

1 UNITED STATES DISTRICT COURT  
2 SOUTHERN DISTRICT OF NEW YORK

3 -----X  
4 ADRIAN SCHOOLCRAFT,

5 Plaintiff,

Case No:

6 - against -

10 CV 06005

7 THE CITY OF NEW YORK, ET AL.,

8 Defendants.  
9 -----X

10 111 Broadway  
11 New York, New York

12 January 13, 2014  
13 10:19 a.m.

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16  
17 DEPOSITION OF ELISE HANLON, pursuant to Subpoena,  
18 taken at the above place, date and time, before  
19 DENISE ZIVKU, a Notary Public within and for the  
20 State of New York.

1 ELISE HANLON

2 A. Not -- no.

3 Q. What is the protocol when a  
4 person wants to refuse medical attention?

5 A. If the patient has decisional  
6 capacity, they are alert and oriented times  
7 three, they understand what the situation  
8 is, they understand that the ramifications  
9 if they don't go to the hospital and they're  
10 not under any influence of any alcohol,  
11 drugs or anything that would alterer their  
12 thought process. And if they don't fit into  
13 those categories and they still refuse to go  
14 to the hospital, then we call our medical  
15 control, our telemetry, which is the  
16 physician.

17 MR. SMITH: Can you just read  
18 back that answer for me.

19 (Record read.)

20 Q. In this circumstance where the  
21 individual who you were going to the scene  
22 of his house on October 31, 2009, was he  
23 alert and oriented three times?

24 MR. SHAFFER: Objection.

25 A. Yes.

ELISE HANLON

1  
2 Q. And did he understand the  
3 situation?

4 MR. SHAFFER: Objection.

5 A. Yes.

6 Q. And was he under the influence  
7 of any drugs or alcohol that you could  
8 determine?

9 A. I don't know.

10 Q. Well, did you draw a conclusion  
11 that he was under the influence of any drugs  
12 or alcohol?

13 A. I did not do the patient  
14 assessment.

15 Q. You were at the scene, right?

16 A. Yes.

17 Q. You were the supervising  
18 paramedic at the scene, right?

19 A. Yes.

20 Q. All right, so in your opinion,  
21 did the individual who was at the scene, the  
22 patient, have the ability to request medical  
23 attention?

24 A. Yes.

25 Q. I am going to show you what's

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2 being marked as the next Exhibit, it's 65.  
3 It's several different copies, form known as  
4 the PCR and it does not have a Bates Stamp  
5 number on it. Which is a number that's put  
6 on by the parties and I made a few copies of  
7 the form, because I believe it's not an  
8 eight and a half by eleven piece of paper  
9 and some of copies that have been produced,  
10 either by the plaintiff or by the hospital  
11 aren't as clear as they could be. So that's  
12 why I have made this exhibit multiple  
13 generations of the same document. I believe  
14 the original was in the hospital files or at  
15 least an original was in the hospital file.

16 (Plaintiff's Exhibit 65,  
17 document, was marked for identification  
18 as of this date.)

19 Q. Lieutenant, are you familiar  
20 with this document?

21 A. Am I familiar with these forms?

22 Q. Yes. I'm sorry. That's right.  
23 Thank you. Are you familiar with this form  
24 of documents?

25 A. Yes.

1 ELISE HANLON

2 Q. What is this document, the form  
3 of documents?

4 A. PCR.

5 Q. What is the PCR?

6 A. Patient care report.

7 Q. What is the patient care report  
8 created for?

9 A. A record of the patient contact  
10 with emergency medical services.

11 Q. Is this a form that is required  
12 to be filled by EMTs responding to a  
13 situation out in the field.

14 A. Yes.

15 Q. Is this a form that's required  
16 to be filled out by an EMT, whether they are  
17 fire department EMTs or private EMTS?

18 A. Yes.

19 Q. Is it the same form, whether  
20 fire department or a private ambulance?

21 A. Relatively.

22 Q. There are differences?

23 A. Yes.

24 Q. What are the differences?

25 A. Some of their format is

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2 that was on the scene.

3 Q. Are you saying yes, I knew the  
4 EMTs at the scene?

5 A. Yes.

6 Q. Did you know nobody else who was  
7 at the scene?

8 A. No.

9 Q. How did you know the two EMTs  
10 who were at the scene?

11 MR. SHAFFER: Objection.

12 A. They work in the neighborhood  
13 that I work in.

14 Q. When you got to the scene you  
15 recognized them?

16 A. Yes.

17 Q. And you knew that they were  
18 Jamaica EMTs?

19 A. Yes.

20 Q. When you got to the scene what  
21 did you see?

22 A. Many police vehicles.

23 Q. How many police vehicles?

24 A. More than five.

25 Q. What kind of police vehicles did

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you see?

A. ESU was there, marked RMPs were there, I am sure there were unmarked RMPs there.

Q. Anything else?

A. I don't recall anything else.

Q. RMPs are radio patrol cars?

A. Yes.

Q. And there also was an ambulance there, right?

A. Yes.

Q. Any other cars at the scene that you saw?

A. Not that I recall.

Q. When you got to the scene how many people did you see on the street?

A. Numerous.

Q. When you say numerous, what do you mean?

A. More than 15.

Q. When you drove to the scene, before you got to the scene, did you have any discussion with anybody about the job?

A. No.

1 ELISE HANLON

2 Q. When you got the call from the  
3 911 dispatcher, you got that call on the  
4 radio?

5 A. Yes.

6 Q. Was that a call directed at you  
7 or was it directed at an individual who fell  
8 into the category requiring your response?

9 A. Directed at me.

10 Q. So the dispatcher Lieutenant  
11 Hanlon, I need you to respond or words to  
12 that effect?

13 A. Using my radio designation, she  
14 asked me -- I don't know if it was a she.  
15 The dispatcher asked me to respond.

16 Q. What's your understanding about  
17 why the dispatcher asked you to respond?

18 A. The call type that I received,  
19 it as was a barricaded EDP, which requires  
20 an officer's response.

21 Q. A lieutenant's response?

22 A. Yes.

23 Q. And you were the lieutenant on  
24 duty for that geographic area?

25 A. The lieutenant apparently that



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2 A. No.

3 Q. You said that Jamaica Hospital  
4 was the closest facility, did you tell me  
5 that earlier today?

6 A. Yes.

7 Q. When you say closest, you mean  
8 in as crows fly or how did you make the  
9 assessment about what the closest hospital  
10 was?

11 A. Should be mileage wise.

12 Q. Mileage wise and is there a  
13 program or software program that you use in  
14 order to make that determination or is there  
15 some sort of system that makes that  
16 determination for you?

17 A. Now in our computer system --  
18 our dispatch system the hospital  
19 recommendations come up. So the closest  
20 hospital comes up in the computer.

21 Q. Was that true that there was a  
22 system like that in October 2009?

23 A. I don't remember if the same  
24 system was in effect then.

25 Q. So am I correct that you

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remember drawing a conclusion that Jamaica Hospital was the closest hospital, but you don't remember what the basis for that statement is?

A. That we've taken patients from that area to Jamaica Hospital as using it as the basis of being closer hospitals. I don't know if it came as -- if the system allowed it to come up as the first recommended. I don't know if that was in place then. So past practice, we've taken patients from that area to Jamaica Hospital.

Q. How that far is that area to Jamaica Hospital?

A. I don't know. Their PCR's have it -- I don't think their PCR's have it. It's a couple of miles. I don't know. Like I said, now the computer tells you. Our PCR's are different than theirs are.

Q. Okay. Is it also true that Forest Hills is a few miles away from the scene?

MR. KRETZ: Objection.

MR. SHAFFER: Objection.

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A. Most hospitals are within a couple of miles of each other, yes.

Q. Well, I am asking for your knowledge. Isn't it true that Forest Hills is within a couple of miles of this address here set forth on the PCR, Exhibit 65, 82-60 88th Place, Glendale; isn't that right?

A. I don't know the distance. Couple of miles. I don't know the distance.

Q. Was it fair to say that Forest Hills could be about the same distance as Jamaica?

MR. SHAFFER: Objection.

A. Possibly a fair statement. I never did the mileage. I don't know what the mileage is.

Q. Yeah, I know, but you've been working in the fire department for 23 years. This was within your area. So I am curious of what your knowledge of the distance is?

MR. SHAFFER: Objection.

A. Within -- that hospital is within the response area of that call. I don't know what the exact mileage was.

ELISE HANLON

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2 Q. When you say response area, what  
3 do you mean?

4 A. The area where the call was in  
5 reference to where the hospitals are.

6 Q. Do I understand you to be  
7 telling me that Forest Hills and Jamaica  
8 Hospital were two of the hospitals that were  
9 within a certain geographic distance from  
10 the scene of the apartment?

11 MR. SHAFFER: Objection.

12 A. Restate your question.

13 Q. Well, what I want to know is if  
14 they're both -- if Forest Hills and Jamaica  
15 Hospitals are both within a few miles of the  
16 apartment, and they're both within the  
17 response area, is it correct that it makes  
18 no difference whether you take a patient to  
19 one facility or the other provided that both  
20 facilities have the medical or psychiatric  
21 requirements of the call?

22 A. Yes.

23 Q. Was the decision to take, in  
24 this case, the person in the apartment,  
25 Adrian Schoolcraft, to Jamaica Hospital, was

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that decision made before the entry into the apartment or after?

A. After.

Q. If the patient had requested to go to Forest Hills, would Jamaica EMS crew have taken him there?

A. It they could.

Q. Would they be required to do so with conditions permitting it, even though they worked for a different hospital?

MR. OSTERMAN: Objection.

MR. SHAFFER: Objection.

A. They are not required to take a patient to a specific hospital unless it fits in the category that's best for the patient.

Q. There's nothing -- just because they're working for Jamaica Hospital doesn't mean that they have to take the patient to Jamaica Hospital, right?

MR. OSTERMAN: Objection.

MR. SHAFFER: Objection.

A. Correct.

Q. Is it fair to say that there is

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2 a tendency for EMTs who work for a  
3 particular hospital to bring patients back  
4 to the hospitals they're associated with?

5 MR. OSTERMAN: Objection.

6 MR. SHAFFER: Objection.

7 A. I can't make that assumption.  
8 Our computer recommendations now tell you  
9 what the closest hospitals are.

10 Q. Well, they give you a choice  
11 though, right?

12 MR. SHAFFER: Objection.

13 A. They tell you what the closest  
14 hospitals are. You're supposed to follow  
15 the first recommended hospitals, suggestion.

16 Q. So the decision to take Officer  
17 Schoolcraft or Adrian Schoolcraft to Jamaica  
18 Hospital, that decision was made in the  
19 apartment?

20 A. Yes.

21 Q. What was that decision based on?

22 A. It was based on proximity, it  
23 was based on his blood pressure. Then he  
24 complained of chest pains. He assented to  
25 go to the hospital and then removed himself

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2 from the ambulance. So at that point it was  
3 based on a psychiatric as well as a medical  
4 aspect.

5 Q. Did he complain of chest pains  
6 while you were in the apartment?

7 A. No.

8 Q. When did he complain of chest  
9 pains?

10 A. After he removed himself from  
11 the ambulance and went back up to his  
12 apartment and apparently locked himself back  
13 in his apartment.

14 Q. Did you hear him complain about  
15 chest pains?

16 A. The police officer came out and  
17 said he was complaining of chest pains.

18 Q. You didn't know about chest pain  
19 issues when the decision to take him to  
20 Jamaica Hospital was made; is that right?

21 A. Correct.

22 Q. So the patient's complaints  
23 about chest pain was irrelevant to the  
24 decision to take him to Jamaica; isn't that  
25 right?

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MR. KRETZ: Objection.

MR. SHAFFER: Objection.

A. At that point his chest pains were irrelevant. His complaining of chest pains, Jamaica is a better choice.

Q. No, I understand that. I just want to know what facts were available to the decision makers and what facts were not available to the decision makers at the time they made the decision. Do you understand my inquiry?

A. They based their decision on Jamaica being a closer facility, on the fact that his blood pressure was abnormally high, especially for his age.

Q. Was there something about Jamaica as opposed to Forest Hills or some other hospital in the response area that would be make Jamaica appropriate for high blood pressure?

MR. SHAFFER: Objection.

MR. OSTERMAN: Objection.

A. Not necessarily. I don't work for either hospital. I have no basis on



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either hospital.

Q. Who made the decision to take him to Jamaica Hospital?

A. The EMT crew on the scene.

Q. Do you know which one of the two people that you identified made the decision?

A. The recommendation to go to Jamaica Hospital was done by Mr. Sangianetti.

Q. Do you know whether or not anybody from the NYPD had any input into that decision?

A. No.

Q. Can you turn your attention to Exhibit 65, please, the PCR. Do you see in the upper right-hand corner of the first page says reference to the call number?

A. Blank.

Q. Right. You see that area right there?

A. Hmm-mm.

Q. Is that what's also known as the CAD number?

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A. I cannot.

Q. Is there a portion of this document that would capture that information that is not indicating what that priority number was?

A. Our PCRs don't denote the priority number. It does not tell me how they received this job. I don't know what they got the call as.

Q. The CAD number would help you get that information, right?

A. The CAD number itself, unless you saw the job, the verbiage of the job, the CAD number itself isn't going to tell you.

Q. The CAD number plus the report underlying the CAD number would give you the information?

A. Yes.

Q. Can you, looking at this document, determine whether or not lights and sirens were used to take the person or the patient to the hospital?

A. I believe that what's the box

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1  
2 underneath it is, but it's not clear on my  
3 copy. Does it say to destination?

4 Q. That's what it looks like to me.

5 A. So lights and sirens were not  
6 used.

7 Q. In that same row or box, there  
8 was a transport to code and a 34. Do you  
9 see that?

10 A. Hmm-mm.

11 Q. You have to say yes or no.

12 A. Yes.

13 Q. What does transport code 34 mean  
14 to you?

15 A. The hospital number.

16 Q. That's just a reference to  
17 Jamaica?

18 A. Yes.

19 Q. In that same box there is a  
20 category of run type emergency parenthesis  
21 immediate or nonemergency. You see that?

22 A. Yes.

23 Q. Is that an indication of how the  
24 ambulance goes to the scene?

25 A. All 911 calls received are

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2 the reasons why his blood pressure was high.  
3 What I want to know is, based on your  
4 21 years of experience and training as an  
5 EMT and a paramedic, if you have a 120 as  
6 the bottom number on a blood pressure  
7 reading, what does that indicate to you is  
8 the possible issue that needs to be looked  
9 at medically?

10 A. It could be a blockage in any of  
11 his arteries, it could be a blood clot, it  
12 could be a medical -- family history that's  
13 undiagnosed, it could be any number of  
14 things.

15 Q. Do you agree with me that a  
16 recent traumatic event could also get that  
17 number to 120?

18 MR. SHAFFER: Objection.

19 A. Anything's possible, possibly.  
20 I don't know. I don't have an answer for  
21 you.

22 Q. What does the top number 160  
23 mean to you?

24 A. That also is high.

25 Q. What does it medically indicate

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to you?

MR. SHAFFER: Objection.

A. It's the force that the heart is working. So it's the contraction of the heart.

Q. Do you agree with me that trauma, mental or physical trauma will affect both of these numbers?

MR. SHAFFER: Objection.

A. Yes.

Q. Do you agree with me that fear of physical injury will affect the numbers reflected in the blood pressure reading of a patient such as this?

MR. SHAFFER: Objection.

A. I can't make that assumption.

Q. I am not asking you to make an assumption. I'm asking you for your opinion about whether or not fear of physical injury will increase somebody's blood pressure?

MR. LEE: Just note my objection.

MR. SHAFFER: Objection.

A. It will raise your blood

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1  
2 pressure.

3 Q. Does a blood pressure reading of  
4 160 over 120 indicate that the patient is in  
5 cardiac arrest?

6 MR. SHAFFER: Objection.

7 A. Then his blood pressure would be  
8 zero.

9 Q. Then the answer is no, it  
10 doesn't indicate cardiac arrest?

11 A. Correct.

12 Q. Does it indicate that there's a  
13 possibility of cardiac arrest?

14 MR. SHAFFER: Objection.

15 A. I have no way to answer that.

16 Q. All right, well, if you take a  
17 reading of a white male, who is 34-years old  
18 and you take their blood pressure and it's  
19 160 over 120, do you believe that it's a  
20 possibility that the person is going to die  
21 of a heart attack?

22 MR. SHAFFER: Objection.

23 A. Not knowing the patient and not  
24 really knowing his medical history, I can't  
25 answer that.

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Q. So the answer to my question is no, you wouldn't draw a conclusion that there's a possibility of a heart attack, because you don't have enough information, right?

A. I don't know if I could answer that. Can he go into cardiac arrest from his blood pressure being this high -- there are other factors -- I can't answer -- you're asking me a question that's multifaceted.

Q. I'm not asking some person on the street. I'm asking you. You've been in this business for 23 years as an EMT and a paramedic. You have supervised both. I want to know whether or not if you take the blood pressure of a white male who is 34 years old, does this blood pressure reading of 160 over 120 indicate to you that this person is at risk of a cardiac arrest or a heart attack?

MR. SHAFFER: Objection. Asked and answered.

A. Is he at risk of a heart attack,

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2 quite possibly. There is no age limit on a  
3 heart attack. There are plenty of people  
4 that are under 34 that have heart attacks.

5 Q. Yeah, but that might be true.  
6 What I want to know is whether or not if the  
7 blood pressure readings that we have here of  
8 160 over 120 indicate that there's a  
9 possibility of a heart attack?

10 A. Possibility.

11 Q. Those numbers indicate a  
12 possibility of a heart attack?

13 A. It's a possibility.

14 Q. In the event that you get a  
15 reading of 160 over 120 for a white male who  
16 is 34-years old, what are the protocols for  
17 addressing that situation?

18 A. Transport to the hospital.

19 Q. Is that the only protocol?

20 A. On the BLS level, yes, oxygen,  
21 transport to the hospital.

22 Q. What do you mean on the BLS  
23 level?

24 A. EMTs don't give medication other  
25 than Aspirin for cardiac issues.



1 ELISE HANLON

2 Q. Wouldn't it be consistent with  
3 sound practices to lie the patient down and  
4 try to calm the patient down and take their  
5 blood pressure reading again?

6 MR. SHAFFER: Objection.

7 A. They took a second blood  
8 pressure.

9 Q. You're not answering my  
10 question. My question is if you got 160  
11 over 120 for a white male, wouldn't one of  
12 the protocols suggest that you lie the  
13 person down, calm them down and then in five  
14 or ten minutes take their blood pressure  
15 reading again?

16 MR. SHAFFER: Objection.

17 A. We don't have a protocol that  
18 says lie the patient down and retake their  
19 blood pressure. It's not part of our  
20 protocol.

21 Q. So your protocol is take them to  
22 the hospital period, right?

23 MR. SHAFFER: Objection.

24 A. There is no high blood pressure  
25 protocol. His vital signs were taken.

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According to the paper his vital signs were retaken. There is no written protocol that says lay the patient down and retake his blood pressure.

Q. Is there a practice of sitting or laying the patient down or getting the patient in a more relaxed physical condition and then retaking the person's blood pressure?

MR. SHAFFER: Objection.

A. You're asking for -- is it practice when he gets removed to the ambulance and he's on a stretcher, is his blood pressure retaken, sure. Is he fully laying down, no, he's sitting up.

Q. You're not answering my question, Lieutenant. It's very simple. Is it a practice when you take somebody's blood pressure and they give you a blood pressure reading of 160 over 120 for somebody who is a white male who is 34-years old, is there a practice of retaking that person's blood pressure within a few minutes shortly thereafter after they've had a chance to

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1  
2 relax?

3 MR. SHAFFER: Objection.

4 A. His blood pressure was taken  
5 several minutes after.

6 Q. You and I can read the document  
7 until we're blue in the face. That's not  
8 answering my question. Is there a practice  
9 of doing that?

10 A. They're required to take two  
11 sets of vital signs. So they take two sets  
12 of vital signs. Is there a practice to  
13 change his position if he is hypertensive.  
14 There is no practice of changing his  
15 position if he is hypertensive.

16 Q. Why is there a requirement that  
17 two vital signs be taken?

18 A. That's the requirement that we  
19 have.

20 Q. So you don't know why that there  
21 is a requirement that there be two vital  
22 signs taken?

23 A. To see if there is a change.

24 Q. Is there a requirement that the  
25 vital signs be taken from different arms?

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2 Q. Do you know that officers from  
3 ESU entered the apartment?

4 A. I don't know which officers,  
5 what command they were from entered the  
6 apartment.

7 Q. You saw people from the NYPD  
8 enter the apartment?

9 A. Yes.

10 Q. You said to me that the EMTs  
11 from 50E3 entered the apartment, right?

12 A. Yes.

13 Q. With you, right?

14 A. Yes.

15 Q. What's the reference to C513?

16 A. That's me.

17 Q. What is C513?

18 A. Conditions five one and three is  
19 the tour.

20 Q. Can you explain that to me,  
21 please?

22 A. Conditions is the unit, five one  
23 is the battalion area of the response and  
24 three is the time period of which we work.

25 Q. And what time period were you?

1 ELISE HANLON

2 Q. You were a paramedic yourself,  
3 right?

4 A. Yes.

5 Q. So, is that the reason you  
6 needed a paramedic at the scene because they  
7 have all the equipment they needed?

8 A. Yes.

9 Q. Do you recall how long out the  
10 ETA was on the paramedics' arrival?

11 A. I do not recall the exact time  
12 off the top of my head. Our protocol states  
13 if you can get to the hospital in less time  
14 than it takes for the paramedics to get  
15 there, then go.

16 Q. So based on that, you believe  
17 that the ETA of the paramedics was greater  
18 than the time that it would take to get to  
19 the hospital?

20 A. Yes.

21 Q. Did the person in the apartment  
22 get taken to the hospital under an emergency  
23 situation?

24 MR. SHAFFER: Objection.

25 A. I don't understand what you're

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2 -- rephrase your question.

3 Q. Well, was it -- was the patient  
4 under the risk of some sort of serious  
5 medical condition or life-threatening  
6 condition at the time he was taken to the  
7 hospital?

8 A. The EMTs on the scene deemed  
9 that the patient was stable enough that  
10 again, our protocol is if the patient is  
11 stable, that the transport to the hospital  
12 isn't life threatening. So he was not under  
13 a life threatening condition.

14 Q. I'm going to play the recording  
15 that you listened to Thursday and I have  
16 some questions about that recording, but  
17 before we do that, I just want to show you  
18 what I am going to mark as Exhibit 67. This  
19 is a document Bates Stamped NYC5797 through  
20 5799. It's a summary of the interview that  
21 you had with the IAB?

22 MR. SHAFFER: Just going to note  
23 for the record that document is marked  
24 as confidential and this portion of the  
25 transcript should be marked as such and

1 ELISE HANLON

2 separately bound.

3 MR. SMITH: Well, we haven't  
4 been separately bounding it. We have  
5 just been labeling confidential on the  
6 top. Can we mark this as confidential  
7 without separately bounding it?

8 MR. SHAFFER: No, it's supposed  
9 to be separately bound and I believe  
10 that's what the confidentiality stip  
11 contemplated when it was entered into  
12 by the parties. I know you may not  
13 agree with that portion, but as it  
14 stands now that's how it's supposed to  
15 be.

16 MR. SMITH: All right, well I'm  
17 not going quibble with you about it.  
18 It just seems to make a lot more sense  
19 to just mark it confidential without  
20 having a separate binding, but if you  
21 all insist on that, that I guess is  
22 your right. I don't know. I'm not  
23 going to fight with you about it. I'll  
24 leave that up to you, if you want to  
25 have it separately bound, we'll

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ELISE HANLON

separately bounded and if you don't really care, which I would urge you to reconsider, then we will just mark it as confidential the way the court reporter indicated.

MR. SHAFFER: Separately bound is our preference.

MR. SMITH: Okay. Confidential.

(WHEREUPON, THE FOLLOWING CONFIDENTIAL PORTION, PAGES 219 THROUGH 222, WERE DESIGNATED CONFIDENTIAL BY COUNSEL PURSUANT TO PROTECTIVE ORDER AND BOUND UNDER SEPARATE COVER DESIGNATED CONFIDENTIAL.)



1 ELISE HANLON

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7 Q. Just go back to 65 for a second,  
8 which is the PCR or the patient care report.  
9 Going through that document for some detail  
10 over the past hour so and you were witness  
11 to a lot of the events that are set forth in  
12 this document. So with that backdrop, I'd  
13 also like to know whether or not there is  
14 anything in the PCR that you believe is  
15 indicated here as incorrect?

16 MR. OSTERMAN: Just note my  
17 objection.

18 A. I mean, they documented that he  
19 said no chest pains. We were told that he  
20 had chest pains. You know, I don't know  
21 whether that's a correct statement or not.  
22 I didn't ask the patient himself and I don't  
23 know whether they did in the ambulance and  
24 what the response was. I was not privy to  
25 that.

1 ELISE HANLON

2 Q. Okay. So you're indicating to  
3 me that that's one area that may or may not  
4 be correct, right?

5 A. I don't know. Yes, that's the  
6 indication.

7 Q. Is there anything else on this  
8 document the facts as you understand them  
9 indicate maybe there is something incorrect  
10 here on this form?

11 MR. OSTERMAN: Objection.

12 A. As I recall he was inside the  
13 ambulance when he walked downstairs and this  
14 document says he was outside the ambulance.  
15 I recall him being inside the ambulance.

16 Q. Okay. Thank you. Is there  
17 anything else that's set forth in this  
18 document, either on the first or the second  
19 page, that you believe may be incorrect or  
20 that you disagree with?

21 MR. OSTERMAN: Objection.

22 A. Not that's standing out in front  
23 of me.

24 Q. I'm just going to play the  
25 recording that you listened to on Thursday.

1 ELISE HANLON

2 MR. SMITH: This is from  
3 plaintiff's production. It's a tape  
4 that's identified as DS - -- DS.50\_31  
5 and I will give you the full title in a  
6 second. 31 October 2009\_ home  
7 invasion..WMA.

8 I'm starting at 000.

9 (Whereupon, a tape recording was  
10 played.)

11 MR. SMITH: I'm stopping this at  
12 one minute and one second.

13 Q. Lieutenant, is this the  
14 recording that you listened to on Thursday?

15 MR. SHAFFER: Objection.

16 A. Yes.

17 MR. SMITH: I will rephrase it.

18 Q. Does this sound like the  
19 recording that you listened to on Thursday?

20 A. Yes.

21 Q. When whoever it was that entered  
22 the apartment and said let me see your  
23 hands, were you present in the apartment  
24 when those words were uttered to Officer  
25 Schoolcraft?

1 ELISE HANLON

2 A. No.

3 Q. Did you hear those words  
4 uttered, other than on the tape recording?

5 A. No.

6 MR. SMITH: All right,  
7 continuing with the recording.

8 (Whereupon, a tape recording was  
9 played.)

10 MR. SMITH: All right, I'm  
11 stopping it at 117.

12 Q. Did you hear on that day,  
13 October 31, the exchange that you just heard  
14 on the tape where the person in the  
15 apartment said he took some Nyquil?

16 A. I don't remember, no.

17 Q. All right, I am going to  
18 continue playing the recording, just to sort  
19 of be efficient with all of our time, could  
20 you let me know when it is that you in the  
21 recording believe you were first in the  
22 apartment; okay?

23 A. Yes.

24 Q. All right, thank you.

25 (Whereupon, a tape recording was

1 ELISE HANLON

2 played.)

3 MR. SMITH: All right, I'm  
4 stopping the recording at two minutes  
5 and 13 seconds.

6 Q. Are you in the room by this  
7 time?

8 A. I don't remember I'm in the  
9 room. I mean, I heard them talking -- him  
10 talking to the chief or the captain,  
11 somebody in a white shirt, but I don't  
12 remember if I remember the conversation from  
13 being in the room or in the tape.

14 Q. Okay, fair enough. So again,  
15 with the same request not -- I don't want  
16 your speculation about when you entered the  
17 room, but listening to the recording, can  
18 you tell me when for the first time you're  
19 in the room?

20 A. Okay.

21 (Whereupon, a tape recording was  
22 played.)

23 MR. SMITH: All right, I'm  
24 stopping the recording at two minutes  
25 and 44 seconds.

1 ELISE HANLON

2 Q. Did you hear anybody say to  
3 Officer Schoolcraft that somebody was  
4 concerned about his safety or his wellbeing?

5 A. I don't remember if we were in  
6 the apartment or not. I don't recall when  
7 we got in there.

8 Q. Okay.

9 A. Again, this point everything  
10 sounds...

11 Q. All right, putting aside the  
12 tape recording, did anybody at the scene  
13 tell you before you entered the apartment  
14 that there was concern about Officer  
15 Schoolcraft's safety?

16 A. No.

17 MR. SMITH: Resuming the  
18 recording at 244.

19 (Whereupon, a tape recording was  
20 played.)

21 MR. SMITH: I am stopping the  
22 recording at 305 or 306.

23 A. I think we were in the room for  
24 this.

25 Q. When you say we, you mean you

ELISE HANLON

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and the EMTs?

A. Yes.

Q. When you say in the room, do you mean at the doorsill to the bedroom or do you mean in the apartment?

A. The doorsill to the bedroom.

Q. So there was -- when you first entered the apartment, you're entering into what kind of room, if you remember?

A. Very clustered. The whole apartment was very cluttered.

Q. Okay, but what kind of a room was it that you were entering into?

A. Hallway and then to the left I think it was the bedroom.

Q. How long were you in that first room before you got to the threshold of the bedroom?

A. I never went into -- I don't think I ever fully went into the bedroom.

Q. No, I understand that. You told me you got to the threshold or the doorsill of the bedroom?

A. Yes.

1 ELISE HANLON

2 Q. How long were you in that room  
3 at the threshold?

4 A. I don't have no time.

5 Q. Okay. So do I understand you  
6 to be saying around this time you believe  
7 that you and the other EMTs are at the  
8 threshold and you can hear what's being  
9 said?

10 A. Yes.

11 MR. SMITH: Continuing at 306.

12 (Whereupon, a tape recording was  
13 played.)

14 Q. Did you hear anybody from the  
15 New York City Police Department tell the  
16 person in the apartment that they wanted him  
17 to go back to the 81st Precinct to  
18 investigate why he left?

19 A. It wasn't something I was paying  
20 attention to.

21 Q. So sitting here today, you don't  
22 have a recollection of whether or not you  
23 heard those words, right?

24 A. No, I don't recall.

25 Q. Did you have any reason to doubt



1 ELISE HANLON

2 that those words weren't spoken?

3 MR. SHAFFER: Objection.

4 A. No.

5 Q. As of this point in the  
6 recording, does the person in the apartment  
7 appear to you to be acting in an emotionally  
8 disturbed fashion?

9 MR. KRETZ: What point are we  
10 at, Nat?

11 MR. SMITH: 3.23.

12 A. Not a -- doesn't appear to be  
13 acting like an EDP.

14 MR. SMITH: All right,  
15 continuing the recording at 323.

16 (Whereupon, a tape recording was  
17 played.)

18 MR. SMITH: I'm going to stop  
19 the recording here at four minutes and  
20 36 seconds.

21 Q. As of this time in the recording  
22 are you still in the threshold of the  
23 bedroom?

24 A. I believe so.

25 Q. All right, as of that part that

1 ELISE HANLON

2 I just stopped at four minutes and 36  
3 seconds, was the person in the apartment,  
4 Officer Schoolcraft, acting as an EDP?

5 MR. SHAFFER: Objection.

6 A. Although, it doesn't appear loud  
7 on the tape, in person it appeared everybody  
8 yelling at each other, it was loud. You  
9 know, was he acting like an EDP -- he was  
10 acting agitated.

11 Q. He was acting agitated, but he  
12 wasn't acting like an EDP, right?

13 MR. SHAFFER: Objection.

14 A. Then again, there's different  
15 degrees of EDP. Was he an EDP --

16 Q. Lieutenant, you told me --

17 MR. SHAFFER: Let her finish.

18 Q. You've told me that you have  
19 experience with hundreds of EDPs and I'm  
20 asking you a simple question. As this point  
21 in the recording, do you have an opinion  
22 about whether or not the person in the  
23 apartment is acting like an EDP?

24 MR. SHAFFER: Objection.

25 Q. If you confine yourself to

1 ELISE HANLON

2 answering my questions, we can all go home a  
3 little earlier today.

4 A. He was acting agitated. He was  
5 acting uncooperative. Does it make him an  
6 EDP, no.

7 Q. Did you see Officer Schoolcraft  
8 approach any of the police department  
9 personnel there in a belligerent manner,  
10 physically get in their face?

11 A. I did not see that.

12 Q. Did you ever have any  
13 discussions with anybody about the fact that  
14 Officer Schoolcraft, the person in the  
15 apartment, got in somebody's face?

16 A. No, I did not.

17 MR. SMITH: Continuing the  
18 recording at four minutes and 36  
19 seconds.

20 (Whereupon, a tape recording was  
21 played.)

22 MR. SMITH: Stopping the  
23 recording at 528.

24 Q. Did you witness the events that  
25 we just heard on the tape?

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ELISE HANLON

A. Did I physically witness them -- I didn't think they did anything. I was not in the room.

Q. Were you still at the threshold?

A. Still where I was. Whether I was talking to my crew -- they're interactions don't concern me.

Q. Whose interactions --

A. The police department's interaction with the patient and what his issues are with the police department don't concern me, don't concern my crew, don't concern his patient care. I don't really care what the conversation was.

Q. As of this point in the recording, 528, did you have any reason to be concerned about Officer Schoolcraft's medical condition?

A. I didn't know what his medical condition was.

Q. So you didn't have any reason to be concerned about it, right?

A. Correct.

MR. SMITH: All right,

1 ELISE HANLON

2 continuing the recording at 528.

3 (Whereupon, a tape recording was  
4 played.)

5 MR. SMITH: I'm going to stop  
6 the recording at 641.

7 Q. Did you see Officer Schoolcraft  
8 talk on his cell or other phone?

9 A. No, I did not.

10 MR. SMITH: Continue the  
11 recording at 641.

12 (Whereupon, a tape recording was  
13 played.)

14 MR. SMITH: I'm stopping the  
15 recording at 826.

16 Q. During this eight-minute period,  
17 did you have any conversations with anybody  
18 from NYPD while you were in that foyer or  
19 adjoining room?

20 A. No.

21 Q. Did you hear Officer Schoolcraft  
22 say he wasn't feeling well?

23 A. I didn't hear it.

24 MR. SMITH: Continue the  
25 recording at 826.

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ELISE HANLON

(Whereupon, a tape recording was played.)

MR. SMITH: I am stopping at 842.

Q. Did you recognize any of the voices that you just heard?

A. No, I didn't recognize the voice we heard, but he just said I have an ambulance downstairs. Maybe we weren't up there yet, but the conversation that he had between the commanding officers sounded familiar. So I'm not sure what the timeframe was.

Q. Are you telling me that you weren't upstairs during this period of time?

A. Now I'm unsure.

Q. And you're unsure because you overheard somebody say there is an ambulance downstairs?

A. Yeah, I'm unsure whether we were there at that point.

Q. I hear what you're saying. I just want to know is the reason why you're saying you're unsure is because you heard

1 ELISE HANLON

2 somebody say we have an ambulance  
3 downstairs?

4 A. That question -- that's making  
5 me question whether we were there before  
6 that transpired.

7 Q. Okay. Is there anything else  
8 that's making you question whether or not  
9 you or the other EMT crew were there before  
10 those words were uttered?

11 A. No.

12 MR. SMITH: All right,  
13 continuing at 842.

14 (Whereupon a tape recording was  
15 played.)

16 Q. Do you recognize that voice?

17 A. Can you?

18 MR. SMITH: Sure I can bring it  
19 back. Going back panel to 900 or 901.

20 (Whereupon, a tape recording was  
21 played.)

22 MR. SMITH: I'm pausing it at  
23 1027.

24 Q. Do you recognize the voice of  
25 the person speaking to Officer Schoolcraft?

1 ELISE HANLON

2 A. Yes.

3 Q. Who is that?

4 A. Sal Sangianetti.

5 Q. How long had you known Sal  
6 Sangianetti as of October 2009?

7 A. Twenty years.

8 MR. SMITH: Continuing at  
9 1027 --

10 Q. Before I start, do you recall  
11 Sal approaching Officer Schoolcraft?

12 A. Yes.

13 Q. Where were you when Sal  
14 approached Officer Schoolcraft?

15 A. Behind him at some distance.

16 Q. At what distance?

17 A. He walked into the room, I was  
18 somewhere again, the doorway or at the edge  
19 of the room.

20 Q. Did you cross the threshold into  
21 his bedroom?

22 A. I don't know.

23 Q. How many feet were you from the  
24 patient when Sal was asking you questions?

25 A. I don't know.



1 ELISE HANLON

2 Q. You have no way of measuring how  
3 many feet you were from the patient?

4 A. I don't know.

5 Q. Was the patient sitting or  
6 standing?

7 A. I believe he was sitting.

8 Q. What was he sitting on?

9 A. I believe it was a bed.

10 MR. SMITH: All right,  
11 continuing at 1027 --

12 Q. Where is the EMT at this point?

13 A. I'm not sure if she's in the  
14 room or she's behind me. I don't know where  
15 she is.

16 MR. SMITH: All right,  
17 continuing at 1027.

18 (Whereupon, a tape recording was  
19 played.)

20 MR. SMITH: I am stopping at  
21 1121.

22 Q. Is Sal taking Schoolcraft's  
23 vitals at this point?

24 A. I believe so.

25 Q. So while Officer Schoolcraft is

1 ELISE HANLON

2 sitting on his bed, Sal is taking his blood  
3 pressure, right?

4 A. I can't be sure what the  
5 timeframe is of this conversation and his  
6 blood pressure. I don't know.

7 Q. That's my question.

8 A. I don't --

9 Q. Is --

10 A. I don't know.

11 Q. -- Sal taking Officer  
12 Schoolcraft's blood pressure during this  
13 conversation that we just were listening to?

14 MR. SHAFFER: Objection.

15 A. I don't know.

16 Q. Do you think the tone of the  
17 NYPD chief's conversation with Officer  
18 Schoolcraft was such that would elevator  
19 someone's blood pressure?

20 MR. SHAFFER: Objection.

21 A. I can't answer that question.

22 MR. SMITH: 1121, continuing  
23 with the recording.

24 (Whereupon, a tape recording was  
25 played.)

1 ELISE HANLON

2 A. He's taking it there.

3 Q. Did you hear at 1142 the sound  
4 of the blood pressure being taken?

5 A. Yes.

6 Q. That was just seconds before the  
7 chief told him he was being suspended?

8 A. The blood pressure was after he  
9 said it.

10 Q. He was told he was going to e  
11 suspended and then you could hear the sound  
12 of a blood pressure machine pumping, right?

13 A. Yes.

14 MR. SMITH: Continuing at 1142.

15 (Whereupon, a tape recording was  
16 played.)

17 MR. SMITH: I'm stopping at  
18 1205.

19 Q. Did you hear Sal say that  
20 Officer Schoolcraft's blood pressure was 160  
21 over 120?

22 A. To the best of my memory, yes.

23 Q. Do you think that the  
24 circumstances that Officer Schoolcraft was  
25 in at that time with all these officers

1 ELISE HANLON

2 standing in the apartment and him being told  
3 he was going to be suspended contributed to  
4 the high blood pressure reading?

5 MR. SHAFFER: Objection.

6 MR. OSTERMAN: Objection.

7 MR. KRETZ: Objection.

8 MR. KOSTER: Objection.

9 MR. LEE: Objection.

10 A. Possibility. I don't know.

11 Q. What further information would  
12 you require in order to know whether or not  
13 those circumstances would elevate somebody's  
14 blood pressure?

15 MR. KRETZ: Objection.

16 MR. SHAFFER: Objection.

17 A. It would depend on the person.  
18 It depends on the history. It would depend.  
19 Not everybody's blood pressure gets  
20 elevated. I can't make that assumption.  
21 You're asking me to make an assumption that  
22 I cannot.

23 Q. The assumption is what; what  
24 assumption am I asking you to make?

25 A. You are asking me to make an

1 ELISE HANLON

2 assumption that the interaction caused his  
3 blood pressure to rise.

4 Q. No. No. No. I'm asking you  
5 if, in your experience for the past 23 years  
6 as an EMT and as a paramedic for the fire  
7 department and before that as an EMT of  
8 private ambulances, in your experience would  
9 the circumstances just as you just heard  
10 them with all these people standing in his  
11 apartment and him being told that he was  
12 being suspended, were those circumstances  
13 consistent with somebody's blood pressure  
14 being elevated?

15 MR. LEE: Objection.

16 MR. SHAFFER: Objection.

17 MR. KRETZ: Objection.

18 MR. OSTERMAN: Objection.

19 A. Maybe.

20 Q. Well, what would it depend on?

21 MR. SHAFFER: Objection.

22 A. I can't reiterate it enough  
23 times. It would depend on the person, it  
24 would depend on the circumstances, it would  
25 depend on history. I can't answer that

1 ELISE HANLON

2 question. I am not an expert on blood  
3 pressures.

4 Q. How many times have you taken  
5 somebody's blood person?

6 MR. SHAFFER: Objection.

7 A. A lot.

8 Q. Over 1,000 I'd say, right?

9 A. Probably.

10 MR. SHAFFER: Objection.

11 Q. Who is an expert on blood  
12 pressure if you're not?

13 MR. SHAFFER: Objection.

14 A. Consult with a physician.

15 MR. SMITH: All right, 1205  
16 continuing with the recording.

17 (Whereupon, a tape recording was  
18 played.)

19 Q. Is that your voice in the  
20 background saying Sal, Sal?

21 A. Yes.

22 Q. What are saying to Sal?

23 A. I have no idea.

24 Q. What is he saying back to you?

25 A. I have no idea.

1 ELISE HANLON

2 Q. Why were you calling out to him?

3 A. I don't remember. It was four  
4 years ago, five years.

5 Q. And listening to the tape  
6 recording you don't have a recollection  
7 about why you were saying Sal, Sal to him?

8 A. I don't know.

9 MR. SMITH: Continuing at 1215.  
10 (Whereupon a tape recording was  
11 played.)

12 Q. What's the reference to  
13 city-wide, do you know what that's a  
14 reference to?

15 A. The radio.

16 Q. Is that relating to this job?

17 A. No.

18 Q. What's it relating to?

19 A. Somebody else's job.

20 Q. Does having a pulse rate of 115  
21 consistent with the circumstances that were  
22 facing Officer Schoolcraft?

23 A. Possibly. I don't know what his  
24 normal blood pressure is or pulse is.

25 Q. If you look at Exhibit 65, this

1 ELISE HANLON

2 indicates that his pulse was taken at 21:45,  
3 is that the time that the pulse was being  
4 taken by Sal as indicated in the recording?

5 MR. SHAFFER: Objection.

6 A. Should be.

7 Q. So the pulse rate here says in  
8 the documents 165 and it's 120, that's an  
9 error, right?

10 MR. OSTERMAN: Objection.

11 MR. SHAFFER: Objection.

12 A. Okay. I didn't write it.

13 Q. Do you agree with me that it's  
14 an error?

15 MR. OSTERMAN: Objection.

16 MR. SHAFFER: Objection.

17 A. Yes.

18 Q. Is the difference between a  
19 pulse rate of 115 and 120 a significant  
20 difference?

21 MR. SHAFFER: Objection.

22 A. Not significant.

23 Q. Is it insignificant?

24 A. It's five beats. It depends on  
25 how you add it or multiplied or how you felt



1 ELISE HANLON

2 them. Maybe you took it and within ten,  
3 within five.

4 Q. Well, but the information set  
5 forth in the PCR is supposed to be right,  
6 isn't it?

7 MR. SHAFFER: Objection.

8 A. Yes.

9 MR. SMITH: All right,  
10 continuing at 1230.

11 (Whereupon, a tape recording was  
12 played.)

13 MR. SMITH: Stopping at 1303.

14 Q. After Sal said he's going to go  
15 to the hospital, what did he say, we're  
16 going to give him therapy, what did he say?  
17 Did you make that out?

18 A. I --

19 Q. You didn't hear that.

20 MR. SMITH: All right, I'm going  
21 to go back to 1300, see if you can make  
22 that out for me.

23 (Whereupon, a tape recording was  
24 played.)

25 MR. SMITH: So going to go back

1 ELISE HANLON

2 to 1250 and start there -- or 1249.

3 Q. After he says he's going to go  
4 to the hospital, Sal says something and I'm  
5 trying to see if you can help me discern  
6 what that is; okay?

7 A. Yes.

8 Q. Did he say oh, we're taking him  
9 34?

10 A. Yes.

11 Q. And that's a reference to  
12 Jamaica?

13 A. Yes.

14 Q. Thirty four is a code for  
15 Jamaica?

16 A. Yes.

17 Q. Why, to your understanding, did  
18 Sal say they were going to take him to  
19 Jamaica?

20 MR. OSTERMAN: Objection.

21 MR. SHAFFER: Objection.

22 A. We had this discussion hours  
23 ago, closest hospital, first choice.

24 Q. Okay, but you didn't have a  
25 computer up in the room, did you?

1 ELISE HANLON

2 MR. SHAFFER: Objection.

3 A. No.

4 Q. Did you know that you were going  
5 to take him to Jamaica before you went into  
6 the apartment?

7 A. I personally, no. No, I did  
8 not. Whether they again, whether the  
9 computer recommendations come up in the  
10 computer and they pulled it up before they  
11 came up and it said they were the first  
12 recommending unit -- hospital, I don't know.

13 MR. SMITH: Okay, all right. So  
14 starting at 1301.

15 (Whereupon, a tape recording was  
16 played.)

17 Q. Is that your voice in the  
18 background?

19 A. Yes.

20 Q. What are you saying?

21 A. The location of the hospital.

22 Q. What hospital?

23 A. North Shore Forest Hills.

24 Q. So you heard Officer Schoolcraft  
25 say he wanted to go to Forest Hills?

1 ELISE HANLON

2 A. Apparently I did.

3 Q. No, it's not apparently. Did  
4 you hear him say that he wanted to go to  
5 Forest Hills?

6 MR. SHAFFER: Objection.

7 A. As per the tape I did. Did I  
8 recall, it's five years ago, I didn't  
9 recall.

10 Q. Okay, all right. So there is a  
11 difference and it's important that the  
12 record be clear about what it is you're  
13 testifying about. I understand if you don't  
14 remember hearing or saying something five  
15 years ago, but I am trying to find out what  
16 you do recall and don't remember, what you  
17 agree with me the tape says or what you  
18 don't agree with me what the tape says;  
19 okay?

20 A. I agree that it was said in my  
21 presence in the room.

22 Q. And you agree with me that while  
23 you were in the room you were providing  
24 information about where Forest Hills was,  
25 right?

1 ELISE HANLON

2 A. Yes.

3 Q. And you were providing that  
4 information to Sal, right?

5 A. I don't know -- he knows where  
6 it is. I don't know who I was providing the  
7 information to.

8 Q. Were you providing the  
9 information so that it could be used to take  
10 the patient to Forest Hills?

11 MR. SHAFFER: Objection.

12 A. It could have been a cop that  
13 asked me. It could have been -- I don't  
14 know who asked me.

15 MR. SMITH: All right. 1316  
16 continuing.

17 (Whereupon a tape recording was  
18 played.)

19 Q. All right, was that you saying I  
20 think Jamaica would be a better choice than  
21 Forest Hills?

22 A. Yes.

23 Q. Why were you saying that?

24 A. Just past experience, being a  
25 patient their triage system is more

1 ELISE HANLON

2 efficient, it's a cardiac center, it's a  
3 trauma center, it's a psych center, it's  
4 just a bigger hospital. It has more  
5 facilities.

6 Q. So the patient hadn't complained  
7 about anything, other than not feeling well,  
8 right, at that time point; isn't that  
9 correct?

10 A. That is correct.

11 Q. At this point he was wasn't  
12 acting in an emotionally disturbed manner,  
13 was he?

14 MR. SHAFFER: Objection.

15 A. While we were in the room, no,  
16 he was not.

17 Q. As of this point in the tape, he  
18 wasn't acting as an emotionally disturbed  
19 person, right?

20 MR. SHAFFER: Objection.

21 A. No, he was not.

22 Q. So if the patient asked to go to  
23 Forest Hills, why wouldn't you abide by that  
24 request?

25 MR. SHAFFER: Objection.

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ELISE HANLON

MR. SMITH: I will rephrase

that.

Q. You heard Officer Schoolcraft asking to be taken to Forest Hills, right?

A. Yes.

Q. You heard yourself saying that he should go to Jamaica, right?

A. Yes.

Q. Why isn't the patient entitled to make the decision about where to go?

A. Given the events of why we were there, given the events of the fact of how many police officers were there, given the fact I guess, just generally of the yelling and screaming back and forth, being uncooperative, you took Nyquil, but there was nothing wrong with you. Maybe he wasn't completely being honest with us or he was in denial of what was going on with him, my view was that Jamaica was a better choice for him.

Q. Because there was a psych ward there, right?

A. Yes.

1 ELISE HANLON

2 Q. And that's the only reason?

3 MR. KOSTER: Objection.

4 MR. OSTERMAN: Objection.

5 A. Not the only reason. Number  
6 one, I believe closer to his house, they're  
7 a cardiac center, they're a trauma center,  
8 they're a full ER, they have a C-port if  
9 needed and they have a psych facility. So  
10 they have more a --

11 MR. SHAFFER: Services.

12 A. Services than North Shore Forest  
13 Hills does.

14 MR. SMITH: I'd appreciate it,  
15 Counsel, if you wouldn't supply answers  
16 for the witness. Okay. It's really  
17 improper to be doing that.

18 MR. SHAFFER: Call the judge. I  
19 don't really care anymore, Nat. You  
20 have a problem with my actions, you can  
21 call the judge.

22 MR. SMITH: Continue the  
23 recording at 1329.

24 (Whereupon, a tape recording was  
25 played.)



1 ELISE HANLON

2 Q. Is that your voice asking how  
3 old he is?

4 A. No. Sal asked him how old he  
5 was.

6 Q. You didn't hear yourself asking  
7 how old he was also?

8 A. I -- I didn't hear.

9 MR. SMITH: Continuing at 1355.  
10 (Whereupon, a tape recording was  
11 played.)

12 Q. Who was speaking at that point  
13 where Officer Schoolcraft asks about whether  
14 or not information can be shared?

15 A. That was me who said his blood  
16 pressure to someone. One of the officers in  
17 the other room asked.

18 Q. So another police officer asked  
19 you what his blood pressure was?

20 A. Yes.

21 Q. And you told him?

22 A. I did say it, yes.

23 Q. Was that proper?

24 MR. SHAFFER: Objection.

25 A. Not a HIPAA violation.