what they're really deal with, dealing with,

13 DOMINIC LOVATO: If they felt it was necessary to make the scene secure so that they  
14 could investigate? Sure. Absolutely.

15 DDA OVERSTREET: Okay. Um, I'm going to, I don't want, if anybody has any  
16 questions right now, feel free to ask, otherwise, we're gonna go ahead and watch the body cam  
17 footage, um, with, uh, officer Lovato and then have him, uh, comment on it.

18 Grand Juror Um, after somebody has been detained in handcuffs, is it part of either state  
19 or Portland training to, uh, verbally assess their, um, state, like ask them if they're okay?

20  
21 DOMINIC LOVATO: It's not, not required per se, you mean routinely or after a scuffle  
22 like type thing?

23 GRAND JUROR: Um, I guess routinely,

24  
25 DOMINIC LOVATO: Uh, well that's highly variable. Oftentimes handcuffs are the end  
26 result of a contact.

27 GRAND JUROR: Mm-hmm <affirmative>.

1  
2 DOMINIC LOVATO: Oftentimes like a street level investigation, like, you know how  
3 the person's doing you main evaluation. 'cause the last thing you do is put them in handcuffs.  
4 If you're going straight to handcuffs, um, typically we still want to talk to you, so we're going  
5 to, um, engage in conversation, see if we can make you more comfortable separate you, hey  
6 can we get you outta the rain, this sort of stuff. So that would, like I said, that's not policy, but  
it's certainly practice.

7 GRAND JUROR: Okay. Thank you.

8  
9 DOMINIC LOVATO: Mm-hmm <affirmative>.

10 GRAND JUROR: I think I know the answer to this, but just to really clear, what it  
11 sounded like you said to me is like once somebody, once the officer decides that they're gonna  
12 put somebody in handcuffs, you do it as quickly as you can and you, you go all the way. You  
13 don't pause or retreat or change your mind. Um, so like initial, I think we'll see in the video, it  
14 seems like the suspect is initially compliant, but then during the process it seems to escalate.  
15 And so, their training would say you go all the way until the cuffs are done. You don't stop  
16 and and go hands off. Once you've been, once you've made the decision that cuffs are going  
17 on, it's you're trained to go all the way quickly as possible. Is that cor That's what I thought  
you said earlier.

18 DOMINIC LOVATO: Generally speaking, if I'm going to put you in handcuffs, I want  
19 that process to be over as quickly as possible. Um, the highest in my experience, the highest  
20 potential for bad outcomes is between the time I tell you or you sense that I'm placing you  
21 under arrest and I actually get you under arrest. So, the quicker you can make that time period  
22 between, okay, this person's has some degree of awareness that I'm going into handcuffs and  
23 them actually being into handcuffs is generally speaking, um, the safest for everyone. That  
24 being said, um, there's always exceptions to rules.

25 DDA OVERSTREET: And I think maybe part of your question too is, um, but once that  
26 decision's made that you're putting that person in handcuffs, are officers trained to stop that  
27  
28

1 process at any time? Like, oh, this person's resisting, so therefore I'm going to stop the process  
2 of

3 DOMINIC LOVATO: No, that would be outside of training.

4 DDA OVERSTREET: Okay. They're trained to continue affecting the custody.

5  
6 DOMINIC LOVATO: Yes. I mean, unless there's some extraordinary circumstance that  
7 I can't think of. I'm sure there's some valid reason. I just, I can't think of one. Uh, that would  
8 be highly unusual.

9 DDA OVERSTREET: Okay.

10  
11 Grand Juror I'm kind of piggyback off, but I'm sorry. Um, so they're, they're, they're  
12 trained. I, I understand that, you know, once they're trained and that the decision has been  
13 made, like we need to get them in cuffs. We, let's try and do this as safely and as quickly as  
14 possible in that not necessarily like stepping back, being like, oh, they're resisting. Let stop. If  
15 it's clear that they're in mental distress or they're something along those lines, maybe they  
16 don't understand what's happening, even though they're trying to give verbal inclinations and  
17 physical inclinations of what's happening. Are there any trainings around how to handle that  
18 situation specifically outside of just like they're resisting, must use force?

18 DOMINIC LOVATO: Yes.

19 GRAND JUROR: Okay.

20  
21 DOMINIC LOVATO: Yes. So, when officers are trained to, you know, I talked about  
22 the mental and mental health considerations and intoxication, often presenting the same. Um,  
23 a lot of those considerations are that oftentimes it takes people longer to understand what it is  
24 you're trying to get them to do.

25 GRAND JUROR: Mm-hmm <affirmative>.

1 DOMINIC LOVATO: Um, understand that their resistance may not be that they mean  
2 you harm, it's that they have drugs on board, or they're suffering from another sort of crisis  
3 where, um, they legitimately think their safety's at risk. And it's not necessarily that they're  
4 trying to do you harm, it's that they're scared.

5 GRAND JUROR: Mm-hmm <affirmative>.

6 DOMINIC LOVATO: Um, so that would be a perfectly valid reason for, you know, say  
7 maybe I go to grab someone, put 'em in handcuffs, and they start to resist. And it's like, maybe  
8 I just hold on. It's like, hey, we're the police. Remember, we're here to help you. Um, we don't  
9 wanna hurt you, but in order to get you help, you know, we have to put you in handcuffs.  
10 Everyone has to feel safe. And maybe that's, that would be an appropriate example of when,  
11 um, you slow the train down, so to speak.

12 GRAND JUROR: Alright. Thank you.

13 DOMINIC LOVATO: Mm-hmm <affirmative>.

14 GRAND JUROR: But the trains still gonna go to handcuffs.

15 DOMINIC LOVATO: Likely the train still leads to the handcuff station. Yes.

16 DDA OVERSTREET: And are officers trained that there's a particular area in a person's  
17 home that presents more of a danger than others.

18 DOMINIC LOVATO: Well, you know, uh, anecdotally, you wanna keep people outta  
19 the kitchen, right? 'cause everyone has kitchen knives. There's weapons in every house you go  
20 to likely, uh, in the form of knives. So yes.

21 DDA OVERSTREET: Okay. But officers are actually trained that the, uh, the kitchen is  
22 a more of a dangerous place.

23 DOMINIC LOVATO: Uh, they're trained, hey, have an awareness that if you're near the  
24 kitchen, then someone is probably in close proximity to knives. So be aware of that.  
25  
26  
27  
28

1  
2 DDA OVERSTREET: Okay. Um, did that raise any questions for anybody? Otherwise,  
3 I'll go ahead and play the video. Okay. We're gonna, for the record, we're gonna play the  
4 body-worn camera of, uh, officer Duque Valencia. Again, it's the same video that we watched  
5 before. So, uh, officer Lovato.

6 GRAND JUROR: that was loud.

7 GRAND JUROR: Yeah.

8 GRAND JUROR: <laugh>.

9  
10 DDA OVERSTREET: Glad I stopped it. I am gonna go and turn that down. I'm gonna  
11 have you watch this video with us. We're gonna watch it all the way through

12 GRAND JUROR: Mm-hmm <affirmative>.

13  
14 DDA OVERSTREET: And then, uh, I'll ask some follow up questions about what we're  
15 seeing.

16 DOMINIC LOVATO: Very well.

17 BODY CAMERA VIDEO PLAYED

18  
19 DDA OVERSTREET: Okay. I think that's all we need to watch up to the point where the  
20 decision is to take the handcuffs off. So, you watch the video through.

21 DOMINIC LOVATO: Yes.

22  
23 DDA OVERSTREET: So, can you kind of address, uh, that initial approach when the  
24 officers are walking up to the building based on the information that they had? How you  
25 would expect that officers would approach that situation?

26 DOMINIC LOVATO: Uh, I felt like it was appropriate. Um, they're walking up. They're  
27 talking about, okay, well, um, you know, he talked about he didn't wanna create his own ex  
28

1 exit circumstances. Hey, if the guy, like, if the guy's outside, let's just take him into cuffs. And  
2 then there was some discussion basically about governmental interest and um, you know, I  
3 talked about defining event as a civil or as a criminal. They're, that's kind of what they're  
4 talking about. And then seemingly they go up and there's that assessment that I talked about  
5 like, Hey, what's going on with this? Um, I do recall hearing one of them make mention of  
6 knives. Um, it seems that they make an assessment and um, of course this is just working off  
7 the body cam, right? Like to really understand what's going on. I would wanna talk to the  
8 officers 'cause we're missing the most important piece of this, which is their perception. Um,  
9 but from what I viewed, uh, there's a, some sort of analysis that takes place. Uh, it's like, hey,  
10 this guy's by the window, he is in his undies, open hands, probably not concealing a knife in  
11 skivies. Um, so they would, a reasonable officer would think, hey, this is an appropriate time  
12 to put this person in handcuffs. They try to do. So, um, he resist, looks like he was fixated on a  
13 piece of cake or something. And it's like, oh, you running cake? Okay, I will let you eat some  
14 cake. Um, if that is what's gonna make this go better and, uh, sounds like, hey, we're not  
15 throwing something outta the window, we're not gonna do that. So let's just, you know, get  
16 him in handcuffs and then from there the fight is on.

15 DDA OVERSTREET: Okay.

16 DOMINIC LOVATO: Seemingly.

17 DDA OVERSTREET: Seemingly, uh, at least what we can tell in the video, um, can you  
18 tell, uh, from the video and from what you'd expect an officer to do in that situation? Whether  
19 they took him to the ground or whether he fell?  
20

21 DOMINIC LOVATO: I couldn't tell. You'd have to ask them.

22 DDA OVERSTREET: Couldn't tell. Okay. Um, but nonetheless, he ends up on the  
23 ground.  
24

25 DOMINIC LOVATO: Correct.  
26  
27  
28

1 DDA OVERSTREET: Um, unsure whether that was that by the officer's doing or his  
2 own doing.

3 DOMINIC LOVATO: Mm-hmm <affirmative>.

4  
5 DDA OVERSTREET: Um, once he's on the ground, it appears that, uh, Mr. Johnson is  
6 on his back. If officers are gonna continue with an arrest, what are, what are their options at  
7 that point in that space? In order to get handcuffs on 'em,

8 DOMINIC LOVATO: You have to gain access to their back in a manner that allows you  
9 to get their hands behind their back, whatever that looks like.

10 DDA OVERSTREET: Okay. So, either you gotta stand 'em up or put 'em on their  
11 stomach.

12 DOMINIC LOVATO: Correct. You're, we're gonna wrestle somehow.

13  
14 DDA OVERSTREET: Okay. Um, once they get him onto his stomach and they seem to  
15 struggle to get his hands, uh, uh, together to be able to put handcuffs on in the training that  
16 they receive. And in, in this sort of segmenting that we've talked about before, did you see that  
17 occurring in this video?

18 DOMINIC LOVATO: It was hard to see because you don't see much of what it is you  
19 wanna see. Um, it appears as though Officer Epton, I know these guys, they came through the  
20 Advanced Academy. Um, he's the one, he's the bigger fellow with the beard. Seems like he's  
21 sitting on the calf lower leg portion, um, of Mr. Johnson is his name?

22 DDA OVERSTREET: Yes.

23 DOMINIC LOVATO: Um, I can't see really what Wortman's doing. It looks to me like  
24 he's posted on his head. Um, but without a better view, I, I really couldn't tell you.

25  
26 DDA OVERSTREET: Okay.

27 DOMINIC LOVATO: Um, that looks like segmenting to me.  
28

1 DDA OVERSTREET: Okay.

2  
3 DOMINIC LOVATO: And then, you know, they're Duque has his handcuffs out, like  
4 waiting for the opportunity, hey, once his each arm is controlled, we can put these handcuffs  
5 on him.

6 DDA OVERSTREET: Okay. Was there anything that you saw in the videos where they  
7 were placing their hands or putting pressure on Mr. Johnson that, that wouldn't be in  
8 accordance with their training?

9 DOMINIC LOVATO: Not that I saw.

10  
11 DDA OVERSTREET: Okay. Um, once the handcuffs are on, we see that they sort of  
12 remain in that, um, prone position with one of the officers still on the, on the leg

13 DOMINIC LOVATO: mm-hmm <affirmative>.

14  
15 DDA OVERSTREET: Legs. Um, is there anything about how they proceeded from the  
16 time the handcuffs were on that would've been, um, contrary to the training that they would've  
17 received?

18 DOMINIC LOVATO: None that I saw.

19 DDA OVERSTREET: Uh, once it, it becomes apparent that Mr. Johnson is suffering  
20 from some sort of medical, uh, event. Uh, they take several, the officers take several  
21 measures, putting 'em in the recovery position, um, would that have been appropriate for that  
22 situation in your opinion?

23 DOMINIC LOVATO: Yes, that's appropriate. That's within training.

24  
25 DDA OVERSTREET: Okay. Uh, once, uh, they or somebody, uh, administers a sternum  
26 rub, actually it looks like a couple officers maybe do the sternum rub. We had an officer  
27 already talk about what that is. Are you actually trained at the sternum rub?  
28

1 DOMINIC LOVATO: We don't train it. Um, I feel it's, it's, that isn't to say it's outside of  
2 training. I feel like to some extent that's just kind of common knowledge. Um, yeah, I don't  
3 know.

4 DDA OVERSTREET: Okay. Is it in, in your opinion, being a trainer, is it an effective  
5 tactic in order to

6 DOMINIC LOVATO: Yes. You, if someone is faking it, you will definitely, know,  
7 because it's painful.

8  
9 DDA OVERSTREET: Okay, It's, that's a good tactic to take then?

10 DOMINIC LOVATO: Yeah.

11  
12 DDA OVERSTREET: Okay.

13 DOMINIC LOVATO: I mean, I've, I've had someone rub my sternum and it's not, it's  
14 not something you can continue to just, I'm gonna fake. I'm unresponsive. It will put a stop to  
15 that.

16 DDA OVERSTREET: Okay. Uh, and what about somebody who maybe isn't faking it,  
17 but uh, is maybe in and out of consciousness? Is that an effective way to kind of jilt them?

18 DOMINIC LOVATO: It could be. It could be. That could be the stimulus they need to  
19 like pull them out of the early stages of shock or going unconscious.

20  
21 DDA OVERSTREET: Okay. So, it's not a technique that goes against policy, but it's just  
22 not something that's trained?

23 DOMINIC LOVATO: Correct.

24  
25 DDA OVERSTREET: Necessarily, okay. Um, we see other tactics, sort of the pat on the  
26 back talking to them. Are there types of things that officers are trained in order to get the  
27 attention of someone?  
28

1 DOMINIC LOVATO: Again, it's not something we train specifically

2 DDA OVERSTREET: Mm-hmm <affirmative>.

3  
4 DOMINIC LOVATO: Um, it just seems reasonable to do to me.

5 DDA OVERSTREET: Okay. And then, uh, we talked about this a little bit before, but  
6 now that you've seen the video, uh, the decision to take the handcuffs off, um, there seems to  
7 be some questioning of whether that's a good idea. Uh, maybe some hesitation, but then  
8 quickly decide, hey, we need to take these handcuffs off.

9 DOMINIC LOVATO: Mm-hmm <affirmative>.

10 DDA OVERSTREET: Um, I, is that in accordance with the training that, uh, officers  
11 have received?

12 DOMINIC LOVATO: Yes.

13 DDA OVERSTREET: Okay. Um, does anybody have any questions about this particular  
14 issue? Go ahead.

15 GRAND JUROR: Um, so after they evaluate the situation, they watch him for a few  
16 minutes and kind of see where he's at. They enter and then immediately just say, start saying  
17 like, don't resist and put their arm, their hands on them to kind of start the res the, the restraint.  
18 There is that kind of standard protocol to not to just kind of start with the don't resist as  
19 opposed to, Hey, we're putting you in custody, or, Hey, we're going to do this kind of based  
20 on the mental state, I guess.

21 DOMINIC LOVATO: Uh, so that is kind of a point of friction because our policy and  
22 state law requires that you give people warnings

23 GRAND JUROR: Mm-hmm <affirmative>.

24 DOMINIC LOVATO: Before using force.  
25  
26  
27  
28

1 GRAND JUROR: Okay.

2 DOMINIC LOVATO: Um, the downside to warnings is they're a form of threat. Right.

3  
4 GRAND JUROR: Mm-hmm <affirmative>.

5 DOMINIC LOVATO: And someone that's in crisis might perceive that threat as an  
6 actual threat. And then you get resistance where you might not have before.

7  
8 GRAND JUROR: Mm-hmm <affirmative>.

9 DOMINIC LOVATO: So, the policy says, well, you have to give 'em a force warning if  
10 feasible. We define feasible if safety and, uh, circumstances allow for a particular action. So, a  
11 lot of officers have gotten into the habit of always giving a force warning right at the  
12 beginning of, uh, the initiation of a contact so that they're satisfying policy. Um, but like I  
13 said, there's some potential downsides in that. It's great way to destroy any rapport you've  
14 built with someone. Right. Um, but it, it is compelled by law and policy, so we do it.

15 GRAND JUROR: Okay.

16 DDA OVERSTREET: And that being, that the force warning be given if feasible?

17  
18 GRAND JUROR: Yes.

19 DDA OVERSTREET: Okay.

20  
21 GRAND JUROR: So, somebody's holding a gun, pointing an officer, they don't have to  
22 give a force warning before returning fire.

23 DOMINIC LOVATO: Right. I There's all sorts. Yeah. If feasible. So, if time and safety  
24 allow for a particular action, if you're in the act of pointing a gun at me, um, you can certainly  
25 shoot me before I can give you a warning or respond. So, in that case, correct. It would not be  
26 feasible.

1 DDA OVERSTREET: Okay. And in, in this particular case, would it in your opinion, be  
2 feasible to give a force warning to somebody who's maybe not very responsive?

3 DOMINIC LOVATO: Yes.

4  
5 DDA OVERSTREET: Okay.

6 GRAND JUROR: Um, and then a quick follow up as well. So, they were able to get him  
7 prone and were able to get his arms behind his back and get him cuffs. And it looks like after  
8 three minutes that the cuffs on about every minute after there was. Um, and, and trying to tell  
9 him like, hey, calm down. Hey, take a deep breath. But he was still trying to make sounds.  
10 That sound got more and more restrained. I think we've already talked about a little bit that the  
11 officers aren't necessarily trained around to identify respiratory distress. Are they kind of  
12 trained to hear changes in what the person they're trying to restrain is, is going through in  
13 those to kind of gauge what their physical engagement should be?

14 DOMINIC LOVATO: No. I mean, reasonableness is the standard, right?

15 GRAND JUROR: Yeah.

16 DOMINIC LOVATO: We don't, beyond the training I've mentioned, we don't receive  
17 any advanced training.

18 GRAND JUROR: Okay.

19  
20 DOMINIC LOVATO: Um, you know, the other thing I would point out is, um, you  
21 know, you got a fire alarm going off. It's smoky, it's

22 GRAND JUROR: Sure.

23  
24 DOMINIC LOVATO: Chaotic. We just got in a fight. Um, everyone has a limited  
25 bandwidth of focus, of attention. Um, I don't know if you've ever done any of these focus of  
26 attention, uh, drills, you know, the bear juggling the balls and all that sort of thing. Um, it so  
27 it's impossible to, I can't tell you what their perception or if they even perceived

1 GRAND JUROR: Sure.

2  
3 DOMINIC LOVATO: That.

4 Grand Juror Thank you.

5  
6 DOMINIC LOVATO: Mm-hmm <affirmative>.

7 GRAND JUROR: Is that about, uh, an average amount of time that somebody might in a  
8 prone position with handcuffs on? Did that feel like a normal scenario other than the outcome.

9  
10 DOMINIC LOVATO: That looked normal to me.

11 DDA OVERSTREET: Do you have Any questions?

12 GRAND JUROR: Uh, this, this might go into paramedics training, but I I not done well  
13 willingness for a state CPR for years for my job. And when I've been trained in CPR,  
14 someone's unconscious, the A- AED comes out as quick as you can, the rescue press going,  
15 it's because you can. And I didn't see that from the paramedics. Um, is that, was that unusual  
16 or is that a question you're qualified to answer?

17 DOMINIC LOVATO: I couldn't answer any questions about what the paramedics do.  
18 Um, rescue vests would've been appropriate, um, had they had a, a barrier. It's not something  
19 that most people carry on them. Um, perhaps they would have one accessible in a patrol car.  
20 But you've mentioned rescue breasts. That wouldn't have been out. Out of the question.

21 GRAND JUROR: I think you had mentioned police. So, police are typically trained in, in  
22 either academy with CPR? Correct.

23  
24 DOMINIC LOVATO: We are trained in CPR and then we recertify every two years.  
25 Correct.

1 GRAND JUROR: Okay. And so, in situations like this, if they know medical is called  
2 would that be a reason for them to not initiate CPR to wait for medical to arrive, to kind of  
3 take over from there?

4 DOMINIC LOVATO: No. Is, uh, the moment you realize someone doesn't have a pulse,  
5 it would be appropriate to start administering it.

6 GRAND JUROR: Okay.

7  
8 DOMINIC LOVATO: Yes.

9 GRAND JUROR: Are they trained, uh, either at the state academy or at the advanced  
10 training in other methods of restraint? Other than handcuffs? Are there alternatives typically  
11 used?

12 DOMINIC LOVATO: Do you have anything particular in mind? 'cause I'll have to sit  
13 here and think a couple of seconds. Uh.

14 GRAND JUROR: Zip ties.

15  
16 DOMINIC LOVATO: Oh, zip ties. So typically, that's, we call them flex cuffs. You  
17 would normally see that in, uh, a situation where if I'm the arresting officer and I don't  
18 anticipate getting my handcuffs back, 'cause these are issued to individual officers, I would  
19 use flex cuffs.

20 GRAND JUROR: Okay.

21  
22 DOMINIC LOVATO: We don't, I can't tell you the last time I've seen a pair of flex cuffs  
23 used. They're not something we typically use here in the Portland Police Bureau.

24 GRAND JUROR: Okay. Thank you.

25 DDA OVERSTREET: Even if Flex cuffs were used, would the restraints so be placed  
26 behind the person's back?  
27  
28

1           DOMINIC LOVATO: Yeah, same. Same. It's just one is, one is disposable, and one is,  
2 Hey, gimme my handcuffs back.

3           GRAND JUROR: And you wouldn't say that either method is easier or faster?  
4

5           DOMINIC LOVATO: I don't have a lot of experience with flex cuffs. Um, looking at  
6 them, I would think they probably require a little bit more fine motor function to get the tag  
7 end through kind of the locking mechanism. Whereas a handcuff, um, if it's maintained and  
8 oiled that you can, you can stage it so that, uh, when I hit your wrist with it, it'll, the  
9 momentum will carry it over and it'll click on itself and, and secure.

10          GRAND JUROR: Got it. Thank you.

11          DDA OVERSTREET: Are officers trained to restrain people in front of them as opposed  
12 to behind their back?

13          DOMINIC LOVATO: If there was some legitimate, like medical reason, like, hey, this  
14 person has a cast on and I can't get there, I've had this happen. Um, you can't get their hands  
15 behind their back. Well, then you would cuff one hand to like the back of a belt loop and then  
16 you'd do your best to secure the front hand, for instance, to another belt loop. You'd get  
17 creative, but jail will not allow anyone into processing unless they're handcuffed. So, you  
18 gotta, you gotta figure it out.

19          DDA OVERSTREET: And is it, does it make a difference handcuffed in front of them or  
20 handcuffed behind their back?

21          DOMINIC LOVATO: Behind the back is protocol, uh, in front would be an exceptional  
22 circumstance like the one I described.

23          DDA OVERSTREET: Okay. I read your mind, right?  
24

25          GRAND JUROR: Yes, sir. <laugh>.  
26  
27  
28

1 DDA OVERSTREET: Okay. I wanna get into, uh, briefly a topic. Um, are you familiar  
2 with the term E-C-I-T?

3 DOMINIC LOVATO: Yes.

4  
5 DDA OVERSTREET: Okay. And what is that?

6 DOMINIC LOVATO: Enhanced Crisis Intervention Training.

7  
8 DDA OVERSTREET: Okay. Um, is that a type of training that officers receive in the  
9 Advanced Academy?

10 DOMINIC LOVATO: No.

11 DDA OVERSTREET: Okay. Is that a type of training they receive at the Basic  
12 Academy?

13 DOMINIC LOVATO: No.

14  
15 DDA OVERSTREET: Uh, it's or is it a specialized training?

16  
17 DOMINIC LOVATO: It is a specialized training. It's a volunteer only program. It's not,  
18 um, given as a matter of routine to every officer where they receive, uh, a number of hours.  
19 Uh, I'm not exactly sure of the extra amount of hours, but in, uh, dealing with people in crisis.

20 DDA OVERSTREET: Okay. And so, if somebody has that designation as an enhanced  
21 crisis intervention training, um, that's a specialized, uh, thing that is not taught at the academy  
22 and it's volunteer only? I think you just said that. I'm just recapping.

23 DOMINIC LOVATO: That is correct.

24 DDA OVERSTREET: Okay. Have you yourself been through that training?

25  
26 DOMINIC LOVATO: I Have not. Okay, great.

27 DDA OVERSTREET: Um, I don't have, do you have anything?  
28

1 DDA FRANKLIN: I don't have anything else.

2  
3 DDA OVERSTREET: Does anybody have any other questions?

4 DOMINIC LOVATO: Yes.

5  
6 Grand Juror Uh, is there any incentive for the E-C-I-T?

7 DOMINIC LOVATO: None.

8  
9 Grand Juror Okay.

10 DOMINIC LOVATO: Um, it's purposely not monetarily incentivized because you don't  
11 want, uh, you don't want people doing it just for money.

12 GRAND JUROR: Got it. Thank you.

13 DOMINIC LOVATO: You're Welcome.

14  
15 DDA OVERSTREET: Anything else? Okay. I think that concludes, uh, officer Lovato.  
16 Thank you very much.

17 DOMINIC LOVATO: You're welcome.

18  
19 DDA OVERSTREET: Appreciate It.

20 GRAND JUROR: Thank you.

21  
22 DDA FRANKLIN: Thank you so much. Go on break.

23 DDA OVERSTREET: Do you guys want a quick break?

24 GRAND JUROR: I have to go to the restroom.

25  
26 DDA OVERSTREET: Yeah. If we can go ahead and then we'll go ahead and go off the  
27 record, take a short break and then we'll continue on.

1 GRAND JUROR: Everybody watch the court.  
2

3 DDA FRANKLIN: And watch those.  
4

5 EXAMINATION OF TRAVIS WORTMAN  
6

7 DDA OVERSTREET: Yeah. Uh, so we're back on the record. We're ready for our next,  
8 uh, witness. Uh, during our break, uh, we did watch, uh, portions of Officer Wortman's, uh,  
9 body cam footage. And for purposes of the record, the grand jury will be provided with, uh,  
10 body cam footage from Officer Jason Epton, Travis Wortman. Um, and, uh, again, the other  
11 officer's name, uh, Duque Valencia. Although those videos will be made available to the  
12 grand jury. Okay. Uh, could you go ahead and stand up please?  
13

14 TRAVIS WORTMAN: Oh, I'm sorry.  
15

16 DDA OVERSTREET: And raise your right hand.  
17

18 GRAND JUROR: Do you solemnly swear and or affirm that the testimony you are about  
19 to give in the matter pending before this grand jury shall be the truth, the whole truth, and  
20 nothing but the truth?  
21

22 TRAVIS WORTMAN: I do.  
23

24 Grand Juror Thank you.  
25

26 DDA OVERSTREET: Okay. Once you're seated, uh, go ahead and state and spell your  
27 full name, please.  
28

TRAVIS WORTMAN: TRAVIS WORTMAN. T-R-A-V-I-S-W-O-R-T-M-A-N.

DDA OVERSTREET: And where are you employed?

TRAVIS WORTMAN: Portland Police Bureau.

1 DDA OVERSTREET: Okay. And what do you do for the Portland Police Bureau?

2 TRAVIS WORTMAN: I work patrol at North Precinct.

3  
4 DDA OVERSTREET: Okay. You're a police officer?

5 TRAVIS WORTMAN: Yes, sir.

6  
7 DDA OVERSTREET: Okay. And how long have you been in law enforcement?

8 TRAVIS WORTMAN: Little over two years.

9  
10 DDA OVERSTREET: And has the, uh, whole two years been with the Portland Police  
11 Bureau?

12 TRAVIS WORTMAN: Yes.

13 DDA OVERSTREET: Um, and did you attend the Basic Academy, uh, down in Salem?

14 TRAVIS WORTMAN: Yes.

15  
16 DDA OVERSTREET: And did you, uh, take and complete the Advanced Academy by  
17 the Portland Police Bureau?

18 TRAVIS WORTMAN: Yes.

19  
20 DDA OVERSTREET: Uh, when do you think you completed your advanced academy?

21 TRAVIS WORTMAN: Last summer.

22  
23 DDA OVERSTREET: Okay. So

24 TRAVIS WORTMAN: Before last spring.

25  
26 DDA OVERSTREET: Okay. Spring summer of 2024?

27 TRAVIS WORTMAN: Yes.

1 DDA OVERSTREET: Okay. Um, and you passed that, I take it?  
2

3 TRAVIS WORTMAN: Yes.  
4

5 DDA OVERSTREET: Because you're on the, you're working?  
6

7 TRAVIS WORTMAN: Yes.  
8

9 DDA OVERSTREET: And have you received any, uh, further training since then?  
10

11 TRAVIS WORTMAN: In service? Yeah.  
12

13 DDA OVERSTREET: In service training. What, what kind of things do you get in in-  
14 service training.  
15

16 TRAVIS WORTMAN: Um, we go over, uh, various police tactics from pursuits, spike  
17 strips, active shooters, um, just various different techniques and stuff that they go over.  
18

19 DDA OVERSTREET: Okay. Um, but you're not required to take any further, uh,  
20 academy type courses.  
21

22 TRAVIS WORTMAN: No.  
23

24 DDA OVERSTREET: Okay. And, uh, so have you been, when you work, uh, a shift, are  
25 you working by yourself or do you work with a partner?  
26

27 TRAVIS WORTMAN: I usually work by myself.  
28

DDA OVERSTREET: Okay. And you've been doing that since spring, summer of last  
last year?

TRAVIS WORTMAN: Yes.

DDA OVERSTREET: Okay. Uh, were you working as a police officer on June 27th of  
this year?

1 TRAVIS WORTMAN: Yes.

2  
3 DDA OVERSTREET: Okay. And did you respond to a call at the Argyle uh,  
4 apartments?

5 TRAVIS WORTMAN: Yes.

6  
7 DDA OVERSTREET: Okay. Were you part of the initial dispatch to that or were you  
8 just in the area and heard the call? How did you get attached to that?

9 TRAVIS WORTMAN: Uh, I wasn't on the initial dispatch. Um, it was our district. I was  
10 working a partner car that night.

11 DDA OVERSTREET: Okay.

12  
13 TRAVIS WORTMAN: I don't normally work a partner car, but that night I was working  
14 a partner car and when the dispatch came out, they dispatched two other officers because we  
15 were, um, finishing up some other work. So, dispatch could see that if you're busy. Um, so we  
16 just piped up and took it. 'cause it was our, it was technically our call.

17 DDA OVERSTREET: Okay. And who were you working at the partner that night?

18 TRAVIS WORTMAN: I was with JP Duque.

19  
20 DDA OVERSTREET: Okay. And I keep calling him Duke Valencia, but it's Duque.

21 TRAVIS WORTMAN: I believe it's Duque pronounced. Yeah. So.

22  
23 DDA OVERSTREET: Okay. I'll try to remember that. Um, so, uh, who was driving?

24 TRAVIS WORTMAN: Uh, I, I'm sorry. I go by his first name, JP. 'cause his last, he has a  
25 longer last name.

26 DDA OVERSTREET: Okay.

1 TRAVIS WORTMAN: But JP Duque.

2 DDA OVERSTREET: Okay. And so, you're riding passenger. And when you guys  
3 arrive, are you the first officers on scene?  
4

5 TRAVIS WORTMAN: We met up with Epton, so we all three got there about the same  
6 time.

7 DDA OVERSTREET: Okay. What kind of information did you have personally? Not  
8 something you learned after. Uh, what did you personally have information wise as far as  
9 what you guys were going to?

10 TRAVIS WORTMAN: Um, the call came out as a, so that at that moment the City of  
11 Portland was on priority ones and twos because there was, um, I believe two shootings in East  
12 and I, maybe even a stabbing in Central, I'm not fully sure. But so, when that happens, a lot of  
13 resources are in those other areas. So, we go on priorities ones and twos or ones and fours.  
14 And that means that only those priority calls are getting sent out to, because we don't have the  
15 manpower to, to go around to everything. So, we are on ones and twos. So, the call came out  
16 as a priority, one disturbance with a weapon. And that's pretty much like, that was how the  
17 initial call came out.

18 DDA OVERSTREET: And priority one being the highest priority?

19 TRAVIS WORTMAN: Yeah.

20 DDA OVERSTREET: Okay. So, it came out as the highest priority?  
21

22 TRAVIS WORTMAN: Yeah.

23 DDA OVERSTREET: Uh, disturbance with a weapon.  
24

25 TRAVIS WORTMAN: Yes.

26 DDA OVERSTREET: That's the information you had.  
27  
28

1 TRAVIS WORTMAN: Yeah.

2 DDA OVERSTREET: Okay. Did you learn any other information before you made  
3 contact with the subject?  
4

5 TRAVIS WORTMAN: Yeah, I, I called and spoke to the security guard who was the  
6 initial caller.

7 DDA OVERSTREET: Okay.

8 TRAVIS WORTMAN: So, I called and spoke to him. I, I learned that he evacuated, um,  
9 the third floor. He said, 'cause people were feeling threatened. So, they, he got everyone and I  
10 didn't go to like each door and figure out how he evacuated. But he told us that he had cleared  
11 the third floor.

12 DDA OVERSTREET: Okay. And did you learn anything else from him about what was  
13 going on that night?  
14

15 TRAVIS WORTMAN: Yeah, he told us that he was hanging knives out the window. He  
16 told me that there was two witnesses, but they didn't wanna speak to the police. Um, he told  
17 me that he had had prior issues with this individual, um, the last few days. Uh, he said when  
18 he tried to speak to him, he was grunting at 'em in the hallway. And he told me things like,  
19 um, there was flooding coming out in the hallway, uh, using shaving cream to clean the walls.  
20 Various other things like that.

21 DDA OVERSTREET: Okay. Did you, uh, hear anything about whether the subject was  
22 making any sort of threats or anything to anybody?

23 TRAVIS WORTMAN: You know, I, I asked him if he, if my concern at that time on the  
24 way there when I called him was that if he had knives in the hallway, because I know I have  
25 to go into that hallway. So, I asked him like, Hey, did you see the knives on him in the  
26 hallway? He didn't know if they were on him or if he went back into the hallway or if he was  
27 even in the hallway.  
28

1 DDA OVERSTREET: Okay.

2 TRAVIS WORTMAN: Um, so that's kind of as much as I got.

3  
4 DDA OVERSTREET: That was the information you had when you arrived?

5 TRAVIS WORTMAN: Yep.

6  
7 DDA OVERSTREET: Okay. So, with that information, what are you thinking as far as  
8 how you're gonna approach this situation?

9 TRAVIS WORTMAN: Well, when I got there thinking that if we don't have anybody  
10 that wants to be a witness, we don't have, um, menacing with a weapon. 'cause you know, if  
11 nobody wants to talk to us. So I was, I thought about that. Like okay. Um, the flooding  
12 department's, uh, an issue that we could try to work with. Um, people were pulled out, so they  
13 felt threatened. So, I knew there's some type of, um, you know, possibly a POH.

14 DDA OVERSTREET: What does a POH.

15 TRAVIS WORTMAN: Police officer hold? I'm sorry. Um, so it was like there was a  
16 possible of a lot of things. It, it's best to get, when we got there, it was best to like get eyes and  
17 kind of see it for ourselves.

18 DDA OVERSTREET: Okay. And so, was a plan developed in order to make contact  
19 with the individual?

20  
21 TRAVIS WORTMAN: Yeah, a plan was to go up there, see what we're, you know, what  
22 we're looking at, what's going on. Uh, we talked about on the, like when we first arrived at,  
23 you know, do we have a hold, do we have a criminal activity? What do we, what do we have?  
24 So.

25 DDA OVERSTREET: Okay.

26 TRAVIS WORTMAN: But nothing we got was enough until we saw it, so.  
27  
28

1 DDA OVERSTREET: Okay. Um, and you talked a little bit about the officer hold

2 TRAVIS WORTMAN: Mm-hmm <affirmative>.

3  
4 DDA OVERSTREET: Um, it's kind of everything on the table at that time though.

5 TRAVIS WORTMAN: Yes.

6  
7 DDA OVERSTREET: Like, we don't know whether we're gonna make an arrest for a  
8 crime or we don't know whether we're gonna be doing a police officer hold.

9 TRAVIS WORTMAN: Yeah. I mean, I honestly, I didn't know if when I get up there, if  
10 he's in the hallway with a knife and wants to charge us or is trying to break into another room,  
11 or if he's still throwing things out the window. Um, and then the police officer hold is if they  
12 are a danger to themselves or others. So that was on the table. All of it was kind of on the  
13 table until we got there.

14 DDA OVERSTREET: Okay. And, uh, we'll get into the decision what to do in a little  
15 bit, but as far as the police officer hold goes, are you trained, um, to actually take people into  
16 custody in order to take them to, uh, a hospital?

17 TRAVIS WORTMAN: Y, yes.

18 DDA OVERSTREET: Okay. You don't just invite them into the car and.

19  
20 TRAVIS WORTMAN: No.

21 DDA OVERSTREET: Drive them to the hospital.

22  
23 TRAVIS WORTMAN: Be, uh, we even before we get 'em the ambulance, we have to  
24 search 'em for the ambulance. They want 'em to be searched and.

25 DDA OVERSTREET: Okay.

1 TRAVIS WORTMAN: The ambulance, after every hold I've done, we, after we get 'em  
2 to the ambulance, they put their restraints on and then we take our cuffs off. But they keep  
3 them fully restrained on their way to the hospital.

4 DDA OVERSTREET: Okay.

5 TRAVIS WORTMAN: I've even seen somewhere they've had to sedate them because  
6 once they're in the ambulance's custody through their actions, the ambulance doesn't feel safe  
7 driving 'em there and they'll sedate people.

8 DDA OVERSTREET: Okay. So, have you yourself, or have you been part of situations  
9 where you have placed these individuals on hold?  
10

11 TRAVIS WORTMAN: Yes.

12 DDA OVERSTREET: Okay. And in, uh, every case, have you or somebody placed that  
13 individual in restraints?  
14

15 TRAVIS WORTMAN: Yes.

16 DDA OVERSTREET: Okay. There's not a situation where you've been involved in  
17 where restraints were not used.  
18

19 TRAVIS WORTMAN: For a police officer hold.

20 DDA OVERSTREET: For somebody who's not compliant on a police officer hold?  
21

22 TRAVIS WORTMAN: No. There's always, we always use restraints. Yes.

23 DDA OVERSTREET: Okay. Um, so you guys kind have this plan. Really the plan is to  
24 assess the situation. It sounds like. Um, when you get up to the third floor, what, what are,  
25 what kind of observations are you making at that point?  
26  
27  
28

1 TRAVIS WORTMAN: As soon as I get outta the elevator I see, sorry, I see water, uh, in  
2 the hallway. I see the doors open. Um, and that's, that was my first initial, I could see there's  
3 like baby stuff on the walls or something like, it's, looks like a mess right in front of that.

4 DDA OVERSTREET: Okay.

5 TRAVIS WORTMAN: Um, and I noticed the doors open. It's a little concerning at first  
6 just because, um, I don't know if someone's gonna run out of there or  
7

8 DDA OVERSTREET: Sure.

9 TRAVIS WORTMAN: With the door shut, we could go up, kind of talk more. Listen  
10 inside, we, we do that a lot. We, we will listen, see what we hear, then knock. Um, so the  
11 doors open. It's kind of like this, you know, it's a little bit more alerting, but  
12

13 DDA OVERSTREET: Okay. And with the information you had at that time, um, do you  
14 draw a weapon, or do you just walk up to the door?

15 TRAVIS WORTMAN: I draw my weapon. um, because of the knife threat and with the  
16 door open, I don't want someone to charge us to us three without o you know, I don't wanna  
17 be behind the curve on that. So I draw my weapon out when I notice the door is open.

18 DDA OVERSTREET: Okay. And by weapon do you mean your firearm?

19 TRAVIS WORTMAN: My firearm, yes sir.

20 DDA OVERSTREET: Okay. And are you aware of whether or not the other officers  
21 drew their firearms?  
22

23 TRAVIS WORTMAN: I don't believe so. We, we usually try to split roles between hands  
24 lethal and, uh, taser. So that way there's no miscommunication. There's not two people with a  
25 taser out or nobody with their hands free. We try to kind of, so I told him, I said I, I have  
26 lethal. Um, JP acknowledged that those two kept their hands out. So, and it was only a  
27 precautionary.  
28

1  
2 DDA OVERSTREET: Okay.

3 TRAVIS WORTMAN: Um, when I was on the side of the door, I actually hid it kind of  
4 back behind me that way. Uh, I didn't use it till, I didn't want to upset if, you know, if it would  
5 make it the situation worse.

6 DDA OVERSTREET: Sure.

7  
8 TRAVIS WORTMAN: So, I kind of hit it back. Um, at one point we did lose sight of  
9 home, so I kind of got up there just in case he did go grab a knife. Other than that, I tried to  
10 keep it outta sight just to not escalate anything.

11 DDA OVERSTREET: And at some point, do you make a decision to put your firearm  
12 away? Uh.

13 TRAVIS WORTMAN: Yes.

14 DDA OVERSTREET: And when was that?

15  
16 TRAVIS WORTMAN: When we decided, um, well, we looked around constantly, make  
17 sure there was no knives around it, but when we decided to go in and, um, put him on a hold  
18 and take him into custody.

19 DDA OVERSTREET: Okay.

20 TRAVIS WORTMAN: There's no need to, um, firearm out with that close, so.

21  
22 DDA OVERSTREET: Okay. Um, now you said once we decided to put him on a hold  
23 and take him into custody, did you guys have that discussion in the hallway?

24 TRAVIS WORTMAN: Yeah, we, we talked about it based on our observation. Um, um, I  
25 wasn't the primary. Uh, we had a E-C-I-T officer there. Um, so he was doing a lot of  
26 communication, but the, it sounded like it wasn't that coherent. Um, it wasn't making sense.  
27 And, just looking in, I could tell that this was gonna be a hold.

1 DDA OVERSTREET: Um, you knew you thought you were gonna put him on a hold

2  
3 TRAVIS WORTMAN: Yeah, he, he had his pants around his ankles. Um, like there's,  
4 you could smell heavy cleaning supplies. Um, there was flooding all into inside the place.  
5 The, the place was pretty trash just looking in. I could tell that he couldn't take care of himself.  
6 Um, so I, I, in my head I was like, it was probably gonna be a hold and then we talked about  
7 it. Yep.

8 DDA OVERSTREET: Okay. And, uh, you talked about an officer there that's E-C-I-T.  
9 Who was that?

10 TRAVIS WORTMAN: Yes, Sir. Um, Duque.

11  
12 DDA OVERSTREET: Okay. Um, and are you yourself E-C-I-T trained?

13 TRAVIS WORTMAN: I just did the CIT, which is, uh, like a step down. Um, it's  
14 mandatory training at the Advanced Academy. Just critical incident training, talking to you,  
15 go over reps, talking to people in crisis.

16 DDA OVERSTREET: Okay.

17  
18 TRAVIS WORTMAN: So,

19 DDA OVERSTREET: So, you received some training in the area?

20  
21 TRAVIS WORTMAN: Yes.

22 DDA OVERSTREET: You just didn't have the advanced training?

23 TRAVIS WORTMAN: Yeah, the E-C-I-T is one more step. Its just people volunteer to  
24 go a a next step up.

25  
26 DDA OVERSTREET: Okay. Um, and generally in a situation like this, would the E-C-I-  
27 T be the person that would take the lead sort of, if possible?

1  
2 TRAVIS WORTMAN: It depends. Yeah. Like sometimes if, um, I've talked to people on  
3 bridges and if I already have a rapport, they might just tell me things like, hey, ask him. You  
4 know, and like, kind of like, because if you already have like a rapport with the person,

5 DDA OVERSTREET: Sure.

6 TRAVIS WORTMAN: They don't want to lose that. So, but if, yeah. If they're feeling  
7 like you're not going nowhere, they might tap you out and try 'cause they're more experienced.

8 DDA OVERSTREET: Okay.

9  
10 TRAVIS WORTMAN: So, it, it is really situational, but having one there, um, gives you  
11 a person there another resource with training and who's better prepared sometimes. Yeah.

12 DDA OVERSTREET: Okay, and, uh, at some point you guys had developed this  
13 decision to place 'em on a hold. Um, was there any discussion about trying to get him out of  
14 the apartment as opposed to going into the apartment?

15 TRAVIS WORTMAN: Yeah, we prefer that just for our own safety specifically. Um, the  
16 room was pretty dirty and messy, so that's obstacles. We don't know where the kitchen knives  
17 are or if there's any other weapons in there. So, if we can get someone to come out to us, it's  
18 easier to safer for us and everybody.

19 DDA OVERSTREET: Okay. I wanna talk about the decision to go in

20 TRAVIS WORTMAN: Mm-hmm <affirmative>.

21  
22 DDA OVERSTREET: Um, in your opinion, and from your perspective, why in this  
23 situation can you not just leave him be and leave?

24 TRAVIS WORTMAN: I believe that he was a danger to himself or others. So, if we just  
25 left there, um, first off, people on that row, on that floor are already displaced. So, do we tell  
26 them that when us leaving tells 'em that, hey, they can go back to their, their units and does  
27 that put them in danger? They were already pulled out of their room. So, if something  
28

1 happens, they know we were just there. And judging by the look of his rooms, I don't believe  
2 he was able to take care of himself. So that's why we made that decision. Like we, we didn't  
3 feel like we could leave this how it was.

4 DDA OVERSTREET: And did you personally agree with that decision?

5 TRAVIS WORTMAN: I do. Yeah.

6  
7 DDA OVERSTREET: Um, even in hindsight and reflecting on what happened, do you  
8 still agree that

9 TRAVIS WORTMAN: Yes.

10  
11 DDA OVERSTREET: That, or do you still think that you did the right thing in going in?

12 TRAVIS WORTMAN: Yes.

13  
14 DDA OVERSTREET: Uh, once you went in, uh, or was the decision made once you  
15 went in, you were immediately gonna put him into custody? Or is that just understood or how  
16 did that develop?

17 TRAVIS WORTMAN: Yeah, that's, we, I believe it was said, but it's the safest way with  
18 a lot of unknowns is just to get someone in custody. Um, all the other POHs police officer  
19 holds I've done. Uh, when we get someone in custody, usually they just kind of walk out with  
20 us to the ambulance and we get 'em on the, you know, we put 'em on the stretcher and they put  
21 their restraints on, we take ours off and then they go to Emanuel or Unity. So that's pretty  
22 standard how it usually works. Um, I've even had jumpers, people on bridges that we've talked  
23 down. We put 'em in cuffs. We either carry 'em or walk 'em over, or a AMR comes over at the  
24 stretcher. And so, this, it's usually with those kind of situations, the quicker you get on cuffs,  
the safer for everybody.

25 DDA OVERSTREET: Okay, so the decision's made you go in. Um, do you remember  
26 who put hands on him first?

1 TRAVIS WORTMAN: Um, I would believe that me and Duque did at the same time for  
2 our training, we usually try to have one person on each side grab a hand.

3 DDA OVERSTREET: Okay.

4 TRAVIS WORTMAN: So, it's usually pretty simultaneously. Um, one each hand grabs  
5

6 DDA OVERSTREET: And, uh, yeah, we've watched the body cam footage. We can see  
7 that, um, Mr. Johnson reaches for some cake and yep. Begins to eat it. Yep. Um, was that you  
8 that we hear in the video that says like, go ahead and take a bite or do not

9 TRAVIS WORTMAN: Yeah. Um, me and I believe somebody else, I, I maybe Duque  
10 was like, okay. Um, and the, the really, the reason I was okay with that is a lot of times it gets  
11 compliance. Um, I've had people sit and finish a sandwich and then they're like, okay, I'll go  
12 with you. So I, you know, if he really wanted that, then maybe that will help him. And then he  
13 threw it out the window and that kind of changed. I realized that it wasn't a, you know, I don't  
14 know if it's a coping or something, but some people just wanna finish their drink or, you  
15 know, and I'd like to allow him, if I can, it builds compliance. Like, hey, okay, you want, you  
16 know, finish your drink and then all we're gonna, you know, put you in cuffs and kind of go  
17 on. So.

18 DDA OVERSTREET: Okay. Um, and you said he started throwing it out the window

19 TRAVIS WORTMAN: Yeah.

20 DDA OVERSTREET: And so that, that was kind of the end of that?  
21

22 TRAVIS WORTMAN: Yeah, he chucked it out the window and I just realized it was just  
23 another thing he was doing not

24 DDA OVERSTREET: Okay. Uh, so at that point, you guys were both hands on trying to  
25 get his hands behind his back. Uh, at some point Mr. Johnson ends up on the floor

26 TRAVIS WORTMAN: Mm-hmm <affirmative>.  
27  
28

1  
2 DDA OVERSTREET: Was that because you and, uh, the other officer took him to the  
3 floor? Did Mr. Johnson take himself to the ground? How did he end up on the ground?

4 TRAVIS WORTMAN: I don't believe anybody did a take down or took him down. I  
5 don't know if he took himself down or slipped. I fell at one point there was at least a haf inch  
6 or something of liquid and chemicals. There was orange juice, bleach all over the floors. It  
7 was very slippery. So, I don't know if he slipped or just purposely took himself down, but  
8 nobody tried to that I, I know I did not try to take him down.

9 DDA OVERSTREET: Sure.

10 TRAVIS WORTMAN: And I didn't see anybody else try to take him down.

11 DDA OVERSTREET: Okay. But he ends up on the ground, none the less.

12 TRAVIS WORTMAN: He does end up, I believe we all kind of went down with him.

13 DDA OVERSTREET: Yeah. Um, so you also end up on the ground at some point.

14 TRAVIS WORTMAN: Yeah.

15 DDA OVERSTREET: Uh, you said is because you slipped or did you also.

16 TRAVIS WORTMAN: I slipped 'cause I was kind of behind, I had to kind of move up  
17 back to the right side.

18 DDA OVERSTREET: Okay.

19 TRAVIS WORTMAN: I fell trying to, when everybody kind of went down, I had to try  
20 to push up and get to that area again 'cause I fell.

21 DDA OVERSTREET: Okay. To try to be on the other side of him.

22 TRAVIS WORTMAN: Yep.

1 DDA OVERSTREET: Okay. Um, and then once you, you're on the ground, um, and  
2 reference your training if you can as well, but what do you decide to do and why?

3 TRAVIS WORTMAN: Um.

4  
5 DDA OVERSTREET: Once you're on the ground.

6 TRAVIS WORTMAN: Once you're on the ground, we wanted to roll him over, get him  
7 on the side to get him into custody. That's how we, we always put cuffs on in the back, so,  
8 yeah.

9 DDA OVERSTREET: Okay. And, uh, looks like you guys get him onto his stomach.

10 TRAVIS WORTMAN: Mm-hmm <affirmative>.

11  
12 DDA OVERSTREET: Where are you placing your hands? Uh, on Mr. Johnson. And  
13 why?

14 TRAVIS WORTMAN: Before the cuffs or,

15  
16 DDA OVERSTREET: Well, yes, before, I guess we'll break it up.

17 TRAVIS WORTMAN: Before, I'm, yeah. Okay. Um, before the cuffs, I was grabbing his  
18 right arm, um, to get his arm back. And we, we usually try to get one at a time, um, if we can.  
19 So, I was really working on the right arm. That's where I was at, or yeah, his right arm, I was  
20 on the right side. So, I got, we got, once we got both the arms back, we put him into, placed  
21 him in cuffs.

22 DDA OVERSTREET: Okay. So, you're responsible for the one arm.

23 TRAVIS WORTMAN: Yep.

24  
25 DDA OVERSTREET: You get that behind his back, other officer gets the other arm  
26 behind the back and you get cuffs on.

1 TRAVIS WORTMAN: Yep.

2 DDA OVERSTREET: Okay. Then what, what is your role at that point?

3  
4 TRAVIS WORTMAN: Um, because he's actively resisting just to keep him down there  
5 in that position until he's done resisting.

6 DDA OVERSTREET: Okay. And where are you placing your hands in order to do that?

7  
8 TRAVIS WORTMAN: So, at one point I had his, I was holding both of his, uh, both my  
9 hands on his right arm. Uh, at one point I put it on the upper part of his back. And at one point  
10 I also put it in a diamond shape over his ear when his head was facing the left. I like a  
11 diamond around his ear. Um.

12 DDA OVERSTREET: Okay. And why do you do that?

13 TRAVIS WORTMAN: It's, uh, it's a training technique to keep someone down. Um, it's  
14 actually done different. It's done with your feet out and all your weight down. So, you kind of,  
15 you put your, both your feet out and you put a diamond over their ear just 'cause without the  
16 head or hips, you can't really get up. So, it's a good technique to keep someone down. Um, I  
17 wasn't really worried about him getting up. I used it as, um, a reactionary. I placed it over as a  
18 reactionary so I could react to him. I wasn't, I never put like, weight down on him or put my  
19 feet out. I just kind of kept it there. So, if I needed to, I could counter if he was, uh, getting up.

20 DDA OVERSTREET: Gotcha. And you said at some point you put your hand on his  
21 back?

22 TRAVIS WORTMAN: Yeah.

23 DDA OVERSTREET: Uh, were you applying pressure to his back? What were you  
24 doing?

25 TRAVIS WORTMAN: Uh, no, I was, I was never, um, same thing with the head. I  
26 wasn't trying to push his head down. Um, it was reactionary just to be on his body that way as,  
27

1 'cause he was resisting the whole time with his shoulders and flailing. So it was just there to  
2 kind of keep 'em, um, from getting up. 'cause then it becomes a danger to us if someone's  
3 resisting, if they get on their side or turn around, we can get kicked in the face, headbutts spit  
4 on bit. So, until someone we get our compliance, we just try to keep 'em calm and down.

5 DDA OVERSTREET: Okay. And at any time were you placing any weight on his hips  
6 or legs?

7 TRAVIS WORTMAN: I had, I believe my left foot was on, uh, his hip for a little bit, but  
8 I was just really kind of crouched into that corner. So I had my foot on him a little bit. Um, I  
9 wasn't really putting weight on it, like I wasn't standing on it, but my foot was there. I  
10 wouldn't say I put it in weight though.

11 DDA OVERSTREET: Okay. I wasn't pushing on him or.

12 DDA OVERSTREET: Okay.

13 DDA OVERSTREET: Yep.

14 DDA OVERSTREET: At, um, at some point, do you realize that he's either becoming  
15 compliant or something's wrong?  
16

17 TRAVIS WORTMAN: When we, you know, we kept telling him, you know, stop  
18 resisting. We'll, I even told him at one point like, hey, we'll relaxer everything if you just stop  
19 resisting. And at one point, uh, I noticed he did stop, uh, resisting as much and I moved my  
20 hands back. And at that point I noticed the smoke. I was able to look up kind of, you know,  
21 uh, move my detention around. And I noticed the smoke coming from the top of the stove.  
22 There was like a bunch of tin foil and other stuff on there. Um, as I told JP to, uh, take a, you  
23 know, check on that, he moved everything off the top of the stove. I believe he even turned  
24 the stove off. I don't know if it was the oven or both or, but the smoke detector was going off.  
25 And at that point, um, there's a lot of radio chatter of, um, um, more units coming. Um, we  
26 knew we weren't gonna be able to walk him down, so we kept talking to him to, you know,  
27 just, hey, just relax, you know, we're gonna get you help get you outta here. Um, and at some  
28

1 point, I, I just looked at him and I noticed he, he looked different. So, I just like, Hey. And  
2 then we, I, I think we all noticed at the same time. Uh, I know Epton noticed. Um, and then  
3 we pulled him over recovery. I checked his pulse twice. I'm sorry if I'm going on.

4 DDA OVERSTREET: No, no, this is, that's you are answering my question. So go  
5 ahead.

6 TRAVIS WORTMAN: I, I checked his pulse twice. Um, the first time there was a pulse,  
7 uh, when I first noticed, I think I noticed it looked like he was holding his breath. And I wasn't  
8 sure because I did check his stomach, um, because I heard him take a breath. So, I thought he  
9 was just holding it. Um, and before that, at some point he looked down and then I know  
10 there's liquid, so I, I told him to look to the left because I didn't want him drinking it or also  
11 his mouth just sitting in water. Um, and then so he moved his head back over and that was the  
12 last I, I, you know, I, so at that point I knew he was, uh, responding to me. And then the next  
13 thing it looked like he was, uh, holding his breath and we got him on recovery. I checked his  
14 pulse the first time he had a pulse, but he, he was still look, looked like he was holding his  
15 breath. So, the second time I checked his pull pulse, uh, it was a little bit more faint. Um, and  
16 then, yeah, we started doing sternum rubs. Um, we started trying to get 'em to respond, step up  
17 medical 'cause they were staged. So they were, we knew they were there. I heard at some  
18 point that the plan over the radio was to have AMR come up with a sedation kit. And that was  
19 before this happened. So I knew AMR was gonna come up already on their way up and they  
20 were supposed to bring a sedation. Uh, I believe that that part wasn't my idea, but I do believe  
21 the idea was that we weren't gonna be able to travel with him safely down to the first floor.  
22 So, AMR coming up would sedate him and then we'd put him into the stretcher and get him  
23 down. So, I, you know, so I knew AMR was already in process of coming up. Um, so we  
24 started sternum rubs. We started, uh, trying to get him to respond.

25 DDA OVERSTREET: What did you think was happening to him at that point?

26 TRAVIS WORTMAN: Because he had a pulse. Uh, I mean, we can't start CPR when  
27 someone has a pulse. That's right. That start training. So, I thought he was maybe holding his  
28 breath. Um, or I, I don't know. Uh, I mean, people do different things. I, I'm not fully sure, but

1 maybe he took like a deep breath and just was just, um, or you know, something else could  
2 have been happening. I'm not sure.

3 DDA OVERSTREET: Okay.

4 TRAVIS WORTMAN: I'm not a medical professional, but.

5 DDA OVERSTREET: Sure.

6 TRAVIS WORTMAN: I, some seemed different. Something seemed off.

7 DDA OVERSTREET: Okay.

8 TRAVIS WORTMAN: But, um,

9 DDA OVERSTREET: But you knew medical was already on the way?

10 TRAVIS WORTMAN: Yeah.

11 DDA OVERSTREET: So, um.

12 TRAVIS WORTMAN: So, they were staged before we went in. Um, before we went  
13 inside, uh, I cleared fire. We had fire there or originally because we thought the flooding of  
14 the apartment, um, fire could cut off water to the apartment, not the individual apartment, but  
15 the entire building. 'cause we asked, um, that part's not on camera, but I stopped, we stopped  
16 next to fire when they were staged. And I asked them, can they cut off water to that individual  
17 apartment? They told me, no, just the whole building. So, then we let 'em know like, well,  
18 we'll see what it's like when we get up there. If it's, if it's bad enough that you need to shut off  
19 the water to this, you know, complex before we could maybe turn it off or something that we  
20 had them wait. So, I knew fire was there once we realized it wasn't, there was water coming  
21 out, but it wasn't like a, um, you know, it wasn't like a a swimming pool up there coming  
22 down. So, we cleared fire and then I asked dispatch for the ETA on uh, AMR and they told  
23 me AMR was already staged. So, uh, before we went in there, I knew AMR was there. And  
24 then once we got cuffs on him, I heard over the radio, I believe his Duque asked for a sedation  
25  
26  
27  
28

1 and AMR to come up with a sedation kit. So, in my mind, I knew AMR was already in  
2 process of coming up and also bringing something to sedate them.

3 DDA OVERSTREET: Okay. Had, had you ever been in a situation before where this  
4 type of, where you got this type of reaction from somebody where you thought that they're  
5 either holding their breath or, um, something else is going on, they have a weak pulse. Had  
6 you really been in a situation like that before?

7 TRAVIS WORTMAN: Um, no, not specifically. I've had, uh, I've had a custody attempt  
8 OD in the back of a car.

9 DDA OVERSTREET: Okay.  
10

11 TRAVIS WORTMAN: Um, I had a, I've had a custody who said he was having trouble  
12 breathing. Um, I pulled over and just called AMR out code three, they checked him out. Um,  
13 he was fine. Um, so both were fine. The other one, um, who said they OD'ed, I had to take  
14 them to hospital. They did there for a few hours and there was nothing they said before I took  
15 'em into custody that they had taken a bunch of, um, meth. So, I just, because I don't know.  
16 So, I just took him to the hospital. If they said, you know, they on their way to jail, sh it was a  
17 female and she just said, I'm ODing. So, I said, okay. And I figured, uh, if I stopped and called  
18 AMR it'd be faster. I was close to the jail. And so, I was closer to, uh, Good Sam. So, I just  
19 drove her up to Good Sam. And after a few hours doctor's like, yeah, she's fine to go to jail.  
20 So.

21 DDA OVERSTREET: Okay.

22 TRAVIS WORTMAN: And the other person who told me in the backseat, I just stopped  
23 the car called, I was deep up in north, so Emanuel was already pretty far. So, I just had, uh,  
24 AMR meet up with me and they checked him out. He was fine. And then we went back to jail.

25 DDA OVERSTREET: Okay.

26 TRAVIS WORTMAN: Sorry, I, that was a long.  
27  
28

1 DDA OVERSTREET: No, That's okay. Um, did, did you observe anything about Mr.  
2 Johnson that maybe in hindsight, but at least at the time, that you thought you could do to  
3 make the situation better to, to help him out?

4 TRAVIS WORTMAN: At what point may I ask?

5 DDA OVERSTREET: At any point, um, is there something that even in hindsight,  
6 maybe that you look back on, think back on that, that you could have or should have done  
7 differently? Um, in order to help Mr. Johnson?

8 TRAVIS WORTMAN: I mean, there's, there's a lot of, um, there's a lot of what ifs.  
9

10 DDA OVERSTREET: Sure.

11 TRAVIS WORTMAN: Um, I, I don't know that obviously most of that was not planned  
12 as far as like him, um, you know, passing away like that. It was not on the plan or table. So,  
13 what I'd like to have prevented that, of course.

14 DDA OVERSTREET: Sure.  
15

16 TRAVIS WORTMAN: That was never an idea. We wanted an outcome. We wanted. So,  
17 if I, if I knew what to do that would change that and, you know, not cause his death of, or, you  
18 know, have him pass away, then of course, course I would take those routes. Like

19 DDA OVERSTREET: Did it ever cross your mind when you guys were struggling with  
20 him, that that's what could happen? That he might die from this encounter?

21 TRAVIS WORTMAN: No, I don't see, uh, no. That never crossed my mind. He was, he  
22 was yelling, he was, you know, making noises. He resisting. He seemed like he was, um, fine  
23 as far as.  
24

25 DDA OVERSTREET: Sure, as far as.

26 TRAVIS WORTMAN: He didn't, he didn't seem weak. It was hard to get him, uh, into  
27 custody. I know he was very slippery 'cause there was a lot of stuff around, but it was not easy  
28

1 to, you know, he was very strong. Um, and he kept resisting for a, even after we got the cuffs  
2 on, he was very continuously moving and pushing back, um, trying to get his hips up, trying  
3 to move his legs, trying to, you know, roll his shoulders over. And so.

4 DDA OVERSTREET: About how many people do you think you have taken into  
5 custody using the prone position?

6 TRAVIS WORTMAN: Um, I, I, I couldn't give you a, I would just be guessing. I, I don't  
7 know.

8  
9 DDA OVERSTREET: Okay.

10 TRAVIS WORTMAN: It just depends. It's situational.

11  
12 DDA OVERSTREET: Sure.

13 TRAVIS WORTMAN: It's, I mean, some situations it's pretty much normal. Um, like  
14 stolen cars, we get them out, have 'em get down in the prone position and then go up to 'em.  
15 Because with the car door being that close and open, we don't want them to get back in there.  
16 We don't know if there's a gun in there or whatever. So, with that one, we like to get 'em out  
17 of the car, have 'em turn around, get in the prone position. So, there's some situations where  
18 it's normal. Um, as far as like policy and training and there's some positions where, or there's  
19 some situations where, uh, struggles occur, fights occur. It's, it's always better and safer to go  
20 to the ground. And that's what that turns into. Um, if you're fighting with somebody, the only  
21 way you're gonna get them in custody is to go to the ground. So.

22 DDA OVERSTREET: Okay.

23 TRAVIS WORTMAN: And at the ground, the only way you're getting cuffed is prone.  
24 'cause if you're not, if you're compliant, we just each grab an arm and you stand there and we  
25 put it behind your back and we cuff you. But the second you're non-compliant, the ground's  
26 the only way we're getting cuffs on you. We didn't try to take him down. We were trying to  
27 get him cuffed, um, standing up. He, even though he was very strongly resisting us, um, but,  
28 you know, the whole thing went to the ground. And at that point that, that was our option.

1  
2 DDA OVERSTREET: Okay. Um, from the time you got the handcuffs on, or, or at the  
3 time that you got the handcuffs on, why was he not put into the recovery position  
4 immediately?

5 TRAVIS WORTMAN: He was still actively resisting. So, if, even though you have cuffs  
6 on somebody who's down in the prone position, if they are still actively resisting, if you move  
7 them over, they're gonna kick somebody in the face. They're gonna, you know, get up and in,  
8 up, running out. Most of the time when people are prone and we get 'em in cuffs, they stop  
9 resisting. We could either put him in the prone or stand him up, walk him downstairs. But  
10 because he was constantly still actively resisting us, it wasn't feasible to move him over.

11 DDA OVERSTREET: Okay, Devin, do you have any questions?

12 DDA FRANKLIN: Yeah, um, just very, uh, briefly. Um, so I know we didn't watch the  
13 video with you, but

14 DDA OVERSTREET: Mm-hmm <affirmative>.

15  
16 DDA FRANKLIN: Like Mr. Overstreet said, the grand jurors have seen, uh, a couple of  
17 different angles by this point and a few times. Um, right when there's initial contact with Mr.  
18 Johnson, um, I recall hearing, well, I guess, let me, let me step back. Um, when you guys  
19 attempted to detain Mr. Johnson Hmm. Do you remember seeing him do anything with his  
20 hands or can you describe kind of what his body movements were? Was he grabbing for  
21 something? Was he reaching for one of you? Do you remember seeing any of that.

22 TRAVIS WORTMAN: When he, are you, correct if I'm wrong? Like.

23 DDA FRANKLIN: Right. Initially.

24 TRAVIS WORTMAN: Initially, did he grab, when you're talking about when he grabbed  
25 the cake.  
26  
27  
28

1 DDA Franklin: Um, or before around, uh, really just around that time at all. Um, if you  
2 can just kind of walk us through what his movements were, particularly with his hands

3 TRAVIS WORTMAN: Even before we went in, he was just kind of like moving stuff.  
4 Like his bed. He stood it up like sideways. Um, I think he had like cleaning stuff. He was just  
5 doing all kinds of um.

6 DDA FRANKLIN: Okay.

7  
8 TRAVIS WORTMAN: Different things. Uh, nothing that would make sense to an, uh,  
9 like a, to me, a normal person would be.

10 DDA FRANKLIN: Mm-hmm <affirmative>.

11 TRAVIS WORTMAN: Doing.

12  
13 DDA FRANKLIN: Okay. And then how about like when you started to make actual  
14 contact with him?

15 TRAVIS WORTMAN: When I walked in, um, I shined a light on him just to make sure,  
16 uh, there's no weapons anywhere 'cause we're now going in and I just, in case I didn't see  
17 nothing like on him or.

18 DDA FRANKLIN: Mm-hmm <affirmative>.

19  
20 TRAVIS WORTMAN: So, I, I pull up my flashlight, I, I look and then as I grab his  
21 hands, I'm not really sure what was right there. But he did grab his, the cake that was right  
22 there. And at that point, when he grabbed the cake, I thought, okay, you know, all right, you  
23 could, you know, have some cake. Like that's fine. Um, and then he threw out the window and  
24 that's when everything else.

25 DDA FRANKLIN: Okay.

26 TRAVIS WORTMAN: Transpired.  
27  
28

1 DDA FRANKLIN: So, was there any point where, um, you felt like he or you saw him  
2 grabbing for one of you guys or something other than the cake?

3 TRAVIS WORTMAN: I, um, I did get hit in the face at some point. Um, my glasses got  
4 knocked kind of sideways.

5 DDA FRANKLIN: Mm-hmm <affirmative>.

6 TRAVIS WORTMAN: I had a cut on my face, but it was, uh, from the glasses.

7 DDA FRANKLIN: Mm-hmm <affirmative>.

8 TRAVIS WORTMAN: Um, so that, that part was, you know,

9 DDA FRANKLIN: Okay.

10 TRAVIS WORTMAN: And that was, I'm, I'm pretty sure when he, as he was pulling  
11 away from us at some point, his either elbow or shoulder, I'm not really sure exactly what, we  
12 were very close and it knocked my glasses sideways, but I, I did get in the face.

13 DDA FRANKLIN: Okay. Um, and then I think the only other question I have, it pertains  
14 to the diamond technique

15 TRAVIS WORTMAN: Mm-hmm <affirmative>.

16 DDA FRANKLIN: That you were saying with your hands.

17 TRAVIS WORTMAN: Yes.

18 DDA FRANKLIN: Um, you mentioned during your testimony that um, the diamond is,  
19 uh, is supposed to go around the ear.

20 TRAVIS WORTMAN: Yeah.

21 DDA FRANKLIN: I believe you said.

1 TRAVIS WORTMAN: Yeah.

2 DDA FRANKLIN: So, it sounds like that particular placement is part of the training for  
3 that technique.

4  
5 TRAVIS WORTMAN: Yeah, it's that way. There's, you know, you're not on anything  
6 that would block airways. You're not doing any type of damage to the equilibrium or the ear.  
7 You're not putting a lot of weight on the ear. Those could disorient people. So, it, it kind of  
8 goes around the ear just that way. It's a safe place where you could put weight down, keeping,  
9 um, the head stationary on the ground will keep someone from getting up. So, it's just, uh, and  
10 I didn't, the way we're showed is, you know, put your feet out, put all your weight down. But I  
11 just put it there as like, um, 'cause I knew Epton had the lower half of his body, so I was just  
12 there in case every time he, you know, resisted and flared up, I was able to stop and, you  
13 know, say stop, stop.

14 DDA FRANKLIN: Mm-hmm <affirmative>.

15 TRAVIS WORTMAN: But his second, he would stop. I would release up.

16 DDA FRANKLIN: Okay.

17 TRAVIS WORTMAN: That way I wasn't trying to like force him, you know, lower on  
18 the ground or anything.

19 DDA FRANKLIN: Okay. So just to make sure I'm understanding,  
20

21 TRAVIS WORTMAN: Of course.

22 DDA FRANKLIN: Part of that diamond technique considers airways and things like that.  
23

24 TRAVIS WORTMAN: Yep. it's a safe place to put your hand on the upper body.

25 DDA FRANKLIN: Okay.  
26

27 TRAVIS WORTMAN: Yep.  
28

1  
2 DDA FRANKLIN: So, would it be not part of the proper use of the technique to do the  
3 diamond on like the back of somebody's head, for example?

4 TRAVIS WORTMAN: Yeah. 'cause if you're on the back of their head and you're putting  
5 that much weight down, you're putting that much weight on their face, nose, mouth. So, you  
6 want the head on the side. So, on the side, you, the around the ear is the safest place.

7 DDA FRANKLIN: Okay.

8 TRAVIS WORTMAN: So, his face was, he was facing left, so I had his, uh, left ear was  
9 up. I put my hand around his left ear.

10 DDA FRANKLIN: Okay. I think that's all the questions I have.

11 DDA OVERSTREET: I, um, had one other question I wanted to ask. Is that's okay.

12 Grand Juror Yeah. Yeah.

13 DDA OVERSTREET: Um, I wanna know, did you have any knowledge or were made  
14 aware of before you went hands on with Mr. Johnson whether he suffered from any mental  
15 illnesses or whether or not he was intoxicated?

16 TRAVIS WORTMAN: I had no prior knowledge. I've never met him. I know the security  
17 guard told me he had been having the last few days a, um, an issue with this, uh, individual.  
18 So, I knew there was already some type of issue there. Um, I knew that the security guard told  
19 me he was threatening and they, you know, they cleared out the third floor. So that tells me  
20 it's, um, it's a pretty good threat if they're clearing people out of a residency. Um, and that  
21 could be due to a lot of other things. I don't know. So that's why.

22 DDA OVERSTREET: But you, you didn't know personally.

23 TRAVIS WORTMAN: No.

1 DDA OVERSTREET: Whether he is no suffering a mental health crisis or whether he  
2 was intoxicated.

3 TRAVIS WORTMAN: Drug related or anything. I had no personal, no.

4  
5 DDA OVERSTREET: Okay. Okay. Did you.

6 GRAND JUROR: Yes. Um, I have a few, but I'll try and go in sequential order for you  
7 here. So, I mo I think that was pretty much just answered my first one, but I wanna just triple  
8 check. So, when you got the call that it was a disturbance with a weapon, it was the highest  
9 priority.

10 DDA OVERSTREET: Yep.

11 GRAND JUROR: When that call came in, there was no mention of, they also said there's  
12 mental illness or, or in mental distress. They just said it was a disturbance with a weapon.

13  
14 TRAVIS WORTMAN: So, they recoded it to E-C-I-T.

15 Grand Juror Okay.

16  
17 TRAVIS WORTMAN: Um, dispatch does that, um, as things change, they'll recode it or  
18 change it

19 GRAND JUROR: Mm-hmm <affirmative>.

20 TRAVIS WORTMAN: Um, so eventually at some point, I don't know when, um, if you,  
21 I guess you can get the call logs and see when dispatch changed it. But the initial call  
22 disturbance with a weapon party one, and then it was changed to E-C-I-T priority one, which,  
23 um, I don't know if I've seen E-C-I-T priority one personally. The E-C-I-T is also a newer  
24 code for dispatch. Maybe last from June. I would say last six months. Just very newer. They  
25 used to not code E-C-I-T was a, was a code thing.

26 GRAND JUROR: Something else. Okay.

27 TRAVIS WORTMAN: Yep. Sorry.

1  
2 GRAND JUROR: Um, and was that No, it's okay. Was that changed? Did that change  
3 happen before you got to the scene? Was it recoded to an E-C-I-T or did that happen after you  
4 were already there with other folks.

5 TRAVIS WORTMAN: I think that would, that would be a later, like it would happen  
6 after.

7 GRAND JUROR: Okay.

8  
9 TRAVIS WORTMAN: Um, probably when, you know, we stage medical, we, I don't  
10 know if someone voiced over the radio like we're gonna do a hold or if, um, you know,  
11 clearing fire and telling AMR to come up. Maybe they realize, hey, AMR is coming up. It's  
12 not a, you know, disturbance with a weapon. It's changing to like an E-C-I-T call and they  
13 recoded it. But yeah.

14 GRAND JUROR: Okay. Okay. And then, um, going back to you, you, when you've, you  
15 watched him from the doorway, you kind of were getting a feel for what he is doing. If he's  
16 not having any weapons, you decide to go in and make contact the initial contact, you let him  
17 eat the cake a little bit, but it basically immediately starts with don't resist. Was there a  
18 reason? There wasn't an announcement of a like, hey, we're we're gonna put you at court. We  
19 need to take you in, we need put, put you in custody. Was there a reason we chose to do that?

20 TRAVIS WORTMAN: Of course. Um, I gave him the initial, we call it force warning.

21 GRAND JUROR: Okay.

22 TRAVIS WORTMAN: Which is just don't resist or force will be used against you and for  
23 that when you're cuffing somebody.

24 GRAND JUROR: Okay.

25  
26 TRAVIS WORTMAN: And that is so that way if, 'cause I don't know what's gonna go on  
27 that way, if a fight does break out or if they start swinging or, or something changes.

1 GRAND JUROR: Mm-hmm <affirmative>.

2  
3 TRAVIS WORTMAN: that force warning's given.

4 GRAND JUROR: Mm-hmm <affirmative>.

5  
6 TRAVIS WORTMAN: And that's for policy. We, when feasible, we try to give a force  
7 warning.

8 GRAND JUROR: Okay.

9  
10 TRAVIS WORTMAN: So, knowing we're about to cuff him. Um, and I think a lot of that  
11 was also during the conversation with JP, nothing seemed to be very coherent. Um, his  
12 conductivity seemed to be very off.

13 GRAND JUROR: Mm-hmm <affirmative>.

14 TRAVIS WORTMAN: Which again, I don't know if there's, you know, there's drugs and  
15 alcohol and other reasons why sometimes people we talk to

16 GRAND JUROR: Mm-hmm <affirmative>.

17  
18 TRAVIS WORTMAN: Don't make sense. Um, so when I grabbed him, I just wanted to  
19 let him know, like, don't resist. 'cause I, you know, I, I have to let him know that force could  
20 be used against him.

21 GRAND JUROR: Okay.

22 TRAVIS WORTMAN: So, I just gave him his force warning when I grabbed him.

23  
24 GRAND JUROR: Okay. Um, and then you guys kind of get into a tussle, you get him on  
25 the ground, um, once he is in cuffs and you're, you're, it's, I I think the term is reactive, de-  
26 escalation.

27 TRAVIS WORTMAN: Mm-hmm <affirmative>.

1  
2 GRAND JUROR: But, um, were, was there fear? 'cause you know, you, you, you did the  
3 diamond on his head and they were, you were holding him down. He, we, we saw physically  
4 he was pushing back. Were you afraid at that point, was there a fear that he could, like, could  
5 actually try to injure you? Did you get it throughout the interaction at all? Were you afraid  
6 there was going to be potential injury to you or your teammates?

7 TRAVIS WORTMAN: Well, I mean, I, I was hit like, you know, I was hit in the face,  
8 you right now at the very beginning.

9 GRAND JUROR: Mm-hmm <affirmative>.

10 TRAVIS WORTMAN: But, um, I knew that our plan wasn't to fight him physically if we  
11 couldn't avoid it.

12 GRAND JUROR: Mm-hmm <affirmative>.

13 TRAVIS WORTMAN: Our plan is to get him to a hold, right?

14 GRAND JUROR: Mm-hmm <affirmative>.

15 TRAVIS WORTMAN: Get him to the hospital. So, hey, uh, when he's down there, he  
16 still, like you said, you could see that he's still actively resisting.

17 GRAND JUROR: Mm-hmm <affirmative>.

18 TRAVIS WORTMAN: Um, usually we just wait until that will eventually stop and then  
19 they calm down. It's only so long that people, you know, energy or they just eventually, you  
20 know, give up like, okay, you guys got me. So really, we're just kind of hoping that he would  
21 stop. We kept talking to him like, hey, just relax, stop bud. Like someone, sorry, someone  
22 kept saying bud, um, you know, like kept saying, hey, you know, we're just, because the faster  
23 he stops we could actually roll him over safely for us.

24 GRAND JUROR: Mm-hmm <affirmative>.

1 TRAVIS WORTMAN: Sit him up, um, even possibly walk him down.

2 GRAND JUROR: Mm-hmm <affirmative>.

3  
4 TRAVIS WORTMAN: So, I mean, at no point, um, is anything ever off the table with us,  
5 you know, I hate to say that, but it's, you just don't know where things are gonna go.

6 GRAND JUROR: Mm-hmm <affirmative>.

7  
8 TRAVIS WORTMAN: So maybe,

9 GRAND JUROR: Yeah. And then one more, then I'll pass it on to my teammates here.

10 TRAVIS WORTMAN: Of course.

11  
12 GRAND JUROR: Um, and I know we've talked a lot about the diamond hold and I  
13 apologize, I'll have another one for you.

14 TRAVIS WORTMAN: No, of course.

15  
16 GRAND JUROR: Um, is there, typically when it's a diamond hold, is it literally a  
17 diamond with like space that goes over the ear? Or is it just kind of a hand on top of another

18 TRAVIS WORTMAN: Hand? It, it's supposed to go around the ear. The idea is that  
19 you're not pushing down on the ear.

20 GRAND JUROR: Mm-hmm <affirmative>.

21  
22 TRAVIS WORTMAN: Again, there's equilibrium. There's like, you know, you don't  
23 wanna damage someone's hearing, um, or their ear in general.

24 GRAND JUROR: Mm-hmm <affirmative>.

25  
26 TRAVIS WORTMAN: So, on the, because like she said, if, um, if you're on the back of  
27 the head, that means they're facing down. You're now putting weight down on someone's  
28 nose, mouth, teeth, eyes. Right. So, the idea is that it'd be on the side of the head.

1 GRAND JUROR: Mm-hmm <affirmative>.

2  
3 TRAVIS WORTMAN: And then if you're on the side of the head, the safest spot is  
4 everywhere around the ear.

5 GRAND JUROR: Okay.

6  
7 TRAVIS WORTMAN: So, you just kind of take your hand like that, go right over. At  
8 some point you'll watch I, um, or if few guys already seen it

9 GRAND JUROR: mm-hmm <affirmative>.

10 TRAVIS WORTMAN: My apologies, um, put your hand over their ear like that.

11  
12 GRAND JUROR: Mm-hmm <affirmative>.

13 TRAVIS WORTMAN: I just kind of kept it there as a reactive thing. So it's just to kind  
14 of like, Hey, you know, stop.

15 GRAND JUROR: Thank you.

16  
17 TRAVIS WORTMAN: Of course. Thank you.

18 GRAND JUROR: Uh, you said that there was a strong smell of bleach and like cleaning  
19 supplies when you entered the unit. Yeah. Um, in this, uh, when you were taking him into  
20 custody, was there any concern about the chemicals in the liquid on the floor? Was there any  
21 concern about chemical burns or.

22  
23 TRAVIS WORTMAN: I mean, that, that risk is also to us and them, and I mean,  
24 everything's a concern, but until we could safely stand someone up and get 'em out, like  
25 there's not much we could do about it on the floor.

26 GRAND JUROR: Mm-hmm <affirmative>.

1 TRAVIS WORTMAN: At the same time, we had a small little fire going on in the stove.  
2 And so, yeah. I mean, I could smell it. I know there's, there was, I, I know for a fact there was  
3 orange juice. I remember seeing it in the right corner and there was already the water from the  
4 flooding. Um, there was definitely a smell of chemicals. So yeah. I mean, could that have  
5 ended up on, you know, on us when we were rolling around, I had to throw away my, uh,  
6 work pants. 'cause they were bleached white. They had white, like stained all over 'em. Um,

7 GRAND JUROR: And when you were, when you were, um, and your, uh, partners were

8 TRAVIS WORTMAN: Of course,

9  
10 GRAND JUROR: Uh, obtaining custody of this individual, um, how much, how much  
11 liquid were you concerned about the amount of liquid on the floor and how close his mouth  
12 and nose were to the liquid on the floor?

13 TRAVIS WORTMAN: At one point, he did look down and the first thing I said to him,  
14 like, I heard a noise. I didn't know if he was trying to drink it or, or what he was doing. I, I  
15 saw him look straight to forward. So that caught my attention because I know that there is  
16 liquid there. And then I heard a noise, and I told him, I said, don't drink that. 'cause again, I  
17 don't know if it's water, bleach, juice, but even still, I don't want him drinking anything at this  
18 point.

19 GRAND JUROR: Mm-hmm <affirmative>.

20 TRAVIS WORTMAN: Um, and I told him to look to the look, you know, turn his head  
21 to left. Honestly, it didn't matter which way. I just kind of said, you know, to the left and he  
22 turned his head to the left and put it back there. So, I know he heard me at that point. Um, but  
23 yeah, that was a concern. Like if he, I don't want him face down in that

24 GRAND JUROR: Mm-hmm <affirmative>.

25 TRAVIS WORTMAN: Absolutely not. Um, but there's, at that point where we're at,  
26 there's not much I can do about what's on the floor.  
27  
28

1 GRAND JUROR: Okay. Thank you.

2 TRAVIS WORTMAN: Yep. Of course.

3  
4 GRAND JUROR: I do have one quick question for you. So, you mentioned that you had  
5 your hands on him in three locations.

6 TRAVIS WORTMAN: Mm-hmm <affirmative>.

7  
8 GRAND JUROR: Right arm, the diamond on the ear, and then at one point, with no  
9 pressure on the back, can you kind of describe where your hands were on this individuals  
10 back?

11 TRAVIS WORTMAN: Of course, Yeah. Um, like upper back area, maybe? Um, maybe  
12 about somewhere between where the lower neck part and maybe your upper like blade area.  
13 Like.

14 GRAND JUROR: So in line with the shoulder blades?

15 TRAVIS WORTMAN: Yeah. Like, yeah.

16  
17 GRAND JUROR: Okay.

18 TRAVIS WORTMAN: There's, there's a good, yeah. Right along that, like if you look at  
19 that little line, my right hand was up there. Um, and at one point I noticed it was like, you  
20 know, I'm like, hey, I don't like this. And that's why I put it over the head too, was also to  
21 move it to a better, safer location, so.

22 GRAND JUROR: Okay.

23  
24 TRAVIS WORTMAN: Yep. The second I noticed that I was like, I should go somewhere  
25 else. And sometimes it's hard when everything's going on. Um, he finally was, you know, we  
26 got into cuffs. I, I know there's Epton's like I got this area and I'm like, okay, you know,  
27 there's fire alarm's going off. And I really, I'm like, okay, well let me move over here. So I,  
28 I'm moved over there.

1 GRAND JUROR: Sure.

2  
3 TRAVIS WORTMAN: Yep.

4 GRAND JUROR: How long would you estimate that your hand was on his back before  
5 you recognized him and then moved it?

6  
7 TRAVIS WORTMAN: I feel like seconds, but I, I don't know specifically. Yeah, it was  
8 kind, there's a lot like okay, you know, transpiring. Um, but either way, um, it was just  
9 reacting to him. So, I think the longest part was over there is why he was like, kind of trying  
10 to still the initial trying to still get back up.

11 GRAND JUROR: Sure.

12 TRAVIS WORTMAN: Um, and then the second he like stopped and I was able to like,  
13 move it 'cause why he's still flaring up and I was still, you know, there. And then, um, I, uh,  
14 then I moved it over to, uh, around his ear. Found a good, safe place to put my hands. Okay.

15 GRAND JUROR: Thank you.

16  
17 TRAVIS WORTMAN: Of course. Thank you.

18 GRAND JUROR: No, Go. I, I passed a lunch. You Go.

19  
20 GRAND JUROR: Oh. Uh, is there a protocol when paramedics arrives, like the transfer  
21 of control of the patient? Like as soon as they become, or do you, you step back and like, this  
22 is not my scene anymore. 'cause there's higher level of medical care than you are?

23 TRAVIS WORTMAN: Yeah. If it's a medical situation. Yeah. They, they get priority  
24 when they show up. It's, there's, um, the taking on and off the cuffs is a very, um, kind of  
25 situational dependent thing. And that's always, um, we wait till they tell us. Um, but  
26 sometimes also, um, we just wanna know why, because if someone's, if they, you know, if, if  
27 someone's just lay laying there and they ask us to take their cuffs off and then the fight starts  
28 again, now we have two EMTs next to us that we have to also worry about, you know? So,

1 um, knowing he had a pulse, and I asked him, you know, they took his pulse, I believe, at least  
2 twice that I saw. Um, so I asked him like, do you have a pulse? Are you gonna do CPR?  
3 'cause if they are, then yeah, let's get these cuffs off and let's, but both times he said that, you  
4 know, EMT said there's a pulse. I'm like, okay, then something else is going on. If we don't  
5 have to take the cuffs off, that would be best, um, practice for me personally, because, you  
6 know, I don't know what's gonna happen afterwards. Um, but he didn't kind of seem Sure. So,  
7 then we just, me and JP kind of were like, okay, take him off. So, we did, but, Yep.

8 GRAND JUROR: Okay.

9 TRAVIS WORTMAN: Of course.

10 GRAND JUROR: Um, so be before EMT comes. So, he's, he's cuffed and, you know, uh,  
11 it sounds like both you and and Epton are maybe trying to kind of calm him down, like take  
12 deep, big, deep breaths.

13 TRAVIS WORTMAN: Yeah.

14 GRAND JUROR: And, um, on the video we can hear changes in his voice.

15 TRAVIS WORTMAN: Mm-hmm <affirmative>.

16 GRAND JUROR: It sounds a little bit more strained. It doesn't, it's, it's not as loud as it  
17 was before, understanding that it's a busy environment. There's smoke. You guys been  
18 tussling. Were you able to observe that as well in that, in the moment?  
19

20 TRAVIS WORTMAN: I did hear his, like, he had like a higher scream earlier.

21 GRAND JUROR: Mm-hmm.

22 TRAVIS WORTMAN: And then it did change to like these lower like kind of grunts  
23

24 GRAND JUROR: Mm-hmm <affirmative>.  
25  
26  
27  
28

1 TRAVIS WORTMAN: But I, you know, and even at one point he did say like, I  
2 surrender before we got the cuffs on. But people say a lot of stuff to us.

3 GRAND JUROR: Mm-hmm <affirmative>.

4  
5 TRAVIS WORTMAN: I can't tell you the times people have said, I don't have a gun on  
6 me, and then we pull a gun off of him. So, it's, I take what they're doing more than I do what  
7 they're saying.

8 GRAND JUROR: Okay.

9 TRAVIS WORTMAN: Um, so, you know, I could tell that like, yeah. And at that same  
10 time, he was also stop fighting as much

11 GRAND JUROR: Mm-hmm <affirmative>.

12  
13 TRAVIS WORTMAN: Like, it wasn't as strong, you know, so I'm like, okay, maybe he's,  
14 'cause I even said at one point I, we could ease up. He stopped, you know? So, and that's what  
15 we wanted to do was calm him down. He's up, I'm like, hey, you know, sit him up and let's,  
16 you know, get him in recovery.

17 GRAND JUROR: Mm-hmm <affirmative>.

18 TRAVIS WORTMAN: We called a recovery position when you put him on their side.

19 GRAND JUROR: Mm-hmm <affirmative>.

20  
21 TRAVIS WORTMAN: So, we just needed him to stop resisting, stop fighting. So, the  
22 sound changing, not as dramatic and as loud and screaming wise.

23 GRAND JUROR: Mm-hmm <affirmative>.

24  
25 TRAVIS WORTMAN: Was an indicator and, but also his not as strong of a pushing back  
26 was also, sorry.

1 GRAND JUROR: It's, it's, it's not you. It's been doing it the whole time. Yeah. <laugh>.

2 TRAVIS WORTMAN: Um, but also like the, you know, you could feel him like stopping  
3 to fight back as much. And that's when we all released a, a lot of our, uh, pressure and kind of  
4 relaxed on him. Like, okay, so we're thinking we're getting com some compliance here.

5 GRAND JUROR: Mm-hmm <affirmative>.

6  
7 TRAVIS WORTMAN: We can, maybe this could change. And at that point, I, um, 'cause  
8 I know he's, uh, Epton has 'em, so I kind of back up a little bit. I look up because I, I see  
9 smoke.

10 GRAND JUROR: Mm-hmm <affirmative>.

11  
12 TRAVIS WORTMAN: So that's when I look up, I see it over the, um, stove. And I tell  
13 JP, we addressed that. Um, I, there's some radio chatter and then I, you know, we look back, I  
14 look back at him. I, I'm, I'm thinking Epton's, probably watching this whole time. And I look  
15 back at him and I notice something looks, you know, a little different. Like he was holding his  
16 breath.

17 GRAND JUROR: Mm-hmm <affirmative>.

18 TRAVIS WORTMAN: And that's why I kind of like watched for a second. I see his  
19 stomach was kind of pushed out.

20 GRAND JUROR: Mm-hmm <affirmative>.

21  
22 TRAVIS WORTMAN: It looked like he was like, you know, when you take a deep  
23 breath. So that's why I started, that's why we try to, like, at first when we get him in recovery,  
24 we start to like, try to talk to him to get him to respond. Just, you know, I, I'm like, he's got a  
25 pulse. We need you to like start talking. Or I don't know if he was just holding his breath or  
26 what he was doing. Um, that's why we do the sternum rubs, um, start like hitting him like,  
27 hey, you know, call him to him and I'm like, hey, just talk to us. Relax. You know? But at that  
28

1 point he's not, you know, actively resistant so we can safely put him into recovery position.  
2 Um.

3 GRAND JUROR: And then finally with that too, I'm so sorry, I'm hogging all the  
4 questions. I know you guys couldn't control where he fell and the whole tussle of everything.  
5 Was there a moment when he was maybe calming down? 'cause it looked like his head was  
6 kind of up awkwardly against a wall a little bit. Um, was there a thought of, uh, would there  
7 have been a moment when it could have been potentially safe to maybe pull him back from  
8 that at all?

9 TRAVIS WORTMAN: If we're talking hindsight at that time that it would've been good  
10 to do that would've been right about the time, we're all release, we're relaxing on him, and  
11 then something happens.

12 GRAND JUROR: Mm-hmm <affirmative>.

13 TRAVIS WORTMAN: Or he changes, right?

14 GRAND JUROR: Mm-hmm <affirmative>.

15 TRAVIS WORTMAN: So, at that point, we now are addressing that we do get him on  
16 recovery position.

17 GRAND JUROR: Mm-hmm <affirmative>.

18 TRAVIS WORTMAN: So why someone's actively still, you know, if, because if Epton  
19 gets up to like, pull him back.

20 GRAND JUROR: okay.

21 TRAVIS WORTMAN: And then he turns kicks him and then starts kicking me, and now  
22 we have a guy in custody that we're actively trying to fight against.

23 GRAND JUROR: Mmm-hmm <affirmative>.

1 TRAVIS WORTMAN: You know, so it's, we at that point it was just, we just need to  
2 hold him down until we could, uh, get some compliance and then we could get him back up.  
3 Sorry.

4 GRAND JUROR: No, thank you.

5 TRAVIS WORTMAN: Of course.

6  
7 DDA OVERSTREET Any other questions? Okay. Think that's all the questions we have.

8 TRAVIS WORTMAN: Thank you everyone.

9  
10 DDA OVERSTREET Thank you.

11 TRAVIS WORTMAN: Thank You.

12  
13 EXAMINATION OF JASON EPTON

14 DDA OVERSTREET: So, you, um, oh, thank you. You guys appreciate great break.  
15 Yeah. Okay. Why don't we go ahead and go a short break. Alright. First. Okay. Uh, we're  
16 back on the record. Uh, after a short break, uh, with our next officer, if you could go ahead  
17 and raise your right hand, we'll get you sworn in. She'll give you the oath in the corner there.

18 GRAND JUROR: Do you solemnly swear and or affirm that the testimony you're about  
19 to give in the matter pending before this grand jury shall be the truth, the whole truth, and  
20 nothing but the truth?

21 JASON EPTON: I do.

22 GRAND JUROR: Thank you.

23  
24 DDA OVERSTREET: Now you can go ahead and take a seat. I, you're comfortable there.  
25 And once you are, go ahead and state and spell your full name.

26 JASON EPTON: Uh, full name is Jason Allen Ton, J-A-S-O-N-A-L-L-E-N-E-P-T-O-N.  
27  
28

1 DDA OVERSTREET: And, uh, where are you employed?

2 Dominic LOVATO City of Portland, as a community police officer.

3  
4 DDA OVERSTREET: Okay. And how long have you been in law enforcement?

5 JASON EPTON: Uh, coming up on three years.

6  
7 DDA OVERSTREET: Three years, okay. Uh, and so you as well, did you go through the  
8 basic, uh, police academy here in Oregon?

9 JASON EPTON: Yes, I did. Okay.

10 DDA OVERSTREET: And did you also attend and complete the Advanced Academy,  
11 uh, through PPB?

12 JASON EPTON: Yep.

13  
14 DDA OVERSTREET: And when do you think you completed the Advanced Academy?

15 JASON EPTON: Um, that's a really good question. It wrapped up before December of  
16 last year.

17  
18 DDA OVERSTREET: Of 2024. or 2023

19 JASON EPTON: 2024.

20  
21 DDA OVERSTREET: Okay. So, you completed the Advanced Academy roughly six  
22 months prior to this incident?

23 JASON EPTON: Yes,

24  
25 DDA OVERSTREET: Seven months. Okay. Um, so you had a break between your  
26 regular academy and the advanced Academy.

27 JASON EPTON: Yes.

1  
2 DDA OVERSTREET: Okay. Um, and were you working as a police officer on June 27th  
3 of this year?

4 JASON EPTON: I was.

5 DDA OVERSTREET: Okay. And were you working, uh, alone or were you working a  
6 partner car?

7  
8 JASON EPTON: I was solo. I was by myself.

9 DDA OVERSTREET: Okay. And did you respond to a call at the Argyle Garden  
10 Apartments that evening?

11 JASON EPTON: I did.

12  
13 DDA OVERSTREET: And were you dispatched, or did you attach yourself to the call?  
14 How did you become involved?

15 JASON EPTON: Uh, I was initially dispatched and then I was cleared right away by the  
16 primary officer, and then I reattached because it seemed like they could use some extra help.

17 DDA OVERSTREET: Okay. Um, and so can you describe to the grand jurors kind of  
18 what information you had, uh, from dispatch before your arrival at the apartments?

19  
20 JASON EPTON: Yeah, so initially the call came out as a priority one. We were on  
21 priority ones and twos only that night because there was, uh, other big incident taking place in  
22 East Precinct. And so, the call came out as, uh, priority one disturbance with a weapon. And  
23 the notes were somebody had a knife in their hand and was waving it out of their window  
24 person in distress.

25 DDA OVERSTREET: And did you have any other information other than that upon  
26 arrival?

27 JASON EPTON: Uh, I did not.  
28

1  
2 DDA OVERSTREET: Okay.

3 JASON EPTON: I came in and met with the other primary officer and just kinda went  
4 right into it.

5 DDA OVERSTREET: Okay. And when you met with the other primary officer, did he  
6 provide any other information to you about what you guys were, uh, going into?

7  
8 JASON EPTON: Uh, I believe the most information I had was the, uh, subject was likely  
9 still in his room or maybe in the hallway, but he was on the third floor. And that the security  
10 had had the building third floor evacuated because they were concerned with the gentleman up  
11 there.

12 DDA OVERSTREET: Okay. And, uh, do you recall working with the other officers to  
13 develop a plan to make contact?

14 JASON EPTON: Yes. So, as I, as I came in, they had, uh, already talked over possibly  
15 doing a police officer's hold, um, but wanting to assess him once we got upstairs to get eyes  
16 on on the situation. So it was, uh, talk of if he was in the hallway, uh, how we were going to  
17 approach if he was in his room, just trying to make contact and start to build a rapport.

18 DDA OVERSTREET: Okay. And, uh, was there a decision made on who was going to  
19 primarily speak with the individual?

20 JASON EPTON: Uh, not amongst us. I, nobody said I would be primary communicator.  
21 Um, I was cover officer, so I was mainly there to help with, uh, taking him into custody or,  
22 you know, that sorts of thing.

23 DDA OVERSTREET: Okay. So, um, and we've already heard from the other o one of the  
24 other officers and we've watched the body cam footage. So, we see you guys come up to the  
25 third floor on the third elevator and come off. What kind of observations were you making  
26 when you first turned into that hallway from your perspective?

1 JASON EPTON: Um, soon as I turned and I poked my head out, I could hear noises  
2 coming from an apartment down at the end. I could see immediately there was, uh, shaving  
3 cream on the walls and there was a chair partially into the hallway. Um, that was immediately  
4 as we got outta the elevator.

5 DDA OVERSTREET: Okay. Um, given what you knew about the call potential for  
6 knives, um, was there a decision made on your part to draw some sort of weapon?

7 JASON EPTON: I did not. I was, uh, I, I take the role designated as hands as, uh, being a  
8 bigger guy, it's good for me to get in, get hands on, get control. Uh, officer Wortman said I got  
9 lethal and so he drew his service weapon.

10 DDA OVERSTREET: Okay. So, you at no point drew your firearm?  
11

12 JASON EPTON: Nope. I just kept my hands free because I was ready to go hands on  
13 whenever the time arose.

14 DDA OVERSTREET: Okay. Um, when you get up to the door and you can see in, what  
15 kind of observations were you making at that point?  
16

17 JASON EPTON: Uh, so Officer Duque was just ahead of me as the primary and he was  
18 communicating with the subject. So, from behind him I could see there was an upside down  
19 bed. I could see water all over the floor. Um, uh, I could see Mr. Johnson, it appeared he didn't  
20 have any pants on and was in, uh, underwear and a tank top, uh, standing near his window.  
21 Moving around from there, I was kind of focused on what was going on in the apartment,  
22 trying to see if I could visually find where the weapons that were reported in the call notes,  
see if I could get eyes on those.

23 DDA OVERSTREET: And did you see any weapons?  
24

25 JASON EPTON: I could not.

26 DDA OVERSTREET: Okay. Um, was there some discussion amongst the officers about  
27 whether or not to go ahead and take him into custody?  
28

1  
2 JASON EPTON: Yes. There was a brief discussion on, uh, the assessment of a police  
3 officer's hold. Um, we all kind of came to the consensus together that he was a danger to  
4 himself, and he was a danger to others around him just by looking at the flooding of the  
5 apartments, the various fluids all over the floor, the fact that they had evacuated the building.  
6 So we were of the mind that police officer hold was the correct move, and we had already had  
7 medical staged in the event that we were going to do a police officer hold.

8 DDA OVERSTREET: Okay. And did you agree with that decision to do a police officer  
9 hold?

10 JASON EPTON: I did.

11 DDA OVERSTREET: Okay. In hindsight, looking back on the situation now, do you still  
12 agree that that was the right decision?

13 JASON EPTON: I do.

14 DDA OVERSTREET: Um, when in, in a situation like this, um, why not just clear the  
15 area? Just he's inside his apartment. Why not just leave him alone and, and leave the scene?  
16

17 JASON EPTON: Uh, because prior to his arrival, he had been in and out of his apartment  
18 already. Uh, it sounded like it had been an ongoing issue. So with that, you got a way, if you  
19 leave, is it going to become a problem again? Is now the right time because the person's calm  
20 enough that you can talk to them, you can, you know, take him into custody safely. Um, and I  
21 believe we were all in agreement that right then was the time to safely take him into custody  
22 because he seemed to be calmer than what was described to us.

23 DDA OVERSTREET: Okay. And given that you were going to be conducting a police  
24 officer's hold, not necessarily arresting him for a crime, um, what, why do you have to put  
25 handcuffs on him and take him into custody that way? Why can't you just walk him out of the  
26 building?  
27  
28

1 JASON EPTON: So, it's, uh, it's totally for safety, for his safety as well as ours. So when  
2 somebody feels like their freedom's being taken away or they, they're backed into a corner,  
3 they might throw an arm, they might inadvertently punch somebody or headbutt, bite charge,  
4 you know, it's, it's a matter of making sure that everybody stays safe and nobody gets hurt.

5 DDA OVERSTREET: Okay. And were you part of the initial, uh, people that were going  
6 to go hands-on in order to affect the arrest?

7 JASON EPTON: I was the third in line in the door. So Officer Duque, officer Wortman,  
8 and then I

9 DDA OVERSTREET: Okay. And did you observe those two officers put their hands on  
10 Mr. Johnson?

11 JASON EPTON: Yes.

12 DDA OVERSTREET: Initially. Did you also feel like you needed to put your hands on  
13 Mr. Johnson?

14 JASON EPTON: I was in close prepared to either assist one or the other, whoever may  
15 need help or to bring out my handcuffs in the event that they were ready to place him in  
16 handcuffs.  
17

18 DDA OVERSTREET: Okay. And were you able to immediately place him in handcuffs?  
19

20 JASON EPTON: No, we were not.  
21

22 DDA OVERSTREET: Why not?

23 JASON EPTON: Uh, he started to tense up and try to pull away from us from Officer  
24 Wortman and Duque. So, I had then reached in and grabbed a hold of his right arm with  
25 Officer Wortman and he continued to, uh, thrash, move, struggle, and pull against us resisting  
26 being placed in handcuffs.  
27  
28

1 DDA OVERSTREET: And did you, or did you observe another officer intentionally take  
2 Mr. Johnson to the ground or did he take himself to the ground or how did that, how did he  
3 end up on the ground?

4 JASON EPTON: Uh, I believe he took himself to the ground because right after he fell in  
5 front of me, I fell behind him.

6 DDA OVERSTREET: You also fell?  
7

8 JASON EPTON: Yeah. The ground was covered in, uh, lots of liquids. There was soda  
9 pop, orange juice, water, uh, powdered bleach. There was all sorts of liquids and chemicals  
10 everywhere. It was hard to stand up in there.

11 DDA OVERSTREET: Okay. It was slippery.

12 Dominic LOVATO Very.  
13

14 DDA OVERSTREET: Uh, once you're on the ground, what position did you take and  
15 what, what do you feel like your role was at that point?

16 JASON EPTON: Uh, I had taken over control of his left arm and I was straddling  
17 between his legs, so my knees were between his legs and, uh, my right leg was holding his,  
18 uh, pants down 'cause he was trying to kick me. So, both my left and right arm were holding  
19 his left arm towards the wall. And then my right leg was making sure his legs couldn't kick us.

20 DDA OVERSTREET: Okay. And so, by your, because his pants were around his ankles,  
21 your leg went the pants?  
22

23 JASON EPTON: It was just straight out behind me.

24 DDA OVERSTREET: Okay.  
25

26 JASON EPTON: So, on my knee and my, my toe flat, so it just couldn't lift up.

27 DDA OVERSTREET: Okay. At any time did you adjust and put your leg across his legs?  
28

1 JASON EPTON: Uh, no.

2  
3 DDA OVERSTREET: Okay.

4 JASON EPTON: Um, uh, I stayed in the, that position with my legs until we rolled him  
5 into recovery.

6  
7 DDA OVERSTREET: Gotcha. Um, and you said you were on his left arm. Were you  
8 able to gain control of his left arm and get it behind his back?

9 JASON EPTON: Yes. It took a bit of time. He, he didn't stop resisting.

10 DDA OVERSTREET: Okay. Once you did get it behind his back and get cuffs on, what  
11 did you then do with your hands?

12  
13 JASON EPTON: Uh, at that point I switched to holding the handcuffs themselves, the  
14 chain between the cuffs to maintain control of both arms. And, uh, I started talking to him,  
15 patting him on the back saying, we're here to help you. You need to stop resisting. We're here  
16 to help you.

17 DDA OVERSTREET: Okay. At any time when you had your hands on his either arms or  
18 on the handcuffs and maybe a little bit of both at various points, were you applying pressure  
19 into his back?

20 JASON EPTON: No.

21 DDA OVERSTREET: In order to control his hands?

22  
23 JASON EPTON: No.

24 DDA OVERSTREET: Okay.

25  
26 JASON EPTON: Once they were, once we got his hands behind his back, it was easy to  
27 maintain the control of the arms just by holding onto them.

1 DDA OVERSTREET: Okay. You didn't, okay.

2  
3 JASON EPTON: No, I did not place any downward pressure.

4 DDA OVERSTREET: Okay. And did you ever have any control of his upper body?

5  
6 JASON EPTON: Uh, no. Just mainly arm and then the pants between his legs.

7 DDA OVERSTREET: Gotcha. Um, you said you were talking to him, tell him to stop  
8 resisting. Uh, at any point did he, uh, sort of let up on that resistance? Did he become more  
9 compliant?

10 JASON EPTON: Uh, when we took him from his arm being held up to his side and being  
11 placed into handcuffs, he stopped pulling his arm as much, but he was still kicking his legs  
12 and trying to move from where we had him.

13 DDA OVERSTREET: Okay. Uh, at some point did you notice him not being responsive  
14 to you anymore?

15 JASON EPTON: Yes, while I was patting him on his back, I didn't feel his back rise. It  
16 was like very shallow breath. So, then I started to try and ask him like, Hey bud, take a breath.  
17 We're here to help. And then that's when somebody said, put him in the recovery position. So  
18 I moved my leg off of his, rolled him over into the recovery position and tried to move his  
19 knees up.

20 DDA OVERSTREET: Okay. And at some point in the video, we can see your hand on  
21 his back. Uh, are you applying pressure onto his back?

22 JASON EPTON: No. Uh, I was trying to be comforting like a kid. When you pat 'em on  
23 the back, you rub their back, pat their back, it wasn't, it was, uh, to try and let 'em know we  
24 were here to help, that we're not here to hurt him.  
25  
26  
27  
28

1 DDA OVERSTREET: Okay. And you said eventually you put him into the recovery  
2 position. Uh, from your perspective, why did you not put him in the recovery position  
3 immediately? Once he had handcuffs on?

4 JASON EPTON: Because he was still actively resisting.

5 DDA OVERSTREET: Okay. Uh, and I think you already said this, but that included him  
6 continuing to kick his legs?

7 JASON EPTON: Yes.

8 DDA OVERSTREET: Okay. And you could feel that 'cause you had your leg down there  
9

10 JASON EPTON: Yeah. 'cause my leg was straddled over his pants. I kept feeling him get  
11 tight and then you would feel, uh, flexing of hands, flexing of arms. We, those are indicators  
12 of preparing to try and struggle.  
13

14 DDA OVERSTREET: Uh, based on your training experience and what was going on in  
15 this situation, when you guys decided to take him into custody, did you think that this could  
16 be the potential outcome that he was going to die?

17 JASON EPTON: I did not.

18 DDA OVERSTREET: Was there any point that you felt that the level of force that you  
19 were using, um, and now in hindsight, thinking about it, was unnecessary?  
20

21 JASON EPTON: No, I think it was the correct level of force.

22 DDA OVERSTREET: Um, did you yourself observe that there was a fire or some, or at  
23 least smoke in the, in the room?  
24

25 JASON EPTON: Yes, there was, uh, something, uh, was like a Pepsi bottle that was on  
26 the, the burner of a hot stove. And so, I saw that on the stove when I had gotten up. But during  
27 the, the incident, you could smell the burning, you could smell that the smoke was coming  
28 into the room before the smoke alarm started to let off, and then the smoke alarm went off.

1  
2 DDA OVERSTREET: Um, were you aware while you were, uh, trying to affect the  
3 custody, whether or not medical, um, or AMR was there and available?

4 JASON EPTON: I was under the oppression that before we made contact, they were  
5 staged and ready.

6 DDA OVERSTREET: Okay. Um, you yourself, did you ever check for a pulse or check  
7 to make sure that, uh, Mr. Johnson was breathing?

8 JASON EPTON: I did not.

9  
10 DDA OVERSTREET: Okay. Did you observe another officer do that?

11 JASON EPTON: I did.

12  
13 DDA OVERSTREET: Did you hear whether or not he had a pulse?

14 JASON EPTON: I heard Officer Wortman say he had a pulse.

15  
16 DDA OVERSTREET: Okay.

17 JASON EPTON: It's faint.

18  
19 DDA OVERSTREET: Okay. Um, now I think we heard from Officer Wortman that all  
20 officers are trained in critical incident, uh, team or crisis intervention team or training, uh, CIT  
21 is the, the acronym. Uh, did you also receive that training?

22 JASON EPTON: I did.

23 DDA OVERSTREET: Okay. Have you received the enhanced training?

24  
25 JASON EPTON: I have not.

26 DDA OVERSTREET: Were you aware whether or not there was an E-C-I-T on scene?  
27  
28

1 JASON EPTON: Yes. Officer Duque was E-C-I-T.

2 DDA OVERSTREET: Okay.

3  
4 JASON EPTON: Or is E-C-I-T.

5 DDA OVERSTREET: And, and I guess I should clarify, you know that now, did you  
6 know that at the time?

7  
8 JASON EPTON: I Did. I knew that at the time.

9 DDA OVERSTREET: You did. Gotcha. Okay.

10 JASON EPTON: That was why I felt comfortable letting him handle communications.

11  
12 DDA OVERSTREET: Okay. At any point, I guess when, when you've described it as  
13 compliance, but at some point, when he's sort of letting up and easing up, I guess, on fighting  
14 back, did you perceive there to be some sort of medical issue with Mr. Johnson or did you  
15 believe that he was just finally giving up and complying?

16 JASON EPTON: I thought he was finally giving up and complying.

17 DDA OVERSTREET: Okay. At what point, if any, did you think maybe this isn't  
18 compliance, this is something else?

19  
20 JASON EPTON: Uh, like I said, when I was patting him on his back and I didn't feel his  
21 chest rise, what feels like a normal breath would be, and so I started to ask him, Damon, are  
22 you okay? Damon.

23 DDA OVERSTREET: Okay. And that's shortly before you put him in the recovery  
24 position?

25 JASON EPTON: Yes.

26

27

28

1 DDA OVERSTREET: Okay. Was that your decision or did somebody else decide that  
2 that was the time you needed to do the recovery position?

3 JASON EPTON: Uh, somebody had said it and so I just rolled with it.

4  
5 DDA OVERSTREET: Okay. You agreed with I with it? That was the right move?

6 JASON EPTON: I agreed with it, yeah.

7  
8 DDA OVERSTREET: Okay. I may have some more questions, but I'm gonna see if any  
9 of the grand jurors have some questions for you, okay.

10 GRAND JUROR: Um, Were you at any time aware of what his mental state was before  
11 you arrived on scene? Was that, uh, like over the radio or dispatch? Was it mentioned at all?  
12 Uh, if it was a mental crisis or not?

13 JASON EPTON: Uh, when I arrived, they said there was a person in crisis.

14 GRAND JUROR: Okay.

15  
16 JASON EPTON: Um, that can mean a lot of things for us on a call. So it was, it was back  
17 there, but I like to take my own assessment of a person when I contact him.

18 GRAND JUROR: Sure. And then to understand more about where your legs were  
19 positioned. So, he was prone at that time and Wortman was on his right. Trying to get his right  
20 arm. That was back. And then once you got his left arm back, you said you were, were you  
21 straddling his legs and with your leg over his pants that were down?

22 JASON EPTON: Yeah. So, his pants were around his ankles.

23 GRAND JUROR: Mm-hmm <affirmative>.

24  
25 JASON EPTON: And so, my knees were firmly on the ground.

26 GRAND JUROR: Okay.  
27  
28

1 JASON EPTON: And the gap that's created between your, uh, knee and your toe?  
2

3 GRAND JUROR: Mm-hmm <affirmative>.

4 JASON EPTON: That's where his pants were, between my right leg.  
5

6 GRAND JUROR: Okay.

7 JASON EPTON: So, it allowed me to maintain control of his leg. So, he wasn't able to  
8 kick or flail

9 GRAND JUROR: Mm-hmm <affirmative>.  
10

11 JASON EPTON: But it was only on the pants.

12 GRAND JUROR: Okay. And then towards the end, um, you'd mentioned that when he  
13 was kind of starting to let up, you were, you were taking that as he was kind of, you know,  
14 he'd worn himself out. He was kind of getting compliant. Had you heard kind of a change in  
15 the tone of his voice during that time? And did that raise any alarms for you or were you just  
16 kind of saying he was friendly, kind of relaxing?

17 JASON EPTON: I, I was, I was more focused on his body actions with the smoke alarm,  
18 the smoke, everything.

19 GRAND JUROR: Mm-hmm <affirmative>.  
20

21 JASON EPTON: I couldn't hear very well, so it was more of I was taking cues from him  
22 physically.

23 GRAND JUROR: Okay. Thank you.  
24

25 DDA OVERSTREET: Do you have any questions? Okay. Do any other grand jurors have  
26 any questions, there, go.  
27  
28

1 GRAND JUROR: Um, have you been on a call previously where there was a medical  
2 incident such or, or a medical incident involving respiratory distress?

3 JASON EPTON: I can't say for sure.

4 GRAND JUROR: Okay. Thank you.

5  
6 DDA OVERSTREET: I'll ask one of my other questions. I asked, uh, officer Worton,  
7 which is, um, have you yourself, or do you know about how many arrests that you've  
8 conducted utilizing the prone position?

9 JASON EPTON: I couldn't give you a number offhand, but it's quite a few.

10 DDA OVERSTREET: Okay.

11 JASON EPTON: I would say many.

12 DDA OVERSTREET: In your opinion, is it a very common, uh, arrest tactic?

13 JASON EPTON: Yes.

14 DDA OVERSTREET: Um, did that cause anybody have any other questions?

15 GRAND JUROR: Um, do you carry a CPR barrier with you when you are on patrol?  
16 Typically?

17 JASON EPTON: I believe there's one in our, uh, IFAK kit, but I do not carry one on my  
18 person. No.

19 GRAND JUROR: Could you define that acronym for me, please?

20 DDA OVERSTREET: The IFAK?

21 GRAND JUROR: Yeah. I don't know what that was.

22 JASON EPTON: I, I couldn't tell you. It's an emergency, uh, first aid kit.

1 GRAND JUROR: Okay.

2  
3 JASON EPTON: It has tourniquet, uh, chest seal, uh, gloves, shears,

4 GRAND JUROR: So Like trauma?

5  
6 JASON EPTON: Yeah.

7 GRAND JUROR: Okay.

8  
9 JASON EPTON: So basically, all of the stuff you would need in, uh, uh, an incident.

10 GRAND JUROR: Okay. Thank you.

11  
12 GRAND JUROR: And where do you keep that kit?

13 JASON EPTON: Uh, I always make sure it's in my patrol car. Um, if I work a partner  
14 car, it's in between the seats. If I'm working in a car solo, it's hung from the passenger  
15 headrest. So, in the event of a car crash or something, I don't have to think. I just know that kit  
16 is always in one of those two places. And I checked that before patrol every day.

17 DDA OVERSTREET: Did you have any information upon your arrival that would've  
18 caused you to think maybe I need this kit?

19 JASON EPTON: No, if I had, I would've brought it with me.

20  
21 DDA OVERSTREET: Okay.

22 Grand Juror Was there an apologies for last minute? So was there, um, so we'd seen the  
23 video that he kind of got taken down and his head was kind of close to the wall. Was there any  
24 kind of moment in time for you that you thought it might be a good idea to pull his head down  
25 a little bit farther from that to give him a little bit more space? Or were you just kind of  
26 focused on trying to hold him in place at that point?

27 JASON EPTON: Uh, there wasn't space for much movement.

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GRAND JUROR: Okay.

JASON EPTON: Um, I don't even think there was six feet between the wall and the stove.

GRAND JUROR: Okay.

JASON EPTON: So, I, I felt like there was no moving, like I felt claustrophobic. It was tight.

GRAND JUROR: Okay. Thank you.

DDA OVERSTREET: Anything else? Okay, officer. Thank you very much.

GRAND JUROR: Thank you.

JASON EPTON: Thank you guys.

GRAND JUROR: Thank you.

DDA OVERSTREET: Um, yeah, you can go ahead and step out. Does anybody need a short break before we move on or should we just go ahead and keep going, No, okay.

DDA FRANKLIN: Swap out with you? Don't mind,

DDA OVERSTREET: Sorry, move my stuff here. I moved in.

GRAND JUROR: The chairs change the, was it's an hour ahead still. Oh no. Fix that.

DDA FRANKLIN: Okay. And if you don't mind, just remain standing for us here and we'll get you sworn in.

DDA OVERSTREET: This was my computer.



1 DDA FRANKLIN: Okay. Um, did you attend the Basic Academy training for, to become  
2 a police officer?

3 JUAN DUQUE VALENCIA: Yes, I, uh, attended the State Sponsored Academy, yes.  
4

5 DDA FRANKLIN: Okay. Um, so did you also do the Advanced Academy as well?

6 JUAN DUQUE VALENCIA: Yes, I did Portland's Advanced Academy.  
7

8 DDA FRANKLIN: And do you recall about when you completed those trainings?

9 JUAN DUQUE VALENCIA: Uh, I don't from the top of my head, no.  
10

11 DDA FRANKLIN: Okay.

12 JUAN DUQUE VALENCIA: Sorry.

13 DDA FRANKLIN: Um, do you have any other further training, any kind of like  
14 specialized certification?

15 JUAN DUQUE VALENCIA: Uh, I have enhanced, uh, critical and, um, excuse me,  
16 enhanced crisis intervention training from the Portland Police Bureau.  
17

18 DDA FRANKLIN: And can you just describe very briefly what that entails?

19 JUAN DUQUE VALENCIA: Sure. Uh, all Portland police officers go through a 40 hour,  
20 uh, crisis intervention training. That's just part of their normal training. Um, officers can  
21 choose after that training and they are hand selected to attend, uh, an additional 40 hours to  
22 enhance or, uh, build upon that training. And that is what we call E-C-I-T or enhanced critical,  
23 uh, excuse me, Enhanced Crisis Management Training.

24 DDA FRANKLIN: And so, um, you said, uh, it sounds like it's a volunteer position?  
25

26 JUAN DUQUE VALENCIA: Yes, it's volunteered.  
27  
28

1 DDA FRANKLIN: Okay. Uh, so no compensation for being coming certified in that area  
2 and then acting as an E-C-I-T officer?

3 JUAN DUQUE VALENCIA: No. There's no compensation.  
4

5 DDA FRANKLIN: Do you mind sharing with us why you volunteered to be an E-C-I-T  
6 officer and get that additional training?

7 JUAN DUQUE VALENCIA: Uh, it's an extra tool that we have on hand. Uh, we deal  
8 with, uh, folks in mental health crisis quite, uh, for a good portion of our time and our calls,  
9 and it's just another tool that I could use.

10 DDA FRANKLIN: Okay. Um, when you are working, are you typically by yourself or  
11 with a partner?

12 JUAN DUQUE VALENCIA: Uh, I would say it's about 50 50. Uh, the night of this, uh,  
13 uh, event I was with, uh, a partner.  
14

15 DDA FRANKLIN: Okay. Um, so it sounds like you recall the event that we're talking  
16 about from June of 2025.

17 JUAN DUQUE VALENCIA: Yes.  
18

19 DDA FRANKLIN: Okay. And so fair to say, you responded to the Argyle Garden  
20 Apartments that night?

21 JUAN DUQUE VALENCIA: Yes.  
22

23 DDA FRANKLIN: Okay. Uh, how did you get involved? Were you dispatched? Did you  
24 attach yourself to the call?

25 JUAN DUQUE VALENCIA: Uh, yes. I was dispatched as the E-C-I-T officer.  
26

27 DDA FRANKLIN: Okay. Um, and I'm sorry, you said you were working with a partner  
28 that night?

1 JUAN DUQUE VALENCIA: Yes.

2  
3 DDA FRANKLIN: And, and who was that partner?

4 JUAN DUQUE VALENCIA: Uh, that was officer uh, Travis Wortman.

5  
6 DDA FRANKLIN: Okay. Um, did you arrive at the same time as Officer Wortman?

7 JUAN DUQUE VALENCIA: Yes, Officer Wortman and I were in the same, uh, patrol  
8 vehicle.

9  
10 DDA FRANKLIN: Okay. And so we've heard testimony from Officer Epton as well. Do  
11 you recall about when he arrived in relation to you and Officer Wortman?

12 JUAN DUQUE VALENCIA: Uh, Officer Wortman met us, uh, at the scene, so met us at  
13 the apartment.

14 DDA FRANKLIN: Okay. Um, can you walk us through what information you knew up  
15 until that moment when all three of you were arriving on scene? What had you learned  
16 whether it was through dispatch or in your conversation with the other two officers?

17 JUAN DUQUE VALENCIA: Uh, when we were initially dispatched, uh, our computer  
18 call notes that it's information given to the dispatcher said that, um, uh, there's an individual  
19 that was, um, smearing, uh, shaving cream on the walls. He was on all fours grunting, uh,  
20 screaming at residents in his apartment. Um, there was mentions of knives, um, on the way to  
21 the call after we were dispatched. Uh, we called the individual that had called police, um,  
22 security, uh, guard for the, for the apartment Mr. Cash. And, uh, he relayed the same  
23 information that they've been having issues with this resident for several days now. Um, and  
24 that he had attempted to, uh, approach and talk to this individual but hadn't had any success.

25 DDA FRANKLIN: Um, so to be clear, you had mentioned that there was a phone call  
26 with the Security guard, Mr. Cash. Were you present for that conversation that Officer  
27 Wortman had with Mr. Cash then?  
28

1 JUAN DUQUE VALENCIA: Yes, my partner had, uh, Mr. Cash on speaker.  
2

3 DDA FRANKLIN: Okay. So fair to say, you heard all the information that Mr. Cash was  
4 relaying to Officer Wortman at the same time?

5 JUAN DUQUE VALENCIA: Correct.  
6

7 DDA FRANKLIN: Okay. Um, with that information and going in, you know, you said  
8 that you were attached because you're an -E-C-I-T officer. What was kind of your thought  
9 process upon arrival with that information and your training as an E-C-I-T officer?

10 JUAN DUQUE VALENCIA: Uh, just based on the information we had before even  
11 arriving on scene, uh, we determined that, uh, best course of action we could, could, uh, go  
12 with with this case, um, was sort of going towards a, uh, police officer hold. Um, we believe  
13 that this individual is likely to be, uh, going through mental health crisis. So, um, we figured  
14 that was the best course of action at the time.

15 DDA FRANKLIN: Okay. And as an E-C-I-T officer, do you handle officer or police  
16 officer holds often?

17 JUAN DUQUE VALENCIA: Yes. Several, Mm-hmm <affirmative>.  
18

19 DDA FRANKLIN: Okay. Um, when you arrived with, uh, officer Wortman and Officer  
20 Epton, was there a point where, um, like before you even got into the building where a plan  
21 was developed or where you spoke with the other officers about what you guys were gonna  
22 do?

23 JUAN DUQUE VALENCIA: Yes. As we were walking up to the apartment, um, we  
24 were having conversations about, uh, what we call contingencies. There are things that is, that  
25 are taught to us about, um, things that could potentially go wrong and things that, how, how  
26 we could resolve those

27 DDA FRANKLIN: Mm-hmm <affirmative>.  
28

1 JUAN DUQUE VALENCIA: Um, basically kind of brainstorming ideas, so to speak.

2  
3 DDA FRANKLIN: So, it sounds like you consider these contingencies at that point. Do,  
4 um, do you generally sort of develop a more firm plan as you gain more information or get  
5 your eyes on the situation more?

6 JUAN DUQUE VALENCIA: Yeah, they're absolutely not set in stone. Um, these are  
7 things that we plan ahead of time with the very little information that we have, um, that the  
8 dispatcher receives, as well as information we get in this case from Mr. Cash. Um, but they  
9 are not things that are set in stone, uh, things that can be reevaluated and changed. Um, once  
10 we get eyes on 'em, the individual, uh, we can reassess.

11 DDA FRANKLIN: Um, so we've reviewed the body-worn camera, um, a few times now,  
12 so I'm gonna kind of just walk through certain points of that, um, to get your observations and  
13 kind of understand why you did what you did throughout the, the process here. Um, so once  
14 you got to the building, um, did you meet up with Mr. Cash then?

15 JUAN DUQUE VALENCIA: Yes, Mr. Cash was outside.

16 DDA FRANKLIN: Okay. And, uh, uh, he took you up to the third floor where this  
17 apartment was?

18  
19 JUAN DUQUE VALENCIA: Correct.

20 DDA FRANKLIN: Okay. When you exited the apartment, can you talk about what you  
21 were observing, what you were looking for in that moment? Exiting the elevator and then  
22 walking to the apartment?

23 JUAN DUQUE VALENCIA: Uh, we were looking for the described subject. Uh, I was  
24 waiting to maybe listen to things that you might have been saying, um, assessing the situation  
25 with maybe potential damage to, um, uh, the hallway or his unit.  
26  
27  
28

1 DDA FRANKLIN: Mm-hmm <affirmative>. Okay. Um, and I actually, uh, I want to  
2 jump back briefly before you guys went into the building, uh, on your body-worn camera, you  
3 can be heard saying something like, um, we're immediately going to to to go 61.

4 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

5 DDA FRANKLIN: What does that mean?  
6

7 JUAN DUQUE VALENCIA: 61 is our police code for we are going to attempt to take  
8 somebody into custody. Um, so that just means that we're gonna approach that person and, uh,  
9 take him into custody. Yeah.

10 DDA FRANKLIN: And so is that the same terminology used when you're saying you're  
11 planning to effectuate a police officer hold

12 JUAN DUQUE VALENCIA: Correct. In order to take somebody on a police officer  
13 mental, uh, hold so to speak, they have to be in, in, in custody.  
14

15 DDA FRANKLIN: Okay. So, then I wanna jump back to, um, as you were exiting, um,  
16 the elevator. So, um, you talked, talked a little bit about what you were listening for, um, and  
17 what you were looking for. What did you actually observe as you were approaching the  
18 apartment?

19 JUAN DUQUE VALENCIA: Uh, the apartment to, uh, the subject store was wide open,  
20 and the subject was, um, in his unit, um, with a shirt, no pan- or pants around his ankles. Um,  
21 the apartment was in disarray, it had flooding, there was trash on the floor. Um, he, um, from  
22 what I believe was, uh, hitting it, the, the bed was, his bed was upside down, um, on the  
23 ground and he was hitting it with his jacket.

24 DDA FRANKLIN: Mm-hmm. And from the video, it appears that you exit the elevator  
25 first and the other officers are, and Mr. Cash are behind you. Was there a reason that you went  
26 first?  
27  
28

1 JUAN DUQUE VALENCIA: Um, I am the, I was the officer that had that enhanced  
2 crisis intervention training. Uh, so I, I, I took the lead, uh, that way I could get a more clear  
3 picture of the situation and be able to get eyes on the subject first, um, be able to sort of assess  
4 the situation from, from the front, so to speak.

5 DDA FRANKLIN: Okay. Um, as you were approaching the apartment, uh, did you draw  
6 your firearm at any point?

7 JUAN DUQUE VALENCIA: No, my firearm was not drawn.

8  
9 DDA FRANKLIN: Okay. Um, are you aware whether any other officers drew their  
10 firearms? I know they were behind you at this point.

11 JUAN DUQUE VALENCIA: Uh, I, I don't recall. No.

12  
13 DDA FRANKLIN: Okay. Um, so you described what you saw when you looked into this  
14 individual's apartment. Um, what was, you said you kind of were continuously assessing,  
15 especially as an E-C-I-T officer. What were your initial thoughts as you are looking at him  
16 and, you know, the state of the apartment and kind of what's going on? What, what was going  
17 through your mind?

18 JUAN DUQUE VALENCIA: Yeah, um, just based on the, uh, the sort of state of his  
19 apartment and his behavior, um, I could tell at that moment that this was somebody who was,  
20 uh, who I believed, um, going through a mental health crisis.

21 DDA FRANKLIN: Okay. And, uh, so we heard you, uh, kind of engaging with this  
22 person in the body-worn camera. Um, could you understand everything he was saying when  
23 he was responding? Uh, when he did respond,

24 JUAN DUQUE VALENCIA: Uh, the subject was, uh, he was able to engage with us, so  
25 we would ask him, uh, basic questions. Um, we were trying to build what we call rapport or,  
26 um, uh, positive sort of, uh, interaction with the subject. Um, he would have brief responses to  
27 some questions, but there would be moments where, um, things would be said that have no  
28

1 sort of, uh, didn't have anything to do with our conversation. So those were just brief moments  
2 of sort of, uh, where a conversation would just kind of go off, off the rails, so to speak.

3 DDA FRANKLIN: Okay. And so, were his responses part of your assessment, um, where  
4 you just described, uh, that you believed this was somebody in in crisis?

5 JUAN DUQUE VALENCIA: Yes. Uh, our conversations, uh, and part of my E-C-I-T  
6 training is to have a conversation with this individual. And a lot of that is to assess whether  
7 this individual is able to follow, um, suggestions that we can maybe that way we can talk him  
8 or her.

9 DDA FRANKLIN: Mm-hmm <affirmative>.

10 JUAN DUQUE VALENCIA: Into some sort of outcome.

11 DDA FRANKLIN: Okay. And there were times, uh, during this initial interaction where  
12 you can be heard asking this individual to, to come on out and, and talk with you guys. Why  
13 were you asking him to do that? What was the reason for that?

14 JUAN DUQUE VALENCIA: Uh, there's a lot of unknowns in the apartment. Um, we  
15 just don't know. We have no idea what's, uh, any potential, uh, weapons or dangers to either  
16 himself or ourselves. Um, and that's also just the safest thing for us as well as for him to have  
17 him step up, step, uh, step out and have us have him meet us where we're at.

18 DDA FRANKLIN: There was a point where this individual asks you, um, during this  
19 initial interaction to like adjust the chair that was in the doorway. Was, do you recall, was that  
20 chair propping the door open?

21 JUAN DUQUE VALENCIA: Uh, I believe the chair was in front of the door. I don't  
22 know if the chair was propping the door open.

23 DDA FRANKLIN: Mm-hmm <affirmative>.

24 JUAN DUQUE VALENCIA: But it was definitely up against the door.

1  
2 DDA FRANKLIN: So, when you did move the chair, 'cause you can be observed moving  
3 it, did you have to hold the door open if you can remember after that?

4 JUAN DUQUE VALENCIA: I, I believe so.

5 DDA FRANKLIN: Okay. Um, so at that point, was there a plan or were any kind of  
6 discussion made between you and the other two officers about entering the apartment?

7  
8 JUAN DUQUE VALENCIA: Uh, we were having a discussion, uh, I'm not sure we're on  
9 the timeline we are right now. Um, but we did wait, uh, several minutes outside the door.

10 DDA FRANKLIN: Mm-hmm <affirmative>.

11 JUAN DUQUE VALENCIA: And that was to be able to evaluate, uh, the subject.

12  
13 DDA FRANKLIN: Okay.

14 JUAN DUQUE VALENCIA: Um, to see what his level of sort of understanding about  
15 what was going on. Um, but we were having active discussions about what to do.

16 DDA FRANKLIN: Mm-hmm <affirmative>.

17  
18 JUAN DUQUE VALENCIA: And I myself, uh, I mean, obviously I was also thinking  
19 about, uh, things that we could do.

20 DDA FRANKLIN: Mm-hmm <affirmative>. Okay. And so, it sounds like there  
21 obviously was a plan eventually you decided you were going to enter the apartment.

22  
23 JUAN DUQUE VALENCIA: Correct.

24 DDA FRANKLIN: Um, why in that moment, was there any concern that you had,  
25 whether based on your E-C-I-T training or just your training and experience in general, um,  
26 any concern you had about just letting the door close and leaving this person be and leaving?  
27  
28

1 JUAN DUQUE VALENCIA: Sorry, is is the question why, uh, we, we went the path that  
2 we took?

3 DDA FRANKLIN: Yeah, essentially, yeah.  
4

5 JUAN DUQUE VALENCIA: Or why at that moment we chose? Sure. Um, that's a good  
6 question. I think the, the, the conversation that that came up was the, that floor had been ev-  
7 uh, evacuated by the residents, uh, the other residents in those units. Um, we now have to  
8 assess as soon as we, uh, as soon as police are, are, uh, have left, uh, whether or not those  
9 residents are safe to come up. Um, uh, I believe that at that time, that conversation, it, it just  
10 would not have been feasible or appropriate to have let those residents come who had now  
11 who were com who were all downstairs, who, who had seen police arrive and what they  
12 believed to have to have been there to, to help 'em with this, uh, with this problem that they  
13 were having of w- w-, you know, with their other resident. So I think at that time, uh, that was  
14 the decision that that, you know, that was made based on I think the other residents and their  
15 safety, so to speak.

16 DDA FRANKLIN: Did you have any concerns about this individual's safety and to  
17 himself and whether or not he might be harmed to himself? If you just left?

18 JUAN DUQUE VALENCIA: We, based on the few minutes that I was there, um, and a  
19 lot of that was sort of the assessment that I was trying to do was to determine whether or not,  
20 um, his level of crisis was sort of going down. So, in other words, was I able to have a, a  
21 conversation with him to the point where he could tell me, um, you know, Hey, I'm, I'm  
22 currently not medicated, or I'm, or, or, yes. I, um, sorry that this is happening. I was, I was  
23 trying to gauge whether we were sort of going on an uphill or we were kind of coming on a,  
24 on a downhill, so to speak.

25 DDA FRANKLIN: Mm-hmm <affirmative>. Okay. And I mean, considering you went  
26 inside, um, where did you gauge things at? Um, you said you were trying to gauge if he was  
27 coming down from the crisis and able to talk with you about medications. What did you  
28 determine after kind of making that part of the assessment?

1 JUAN DUQUE VALENCIA: Uh, yeah. No, it was, it was consistent. We had the same  
2 level of interaction throughout. Uh, I did not feel that this individual was, um, uh, coming  
3 down from the mental health crisis, I believe it was either staying constant, uh, consistent or  
4 possibly even going up.

5 DDA FRANKLIN: Okay. And so, once you ultimately decided to enter the room, was  
6 there a plan about who would be hands-on, who would be covered, anything like that?

7 JUAN DUQUE VALENCIA: Uh, yes. Before we stepped into the room, I was  
8 determined that myself and Officer, uh, Wortman, my, my partner, uh, would take, uh, would  
9 grab the subject, uh, by, by each arm.

10 DDA FRANKLIN: Mm-hmm <affirmative>.

11 JUAN DUQUE VALENCIA: And Officer Epton would be behind us.

12 DDA FRANKLIN: Okay. And as you're entering the room, are you kind of assessing the  
13 room as well and what's in there and kind of what the status of things are now that you're  
14 inside a little further?  
15

16 JUAN DUQUE VALENCIA: Yeah, the room was pretty dimly lit. Uh, so as soon as we  
17 stepped in, uh, we, we have our heads on a swivel looking for what we, what had been  
18 described as knives, potential knives. Um, there's also mentions of flooding. We were trying  
19 to see if there's still an active flood. Um, so, uh, stepping into that room allowed us sort of an  
20 extra, uh, idea about what the situation was that night.

21 DDA FRANKLIN: Okay. And did you, um, I know you said before you got into the  
22 room, you noticed that the floor or the ground was wet. Um, once you got in the room, could  
23 you see that that was the case inside as well?  
24

25 JUAN DUQUE VALENCIA: Uh, yes. Throughout the, it's a, it was a small unit. Uh, we  
26 could tell that there was about a quarter to a, to a half inch of liquid, uh, all sorts of, uh, liquid  
27 on the, on the floor.  
28

1 DDA FRANKLIN: Okay. Um, and so when you ultimately end up approaching this  
2 individual, um, you had said that you were gonna take one arm, Officer Wortrman was gonna  
3 take the other arm, and Officer Epton was, um, was cover essentially, um, describe what that  
4 was like in, in kind of that moment when you approached and, uh, began to try to detain him.

5 JUAN DUQUE VALENCIA: Uh, yeah. We both approached, um, calmly grabbed, um,  
6 the gentleman, uh, each of his arms. Um, and at that point, um, we were trying to gauge  
7 whether or not he's gonna resist us taking him into custody.

8 DDA FRANKLIN: Mm-hmm <affirmative>.

9 JUAN DUQUE VALENCIA: Um, would you like me to go in the,  
10

11 DDA FRANKLIN: Yeah, sure.

12 JUAN DUQUE VALENCIA: Okay. Um, the subject, uh, was initially sort of unbothered  
13 by us putting hands on him. Um, from my recollection, he was eating some cake or had some  
14 sort of pastry with him, um, that he started eating. Um, we let, we, we gave him a few seconds  
15 to, to do that. Um, this is somebody who's, who's in, who's in a mental health crisis whose  
16 reality might just not be the same as ours. So, uh, we had to approach this individual and  
17 taking him into custody differently from how I would take a criminal or somebody who has  
18 just committed a crime and a custody who was, who was aware that they have committed a  
19 crime, so to speak.

20 DDA FRANKLIN: Mm-hmm.

21 JUAN DUQUE VALENCIA: So, in other words, we approached them, we, we let him  
22 have a few seconds, and it was at that point, from what I recall, that he, um, took some cake  
23 and threw it down the window. We said, okay, that's, uh, that's enough. Uh, it was at that point  
24 that we started to, uh, uh, put, um, the subject's hands behind his back

25 DDA FRANKLIN: Mm-hmm <affirmative>.  
26  
27  
28

1 JUAN DUQUE VALENCIA: And that's when I felt quite a bit of tension, um, starting to  
2 develop. Um, and then from what I recall, my, I was the one who went to handcuff the  
3 subject. And, um, as soon as my handcuff, uh, or what I believe the subject felt, the handcuff  
4 go on his wrist, that's when he pulled, pulled forward and pulled his arms away from me.

5 DDA FRANKLIN: Okay. And you said, um, you described how in this moment where  
6 you're trying to actually put the handcuffs on for the first time, that you pretty immediately  
7 started to feel some tension. What do you mean by that? Can you describe where in his body  
8 and what did that look like?

9 JUAN DUQUE VALENCIA: Yeah, it's just very, it's just rigidity. Um, so it's basically  
10 you're pulling one way, and you just feel pressured, the exact opposite things.

11 DDA FRANKLIN: Okay. Um, we saw in the video that, um, this individual ultimately  
12 ends up on the ground. Um, do you recall how that happened? Did you or another officer take  
13 him down or kind of effectuate that or did he fall? Do you remember seeing how that  
14 happened?

15 JUAN DUQUE VALENCIA: Uh, it happened very quick. I believe it was just a struggle,  
16 the fact that there was liquid on the ground. Um, we all sort of slipped. We ended up on the  
17 ground.

18 DDA FRANKLIN: Okay. Um, do you recall, so all three of you were on the ground with  
19 this individual, or was it was, did you fully fall on the ground?

20 JUAN DUQUE VALENCIA: I can't recall, I believe.

21 DDA FRANKLIN: Mm-hmm.

22 JUAN DUQUE VALENCIA: Um, the subject definitely fell on the ground. I don't  
23 believe. I don't recall whether or not, um, I was on my knees or I was on the ground.  
24  
25  
26  
27  
28

1 DDA FRANKLIN: Okay. And once this individual was on the ground, what was your  
2 role? What did you do? Um, and kind of just what did you observe the other officers doing?  
3 So, you can just kind of explain what happened next.

4 JUAN DUQUE VALENCIA: Um, as soon as we ended up on the ground, I ended up,  
5 um, sort of being, uh, pushed out of what was a struggle. Um, and I was now hovering over  
6 Officer Epton and Officer Wortman who were struggling with the subject on the ground. Um,  
7 there was no room for me to assist in any ways, um, with arms or legs. Um, so I stood, um,  
8 above 'em. That's when I notified my supervisor that we were having a struggle, um, to  
9 immediately get more officers on the way. Um, I started to assess the, the situation with the  
10 apartment. Um, um, I started looking for these for the supposable knives that had been  
11 mentioned on the call. Um, and sort of helping in any way, in any way that I could potentially  
12 help without actually doing physical, you know, uh, assistance to the other officers. So.

13 DDA FRANKLIN: Okay. So it sounds like initially you went in there as one of the  
14 officers that would be hands-on, and then once this individual was on the ground, you kind of  
15 stepped back and the other two officers were the ones who were hands on for, for the most  
16 part. Is that fair?

17 JUAN DUQUE VALENCIA: Correct.

18 DDA FRANKLIN: Okay. And then you described that you were, you took that time to  
19 kind of assess the situation, notify supervisors and things like that. Did you, um, what did you  
20 notice was starting to happen in the apartment as this person is now on the ground and the  
21 other two officers are attempting to put him in handcuffs?

22 JUAN DUQUE VALENCIA: Uh, we at one point started to get a cloud of smoke that  
23 was developing in the unit. Um, I don't believe it was brought to my attention by another  
24 officer. Um, and we, uh, noticed that, um, the smoke was coming from the stove top

25 DDA FRANKLIN: Mm-hmm <affirmative>.  
26  
27  
28

1 JUAN DUQUE VALENCIA: Um, so we believed at that point that there was potentially  
2 an active fire, uh, situation that we had going on. Um, so I notified dispatch. I let them know  
3 that we were potentially going to have to have to have fire come up, uh, the fire department  
4 come up and assist us with, with a potential fire.

5 DDA FRANKLIN: Um, and so it sounds like you tried to address the fire situation. Um,  
6 were you also during this time still trying to provide updates to, I mean, it sounds like you  
7 were calling for fire. Were you updating other individuals, supervisors and, and that type of  
8 thing?

9 JUAN DUQUE VALENCIA: Yeah, our supervisors require us to, uh, they are  
10 monitoring via radio only. So, they require us to keep updating them throughout, um, you  
11 know, throughout a, uh, something like this. Uh, and obviously I, I, I was the one that had the  
12 means to do that, so I was providing constant updates, uh, to our supervisors as well as  
13 dispatch.

14 DDA FRANKLIN: Um, were you, from your perspective, able to sort of see what the  
15 other two officers were doing, uh, in terms of trying to handcuff this individual?

16 JUAN DUQUE VALENCIA: Uh, I certainly couldn't see it. Um, I was staring at the  
17 officer's backs, uh, and I don't believe I, I could see very little of the subject. Um, but I could  
18 certainly hear, uh, some sort of struggle going on. Uh, I could hear a lot of grunting from the  
19 officers. Uh, I could hear the officers telling the subject to put his hands behind his back, um,  
20 to stop, uh, resisting. Um, uh, but I really, but I couldn't see much of that.

21 DDA FRANKLIN: Okay. Was there a point at which this individual appeared to stop  
22 resisting, um, or that he was complying? Um, or did, did things sort of seem to shift at one  
23 point?

24 JUAN DUQUE VALENCIA: Uh, there was one point where, um, I believe, uh, the  
25 officers, uh, were finally able to put handcuffs on, on the subject. Um, and at that point, um,  
26 from my understanding, uh, the subject was still wasn't resisting or struggling as much as  
27 when we first encountered him. Uh, but there'd be moments where, um, he tried to shift his  
28

1 hips or, uh, try to turn onto his side, try to try to, uh, get back on his knees, so to speak. Um,  
2 uh, but there was a point where, where yes, the, the, the main struggle, uh, sort of sub-, sub-  
3 sub- subsided, and he was just, uh, there, so.

4 DDA FRANKLIN: Okay. When that was happening, was there any indication or  
5 anything that you observed that indicated there was a medical event going on? At least  
6 initially?

7 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>. No. No, we did not get any  
8 complaints from the subject. Uh, nor did I hear anything from my officers indicating that, uh,  
9 that there was some sort of medical event going on.

10 DDA FRANKLIN: Okay. Um, at one point you can hear one of the other officers  
11 confirming, you know, 61, what does that indicate to you?

12 JUAN DUQUE VALENCIA: Uh, that was just letting us know that, uh, they had put  
13 handcuffs on him. Uh, so that was an indication for me to also let dispatch and our supervisors  
14 know that the subject had, um, handcuffs on, that he was handcuffed,  
15

16 DDA FRANKLIN: And then pretty immediately thereafter, you can be heard saying,  
17 okay, we can slow down now. Everybody slow down.

18 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

19 DDA FRANKLIN: What, what did you mean by that?

20 JUAN DUQUE VALENCIA: Uh, generally when we ask for help, uh, via the radio, we  
21 get the entire precinct will come and, and, and assist because it's a, it's a situation where  
22 officers need help. Um, when, after a, after a subject has been placed in the custody, we  
23 generally, um, just based on our call needs and our, and our, and how busy we are, I generally,  
24 uh, or we all generally, um, tell our dispatcher that we no longer need all of the officers from  
25 the precinct to come and assist us.  
26

27 DDA FRANKLIN: Mm-hmm <affirmative>.  
28

1  
2 JUAN DUQUE VALENCIA: Um, and at that point, maybe a few will trickle in and, and  
3 a supervisor will obviously show up on scene that just, that's letting people know that we are  
4 now, uh, we're no longer at that level where we need immediate sort of assistance.

5 DDA FRANKLIN: And so, you described how initially, um, it wasn't immediately  
6 obvious to you that there was a medical event going on. Um, at what point did that change? At  
7 what point did you realize there was a medical event?

8 JUAN DUQUE VALENCIA: Uh, I believe there was a comment by either Officer  
9 Wortman or Officer Epton about, um, I believe the question that was posed was, is he  
10 breathing? And up until that point, um, I could hear while I was standing up, I could hear  
11 Officer Wortman and Officer, uh, Epton, uh, asking the, the subject, hey, are you okay trying  
12 to talk to him, trying to get some, uh, feedback from him. Uh, so I believe one of the officers  
13 said, um, is he breathing?

14 DDA FRANKLIN: Mm-hmm.

15 JUAN DUQUE VALENCIA: Um, and that's when, um, you know, things shifted, uh,  
16 into now what we believe to be potential medical event. Um, and that's when we notified  
17 dispatch, uh, and, uh, either Officer Epton or Officer Wortman started to do, um, uh, attend to  
18 that subject.

19 DDA FRANKLIN: Okay. Um, so you said that's when we notified dispatch. Uh, do you  
20 mean you yourself?

21 JUAN DUQUE VALENCIA: Yes, correct. Okay.

22 DDA FRANKLIN: Um, and did that include calling for AMR or for, um, medical again,

23 JUAN DUQUE VALENCIA: Yes. Uh, AMR, uh, both fire and Medical were there at the  
24 very beginning of this call, and that just that simply to the fact that we needed them, fire was  
25 there to assist the flooding. Uh, we didn't have knowledge of the fire at that point. Uh, the fire  
26 department was there for the flooding, but uh, the paramedics were there. They're always  
27

1 called ahead of time before we, um, take the initiative to take somebody into custody for a  
2 mental health hold. So, they are always there at the beginning. Um, they were already, from  
3 what I understood from our dispatcher, they were already on scene, so they were asked  
4 repeatedly to come up, uh, to come up to the unit. Um, I had notified our dispatcher to let  
5 them know that they need to be up there now

6 DDA FRANKLIN: Mm-hmm <affirmative>. And were you, um, when you were  
7 notifying the dispatch of the need for, for medical, um, were you asking for anything in  
8 particular, like anything that they bring with them and, and if so, what was that and why?

9 JUAN DUQUE VALENCIA: Yeah. Um, it's something that we're able to request from  
10 paramedics. They absolutely don't have to do, so they don't believe. So, uh, paramedics don't  
11 have an idea of the state of the individual. They're just hearing this via the radio, just like our  
12 dispatcher. Um, based on the struggle that we had with the subject, uh, I can request or, and I  
13 did request them to come up with sedation. Uh, it's something that they give subjects, uh, to  
14 assist, uh, both to keep paramedics safe as well as the subject to prevent him from entering  
15 himself on the gurney. Uh, and it's exactly what it is. It's sedation and it gives them plenty,  
16 basically calms 'em down, brings them down, and, uh, allows for a safe transport to the  
17 hospital.

17 DDA FRANKLIN: Okay. Um, do you recall how many times you radioed to dispatch  
18 about needing medical up there?

19 JUAN DUQUE VALENCIA: Uh, it was, it was several. Um, I can't, uh, remember from  
20 the top of my head.

21 DDA FRANKLIN: Do you recall if the dispatcher that you were speaking to, like was  
22 there any indication, was she saying anything back about medical coming up or like a  
23 timeframe?  
24

25 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

26 DDA FRANKLIN: What was your expectation after calling for medical that many times?  
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2 JUAN DUQUE VALENCIA: Um, based on the, the, the sort of, uh, chaotic nature of the  
3 apartment, uh, we at that point had the fire alarm going on, frankly, um, I could not hear  
4 anything from our dispatcher, uh, over the fire alarm as well as what was happening on the  
5 ground. Um, um, I did not hear the dispatcher say that they were coming up, uh, but it is our  
6 expectation that when, uh, paramedics and AMR staged, which is what we call them, being  
7 just a few blocks away, or, uh, they basically, um, uh, staging is for them that it's not safe  
8 enough for them to come up, but they, but the, but the expectation is that they're nearby so that  
9 when they are requested, they're able to come up in a relatively quick amount of time.

9 DDA FRANKLIN: So even though you couldn't hear the dispatcher responding to you, it  
10 sounds like you still repeatedly made the call for, like, so you made the attempt to still  
11 communicate with her even though you couldn't hear

12 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

13 DDA FRANKLIN: What she was saying back, is that right?

14  
15 JUAN DUQUE VALENCIA: Yes. Uh, and a lot of that was just the urgency that I  
16 wanted to indicate to the dispatcher to convey to the paramedics that they, uh, that they are  
17 needed relatively quickly, uh, some sort of sense of urgency basically.

18 DDA FRANKLIN: Okay. Um, once AMR arrived, uh, or the paramedics came on up,  
19 um, they can be heard in the video asking to remove the handcuffs, and I believe you were the  
20 one that initially responded, no.

21 JUAN DUQUE VALENCIA: Yes.

22  
23 DDA FRANKLIN: And then there was a conversation and then the handcuffs came off.

24 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

25  
26 DDA FRANKLIN: Why did you initially respond "No." What was your thought process  
27 there?

1  
2 JUAN DUQUE VALENCIA: Yeah, we, I just had, I just needed just a few seconds to  
3 process the, the, the information. Uh, we had just gotten up from the subject. Um, and, uh,  
4 obviously the paramedics are there to, for a, for a medical need when I am there to make sure  
5 that the scene is safe, that it's safe for, for everybody. It just took me a few seconds to, to  
6 understand and to, to come to the conclusion that it was likely, more likely than not safe  
7 enough to, uh, take the handcuffs, uh, off the subject.

8 DDA FRANKLIN: Okay. Um, aside from what ultimately resulted in this situation, was  
9 there anything out of the ordinary based on your training experience, including with E-C-I-T  
10 cases? Um, was there anything sort of out of the ordinary in terms of, you know, um, using  
11 prone position handcuffing the individual in this way? Um, again, aside from what ultimately  
12 resulted,

13 JUAN DUQUE VALENCIA: Uh, no. This is, um, the same thing, uh, the same way that  
14 we approached the subject and the same things that developed or happened this night is the  
15 exact same ways that I've done several times now, um, to, to take somebody into a police  
16 officer hold. Uh, so there was nothing different that was done. Um, there was no different  
17 protocol that was followed. We did the exact same thing.

18 DDA FRANKLIN: Okay. Um, were you aware of any substance use that this individual  
19 had engaged in prior to arriving?

20 JUAN DUQUE VALENCIA: Uh, we had no prior history, uh, with this individual,  
21 neither that we were able to find ourselves or that dispatch was able to provide. Um, nor did I  
22 observe any, um, uh, substance use or any substance sort of, uh, evidence, uh, when I first  
23 observed the individual from the, from the doorway.

24 DDA FRANKLIN: Have you dealt with individuals, uh, as an E-C-I-T officer  
25 specifically who are under the influence of something?

26 JUAN DUQUE VALENCIA: Yes.  
27  
28

1 DDA FRANKLIN: Okay. Um, I think that's all the questions I have. Do you have any  
2 questions develop with.

3 DDA OVERSTREET: I don't think so. Okay. Grand Jurors? Yeah.

4  
5 GRAND JUROR: So, I understand kind of, I think you've mentioned that you were  
6 calling for dispatch and you're even having a hard time hearing them just because of the  
7 smoke and everything going on. You were at some point after he was down and detained,  
8 you'd kind of done, like, you walked around the room a little bit to make sure everything was  
9 okay, but you'd kind of posted up behind Wortman and Epton to kind of keep an eye on  
10 things.

11 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

12 GRAND JUROR: Did. You didn't hear any change of voice, um, or kind of as, as Damon  
13 started to relax. Um, did you hear any changes in his sounds as things were kind of going on,  
14 or was it just kind of too hard to hear any changes at that point?

15 JUAN DUQUE VALENCIA: Um, I could hear people breathing, uh, but I could not tell  
16 whether that was our officers or, uh, the, the gentleman on, on the ground

17 GRAND JUROR: Mm-hmm <affirmative>.

18  
19 JUAN DUQUE VALENCIA: Um, so I, I, I couldn't hear anything specifically coming  
20 from, from somebody that there was definitely grunting noises and, and sounds coming from  
21 that area.

22 GRAND JUROR: Mm-hmm <affirmative>.

23 JUAN DUQUE VALENCIA: Um, but I couldn't tell you if it was, uh, if it was  
24 specifically from, from, uh, Mr. Johnson.

25  
26 GRAND JUROR: Okay. And then, um, again, the way everything kind of fell, his head  
27 was pretty close to the wall. I know you weren't exactly in a good position to kind of get in  
28

1 there and move anything around. Did you observe that at all and think maybe we should pull  
2 him down a little bit, so his head wasn't so pushed up against the wall, or was it really not a  
3 good opportunity just given the situation?

4 JUAN DUQUE VALENCIA: Yeah, I, I don't even recall that.

5 GRAND JUROR: Okay.

6 JUAN DUQUE VALENCIA: Sorry.

7 GRAND JUROR: No, that's fine.

8 JUAN DUQUE VALENCIA: Um, yeah, no, uh, I don't recall, um, his face being up  
9 against the wall. Um, it.

10 GRAND JUROR: Was more like the, the top of his head, but yeah

11 JUAN DUQUE VALENCIA: Okay. Uh, but no, it's not something that I personally saw.  
12 Okay. Thank you.

13 GRAND JUROR: Mm-hmm.

14 DDA FRANKLIN: I have a follow up to one of her questions. Um, so you had indicated  
15 that you heard some grunting and breathing noises coming from that area. Weren't sure who it  
16 was from, though. If you had known that let's say that these noises were coming from Mr.  
17 Johnson, would that have indicated anything to you, particularly within, like with regard to  
18 medical situation going on, or would that have meant, would that have been notable to you in  
19 any way?

20 JUAN DUQUE VALENCIA: It, it possibly. I, um, we were, I could tell by I was doing  
21 really the least amount of physical work, uh, in that it, but I could hear my, uh, partner Officer  
22 Wortman and Officer Jason Epton, um, grunting, and they were definitely out of breath  
23 sweating. Um, I don't know if, um, if I would've been able to, uh, able to distinctively tell  
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1 between a grunt of somebody who has just exerted themselves compared to somebody that's  
2 going through some sort of medical emergency.

3 DDA FRANKLIN: Mm-hmm <affirmative>.

4  
5 JUAN DUQUE VALENCIA: Uh, so I don't, I, I'm not sure if I would've been able to tell  
6 the difference between those two.

7 DDA FRANKLIN: Sure, okay Thank you. Any other questions? Yeah.

8  
9 GRAND JUROR: Um, so we saw on the body cam footage that several of the other  
10 officers, uh, attempted to do sternum rubs. Did you also attempt a sternum rub?

11 JUAN DUQUE VALENCIA: No, I, I did not attempt a sternum rub.

12 GRAND JUROR: Um, did you check for a pulse at any time?

13  
14 JUAN DUQUE VALENCIA: Uh, I believe after it was determined that, um, or there was  
15 an indication that, uh, uh, Mr. Johnson was not breathing. I, I'm not a hundred percent sure,  
16 but I don't know if the other officers, uh, attempted a pulse check, but I, but I certainly did not.  
17 No.

18 GRAND JUROR: Okay. Thank you.

19 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

20 DDA FRANKLIN: And we, another question here.

21  
22 GRAND JUROR: Yeah. You said you've had people in the prone position to be  
23 handcuffed before.

24 DDA FRANKLIN: Mm-hmm <affirmative>.

25  
26 GRAND JUROR: Was the amount of time that Damon was in that position, is that  
27 consistent with other people that you've had in that position as well?  
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1  
2 JUAN DUQUE VALENCIA: Yeah, it's not, it's not abnormal, uh, is, is what I'll say. Um,  
3 the prone position is our sort of dumb, I would say, like bread and butter. It's just the way that  
4 we take folks into custody just based on, it's safer for us as well as the individual. Um, there  
5 are times where we take somebody into a prone position, and this could be either somebody  
6 on drugs or could simply be an individual who's being placed under arrest then, and they  
7 continue to resist. So, um, I'm not sure if it's, if it was any longer than, than than usual. Um,  
8 but it is not abnormal to have somebody in the prone position, um, from things that I  
9 personally have experienced, uh, for the amount of time that we had, uh, Mr. Johnson in, in, in  
10 that same position.

11 GRAND JUROR: Thank You.

12 DDA FRANKLIN: Do you have another, for ya, Yeah, go ahead.

13 GRAND JUROR: Um, this is more just kind of for clarification around what your kind of  
14 training is, but so when you entered the, when you first kind of assessed and you went in to  
15 make the first physical contact you had, you and Wortman, I believe said, okay, don't resist.  
16 And I know it sounds like, is that what the standard training is for, um, uh, alerting a physical  
17 force as opposed to like, you're under arrest first, or something like that?

18 JUAN DUQUE VALENCIA: Yeah,

19 GRAND JUROR: It's just saying don't, don't resist. Is that enough of a first warning, I  
20 guess, that you're trained.

21 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>. Yeah. Certainly the, the most  
22 formal way to do it is you're under arrest.

23 GRAND JUROR: Mm-hmm <affirmative>.

24 JUAN DUQUE VALENCIA: Um, uh, don't resist or force be used on you, um, or upon  
25 you. There is a, uh, a, uh, that, that is per policy that we have to issue, uh, what is essentially  
26 a, a force warning.  
27

1 GRAND JUROR: Mm-hmm <affirmative>.  
2

3 JUAN DUQUE VALENCIA: I'm, I'm not completely sure if it's policy to let somebody  
4 know that they're under arrest. I, I I'm not before placing them, uh, in or attempting to take  
5 them into custody. Uh, but it is certainly a policy that we have to let that person know not to  
6 resist, um, and that we may use force on them if, if, if they do.

7 GRAND JUROR: Thank you.

8 GRAND JUROR: Very good question.  
9

10 GRAND JUROR: Um, is it analogous that you have a force hold warning and putting  
11 them in detainment versus, uh, under arrest? Are those two the same things?

12 JUAN DUQUE VALENCIA: Sorry, do you mind, uh, elaborating  
13

14 GRAND JUROR: On that? Uh, yeah, you can rephrase that. Um, uh, kind of in regards  
15 to, uh, her past question, the, the phrase you are under arrest was not stated

16 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

17 GRAND JUROR: Would you, in that situation, whether they were just being detained or  
18 placed on a hold, changed that statement in any way?

19  
20 JUAN DUQUE VALENCIA: Yeah. Um, he was not under arrest in the sense that he is  
21 not, that he was not being taken to jail. Um, I don't, I'm not sure if it would've been  
22 appropriate to let Mr. Johnson know that he wasn't under arrest be in, because in the context, I  
23 believe he would've believed that he would be going to jail, and that was certainly not where  
24 he was going.

25 GRAND JUROR: Okay.

26 JUAN DUQUE VALENCIA: Um, and I believe letting Mr. Uh, the subject Mr. Johnson  
27 know that he was being placed into custody for medical reasons or for his own safety, I don't  
28

1 believe he would've been able to grasp that or understand what was going on. Um, and I  
2 couldn't tell you if that was the, um, the thought process of why we didn't let him know he  
3 was under arrest.

4 GRAND JUROR: Sure.

5  
6 JUAN DUQUE VALENCIA: We didn't want to indicate and, and, and make him think  
7 that he was going to be taken to jail.

8 GRAND JUROR: Okay.

9 GRAND JUROR: Interesting.

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11 GRAND JUROR: Thank you.

12 DDA FRANKLIN: Uh, and, and maybe I am misunderstanding, but I guess a follow up  
13 question to that would be, um, this force warning that you give, is it the same regardless of  
14 what you're detaining the person for, whether it's an arrest or a police hold, do, is the force  
15 warning that you're given the same?

16 JUAN DUQUE VALENCIA: Yes. The force warning doesn't, doesn't change.

17  
18 DDA Franklin: Okay. Okay. Yeah.

19 GRAND JUROR: Um, does your E-C-I-T training include training on, uh, reactive de-  
20 escalation?

21 JUAN DUQUE VALENCIA: Um, we do not use that. Uh, I don't believe I've heard the  
22 word reactive in my training. Um, would you like to elaborate on maybe what reactive means  
23 in this sense?

24 GRAND JUROR: Um, it was from the trainer.

25  
26 DDA FRANKLIN: Yeah. So, I can, I can kind of clarify if you don't mind. So, we had  
27 testimony from, um, a, a trainer.

1 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

2  
3 DDA FRANKLIN: Um, who does the basic academy, um, and advanced training. Right.  
4 Is that right? He does both of 'em.

5 DDA OVERSTREET: Advanced.

6  
7 DDA FRANKLIN: Advanced. Okay. Um, and he described how there's de-escalation and  
8 then once there's, um, resistance, essentially there's reactive de-escalation, so things that you  
9 do in response to somebody resisting. Um, so, uh, with that basis, if you wanted to kind of add  
10 your question onto that.

11 GRAND JUROR: Yeah. Is that concept expounded on in your, in your E-E-C-I-E-C-I-T  
12 training?

13 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>. Uh, I, the majority of our, of my  
14 E-C-I-T training is actually de-escalation.

15 GRAND JUROR: Mm-hmm <affirmative>.

16  
17 JUAN DUQUE VALENCIA: Um, I don't really recall a time where they talked over,  
18 well, what happens if this individual were to resist or, or, or not want to go with the flow?  
19 Um, a lot. And really the entire training is, uh, de-escalation, building that sort of relationship  
20 with this individual, um, and things of that nature

21 GRAND JUROR: Mm-hmm <affirmative>.

22 JUAN DUQUE VALENCIA: But really this, um, um, this reactive, uh, de-escalation is  
23 not something that I'm, that I'm too familiar with.

24 GRAND JUROR: Okay.

25  
26 DDA FRANKLIN: Would it be fair to say that the techniques that you use as an E-C-I-T  
27 trainer, like in terms of taking somebody into custody and things like that, are essentially the  
28

1 same as you learn in your other training, but E-C-I-T is more geared toward understanding  
2 somebody in crisis and how to kind of work with somebody who's in crisis rather than  
3 different techniques that you would use as an E-C-I-T officer?

4 JUAN DUQUE VALENCIA: Yeah. Uh, all e all of E-C-I-T is giving people the sense  
5 that they have control of the outcome. Uh, as officers, we, we have a habit and, and we tell  
6 people generally what, what we want them to do. Um, E-C-I-T is really kind of a twist on that  
7 because we are trying to build that relationship with that individual, and we're trying to give  
8 them the impression that they have and, and sort of force, uh, sort of push them towards an  
9 outcome that we desire while giving them the idea that they're somewhat in control. Um, and  
10 that's, and that's why, uh, a lot of E-C-I-T is just sort of being there and hearing them out,  
11 trying to, you know, asking 'em the same question, trying to find alternatives. Um, yeah.

12 DDA FRANKLIN: Okay. Does that answer Your question?

13 GRAND JUROR: Yeah. Um, is it okay for a follow up?

14 JUAN DUQUE VALENCIA: Yeah, of course.

15  
16 GRAND JUROR: Um, do you believe that you had enough time to attempt to establish a  
17 rapport with Mr. Johnson in this incident?

18 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>. Yeah, that's a good question. I, I  
19 believe that I had enough information to make the assessment that I do not believe that any  
20 amount of time would have changed reasonable. And I'll, and I'll, and I'll put that word,  
21 reasonable amount of time, would have changed his behavior. Uh, a lot of the, uh, several  
22 calls that I go to where there's somebody in mental health crisis, it's, you, you, you're, you're  
23 very quickly able to assess whether that individual, um, you think there is a possibility that  
24 this individual may comply or sort of, uh, go with suggestions, things that, that, that you  
25 suggest.

26 GRAND JUROR: Mm-hmm.  
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1 JUAN DUQUE VALENCIA: And that's simply by getting feedback from them. Uh,  
2 there was nothing at that point that indicated that, at least, that I believe, that indicated that,  
3 um, any amount of time would, would maybe change, uh, the way that Mr. Uh Johnson would  
4 perceive what we were doing. Um, so no.

5 GRAND JUROR: Okay. Thank you.

6 JUAN DUQUE VALENCIA: Mm-hmm <affirmative>.

7  
8 DDA FRANKLIN: Okay. Any other questions? Anything from you?

9 DDA OVERSTREET: Nope.

10  
11 DDA FRANKLIN: Okay. I think that's it. We can go off the record.

12 DDA OVERSTREET: You can go ahead and step out.

13  
14 GRAND JUROR: Yeah.

15 GRAND JUROR: Thank you so much.

16  
17 JUAN DUQUE VALENCIA: Thank you.

18 GRAND JUROR: Thank you so much.

19  
20 GRAND JUROR: [Unintelligible].

21 DDA FRANKLIN: Know. Okay. Um, let me see if Jill is still here.

22  
23 GRAND JUROR: Okay.

24 GRAND JUROR: Otherwise, it's gonna be along night.

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26 GRAND JUROR: Just silence.

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28 DDA OVERSTREET: Be So lucky to.

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GRAND JUROR: <laugh>.

DDA OVERSTREET: Have work the rest of the day.

GRAND JUROR: <laugh>. <laugh>.

GRAND JUROR: Don't say too much though. <laugh>.

GRAND JUROR: Yeah.it can go public.

GRAND JUROR: Mm-hmm <affirmative>.

DDA FRANKLIN: I thought it was gonna be frozen because I can see the numbers  
stopped.

GRAND JUROR: It was doing stuff. Yeah.

DDA FRANKLIN: We fixed it, it was on for a while.

GRAND JUROR: Extra solar flare tonight.

GRAND JUROR: I know. I'm sure.

DDA FRANKLIN: And I just don't want to mess anything up here.

GRAND JUROR: We'll, no problems.

UNKNOWN SPEAKER: And, we've never had this issue.

DDA FRANKLIN: Yeah.

UNKNOWN SPEAKER: It's usually the other way.

DDA FRANKLIN: I know, I know.

GRAND JUROR: We're blaming space.

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DDA FRANKLIN: <laugh>. Yes.

GRAND JUROR: I love blaming space for my problems.

GRAND JUROR: Right.

GRAND JUROR: The microwave is in [inaudible]

GRAND JUROR: Is Mercury retrograding too? Let's just add on to it mean its Saturn.

DDA FRANKLIN: Is it a full moon?

GRAND JUROR: Oh, see, there we go. <laugh>.

GRAND JUROR: That was a couple weeks ago. It was a beaver moon.

GRAND JUROR: Yeah.

GRAND JUROR: Yeah. I know.

DDA FRANKLIN: [Inaudible] whatever that means. I like it though <laugh>.

GRAND JUROR: If folks went to OSU, I'm sure they really liked it.