

Testimony of Dr. Patrick Dillawn

DIRECT EXAMINATION

12

13 BY MR. TOBY L. SHOOK:

14 Q. Would you state your name, please.

15 A. Patrick Dillawn.

16 Q. And spell your last name for the Court

17 Reporter.

18 A. D-I-L-L-A-W-N.

19 Q. Okay. And how are you employed, sir?

20 A. I'm a resident at Baylor University

21 Medical Center.

22 Q. Okay. And could you tell the jury

23 what a resident is?

24 A. A resident is a physician in training

25 between medical school and private practice.

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1 Q. Okay. Tell the jury -- where are you

2 from originally?

3 A. I'm from Houston.

4 Q. Okay. Tell the jury your educational

5 and professional training which allows you to hold a

6 position of a resident in training?

7 A. I did my undergraduate work at the

8 University of Texas at Austin. And I went to medical

9 school at the University of Texas at Houston, graduated

10 in 1993 and subsequently entered my residence at Baylor,

11 which I am continuing.

12 Q. How long have you been there at

13 Baylor?

14 A. Three and a half years.

15 Q. Okay. And are you assigned to a

16 particular section of the hospital?

17 A. We have different rotations of the

18 hospital at Baylor and John Peter Smith Hospital.

19 Q. Currently where are you located? What

20 section are you located in?

21 A. I'm currently a float resident, which

22 means I cover people in between hospitals.

23 Q. Okay. Let me turn your attention back

24 to June 6, 1996 and ask if you were working at Baylor on

25 that day?

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1 A. I was.

2 Q. In the early morning hours?

3 A. Yes.
4 Q. And what part of the hospital were you
5 working in on that particular day?
6 A. We were on call that day, and we're
7 probably in the OR part of the time and the ER part of
8 the time, working on the floors part of the time.
9 Q. Okay. And did you perform surgeries
10 there at Baylor?
11 A. Yes.
12 Q. Okay. You were there with other
13 doctors and supervising surgeons and things like that?
14 A. Yes.
15 Q. Do you remember going to the ER, oh,
16 around 3:30 in the morning that day?
17 A. I don't remember specifically going.
18 I remember we were there.
19 Q. Okay. Were you there when some
20 victims came in from a stabbing incident?
21 A. Yes.
22 Q. How many victims were coming in there
23 at Baylor?
24 A. I think they initially mentioned
25 possibly, two children and an adult, and one child and an
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1 adult eventually came in.
2 Q. Okay. Did they give you some time
3 that y'all could get prepared for what was coming?
4 A. No, they usually tell you we're
5 coming, and going to be 6 minutes out, 10 minutes out. I
6 don't specifically remember how long they said.
7 Q. Okay. Did you have a lot of doctors
8 down there at that particular time?
9 A. Yes. The ER physicians were there and
10 our entire -- there were four people on our surgical
11 team, as well as Dr. Santos's staff, by chance, happened
12 to be in the emergency room.
13 Q. Was Dr. Santos the supervising
14 physician there?
15 A. Yes.
16 Q. And about 3:30 or so did two people
17 arrive, the stabbing victims arrive there in the
18 emergency room?
19 A. Yes, they did.
20 Q. Did you see one of them right away?
21 A. Yes, I did.
22 Q. And where did you see that person?
23 A. I saw them at Trauma Room One at
24 Baylor.

25 Q. Okay. And who was that?
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1 A. That was a young child.

2 Q. Okay. And what was his condition when
3 you saw him?

4 A. He was in extremis, he was being
5 coded, which means they were performing CPR.

6 Q. How long were you in there?

7 A. Just a few minutes.

8 Q. Okay. While you were in there was

9 he -- well, what was his condition?

10 A. He was basically, he was dead on
11 arrival.

12 Q. Okay. After you went in there, what's

13 the next thing that you did?

14 A. It was me, Dr. Santos and Dr. Lee that

15 initially went into his room, and we did the basic

16 resuscitation procedures. Instructed the nurse to start

17 IVs and get the whole process moving. Put a monitor on

18 him and continued the CPR. And he showed no signs of

19 life and he was pronounced dead by Dr. Santos.

20 Q. Okay. So y'all did the best you could

21 working on him?

22 A. Yes.

23 Q. But it was to no avail?

24 A. No.

25 Q. All right. After you did that, what's

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1 the next thing that you did?

2 A. Well, we had the child, and he was on

3 his back on a backboard, which they're usually

4 transported on. He was covered with blood and he had an

5 endotracheal tube in his throat. And we -- once he was

6 pronounced dead, we usually look for the cause of the

7 injuries. And we rolled him over and we saw multiple

8 stab wounds on his back.

9 Q. All right.

10

11 MR. TOBY L. SHOOK: May I approach the

12 witness?

13 THE COURT: You may.

14

15 BY MR. TOBY L. SHOOK:

16 Q. Now, let me show you what's been

17 entered into evidence as State's Exhibits 52-J and 52-K.

18 Are those the photographs of the boy that you treated?

19 A. Yes, they are.

20 Q. Okay. 52-J, is that a photograph of
21 him as he appeared on his back?

22 A. Yes, sir.

23 Q. And then as you rolled him over, are
24 these the stab wounds that you saw?

25 A. Yes, they are.

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1 Q. Okay. Let me let you look at State's
2 Exhibits 53-C. Do you recognize those as being copies of
3 Baylor Medical records of Darlie Routier?

4 A. Yes, I do.

5 Q. Okay. Did you, after leaving the boy
6 did you go to another room to treat the other stabbing
7 patient?

8 A. Yes, I did.

9 Q. And who was that patient?

10 A. That was Mrs. Routier.

11 Q. Okay. Do you see her here in the
12 courtroom today?

13 A. Yes, I do.

14 Q. Could you point her out, please.

15 A. She's sitting right there.

16 Q. Okay. That woman over here in the
17 green plaid dress?

18 A. Yes.

19 Q. Okay.

20

21 MR. TOBY SHOOK: Your Honor, if the
22 record could reflect that the witness has identified the
23 defendant.

24 THE COURT: Yes, sir.

25

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1 BY MR. TOBY L. SHOOK:

2 Q. What was going on with Mrs. Routier
3 when you entered the room?

4 A. Well, she had arrived approximately
5 the same time as the boy, and two of the lower -- I was
6 the more senior resident. Two of the lower level
7 residents had gone into the room to help her. And when I
8 came in the resuscitation process was on-going. And at
9 my initial examination she was covered with blood. She
10 appeared to have a stab wound on her neck, which was,
11 either she or one of the techs was holding pressure on it
12 with a gauze bandage.

13 Her vital signs were stable. She was
14 awake and alert and responsive. She did not state she
15 had lost consciousness. And, she appeared to have
16 another stab wound on her left shoulder and her right
17 arm.

18 Q. Okay. You make an assessment there
19 when you first see them in the emergency room; is that
20 right?

21 A. Yes, we do.

22 Q. Now when you say she was alert and
23 conscious, did she seem to be aware of everything going
24 on around her?

25 A. Yes, she did.

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1 Q. Okay. And do y'all typically ask
2 questions about being alert and conscious?

3 A. Yes, we do. It's part of our primary
4 survey.

5 Q. Okay. And you specifically inquired
6 as to whether she had lost consciousness?

7 A. Yes, I did.

8 Q. And what was her response?

9 A. No.

10 Q. All right. And where was this wound
11 on the neck?

12 A. It was across the midline,
13 approximately going to the right, approximately 10
14 centimeters.

15 Q. Someone was holding pressure on that;
16 is that right?

17 A. Yes.

18 Q. Okay. Did you ask her anything else?

19 Did you ask her how she got that wound?

20 A. Yes, I did.

21 Q. What did you say to her?

22 A. I don't specifically remember the
23 exact words, but I asked her how the wounds occurred. We
24 have to know if they were a knife, scissors, a gun. She
25 said she was stabbed.

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1 Q. Okay. Did she say who stabbed her?

2 A. Yes, she did.

3 Q. Okay. Who did she say stabbed her?

4 A. She said it was a white male.

5 Q. Okay. Did she say what he looked
6 like, anything like that?

7 A. She gave a very limited description of
8 a man in a baseball cap. And she told me she only saw
9 him from the back.

10 Q. Only saw him from the back?

11 A. Yes, sir.

12 Q. Okay. How long was she there in the
13 emergency room?

14 A. I know this from the record, she was
15 there for 13 minutes.

16 Q. Okay. Pretty quick time?

17 A. That's a very fast time.

18 Q. All right. Now, someone with a neck
19 injury like she had, in that area of the neck, what is
20 that called? What area of the neck do y'all refer to
21 that as?

22 A. We divide the neck into three zones,
23 and that is how we manage them, and that is what we call
24 a zone two injury.

25 Q. Okay. And how do you manage a zone
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1 two injury?

2 A. It's just -- these kinds of injuries
3 are divided up, either for penetrating injuries, either
4 by a stab wound or a gunshot wound. And, there's a --
5 you can either manage them selectively or go to the
6 operating room. You can do studies or go to the
7 operating room.

8 It's sort of a clinical judgment, of
9 what we do. And we base criterion if they've penetrated
10 a muscle called the platysma, which is below the skin.
11 And in her case the wound was clearly through the
12 platysma on superficial examination. And that's as far
13 as you want to go.

14 Q. Okay. And why is that?

15 A. Because you might disrupt a blood clot
16 that's tamponading a vessel, which means it's keeping it
17 from bleeding. And you could make a patient worse
18 with -- in an uncontrolled situation outside the
19 operating room.

20 Q. So the best way to control that is to
21 take her into the operating room and do some exploratory
22 surgery?

23 A. Yes. Take her to the operating room
24 and see if she has anything significant injured.

25 Q. Okay. And is that what y'all did at
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1 that time?

2 A. That's what we did.

3 Q. Okay. Did you participate in the
4 surgery?

5 A. Yes, I did.

6 Q. Okay. And can you describe that
7 surgery to the jury, please?

8 A. Well, when she was obviously put to
9 sleep and prepped with sterile solutions, the incision
10 that we typically make is along the edge of the
11 sternomastoid muscle, which is this muscle in your neck
12 if you turn it to the side. Her incision was basically
13 made already.

14 So what we did is we undermined the
15 skin a little bit to expose it and retracted the skin
16 back and just looked and ligated the vessels that were
17 bleeding. And looked for --

18 Q. What does that mean?

19 A. That means tying them off, to stop
20 them from bleeding with a suture.

21 Q. Okay. And then what? What's the next
22 thing you saw?

23 A. Well, when we looked at her we saw
24 several very small veins bleeding, which we tied off.

25 And these -- the veins in the neck are close to the
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1 internal jugular vein, which is a large vein, so they
2 were bleeding. And once we stopped those, the wound was
3 what we call hemostatic, the bleeding had stopped. And
4 then we just irrigated it and looked around for anything
5 that looked suspicious, for a major vessel injury, an
6 injury to the windpipe, injury to the esophagus, and we
7 didn't see anything.

8 Q. All right. About how long was this
9 wound?

10 A. It was about 10 centimeters
11 approximately.

12 Q. Now, did you get out and measure it
13 yourself with a ruler?

14 A. No, I didn't. I estimate the length
15 of wounds.

16 Q. And did you measure the depth of the
17 wound at all or was it an estimation?

18 A. Well, I usually don't measure the
19 depth. We don't think in those terms. I would call it a
20 superficial wound.

21 Q. Okay. And what do you mean by a
22 superficial wound?

23 A. I mean by a superficial wound that it
24 did not penetrate any of the deeper structures, you'd
25 call a deep wound would penetrate the muscles, the
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1 vessels. It just penetrated basically the skin and the
2 subcutaneous tissue, which is what we refer to as the
3 fat, underlying the skin. And there's a muscle in the
4 subcutaneous tissue in that area of the neck called the
5 platysma, which it also penetrated. That was the extent
6 of the injury.

7 Q. So it cut through the skin, the fat
8 and then what y'all call the platysma?

9 A. Platysma, yes.

10 Q. Which is located in the --

11 A. In the subcutaneous fat.

12 Q. Which is the fat. Right?

13 A. Yes, sir.

14 Q. Okay. Did you see any other injuries
15 on her, and treat other injuries while she was being
16 operated on?

17 A. I didn't specifically -- the other
18 residents sewed up the wounds on her shoulder and her
19 arm, they were irrigating the wound.

20 Q. Where was the wound on her shoulder?

21 A. The wound on her shoulder overlaid the
22 top of her humerus, the bone here. And it was also a
23 superficial wound, it was just closed with sutures.

24 Q. Okay. Just closed it with sutures?

25 A. Yes.

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1 Q. And, was there another wound on her
2 right arm?

3 A. There was a wound on her right arm on
4 the -- what we call the dorsal aspect, about right here.
5 And it was approximately an inch long. It was also
6 superficial. It was down to the bone in that point. But
7 the bone at that point is very superficial in the arm.
8 And these wounds did not approach any dangerous
9 structures.

10 Q. Let me show you what's been marked as
11 State's Exhibit 28-B.

12

13 MR. TOBY L. SHOOK: Could we have the
14 doctor step down?

15 THE COURT: Yes. Please step down,
16 Doctor.

17
18 (Whereupon, the witness
19 stepped down from the
20 witness stand, and
21 approached the jury rail
22 And the proceedings were
23 Resumed as follows:)
24
25 MR. TOBY L. SHOOK: I'll caution you
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1 to keep your voice up.
2 THE WITNESS: Okay.
3
4 BY MR. TOBY L. SHOOK:
5 Q. If you'll step back so all the jurors
6 can see.
7 A. Okay.
8 Q. Looking at State's Exhibit 28-B, do we
9 see the two wounds you treated on the neck and shoulder?
10 A. Yes.
11 Q. And if you would just point those out
12 to the jury.
13 A. This is the neck wound that we
14 explored right here. And this is the shoulder wound
15 which we closed primarily.
16 Q. Just cleaned it out and sewed it up?
17 A. Yes.
18 Q. Then 28-A, is this the wound here on
19 the right forearm?
20 A. Yes.
21 Q. Again, was that just cleaned and then
22 sewn up?
23 A. Yes, sir.
24 Q. You say it went to the bone?
25 A. Yes. On this part of the forearm
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1 there's a -- the bone is not very far under the skin.
2 Q. Okay.
3 A. And it went through the muscle, to the
4 bone, but there was no fracture. There was no fracture.
5 Q. So the bone is very close to the skin
6 here?
7 A. Relatively close, yes.
8 Q. So, we see another wound here, just
9 above that wound. Was that also present?
10 A. Yes, it was. That was simply a

11 superficial abrasion which we did nothing about.

12 Q. Okay. All right.

13

14 MR. TOBY L. SHOOK: Go ahead and have

15 a seat.

16

17 (Whereupon, the witness

18 Resumed the witness

19 Stand, and the

20 Proceedings were resumed

21 On the record, as

22 Follows:)

23

24 BY MR. TOBY L. SHOOK:

25 Q. Do you recall approximately how long

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1 this entire process took place, the operation itself?

2 A. It took approximately 45 minutes.

3 Q. Okay. And then what was done with Ms.

4 Routier after that operation. Where did she go?

5 A. She was awakened from anesthesia and

6 transported to the intensive care unit.

7 Q. Did you go visit her later that day to

8 check up on her, see how she was doing?

9 A. Yes, I did.

10 Q. Okay. And where was she located when

11 you did that?

12 A. She was in the intensive care unit.

13 Q. Okay. How was she doing then?

14 A. She was doing very well, medically.

15 Q. Okay. When you saw her was she --

16 well, what was her mental condition? Was she awake and

17 alert?

18 A. Yes, she was.

19 Q. Suffering from the after effects of

20 the anesthesia in anyway?

21 A. Not that I can tell. She was doing

22 very well. She was awake and alert, very appropriate.

23 Q. Okay. You've seen patients that

24 suffer from grogginess from that, haven't you?

25 A. Yes.

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1 Q. Okay. You didn't see any signs of

2 that in her?

3 A. No, sir.

4 Q. Okay. I guess being a physician you

5 are familiar with people that are in shock; is that
6 right?

7 A. Yes, I am.

8 Q. Okay.

9 A. In medical shock or --

10 Q. Well, I guess both. Are there

11 different kinds of shock?

12 A. Well, what I would term as shock is

13 somebody who has a low blood pressure.

14 Q. Okay. And is that medical shock we're

15 talking about?

16 A. Yes.

17 Q. Was she suffering from that?

18 A. No. Not at anytime during her

19 hospitalization was she in shock.

20 Q. Okay. And as you stated, I guess, she

21 seemed alert?

22 A. Yes.

23 Q. Answered your questions?

24 A. Yes.

25 Q. Okay. Now, she was in the ICU; is

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1 that right?

2 A. Yes, she was.

3 Q. Okay. What kinds of patients are

4 usually there in the ICU?

5 A. Well, the ICU has a nurse to patient

6 ratio that's less than a floor, which is usually either

7 one to one or two to one. One nurse has one to two

8 patients. And there are specific monitors we have for

9 patients, a heart monitor, an oxygen monitor.

10 And we can also place some invasive

11 monitors which we can't on the floor. It's just for more

12 ill patients than are on the floor.

13 Q. Okay. Was Darlie Routier critically

14 ill at that point?

15 A. No, she wasn't.

16 Q. Okay. You say this neck wound was --

17 you describe it as being superficial; is that right?

18 A. Yes, it was.

19 Q. Okay. If this incident had happened,

20 let's say in a household accident, the same type of cut,

21 would she have stayed there in the hospital?

22 A. In my opinion, we could have watched

23 her for 24 hours and discharged her home.

24 Q. Okay. And done that just as a

25 precaution?

1 A. Yes, she was fine at that point. Just

2 as a precaution to watch her for a day.

3 Q. Okay. When you went around and --

4 well, let me ask you this: Did she seem to be suffering

5 from what, I believe you call closed head injuries?

6 A. No.

7 Q. What are closed head injuries?

8 A. A closed head injury is an injury to

9 the head in which the -- the skull is obviously a very

10 strong rigid structure, and there's no room for anything

11 to expand in the brain.

12 So if you get any kind of bleeding,

13 any kind of injury, any type of injury it induces

14 swelling. And if you have a closed head injury, it just

15 means your head is injured and it caused some sort of

16 bleeding or swelling that raises the pressure.

17 A very mild closed head injury is a

18 concussion. A very severe closed head injury would be

19 somebody in a coma. And then it's just graded from --

20 it's a very large scale, from mild to very severe.

21 Q. Okay. You didn't see any evidence of

22 closed head injury at all?

23 A. None at all.

24 Q. Okay. When you went to check on her,

25 did you -- were you aware, for some reason, of her -- or

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1 did you take note of her emotional makeup, how she was

2 acting that way?

3 A. Yes, I did.

4 Q. Okay. And, what were you expecting

5 when you went to check on her?

6 A. Well, in a situation where a person

7 has lost a very close family member, especially a spouse,

8 or a mother has lost a child, you really don't know what

9 to expect. You expect somebody who is in very deep

10 grief. And it's something you have to be very careful of

11 when you talk to somebody, and you need to be very

12 sensitive.

13 Q. Okay. Describe Ms. Routier's

14 emotional condition.

15 A. When I initially saw her she was

16 surrounded by family members. There were many policemen

17 around the intensive care unit. And initially she was a

18 little bit agitated about what the policemen were doing

19 and why they wanted to photograph her, photograph her

20 wounds.

21 Q. Okay.

22 A. She did not seem particularly upset

23 other than that.

24 Q. Okay. Did you ever see tears

25 streaming down her face?

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1 A. At the end of my visit she did cry a

2 little bit. She had a photograph of her children in her

3 hand. And then she cried a little bit.

4 Q. Okay. Did you see her the next day

5 also?

6 A. Yes, I did.

7 Q. In fact, do you recall when she was

8 discharged?

9 A. Yes, I do.

10 Q. When was that?

11 A. That was on June 8th, two days after

12 admission.

13 Q. Okay. Did you see her every day?

14 A. Yes, I did.

15 Q. Okay. Check on her wounds every day?

16 A. Yes, I did.

17 Q. Okay. What about the next day, the

18 7th. Was she crying that day when you saw her?

19 A. No, she was not.

20 Q. What was her emotional condition at

21 that time?

22 A. She seemed fine.

23 Q. Okay. Did you check her over before

24 she was released, discharged?

25 A. Yes, I did.

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1 Q. Did you talk to her at that time?

2 A. Yes, I did.

3 Q. Okay. Did she talk to you about

4 anything that the police had asked her?

5 A. Yes, she did. I can't remember the

6 specific details, but it concerned a knife, which she was

7 attempting to explain, I would assume, some piece of

8 evidence that she had been confronted with. And she was

9 trying to explain to me how she -- this knife was --

10 somehow she could explain the reason it had something on

11 it. I don't remember the specific details, but it was

12 about a knife.

13 Q. Okay.

14 A. And I told her I just really didn't
15 want to hear about those things.
16 Q. Okay. You were there to check her
17 physical condition?
18 A. Her medical condition, yes.
19 Q. Medical condition. Okay. Let me ask
20 you, when you're checking her, are you checking her
21 wounds, checking her overall physical condition?
22 A. Yes.
23 Q. Okay. Now she had the wound to her
24 neck, her shoulder and this wound to the right arm; is
25 that right?
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1 A. Yes, she did.
2 Q. Okay. Now, let me show you what's
3 been marked as State's Exhibit 52-A. Do you recognize
4 that as a photograph of Ms. Routier?
5 A. Yes.
6 Q. Do you see her right arm there and the
7 bruising on her right arm?
8 A. Yes.
9 Q. What type of injury is that? What's
10 that called?
11 A. That's what we would term medically a
12 hematoma. It's a large bruise.
13 Q. Okay. And how are those caused? In
14 particular, that type of bruise?
15 A. This type of bruising, if I just saw
16 it, I would think that it was caused by a very heavy
17 blunt injury.
18 Q. Okay. And explain to the jury what a
19 blunt injury is.
20 A. We say blunt, as in not something
21 sharp, striking your hand against a door, being in a car
22 wreck and hitting the steering wheel, something in that
23 nature.
24 Q. Is that pretty severe blunt trauma?
25 A. This is a fairly severe blunt trauma,
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1 yes.
2 Q. Okay.
3 A. This is something that we -- if I saw
4 it on somebody's arm I would probably want to x-ray their
5 arm.
6 Q. Okay. At any time during your
7 examination of Darlie Routier, did you ever see that type

8 of injury to her right arm?

9 A. No.

10 Q. Okay. And is that something that you

11 look for in your examination of her?

12 A. Yes.

13 Q. Okay. Any time on the 6th, did you

14 see any evidence of that type of injury to her right arm?

15 A. None at all.

16 Q. The 7th?

17 A. No.

18 Q. The 8th?

19 A. No.

20 Q. Okay. Now, if that injury, that blunt

21 trauma, had occurred on June 6th, about 2:30 in the

22 morning, 1996, would you have seen evidence of that

23 injury on her right arm, Doctor?

24 A. In my opinion, yes. This is a lot of

25 blood, yes.

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1 Q. Okay. You saw no evidence of that

2 injury whatsoever?

3 A. No.

4 Q. Okay. That's not something that would

5 be caused by an IV or anything, would it?

6 A. No. I've never seen such a severe

7 hematoma caused by an intravenous line.

8 Q. Okay. Let me show you some other

9 photographs marked 52-G, 52-H and 52-F. And let me ask

10 you if you can recognize those photos.

11 A. These appear to be Mrs. Routier in the

12 intensive care unit. And they're photographs of her neck

13 wound and her arm wounds.

14 Q. Okay. On the right arm there, did you

15 see any evidence of the --

16

17 THE COURT: Just a minute, please.

18 Please confer in silence. Please. Thank you.

19 Go ahead.

20 MR. DOUGLAS MULDER: Judge, excuse me,

21 but I'm not able to confer in silence.

22 THE COURT: Well, I mean, keep your

23 voices down. We hear too much when you speak to each

24 other. I don't mind you speaking, but let's keep the

25 voices down.

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1 MR. DOUGLAS MULDER: Well, we're doing
2 the best we can.
3 THE COURT: Do better. Thank you.
4 Go ahead.
5 MR. TOBY L. SHOOK: Judge, can I have
6 the witness step down, please?
7 THE COURT: Yes. Please step down.
8
9 (Whereupon, the witness
10 Stepped down from the
11 Witness stand, and
12 Approached the jury rail
13 And the proceedings were
14 Resumed as follows:)
15
16 BY MR. TOBY L. SHOOK:
17 Q. Doctor, again, let me caution you to
18 keep your voice up.
19 A. Okay.
20 Q. 52-G, is that a photograph that we can
21 see of Ms. Routier's right arm?
22 A. Yes.
23 Q. Okay. And if you could just watch
24 your shoulder here, if you can keep it down, because we
25 have jurors -- in fact, I'll just get you to go along the
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1 jury rail in a moment. But the blood we see here, is
2 that from an injury, abrasions that were on the arm?
3 A. No, that looks like dried blood. Just
4 blood dries and it is hard to wash off. She does not
5 look like she's been cleaned.
6 Q. Okay. And holding 52-F also, is that
7 another photograph of the arm?
8 A. Yes. This is the same arm, different
9 aspect.
10 Q. Okay. If you had seen evidence of
11 this blunt -- if she had had blunt trauma on the 6th of
12 June, would you have seen it somewhere here in the ICU on
13 her arm?
14 A. From what I saw in the photograph, I
15 think we would be able to see it on this part of the arm
16 right here.
17 Q. Okay. If you could just start at that
18 end of the jury and show them.
19 A. Did they see this other bruise?
20 Q. We'll go over that in a minute, after
21 you finish that.
22 A. All this on here is dried blood from

23 either her neck wound or the wound here.

24 Q. And if you could show 32-A.

25 A. Okay.

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1 Q. You saw no evidence of that type of
2 injury whatsoever?

3 A. No, none at all.

4

5 MR. TOBY L. SHOOK: Okay. You can
6 have your seat.

7

8 (Whereupon, the witness

9 Resumed the witness

10 Stand, and the

11 Proceedings were resumed

12 On the record, as

13 Follows:)

14

15 MR. TOBY L. SHOOK: Judge, that's all
16 the questions we have. I'll pass the witness.

17 THE COURT: Mr. Douglass.

18 MR. PRESTON DOUGLASS: Yes, sir.

19 THE COURT: All right.

20

21

22 CROSS EXAMINATION

23

24 BY MR. PRESTON DOUGLASS:

25 Q. Dr. Dillawn, I just want to go through
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1 a few things with you.

2 I was corrected yesterday and was told

3 that you did a lot of the dictation that goes in these

4 records; is that right?

5 A. Yes, I did.

6 Q. All right. Did you review your

7 discharge summary that you dictated and that Dr. Santos
8 approved?

9 A. Yes, I did.

10 Q. And, you characterized the wound to

11 Ms. Routier's neck as a large slash wound; is that right?

12 A. Yes.

13 Q. And, if it was previously testified

14 that this slash wound penetrated the platysma muscle, and

15 was previously testified by a medical expert that it

16 reached to two millimeters of the carotid artery, you

17 wouldn't disagree with that expert, would you?
18 A. What I saw in the operation was the --
19 I saw a very small portion of carotid sheath.
20 Q. That was nicked?
21 A. No.
22 Q. But you saw the sheath?
23 A. I saw the sheath.
24 Q. The carotid sheath?
25 A. Yes.
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1 Q. The point is, if it has been
2 previously -- you wouldn't quarrel with anything Dr.
3 Santos says, would you?
4 A. I couldn't understand you.
5 Q. You wouldn't quarrel or disagree with
6 any of Dr. Santos's observations, would you?
7
8 MR. TOBY L. SHOOK: Judge, I'll object
9 to that. It's going into comparison of testimony.
10 THE COURT: Sustained.
11
12 BY MR. PRESTON DOUGLASS:
13 Q. Well, if there's been previous
14 testimony that the --
15
16 MR. TOBY L. SHOOK: Again, same
17 objection.
18 THE COURT: Well --
19
20 BY MR. PRESTON DOUGLASS:
21 Q. Is Dr. Santos more experienced or less
22 experienced than you?
23 A. Dr. Santos is more experienced.
24 Q. Okay. If he made an approximation to
25 the jury of the length of the --
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1 MR. TOBY L. SHOOK: Judge --
2 MR. PRESTON DOUGLASS: I can ask this
3 question, your Honor.
4 MR. TOBY L. SHOOK: I'm objecting to
5 it as comparison of the testimony.
6 THE COURT: Let's hear the question
7 first.
8 MR. PRESTON DOUGLASS: He's an expert
9 witness, your Honor.
10 THE COURT: I understand. Let's hear

11 the question.

12

13 BY MR. PRESTON DOUGLASS:

14 Q. If he -- you wouldn't quarrel with any

15 measurements that he gave this jury, would you?

16

17 MR. TOBY L. SHOOK: Again, I'll object

18 to comparison of testimony. He doesn't know --

19 MR. PRESTON DOUGLASS: I didn't --

20 MR. TOBY L. SHOOK: -- what --

21 MR. PRESTON DOUGLASS: If I might

22 respond.

23 I did not give a comparison. I just

24 asked if he would quarrel with his attending physician.

25 THE COURT: I understand the question.

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1 If that question is asked, it will be permitted. Go

2 ahead.

3

4 BY MR. PRESTON DOUGLASS:

5 Q. You wouldn't quarrel with anything Dr.

6 Santos told this jury relating to the carotid artery, the

7 carotid sheath or distance of the wound?

8

9 MR. TOBY L. SHOOK: Judge, we have to

10 object because the witness does not know what Dr. Santos

11 said to this jury.

12 MR. PRESTON DOUGLASS: I said --

13 MR. TOBY L. SHOOK: That's a

14 comparison of testimony.

15 THE COURT: Sustained.

16 Let's get on with the next question.

17 You can rephrase your question, please.

18

19 BY MR. PRESTON DOUGLASS:

20 Q. All right. In your opinion, the

21 carotid sheath, would you agree that is approximately two

22 to three millimeters in thickness?

23 A. Approximately, right.

24 Q. And if the carotid sheath is cut into

25 and you sever the carotid artery, what happens?

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1 A. You bleed.

2 Q. Bleed?

3 A. Well, it depends on how much of the --

4 I mean, you could get a laceration of the carotid artery

5 that could spontaneously stop.

6 Q. Okay. Then if you sever the internal
7 jugular vein, you're going to say that that could just
8 stop?

9 A. If there's enough muscular tissue
10 overlying it, yes, it could stop.

11 Q. It could just stop. So someone could
12 have a severed internal jugular vein, you're telling this
13 jury that they could just walk around and it could just
14 stop bleeding and everything would be fine and they
15 continue on? Is that what you're trying to tell this
16 jury?

17 A. That is possible. If you have a
18 gunshot wound to the internal jugular vein --

19 Q. No, I'm --

20 A. And that vein is covered by some
21 structure, any structure. Any structure that can apply
22 pressure on it, it can stop. If you have an injury where
23 the wound is completely open, there's nothing to tampon
24 on it, it will not stop.

25 Q. But your testimony is that people
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1 could have a severed jugular vein and that bleeding would
2 stop?

3 A. I have seen that before.

4 Q. All right. Now, what about a slash
5 wound? An incised wound to the neck that severs the
6 carotid artery and severs the jugular vein?

7 A. It would depend upon the
8 circumstances.

9 Q. You've seen a lot of people die from
10 that type of injury, haven't you?

11 A. I've seen a few.

12 Q. A few die. That's a serious wound, is
13 it not?

14 A. A transection of the carotid artery?

15 Q. Yeah. Would you consider cutting the
16 carotid artery in half, or the internal jugular vein, to
17 be a serious wound?

18 A. Well, the carotid artery is much more
19 serious than the jugular vein.

20 Q. Okay. Would it be a serious wound?

21 A. Yes.

22 Q. All right. When you visited Ms.
23 Routier, how many times did you go to see her in the
24 hospital over those, what, three days?

25 A. I saw her twice. I saw her in the

1 operating room on the 6th. I saw her later that day in
2 ICU. And I saw her once a day on the following days.
3 Q. So how many times total?
4 A. I guess five.
5 Q. Okay. And, did you make notes of
6 every time you saw her?
7 A. I made one note a day, besides the
8 operative note.
9 Q. Okay. And, did you have a chance to
10 read through your notes in terms of what nurses said with
11 respect to Mrs. Routier?
12 A. I did not read the nurses' notes.
13 Q. Would it surprise you that when you
14 talk about her reaction, that there are notes and
15 references in the medical records that you can refer to
16 that at various times over those three day periods, she
17 was tearful, she was frightened, she was very upset,
18 crying, anxious about the events that had taken place,
19 and that nurses noted that and they put it in their
20 notes?
21 A. Are you asking if that would surprise
22 me?
23 Q. Yes.
24 A. No, it would not surprise me.
25 Q. And you certainly would rely on what
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1 those nurses said because they're with her a lot, are
2 they not?
3 A. Yes, they are.
4 Q. Okay. But -- Doctor, how old are you?
5 A. 30.
6 Q. And, you and I are about the same age.
7 Do you have children?
8 A. No, I don't.
9 Q. Have you ever lost a little niece or
10 nephew?
11 A. No.
12 Q. Maybe had a next door neighbor who had
13 a child that you kind of got to know, and played with
14 this child, and that child died?
15 A. No.
16 Q. You're not here to tell this jury that
17 you feel that there is a one singular, appropriate way to
18 relate to a tragic loss, are you?
19 A. Not one singular, appropriate way, no.

20 Q. And, is it true that the description
21 of a flat affect can relate to a depressed person,
22 someone who is deeply depressed?

23 A. Possibly.

24 Q. Isn't it also true that people can
25 gain a great deal of strength from family members?

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1 A. Yes.

2 Q. And isn't it true that there's lots of
3 records that show that the family was very supportive and
4 was present by Darlie's side while she was recovering?

5 A. Yes.

6 Q. Now, I want to talk to you a little
7 bit about the term superficial. In laymen's terms,
8 people think of superficial, they think of a scratch or a
9 cut or a flesh wound. Would you agree with me?

10 A. I'm not a layman. I think of it in a
11 different way.

12 Q. Well, all right. And that's the whole
13 point. You think of superficial in a different way; is
14 that right?

15 A. Yes.

16 Q. If these people are laymen that are on
17 the jury, they may think of the word superficial
18 different from the way you think of superficial; is that
19 right?

20 A. Well, they might.

21 Q. Okay. What I mean by that is,
22 superficial is, in effect, in many ways to a medically
23 trained professional, a term of art meaning that a cut
24 was superficial to a structure, meaning it came to a
25 structure but it didn't nick or cut the structure; is

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1 that right?

2 A. Did you say term of art?

3 Q. Well, it's a medical term in some
4 respects. When you say, is it not true, Doctor, when you
5 say it's superficial to the platysma, or superficial to
6 the carotid sheath, that it nicked it and did not totally
7 obstruct it?

8 A. That's a different use of the word
9 superficial. When you describe a superficial wound it
10 means that it was superficial and not deep. You weren't
11 describing it in relation to any structure, you're
12 describing it in relation to the wound itself.

13 Q. Okay.

14 A. You know, you could say that the
15 coronary artery is superficial to the heart, but they're
16 both deep.
17 Q. That's my point. That's my point.
18 And let me ask you this: If in laymen's terms, as just
19 us laymen would say, it's not normal to have to have an
20 hour and 15 minutes under general anesthetic for a wound.
21 That's considered surgery. Right?
22 A. That's surgery. Yes.
23 Q. And it's not normal to have to have
24 sutures underneath your structure and around the platysma
25 muscle and then sutures to close up a wound and have a
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1 scar that will last the rest of your life that is four
2 inches long. That's not normal, is it?
3 A. Normal as compared to what?
4 Q. Well, most people don't end up having
5 a cut, and as a result of that cut, they have an hour and
6 15 minutes of surgery and a four inch scar?
7 A. The reason she went to surgery is
8 because of the location of the wound.
9 Q. Right. I understand that. But she
10 still, nevertheless required suturing; is that right?
11 A. Yes.
12 Q. She had a diagnosis from Dr. Santos of
13 post trauma anemia. And that's from a severe loss of
14 blood. Right?
15 A. I would say a mild loss of blood,
16 moderate.
17 Q. Let me ask you something, Doctor, when
18 did you get here?
19 A. About 8:00 o'clock.
20 Q. In Kerrville?
21 A. In Kerrville, I arrived here Monday
22 night.
23 Q. All right. And, did you confer with
24 Mr. Shook following Dr. Santos's testimony last night?
25 A. Mr. Shook?
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1 Q. This man.
2 A. Yes, I did.
3 Q. You conferred with him about your
4 testimony last night?
5 A. I spoke to him over the phone.
6 Q. Okay. When was the last time she was
7 given an anesthetic?

8 A. Ms. Routier?

9 Q. Yes.

10 A. I have no idea.

11 Q. Can you refer to your notes?

12 A. Well --

13 Q. Let me ask you this. If it was

14 previously testified at 5:00 AM, would you disagree with
15 that?

16 A. 5:00 AM on the day of the, of the --

17 on June the 6th?

18 Q. Right. If anesthesia was terminated

19 at 5:00 AM on June the 6th, would you disagree with that?

20 A. I would have to see the records.

21 Q. Okay. You might be able to find the

22 anesthesia report quicker than me. Is that it?

23 A. Um-hum. (Witness nodding head

24 affirmatively). It was about 5:00 AM when we stopped

25 monitoring her.

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1 Q. When you say stopped monitoring, that

2 means, that's when whatever medication is causing her to

3 be under general anesthetic, that's when it is

4 terminated?

5 A. They allow patients to emerge from

6 anesthesia, and that must have been when they transported

7 her out of the operating room.

8 Q. Okay. All right. How many times have

9 you spoken with either district attorney's investigators

10 or representatives of the District Attorney's office

11 about your testimony?

12 A. I spoke to them twice before I arrived

13 here.

14 Q. So twice in Dallas and then last

15 night?

16 A. Last night the -- he just told me when

17 I was supposed to arrive in the morning.

18 Q. Did he talk to you at all on Monday?

19 A. I don't believe he did.

20 Q. Okay. Are you being paid for your

21 time here today?

22 A. No.

23

24 MR. PRESTON DOUGLASS: Pass the

25 witness.

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1 REDIRECT EXAMINATION

2

3 BY MR. TOBY L. SHOOK:

4 Q. Dr. Dillawn, Mr. Douglass asked you
5 some questions about the cut jugular and --

6 A. Jugular vein.

7 Q. Did Darlie Routier have any of those
8 injuries?

9 A. No.

10 Q. Okay. You said something about a
11 sheath?

12 A. Yes. There's a carotid sheath that
13 surrounds the two vessels, the internal jugular vein, the
14 carotid artery and a large nerve called the Vagus nerve.

15 And it's just a fibrous structure in the neck that's
16 continuous with other fibrous material that would sort of
17 hold you together.

18 Q. There was no cut to her jugular or
19 carotid artery or anything like that, was there?

20 A. No.

21 Q. And in laymen's terms, the skin was
22 cut, the fat was cut and the platysma, which is in the
23 fat; is that right?

24 A. Yes.

25 Q. That's it?

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1 A. That was it.

2

3 MR. TOBY L. SHOOK: That's all I have,
4 Judge.

5 THE COURT: May this witness be
6 excused by agreement of both sides?

7 MR. PRESTON DOUGLASS: I have one
8 question, your Honor.

9 THE COURT: All right.

10

11

12 RECROSS EXAMINATION

13

14 BY MR. PRESTON DOUGLASS:

15 Q. On this ruler there's millimeters
16 marked; is that right?

17 A. Yes.

18 Q. Okay. And, would you agree, that in
19 distance that there was a distance of approximately two
20 to three millimeters to the artery of this woman, the
21 carotid artery?

22 A. Over a very short distance it was --

23 we could see the sheath. I didn't actually measure it.

24 Q. Okay. But answer my question. And my
25 question is: Based upon your training and your
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1 experience, could it have been two to three millimeters?

2 A. I don't really know. I just saw the
3 sheath.

4 Q. Okay. You're not saying no, you're
5 just saying you don't know?

6 A. I have stated that the wound was
7 superficial and did not damage it -- it damaged no
8 significant structures. At a small point, we could
9 see -- the carotid sheath was exposed. The carotid
10 artery was not exposed.

11 Q. Okay. But it cut down to the carotid
12 sheath?

13 A. Over -- we could see a distance of
14 approximately -- the two to three millimeters maybe the
15 amount of the carotid sheath that I could see. The
16 carotid artery is this long. (Witness demonstrating with
17 his hand). I could see this much.

18 Q. Okay. But certainly you didn't cut
19 down to that?

20 A. No.

21 Q. That was done by whatever sharp-edged
22 instrument hit Mrs. Routier?

23 A. Yes.

24 Q. Okay. So that instrument made that
25 cut down to that depth?

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1 A. Yes, it did.

2

3 MR. PRESTON DOUGLASS: Okay. That's
4 all I have.

5 MR. TOBY L. SHOOK: Nothing further,
6 Judge.

7 THE COURT: All right. Doctor -- both
8 sides are excusing this witness?

9 MR. PRESTON DOUGLASS: Yes, sir.

10 MR. TOBY L. SHOOK: Yes, sir.

11 MR. DOUGLAS MULDER: Subject to our
12 agreement.

13 THE COURT: All right. Please don't
14 discuss your testimony with anybody who has testified.
15 In other words, don't compare it. You may talk to the
16 attorneys for either side. If someone tries to talk to

17 you about your testimony, please tell the attorney for
18 the side who called you.
19 THE WITNESS: Okay.
20 THE COURT: All right. Your next
21 witness.