In The Matter Of:

The State of Florida v.
Ashley Christina Benefield

Dr. Russell S. Vega
February 15, 2023

IN THE CIRCUIT COURT OF THE TWELFTH
JUDICIAL CIRCUIT OF THE STATE OF FLORIDA,
IN AND FOR MANATEE COUNTY, FLORIDA

CASE NO.: 2020-CF-003014AX

THE STATE OF FLORIDA,

Plaintiff,

vs.

ASHLEY CHRISTINA BENEFIELD,

Defendant.

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DEPOSITION OF

DR. RUSSELL S. VEGA

Taken on Behalf of the Defendant

DATE TAKEN:	Wednesday, February 15, 2023
TIME:	Commencing at 9:00 a.m.
PLACE:	2001 Siesta Drive Suite 302 Sarasota, Florida 34239

Examination of the witness taken before:

Olivia Cristantiello, CSR
Certified Shorthand Reporter

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INDEX

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DEFENDANT'S EXHIBITS

WHEREUPON,

DR. RUSSELL S. VEGA

acknowledged having been duly sworn to tell the truth and testified upon his oath as follows:

THE WITNESS: I do.

DIRECT EXAMINATION

BY MR. TAYLOR

Q. Good morning. Would you please tell us your full name.

A. Good morning. My name is Russell Scott Vega. The last name is spelled, V-E-G-A.

Q. And you are the district medical examiner?

A. That's correct.

Q. I have a few question on behalf of Ashley Benefield that I'd like to ask you, Dr. Vega.

A. All right.

Q. I'd first like to start out with some questions -- I'm not going to do the traditional take up your time with your qualifications. I'm quite familiar with them. I'd like to ask you in general some questions about the analysis and the interpretation of gunshot wounds in particular, and whether or not it's an essential and common practice among forensic pathologists.

A. Meaning, the examination and interpretation of

such wounds?

Q. Yes, sir.

A. Absolutely, it is.

Q. All right. Essential, no?

A. Yes.

Q. Would you agree it's an integral aspect of training for pathology residency?

A. It is in that forensic pathology training is part usually a one-month rotation of overall pathology training. And in most of those one-month rotations, pathology residents can expect to get at least a little bit of exposure to gunshot wounds.

Q. I want to ask you about some of the post-academic education factors that perfect the skills of a forensic pathologist as they relate to the study of gunshot wounds. I think we can probably agree that some forensic pathologists are better than others?

A. Sure.

Q. Like any category of professionals?

A. Sure.

Q. So share with me if you wouldn't mind, Dr. Vega, some of the criteria that contribute to making someone a top tier forensic pathologist.

A. I will share with you what I think are the necessary attributes to do the job well. I don't really

think of putting myself and my colleagues around the country into tiers necessarily.

Q. I understand.

A. But to do the job well requires -- and specifically with regard to the interpretation of gunshot injuries, it requires being trained by people who are knowledgeable in the -- knowledgeable and have experience in the interpretation of such things, and getting experience over years and looking at many such injuries in the context of both the examination and a thorough understanding of the background events leading to the injuries.

And then in correlating those findings with other analyses that are present in every autopsy, such that in those cases, you have the opportunity to build a repertoire of experience in correlating background, autopsy findings, other analyses and ultimate determinations of the cause and manner of death, which is the principal responsibility of the medical examiner.

Q. Sure. And would you agree that the actual experience that is to say with the number of autopsies that are conducted help perfect those skills?

A. Sure.

Q. All right. Are you familiar, Dr. Vega, with Dr. Emma Lew?

A. Yes.

Q. How so?

A. She was an associate medical examiner for an extended period of time for the Miami-Dade Medical Examiner Office. And I think at the passing of Dr. Bruce Hyma -- when was that -- actually, not the passing of, the resignation of Dr. Bruce Hyma, his ultimate passing, first part of the second decade of the 2000s.

I don't remember exactly what year. But she was his successor as chief medical examiner in Miami-Dade and she served in that capacity until a year -- last year. I think last year she resigned from that position.

Q. And are you familiar with her standing in the forensic pathology community?

A. She's a well respected member of the community.

Q. And I would assume that includes you, as well, as far as acknowledging her as a respective member of the forensic pathology community?

A. Yes.

Q. Did you conduct the autopsy of Douglas Benefield?

A. I did.

Q. So I want to ask you a few questions about that in particular and one of the three wounds in particular, Dr. Vega, specifically what you characterize as probably

a grazing gunshot wound to the right arm.

A. Yes.

Q. I believe that was on page five of your autopsy report; correct?

A. That's right.

Q. All right. So would -- can we agree that a grazing gunshot wound is one which strikes the skin at a relatively shallow angle and produces an elongated area of abrasion?

A. It depends on the surface of the skin, how tangential it is to that course and such as to whether or not it's going to be elongated. But I think if you were to talk about the classic or characteristic of a grazing wound, they typically are elongated.

Q. Okay. Can you describe for me the other features that are unique to a grazing gunshot wound?

A. I don't know that I would use the term unique. But grazing wounds have certain characteristics because of essentially the parameters we're setting to call something a graze.

Q. Yes, sir.

A. When you call -- when one would call an injury a grazing wound, that by definition is limiting it to not penetrating or tunneling or in some deeper fashion involving the underlying tissues besides the skin.

So, you know, I think in terms of unique or characteristic, whatever findings, that's the only one. And it very much then depends on the nature of the skin, the nature of the projectile at the time that it's causing the injury. Those are the two principal features that will determine how such an injury is going to manifest.

Q. A lot of variables at play?

A. Sure.

Q. All right. Let's take a look, if we can, at what I'm going to mark as Defendant's Exhibit Number 1 for the purposes of the deposition, and ask you if you would be kind enough to identify that for me. If you need to compare it with your file, take your time. That's fine.

A. No. This is the wound of the arm that -- the right arm specifically that we are discussing and is described on page five of the autopsy report.

(Defendant's Exhibit No. 1 was marked for Identification.)

BY MR. TAYLOR

Q. And if you would, you can keep that for purposes of the next few questions. Directing your attention specifically to -- well, let me first ask you this: Would you explain for me, for purposes of a

grazing gunshot wound, if there's something that is relatively common to where the projectile first meets the skin?

A. Again, it depends on the shape and the nature of the projectile. When you think of the way a -- say, maybe a non-tumbling, non-deformed projectile grazing against relatively flat skin, then the first part of the projectile that is in contact with the skin is the nose, and if it's firing, as most of these typically are without any other affect, a spinning nose of the projectile. That in a most characteristic fashion will lead to a -- an oval or scalloped initial -- what's the right word I'm looking for -- proximal aspect of the wound.

Q. Okay. So now, directing yourself to our Exhibit Number 1. Would you take a look and specifically focus on the proximal aspect of that wound and tell us whether or not it's a more rounded area of the anterior inferior and specifically at the 5 o'clock area?

A. It's not.

Q. You don't believe it to be?

A. No.

Q. All right. If it were, would that be indicative of where the projectile first struck the skin?

A. It could be.

Q. Are the projectiles for grazing gunshot wounds generally when they first make contact with the skin, Dr. Vega, or one of the other characteristic of such a wound, does it produce a deeper area of penetration where the projectile first strikes the skin generally?

A. Generally, that's the shallow area. Skin, typically, is at least somewhat rounded. So a tangential wound is going to be shallower at the ends, both the entrance and the exit, and is going to be deeper in the middle portion of that wound.

Q. Okay. And just so there's no confusion --

MR. TAYLOR: Jack, do you have pen that Dr. Vega can use to draw?

MR. O'KEEFE: I got one like a felt tip, and then an actual little marker tip.

THE WITNESS: Doesn't matter to me.

BY MR. TAYLOR

Q. Would you, Dr. Vega, for purposes of our exhibit, first, describe if you wouldn't mind where the 5 o'clock area is?

A. Well, 5 o'clock depends on one's orientation. So if I'm going to orient this photograph with the number and ruler at the bottom where the number is written with numerals straight up, as one would normally read them --

Q. Mm-hmm.

A. -- then the 5 o'clock margin of the injury is here, where I put the star.

Q. Okay. And would that also be characterized as the anterior inferior area?

A. No.

Q. All right. Where would that be?

A. Marked that with a triangle.

Q. Okay. Would you agree, Dr. Vega, that the direction of travel in these type of wounds is often difficult to determine?

A. Yes.

Q. And, in fact, you acknowledge that in your earlier testimony, did you not before the court at the dependency hearing?

A. I honestly don't recall my testimony in that hearing, but I have no reason to doubt that statement.

Q. All right. So do these type of wounds, Dr. Vega, often have accompanying lacerations?

A. The term laceration, in my opinion, would not be an appropriate term to use in describing the manifestations of a gunshot wound in general. So I would say no, but it may be because of the terminology you're using.

Q. All right. Are they often accompanied by surrounding marginal splits in the skin?

A. Sometimes.

Q. Okay. And when they are, do those generally point in the direction of travel?

A. The skin tags, generally when they're well developed, point in the direction from when the bullet came.

Q. And what about as opposed to skin tags, the splits in the skin, what I was referring to as lacerations? Will those generally point in the direction of travel?

A. I guess it depends on what you mean by point.

Q. Will they be consistent with the direction of travel as opposed to the skin tags which point towards the gun, if you will? Do they help the pathologist make that determination?

A. They do. And I think I want to answer your question yes. I'm not -- I want to make sure I understand. Maybe a diagram will help me confirm that we're using the terminology in a similar way.

Q. Okay. Well, I just happen to have something that I think will help. What I would like to do is I want to read you some brief excerpts from a couple of articles first, then ask you whether or not you agree or disagree with the statement that I'm going to read. The first is from Forensic Pathology Principals and

Practices, and it states as follows:

Graze gunshot wounds are usually superficial. Graze wounds have skin tags that point toward the firearm. In other words, the skin tags point opposite to the direction of travel of the projectile. Tiny skin tags can frequently be seen in entrance gunshot wounds and in exit wounds to indicate direction of travel of the projectile.

Agree or disagree?

A. I agree. Except the last part is talking about entrances and exits is typically reserved for perforating wounds, not (crosstalk) --

Q. Penetrating. Agreed. Okay. All right. The next one I'm going to read from is from the Academy of Forensic Pathology and Unusual Feature of Grazing Gunshot Wound by Michael Heninger, and he states as follow -- and this will be the diagram that I think you're looking for, which will help all of us.

The common appearance of a graze wound consists of an elliptical furrow in the skin of variable depth. The initial point of contact or the proximal corner of a graze wound may have a partially round or crescentic margin of abrasion resembling a portion of a typical entrance wound margin of abrasion.

This can be helpful in distinguishing a graze

wound from a laceration and determining direction. The edges of the graze wound may have small diagonal lacerations. Because the kinetic energy of the projectile is dissipated away in every direction, the lacerations tend to radiate away from the initial point of contact.

These small lacerations create corresponding diagonal skin tags that point back in the direction from which the projectile came. The distal corner is variable in appearance, often irregular, and lacerations may be present.

Agree?

A. Except that I would not use the term lacerations. I think the term laceration is best reserved for tearing of the skin that occurs as a result of blunt impact. So I would continue to call these tears. That's the only difference I would take in terminology there.

Q. Well, and I defer to you since this is your field and I'm merely a trespasser momentarily. Here is an exhibit that I'm going to present to you and I'm going to mark as Defendant's Number 2.

(Defendant's Exhibit No. 2 was marked for Identification.)

MS. FREEL: Dr. Vega, while he does that, would

you mind showing me that picture you were looking at before?

THE WITNESS: The exhibit that Mr. Taylor showed me that I marked on it?

MS. FREEL: Does it have your ME number on it, or it doesn't?

THE WITNESS: It does. It does.

MS. FREEL: Would you mind telling me what it is. Thank you, sir. I was looking for the picture number. It doesn't, but I'll find that one.

Thank you, sir. Thank you.

THE WITNESS: Yep.

BY MR. TAYLOR

Q. All right. Does defendant's Exhibit Number 2, Dr. Vega, adequately depict a grazing gunshot wound?

A. I think it's a good diagram of a -- maybe a typical or characteristic example of a grazing gunshot wound.

Q. All right. And it shows both tears, if you will, which we're debating whether or not apparently some in the profession refer to them as lacerations, as well as skin tags?

A. Yes.

Q. And we're in agreement that the skin tags generally point in the direction of the gun?

A. Yes.

Q. And the tears or lacerations generally point in the direction of travel, the projectile?

A. The only issue I ever had here was what the term point meant. And if we mean point being the direction of the broader base of the tear to the apex of the tear, then I would say yes.

Q. Okay.

A. I think there's maybe a presumption that's what point would mean. But if somebody was saying point is starting from the beginning and going toward the larger portion, which some people might mean pointing, it would be the opposite direction.

So just I want to make sure we were talking about the same direction. So when you're saying point, you are referring to the direction that I also was presuming you meant, and so I think I can answer your question -- initial question and say, yes, I agree with that.

Q. All right. Let's take a look on the diagram, which has been marked Number 2 as defendant's exhibit. And I'm going to ask you if you would explain what they refer to as the proximal corner in an initial contact area of the projectile?

A. I mean, they've labeled this on the diagram.

I'm not sure I know what you mean by explain.

Q. In this diagram, where the projectile first makes contact with the skin, would that be described as the proximal corner?

A. Yes.

Q. Okay. So going back to our exhibit that we have labeled number one. Would you using the pen that I gave you, would you mark what you believe to be the proximal corner of that wound?

A. I circled it with dotted lines.

Q. Mm-hmm. Okay. Now, I have just a couple of other excerpts I'd like to read to you. This is from the Archives of Pathology and Laboratory Medicine Practical Pathology of Gunshot Wounds, and it says as follows:

When a bullet penetrates the skin nose on, it produces a concentric margin of abrasion, that is ring of scraped skin of uniform thickness because it enters perpendicular to the skin. When the nose of a bullet penetrates the skin at an angle, it produces an eccentric margin of abrasion, that is, a ring that is thicker in one area. The thick area of an eccentric margin of abrasion indicates the direction from which the bullet came.

Agree?

A. Yes.

Q. Here's an article I'm sure by an author you're familiar with. Vincent J. M. Di Maio, former San Antonio medical examiner and professor of pathology. Gunshot Wounds: Practical Aspects of Firearm Ballistics and Forensic Technics. And Dr. Di Maio says:

A graze wound is one in which a bullet strikes the skin at a shallow angle producing elongated area of abrasion without actual perforation or tearing of the skin. In a tangential wound, the injury extends down through the subcutaneous tissue. The skin is torn or lacerated by the bullet. In both grazed and tangential wounds, it may be difficult to tell the direction in which the bullet was traveling when it produced the wound.

A. Yes, I agree with that.

Q. And lastly, from the Forensic Aspects of Ballistic Injury Division of Forensic Medicine, Forensic Aspects of Ballistic Injury by Velma and Schultz. They write:

A grazed wound resulting from tangential contact with passing bullet may reveal the direction of fire. Careful hand lens examinations of such a wound may reveal skin tags on the lateral wound margins of the grazed wound through trough pointing towards the weapon. The lacerations along the wound trough margins point in

the direction the bullet moved.

Agree?

A. Those are all very similar and reasonable characterizations of a typical grazing wound.

Q. I want to ask you a couple questions now, Dr. Vega, about the actual investigation that you conducted.

A. Sure.

Q. How did you determine the nature of this wound that we are focusing on?

A. Well, I didn't determine the nature of the wound. I gave you a probable -- in my report --

Q. Yes, sir.

A. -- an opinion of what I thought was the more likely underlying etiology of that wound.

Q. You used the qualifier?

A. Yes.

Q. Okay. And as opposed to, for example, the other two wounds which had no qualifiers, this one did?

A. Yes.

Q. All right. Did you use -- in examining the wound, Dr. Vega, did you use a hand lens and/or a microscope?

A. No.

Q. Were you able to determine if any tears or

lacerations were present?

A. There were no tears or lacerations present.

Q. Would you have been able to determine whether or not any skin tags were present?

A. No skin tags were present.

Q. Would you have been able to better make that decision had you examined it with a microscope or a hand lens?

A. No.

Q. Why?

A. Because it's not that kind of a wound. There is no penetration of this wound beyond the epidermis, maybe the very superficial -- or the superficial dermis. So I don't think there are -- I don't think there's skin tag here to be examined.

Q. Okay.

A. I shouldn't say super -- I think there's involvement of the epidermis and the dermis.

Q. Mm-hmm.

A. Superficial is probably not an appropriate term here, so I'm going to rephrase my description. But this injury does not go -- it does not involve the depth of the wounds that were typically being described, I think, in your very well formulated descriptions in those references to look for skin tears or tags.

Q. Okay. Can we characterize, if I can --

MR. TAYLOR: Do we have a different color marker?

MR. O'KEEFE: One here.

BY MR. TAYLOR

Q. Would you -- I'm going to draw a box around this right here. Are you able to see where I've drawn the red box?

A. I am.

Q. Okay. It's not very obvious. Little better. Could that be characterized as a skin tag?

A. I wouldn't characterize it as a skin tag.

Q. Does it have enough of a characteristic that you would understand if a colleague would characterize it as a skin tag?

A. People -- people characterize things in lots of ways. I can tell you in the parlance of deeper injuries with skin tags and furrows of grazing wounds, I would not characterize that in that way.

Q. And you would not consider that, a colleague might?

A. A colleague might characterize that in many number of ways. People have different opinions about things.

Q. Okay. With regard to opinion, in the autopsy

on page five, you described this wound as having a probable direction of travel from back to front?

A. Yes.

Q. Okay. Again, a qualifier?

A. Yes.

Q. Then at the dependency hearing, and I will happy to show you a transcript if you'd like, you said that it had features more suggestive of back to front. Do you recall that?

A. I don't recall it, but that sounds reasonable.

Q. Again, a qualifier?

A. Yes.

Q. And these are, again as we've read earlier, difficult wounds to determine?

A. Yes.

Q. All right. Would it help you to know if I told you that another forensic pathologist determined that it was a front to back trajectory rather than a back to front?

A. It wouldn't help me. It wouldn't surprise me. People have different opinions.

Q. Okay. And you would respect the opinion, assuming that the colleague was otherwise qualified?

A. I can respect an opinion and not necessarily agree with it.

Q. Absolutely. So let me show you another photograph, which hopefully I'll find here in a moment.

MR. O'KEEFE: Is it that one?

MR. TAYLOR: I'm going to mark this as Defense Exhibit 3.

(Defendant's Exhibit 3 was marked for Identification.)

BY MR. TAYLOR

Q. And I'm going to pass to you what is the same photograph, would you agree?

A. Yes.

Q. But marked by another, which indicates an abrasion and the direction of travel and skin tag?

A. Yes.

Q. Now, can we agree, Dr. Vega, that your use of the qualifiers both probable and suggestive, means that you have opinion, you did the best you could, but you're not certain?

A. Yes.

Q. Okay. And that is the nature of these type of wounds; is it not? Or I should say are they not?

A. I mean, it's the nature of many things at times. Some things are more characteristic and much more likely to have an overwhelming consensus of opinion about what the nature is and some things are less so.

Q. This would be less so?
A. I believe yes.
Q. All right. Toward that end, you're absolutely certain about the other two wounds and the opinion that you have?
A. Yes.
Q. As to this wound, you would not be prepared to live and die over your opinion?
A. I don't live and die over any opinion. But I certainly have a much lower degree of certainty with this injury and the opinions that I've rendered in my report and determinations, as opposed to the other injuries.
Q. Okay. Let me see if I can phrase the question this way: If I were to ask you, Dr. Vega, is it a fact that you have no reasonable doubt as to the opinion of the trajectory of this wound, what would you say?
A. I would say that is wrong. I do have a reasonable doubt.
Q. Okay. Fair enough. I have just a few miscellaneous questions I would like to ask you, Dr. Vega, and then we can wrap up.
A. Sure.
Q. Are you familiar with the term blading? This is not a medical term.
A. I don't believe I am.

Q. Okay. It's generally used with respect to gunshots and attempting to defend from being struck by a projectile. Never heard it used before?

A. No.

Q. Twisting of the body, minimizing the area of potential impact?

A. I have not heard that term before.

Q. All right. Sometimes with gunshot wounds, you have obvious defensive wounds; yes?

A. I generally don't use that terminology. But are there sometimes injuries which are consistent with one trying to fend off an attack by bullet or anything else? Yes.

Q. Yes. Same thing with knives?

A. Absolutely.

Q. Okay. Does the absence of defensive gunshot wounds exclude aggressive behavior?

A. No.

Q. Does the absence of defensive gunshot wounds exclude offensive behavior?

A. No.

Q. Are we able to reconstruct -- strike that.

We cannot reconstruct with any real reliability the order of the shots; can we?

A. There's nothing that I can recall about the

nature of the injuries or any other information, you know, based on my examination that would allow me to do that.

Q. Okay. So in this instance, and these are hypothetical, the chest wound could have been the first shot?

A. Yes. I might need to -- I might need to give a caveat to my first answer. When you asked that question, I was considering the gunshot wounds we were sort of dealing with after the graze I think because you had asked me about those separately, meaning the gunshot wound to the chest and the one to the extremity.

One of the -- one of the reasons that I came to the opinion that the arm wound could be grazed and/or is probably grazed and probably has a direction of travel, was that in my examination lined up well with the trajectory of the projectile extrapolated from the chest wound prior to it entering the chest.

And thus, if that is indeed the case, which I think is reasonable or -- or probable, but by no means certain, then the arm wound would proceed the chest wound. With regard to the chest wound and the leg wound, I don't have anything that allows me to determine which of those was first.

Q. Okay. And even with respect to your

description of the arm and the chest wound, it's again with a qualifier?

A. Yes.

Q. Okay. So here's the remaining questions that I have for you. Could the chest wound have been the first shot?

A. Yes.

Q. All right. And could the remaining two wounds then have been attributable to flight?

A. I mean, could they have occurred during a retreat from attack essentially --

Q. Yes.

A. Yes.

Q. General definition homicide. Can we agree it's the death of a human being at the hands of another?

A. I don't use that exact definition, but I use one that's close to that.

Q. Go ahead.

A. And I use that definition with a caveat that there has to be some intent to cause harm, injure or kill, otherwise, every traffic fatality is essentially a homicide and I don't agree with that interpretation, so --

Q. You're stealing my thunder.

A. I apologize.

Q. All right. So your definition of a homicide.
A. Yeah. The -- the death of a person at the hands of another, or by the direct actions of another with some intent to hurt, injure or kill.
Q. Okay. So you would agree not all homicides are crimes?
A. Yes.
Q. All right. We can have justified homicides?
A. I mean, that's a legal term, I think. But yes, my determination of homicide in manner of death from a medical legal perspective may result in anything from no charges at all to manslaughter to murder, and there are a lot of other factors at play in making that determination.
Q. Okay. You've seen through your extensive experience justified homicides, as well as excusable homicides; no?
A. Yes.
Q. Okay. Law enforcement officer having to shoot and kill a perpetrator of a violent crime as it's taking place; justified homicide?
A. Yes.
Q. Okay. A driver suffering a heart attack and having the car veer into a pedestrian and killing them; excusable?

A. Yes.

MR. TAYLOR: I appreciate your time, especially given the short notice of this deposition.

Give me just one moment.

(A short recess was taken.)

BY MR. TAYLOR

Q. One last question, if you would be kind enough.

A. Yes.

Q. With respect to Defendant's Exhibit Number 1, can you give us some explanation. Within the circle that you drew indicating the proximal area of contact, there's the facing of the skin, a small portion. Can you explain what that is?

A. It looks to be a very focal area of abrasions separate from the main or more continuous other part of the injury.

Q. So if that's the case and this is the proximal point of the injury, there would have been a topical contact initially and then a deeper contact following that?

A. I think so. I honestly don't have an excellent explanation for why the wound has that characteristic at that position.

MR. TAYLOR: Okay. Thank you very much. As you well know, you have the right to read or to

waive. Up to you. No difference to me. You get to --

THE WITNESS: So we're done?

MR. TAYLOR: We are. Unless the assistant -- I'm sorry. Unless the assistant has any questions. I come from the school of if you haven't --

MS. FREEL: I do not have any questions. Thank you.

THE WITNESS: Okay. I just wanted to be sure. Usually, there's at least that I don't have any questions comment that comes up.

MS. FREEL: Appreciate it. I couldn't get unmuted.

THE WITNESS: I'll waive.

THE COURT REPORTER: Mr. Taylor, are you ordering this?

MR. TAYLOR: Yes, I am.

(Whereupon, the deposition was concluded at 9:49 a.m.)

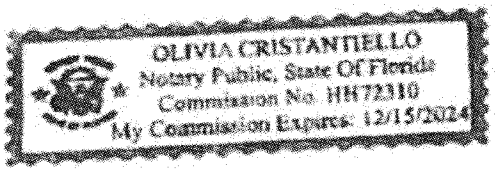
CERTIFICATE OF OATH

STATE OF FLORIDA

COUNTY OF SARASOTA

I, Olivia Cristantiello, CSR, the undersigned authority, certify that DR. RUSSELL S. VEGA personally appeared before me on February 15th, 2023, at 9:00 a.m. and were duly sworn.

WITNESS my hand and official seal this 15th day of February, 2023.



Olivia Cristantiello, CSR

CERTIFICATE OF REPORTER

STATE OF FLORIDA

COUNTY OF SARASOTA

I, Olivia Cristantiello, Certified Shorthand Reporter, do hereby certify that I was authorized to and did stenographically report the deposition of DR. RUSSELL S. VEGA; that a review of the transcript was requested; and that the foregoing transcript, is a true record of my stenographic notes.

I FURTHER CERTIFY that I am not a relative, employee, or attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel connected with the action, nor am I financially interested in the action.

DATED this 28th day of February, 2023 at Sarasota County, Florida.

Olivia Cristantiello, CSR

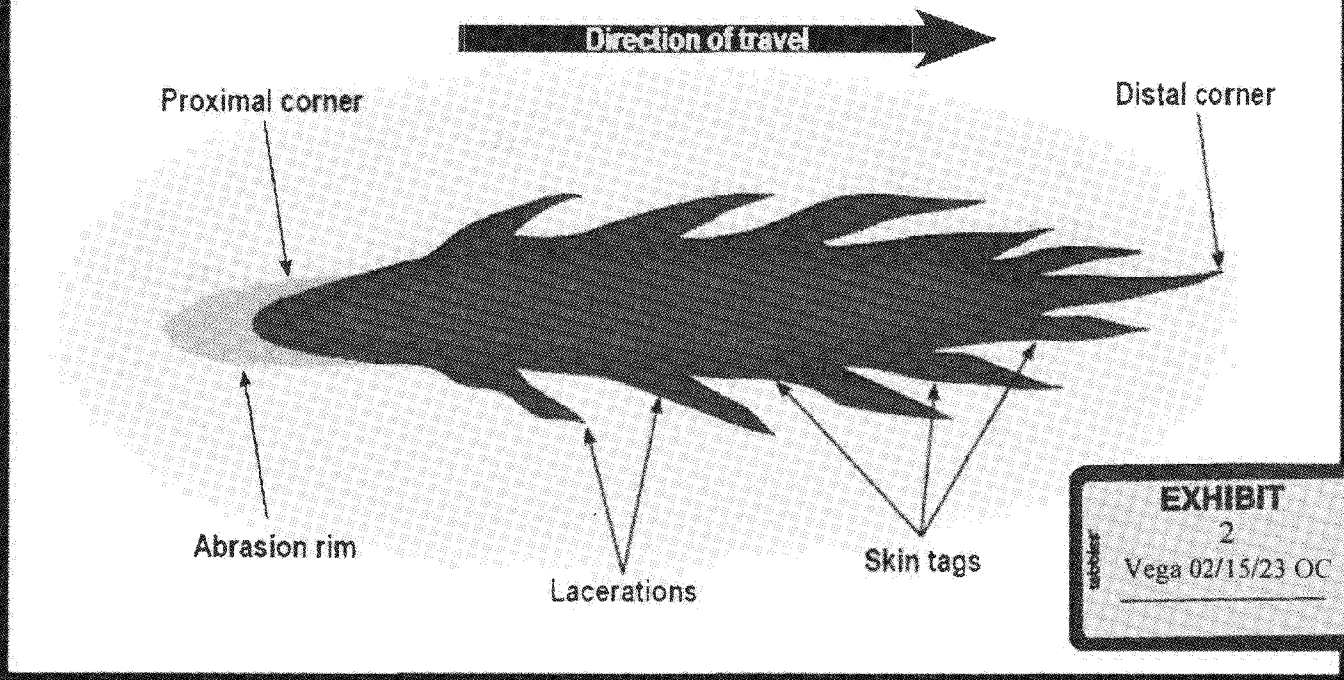


Figure 1 Typical graze wound. Drawn under contract with professional medical illustrator Diana Kryski.