

IN THE COURT OF COMMON PLEAS  
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA  
CIVIL TRIAL DIVISION

- - -

EDDIE PARKS :  
:   
- vs - :  
:   
TEMPLE UNIVERSITY : NO. 1906005457  
HOSPITAL, INC. and TEMPLE :  
PHYSICIANS, INC. and :  
MATTHEW LOREI, M.D. and :  
PHILIP MATTHEW, PA :

- - -

JURY TRIAL

- - -

City Hall  
Courtroom 643  
Philadelphia, Pennsylvania  
Friday, May 5, 2023

- - -

BEFORE: THE HONORABLE JAMES C. CRUMLISH, III, and Jury

APPEARANCES:

STROKOVSKY LLC  
BY: JORDAN STROKOVSKY, ESQUIRE  
Counsel for the Plaintiff

MARSHALL DENNEHEY WARNER  
COLEMAN & GOGGIN  
BY: E. CHANDLER HOSMER, III  
Counsel for the Defendants

LOUISE M. ZINGLER, RPR, RMR  
OFFICIAL COURT REPORTER

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1 (Jury enters courtroom at 9:21 a.m.)

2 THE COURT: Good morning, everyone.

3 Welcome back. I hope you had nice evening.

4 As we know, we adjourned yesterday  
5 with the doctor being cross-examined by the  
6 defendant's counsel.

7 Doctor, I remind you that you're  
8 under oath and that we will be continuing  
9 cross-examination for the short term here.

10 Counsel, you may inquire.

11 MR. HOSMER: Thank you, Your Honor.

12 MARY ANN MIKNEVICH, M.D., having  
13 been previously sworn, was examined and  
14 testified as follows:

15 - - -

16 CROSS-EXAMINATION

17 - - -

18 BY MR. HOSMER:

19 Q. Good morning, Doctor. How are you?

20 A. Good morning.

21 Q. When we left off yesterday, we were talking  
22 about back pain; do you recall that?

23 A. Yes.

24 Q. And you would agree with me, Doctor, that if  
25 Mr. Parks is not experiencing back pain and will no

1 longer continue to experience back pain, then the  
2 spinal cord stimulator that you prognosticated  
3 would not be necessary, correct?

4 A. So I do have a question. I'm not exactly sure  
5 how to answer that. You said if he doesn't have  
6 back pain. Mr. Parks has told me that he has back  
7 pain.

8 Q. As you recall, we went over yesterday with the  
9 documents from Allied Orthotics, indicating the  
10 absence of back pain; do you remember that?

11 A. That's correct. It's not documented there.

12 Q. So then I will phrase it hypothetically for  
13 you.

14 Hypothetically, assuming there is no back pain  
15 now, and there is none in the future, there would  
16 be no need for a spinal cord stimulator, correct?

17 A. If there was no back pain now or in the  
18 future, he would not need a spinal cord stimulator,  
19 that's correct.

20 Q. In the event that he does need a spinal cord  
21 stimulator, according to your report, it would be  
22 he would need one?

23 A. He would need a trial. If it was not  
24 effective in helping him for his leg or his back  
25 pain, then he did not need it.

1 Q. But it was one spinal cord stimulator set  
2 forth in your report as a requirement, correct?

3 A. It was a trial of the spinal cord stimulator  
4 that was set forth with implantation if it was  
5 effective.

6 Q. And once -- assuming it was effective, once it  
7 implanted, there would be one for the course of his  
8 life?

9 A. There would need to be battery replacements  
10 every eight to ten years.

11 Q. But the spinal cord stimulator itself would be  
12 one?

13 A. That's correct.

14 Q. Now, you reviewed Dr. Tucker's more recent  
15 records, correct, ma'am?

16 A. Yes.

17 Q. And you would agree with me, would you not --  
18 I can show it to you if you need to -- that Dr.  
19 Tucker on the encounter with Mr. Parks on March 31,  
20 2023, characterized the frequency of Mr. Parks'  
21 phantom pain as rare; do you remember that?

22 A. I would like to see the report. I don't have  
23 it with me.

24 MR. HOSMER: Can you bring up  
25 Exhibit 3, page 304, please.

1                   And just show it to Mr. Strokovsky  
2                   first.

3                   MR. STROKOVSKY: Could you clarify  
4                   all the records that have highlights you put  
5                   the highlights in?

6                   MR. HOSMER: All the records that  
7                   have been highlighted so far I put the  
8                   highlights in.

9                   THE COURT: Without objection.

10                  MR. STROKOVSKY: I don't have the  
11                  objection --

12                  THE COURT: Stop.

13                  MR. STROKOVSKY: No objection.

14                  THE COURT: You may publish.

15                  BY MR. HOSMER:

16                  Q.    Could you look at Exhibit 3, page 304, the  
17                  part I highlighted?

18                  A.    It's rare, less than usual.

19                  Q.    Do you remember seeing that now? You don't  
20                  disagree with that?

21                  A.    I wouldn't disagree with Dr. Tucker, no.

22                  Q.    In addition, you mentioned falls. Mr. Parks  
23                  hasn't had any falls for the past year and a half,  
24                  according to Dr. Tucker's records?

25                  A.    My recollection is that he had a fall in 2022.

1 Q. In early 2022, correct, like March of 2022,  
2 would be the last one.

3 A. It would be a year ago, slightly more than a  
4 year ago.

5 Q. Doctor, the records from Allied Orthotics  
6 indicate in March of 2022, that Mr. Parks has --  
7 his balance, his activity level and his endurance  
8 are characterized as, quote, excellent. Do you  
9 recall seeing that in the Allied Orthotics records?

10 A. Could you put that up, please? I don't have  
11 it with me.

12 Q. Sure.

13 MR. HOSMER: It would be Exhibit  
14 4four, page 58.

15 MR. STROKOVSKY: No objection.

16 BY MR. HOSMER:

17 Q. Do you see where it indicates balance, Doctor,  
18 balance, activity level and endurance are  
19 characterized as of June 3, 2021, as excellent?

20 A. That's what is documented, yes.

21 MR. HOSMER: Go to page 82. Do the  
22 same thing, just the bottom section of it,  
23 please.

24 BY MR. HOSMER:

25 Q. Do you see that, Doctor, March 16, 2022,

1       again, Allied Orthotics characterizes Mr. Parks'  
2       balance, activity level and endurance excellent?

3                   MR. HOSMER: Put it up on the  
4       screen, too, please.

5                   THE WITNESS: That's what is on the  
6       form, yes.

7       BY MR. HOSMER:

8       Q.     Having reviewed Dr. Tucker's records, you're  
9       aware that back in August 5, 2021, Dr. Tucker  
10      stated that his prosthesis, he's using it without  
11      significant issues and it's working well for him;  
12      do you remember that?

13      A.     I don't remember that, per se.

14      Q.     Would you disagree with that characterization  
15      of Dr. Tucker's?

16      A.     Could I see the note, please?

17      Q.     Sure.

18                   MR. HOSMER: Can you go to page 279  
19      of Exhibit 3, Tim, please. Again, just for  
20      Mr. Strokovsky and myself.

21                   THE COURT: Without objection? We  
22      have a pending question.

23                   MR. STROKOVSKY: No objection, Your  
24      Honor.

25                   THE COURT: You may publish that to



1 the witness.

2 Do you need to rehear the question,  
3 Doctor?

4 THE WITNESS: Yes, could you repeat  
5 the question?

6 MR. HOSMER: Sure.

7 BY MR. HOSMER:

8 Q. The question was: Do you recall seeing this  
9 statement by Dr. Tucker when you reviewed his  
10 records?

11 A. Yes, I have seen this statement.

12 Q. And what he says, as of August 5, I believe it  
13 was -- no, I'm sorry -- yeah, it was August 5 of  
14 2021, is that Mr. Parks continues to use his right  
15 lower extremity prosthesis without significant  
16 issues and reporting that his prosthesis is working  
17 well for him.

18 Correct?

19 A. That's what the note says, yes.

20 Q. Do you remember Dr. Tucker characterizing  
21 Mr. Parks being highly functional as of -- with his  
22 prosthesis as of January 28, 2022?

23 A. Again, can you please -- I don't have the  
24 notes here. I have reviewed thousands of pages of  
25 notes.

1 Q. Maybe I can just shortcut this.

2 You would agree with me that Mr. Parks is  
3 highly functional with his prosthesis, correct?

4 A. Yes.

5 Q. And you in your report on page two from March  
6 of 2023, have stated that Mr. Parks is capable of  
7 driving, correct?

8 A. That's correct. He passed the driver's  
9 evaluation.

10 Q. He's capable of swimming, according to your  
11 report, and using a stationary bicycle at the YMCA?

12 A. Yes.

13 Q. You're aware that he has taken various trips  
14 with either by himself or with his girlfriend over  
15 the past three or four years?

16 A. Yes.

17 Q. Do you know where those trips were?

18 A. The trip I knew about was Atlantic City. I  
19 heard yesterday that he's also gone to Vegas.

20 Q. Now, Doctor, you're not -- you haven't taken  
21 any academic courses devoted solely to life  
22 expectancy, have you?

23 A. I have not.

24 Q. And you have not done any research devoted  
25 solely to life expectancy, have you?

1 A. No, I have not.

2 Q. And you have not authored any peer-reviewed  
3 publications pertaining to life expectancy,  
4 correct?

5 A. No, I have not.

6 Q. And you don't belong to any organizations that  
7 are devoted solely to researching life expectancy,  
8 correct?

9 A. That's correct.

10 Q. And you have not taught any courses in your  
11 career dealing expressly with life expectancy,  
12 correct?

13 A. I have taught classes to my residents  
14 regarding some of these medical-legal issues,  
15 including life expectancy.

16 Q. So you're familiar with the life expectancy  
17 tables, correct?

18 A. Yes.

19 Q. And that's something -- that is something that  
20 is produced by the United States Government,  
21 correct?

22 A. Yes.

23 Q. And your report and your testimony to this  
24 jury yesterday indicated that you used a life  
25 expectancy table of 44 years, correct, for

1 Mr. Parks?

2 A. Yes.

3 Q. And that that's based on a life expectancy  
4 table for all males in the United States, correct?

5 A. That's correct.

6 Q. But you're also aware that the U.S. life  
7 tables are adjusted by the United States Government  
8 based on three factors, correct?

9 A. Yes.

10 Q. It would be age, gender and race, correct?

11 A. That's correct.

12 Q. And the reason the Government does that is  
13 they recognize that those three factors can affect  
14 life expectancy, correct?

15 A. They can affect life expectancy.

16 Q. For example, it's fairly commonly known that  
17 women live longer than men, correct?

18 A. That's correct.

19 Q. That's reflected in the U.S. life tables,  
20 correct?

21 A. That's correct.

22 Q. And there is a life table for males that's  
23 broken down by race and by gender and age, correct?

24 A. That's correct.

25 Q. And there is a U.S. life table for

1 African-American males, correct?

2 A. That's correct.

3 Q. And African-American males that are 32 years  
4 old like Mr. Parks, correct?

5 A. Yes.

6 Q. Now, you chose not to use that table, correct?

7 A. That's correct.

8 Q. Instead, you used the Table Number 2 for all  
9 males?

10 A. Yes, I did.

11 Q. But you agree with me that had you used the  
12 life table that pertains specifically to Mr. Parks,  
13 age 32, male and African-American, the life  
14 expectancy would be 39 years, correct?

15 A. That would be correct.

16 Q. So by using the table for all males, you would  
17 have increased the life expectancy, and with it,  
18 the extent of medical care, as well as the cost of  
19 medical care, correct?

20 A. There was a reason that I used the life care  
21 table that I chose.

22 Q. Okay. But my question to you is by choosing  
23 that particular life table that you did, number two  
24 for all males, that increases his life expectancy  
25 that you conveyed to this jury by five years?

1 A. That would be correct.

2 Q. Had you used the table that was specific to  
3 Mr. Parks, African-American, 32 and a male, his  
4 life expectancy, according to the table, would be  
5 39 years, correct?

6 A. That's correct.

7 Q. Ma'am, I'm not sure that I heard you correctly  
8 or incorrectly yesterday, and I apologize for that,  
9 but I thought I heard you say, and you, please,  
10 correct me if I'm wrong, that the expenditure of  
11 energy by someone with a prosthesis such as  
12 Mr. Parks increases the energy expenditure by him  
13 60 times?

14 A. Yes.

15 Q. Not 60 percent, 60 times?

16 A. Sixty times that of normal walking for someone  
17 who is walking at a comfortable same walking speed.  
18 So if you had someone with a transfemoral  
19 amputation walk at the same speed and rate as  
20 somebody who was not disabled, it expends 60 times  
21 the energy.

22 Q. Sixty times the energy?

23 A. Yes.

24 Q. So, Doctor, let me ask you, are you familiar  
25 with a journal known as the "American Journal of

1 Physical Medicine and Rehabilitation"?

2 A. Yes.

3 Q. Do you consider it reliable and authoritative  
4 in the field of physical medicine and  
5 rehabilitation?

6 A. Yes.

7 Q. Are you familiar with the publication from  
8 June of 2003, entitled "Effect of Intelligent  
9 Prosthesis on the Walking Ability of Young  
10 Transfemoral Amputees Comparison of IP Users with  
11 Able-Bodied People"?

12 A. I'm not -- I may have read the article, but  
13 I'm not familiar with it at this point to be able  
14 to quote it.

15 Q. Let me tell you what it says. Tell me whether  
16 you agree or disagree.

17 Under the heading "Results," it says, On  
18 average, the IP users experienced an oxygen uptake  
19 that was 24.1 to 24.2 percent higher than those for  
20 the controls at speeds of 70 and 90 meters per  
21 minute, respectively?

22 A. Okay.

23 Q. Do you agree or disagree?

24 A. That's what it says.

25 Q. Do you agree or disagree with that?

1 A. I would need to know more information from the  
2 article; how many people did he look at, what was  
3 the number of subjects, what do they have as a  
4 normal walking speed.

5 Q. You would agree with me that this is reliable  
6 and authoritative in your field, correct?

7 A. Yes. The original article that I referenced  
8 was by Perry and Waters, which the classic article  
9 related to energy expenditure of amputee gait.

10 Q. How about the "Physical Medicine  
11 Rehabilitation Board Review" textbook; are you  
12 familiar with that, ma'am?

13 A. Who was it by?

14 Q. Third edition, Sara Cuccurullo, M.D.?

15 A. I'm familiar with the book.

16 Q. Do you find it reliable and authoritative in  
17 the field of physical medicine and rehabilitation?

18 A. I would.

19 Q. That one says with the kind of prosthesis that  
20 Mr. Parks has, that the expenditure increased  
21 metabolic cost -- I'm sorry.

22 Sixty to 70 percent, are you familiar with  
23 that?

24 A. Again, I have not looked at that book, but I'm  
25 familiar with that book.



1 Q. Ma'am, just give me a minute to go through my  
2 notes.

3 MR. HOSMER: I think I'm just about  
4 finished, Judge?

5 THE COURT: All good.

6 BY MR. HOSMER:

7 Q. The picture that was displayed yesterday by  
8 Mr. Strokovsky of Mr. Parks' stump, his distal end,  
9 do you recall that photograph?

10 A. Yes.

11 Q. That was taken at Temple. That was four years  
12 ago; is that correct?

13 A. That's correct.

14 Q. And the source of your information that  
15 Mr. Parks walks for 25 minutes is Mr. Parks,  
16 himself, correct?

17 A. That's correct.

18 MR. HOSMER: That's all the  
19 questions I have, Judge.

20 THE COURT: Thank you, Counsel.  
21 Counsel, you may redirect.

22 MR. STROKOVSKY: Thank you, Your  
23 Honor.

24 - - -

25 REDIRECT EXAMINATION

1 BY MR. STROKOVSKY:

2 Q. Good morning, Dr. Miknevich.

3 A. Good morning.

4 Q. So after cross-examination with defense  
5 counsel, have any of your opinions changed?

6 A. They have not.

7 Q. There was a discussion yesterday about your  
8 recommendations for four physical therapy sessions  
9 a year for the rest of Mr. Parks' life; do you  
10 remember that?

11 A. Yes.

12 Q. And, I believe, the conversation with -- or  
13 the cross-examination by Mr. Hosmer was that if he  
14 didn't get four sessions a year over the last two  
15 years, then why does he need it in the future. Do  
16 you remember that line of questioning?

17 A. I do.

18 MR. HOSMER: Objection;  
19 mischaracterizes.

20 THE COURT: Overruled.

21 BY MR. STROKOVSKY:

22 Q. And it was also discussed that Mr. Parks is  
23 getting a new socket, right?

24 A. Yes, he is.

25 Q. Because there are complications with his

1 prosthetic?

2 A. Yes, there are.

3 Q. And Dr. Tucker's recommending physical therapy  
4 once that socket is ready?

5 A. That's correct.

6 Q. And, typically, when you have a patient that  
7 receives a new prosthetic, how many sessions -- not  
8 a new prosthetic, a new socket, how many sessions  
9 of physical therapy would you typically order?

10 A. Sometimes they don't need any physical therapy  
11 if it's just a socket replacement. But, again, the  
12 issue with Mr. Parks was that he is having problems  
13 with his gait, and Dr. Tucker had indicated that he  
14 felt once he got him in a better fitting socket,  
15 that that would be the time to put him back into  
16 therapy to try to get him walking better. Because  
17 he does have gait dysfunction.

18 Q. And how many sessions would you expect to be  
19 ordered?

20 A. Usually, they will order 12 sessions.

21 Q. So if 12 sessions are ordered, that would take  
22 care of any lack of the average of four for the  
23 last two years?

24 A. That would be correct.

25 He also was dealing with in the past year

1 socket changes, repeated socket changes. And the  
2 year before that was the COVID pandemic and people  
3 were not doing much therapy, period. So there were  
4 other extenuating circumstances, as well.

5 Q. And Mr. Parks has had his current prosthetic  
6 for a little bit over two years?

7 A. Yes.

8 Q. And do you know how many sockets have been  
9 replaced or going to be replaced?

10 A. He will have three.

11 Q. Is that more than the two-year recommendation  
12 you made?

13 A. That's correct. He's had more.

14 Q. You didn't go back in the your report and  
15 change the ratio and recommend, say, a new socket  
16 every year, right?

17 A. No. There will be times that he needs them  
18 and times that he doesn't need them. But that's an  
19 average.

20 MR. STROKOVSKY: Can we pull up what  
21 was just shown, D-3, 279.

22 Mr. Hosmer, if your technician could  
23 put that up, that would be great.

24 BY MR. STROKOVSKY:

25 Q. So I see that there is something else

1 highlighted towards the bottom. Can you zoom in on  
2 the "recent falls"?

3 A. I can see it.

4 MR. STROKOVSKY: I will wait.

5 BY MR. STROKOVSKY:

6 Q. So here on this note it says, Recent falls in  
7 the past three months or since last visit. Yes,  
8 two times due to missteps, not balance loss.  
9 Injury from falls, no.

10 Did I read that correctly?

11 A. Yes, you did.

12 Q. So at the time of this report, this  
13 appointment was in August of 2021, so in August of  
14 2021, at this time he reported at least two falls;  
15 is that correct?

16 A. That's correct.

17 Q. And that doesn't include the fall that you all  
18 were just talking about from last year?

19 A. That's correct.

20 Q. There was a discussion on cross-examination,  
21 discussing you using one particular table instead  
22 of another table. Have you always used tables for  
23 gender instead of gender and race?

24 A. I have always used tables for gender.

25 Q. Is that what you typically see in your field?

1 A. Yes.

2 Q. Why do you use gender instead of gender and  
3 race?

4 A. Well, as was alluded to, gender, there are  
5 statistics that show that women typically do live  
6 longer than men.

7 Q. Why do you decide not to use race and just  
8 stick with gender?

9 A. Well, there is information that indicates that  
10 the reason that blacks tend to have a shorter life  
11 expectancy is related to poor medical care.  
12 Mr. Parks is now receiving good medical care.  
13 There is no reason to expect that his life  
14 expectancy would be less.

15 MR. STROKOVSKY: I have no further  
16 questions.

17 - - -

18 RECROSS-EXAMINATION

19 - - -

20 BY MR. HOSMER:

21 Q. Ma'am, you had said -- or, Doctor, you had  
22 said that, if I heard you correctly, Mr. Parks has  
23 had three new sockets in the past two years?

24 A. That's correct.

25 Q. And I also heard you say that sometimes with

1 your patients when they get new sockets, they need  
2 12 sessions of physical therapy?

3 A. The question that was asked is if they need  
4 physical therapy, how many sessions do we normally  
5 order, and it would be 12.

6 Q. But you would agree with me in the three  
7 sockets in the past three years that Mr. Parks has  
8 had, he's had no physical therapy, correct?

9 A. That's correct.

10 Q. No 12 sessions?

11 A. No, he has not. As I said, sometimes you  
12 don't need to have any therapy.

13 Q. With respect to the life expectancy tables,  
14 when the United States Government puts those tables  
15 together, it's -- excuse the expression -- it's all  
16 comers, isn't it? In other words, for the Table 14  
17 pertaining to an African-American male at age 32,  
18 that would include all of those males that are  
19 getting excellent medical care, as well as those  
20 that are getting insufficient medical care,  
21 correct?

22 A. That's correct. But it is believed that the  
23 reason that the life expectancy is shorter is  
24 because, in general, there is less good medical  
25 care provided to black individuals in this country.

1 Q. That aside, the -- one more time, the table  
2 that we are talking about, 14, includes all  
3 African-American males who have both good and bad  
4 medical care, correct?

5 A. Yes, it would.

6 MR. HOSMER: That's all I have.  
7 Thank you for your time.

8 THE COURT: Thank you very much,  
9 Doctor. You can step down.

10 Call your next witness.

11 MR. STROKOVSKY: Plaintiff calls  
12 life care plan expert Alex Karras.

13 THE CRIER: State your name.

14 THE WITNESS: Alex Karras.

15 ALEX KARRAS, having been duly sworn,  
16 was examined and testified as follows:

17 THE COURT: Counsel, you may  
18 inquire.

19 MR. HOSMER: I didn't tell this to  
20 Mr. Strokovsky, but I will stipulate, if you  
21 want.

22 MR. STROKOVSKY: To what?

23 MR. HOSMER: To his qualifications.

24 MR. STROKOVSKY: I will do a very  
25 quick qualification.



1 THE COURT: For the benefit of the  
2 foundation of the opinion, but the expertise  
3 is not in dispute. Fair enough?

4 MR. STROKOVSKY: Fair enough.

5 - - -

6 DIRECT EXAMINATION ON VOIR DIRE

7 - - -

8 BY MR. STROKOVSKY:

9 Q. Good morning, Mr. Karras.

10 A. Good morning. How are you?

11 Q. Doing well. Thank you.

12 You were just handed, by the way, a copy of  
13 your curriculum vitae and the reports that you  
14 wrote for this case; is that correct?

15 A. That is true.

16 Q. Just for purposes of identification, you were  
17 handed P-46, P-47, P-48 and P-49.

18 A. Let me check that last number.

19 You are correct.

20 Q. Great.

21 All right. So, Mr. Karras, I asked you to be  
22 an expert in this case, right?

23 A. Yes, you did.

24 Q. You are a life care planner, right?

25 A. Oh, yes, I am.

1 Q. Can you please tell the jury what a life care  
2 planner is.

3 A. Life care planner plan out long-term care for  
4 individuals that typically have serious or  
5 catastrophic injury. Typically, with those  
6 therapies goes along with a number of medical  
7 factors, medical treatment modalities recommended  
8 such as diagnostic surgery, in this case  
9 replacement of prosthetics.

10 So life care planners list out services as  
11 recommended -- and in this case all services were  
12 recommended by Dr. Miknevich -- we list them out,  
13 we price them out. I price using a couple of  
14 different resources. One is Medical Fees and one  
15 is Physician Fee Reference, which will give me an  
16 average number for care like diagnostics and  
17 physician examinations, as well as surgical costs.  
18 Then we project each individual cost. Then at the  
19 end summarize what that cost would be over an  
20 individual's life expectancy, given the nature of  
21 their injury.

22 Q. And can you give us just a very brief overview  
23 of your education and work history that qualifies  
24 you as a life care planner?

25 A. Yes.

1 I'm a graduate of Temple University. I  
2 graduated with a bachelor's in occupational therapy  
3 a few years ago, back in 1980.

4 After that, I obtained by national  
5 certifications in case management rehabilitation  
6 counseling, Medicare set-aside allocation, and as  
7 well, life care planning, as well I hold a  
8 certification in ergonomics.

9 Q. How long have you been working in this field?

10 A. Well, nearly 40 years.

11 I hate that question.

12 Q. I don't know that it will ever get better.

13 MR. STROKOVSKY: Your Honor, I offer  
14 this witness as an expert in the field of case  
15 management, rehabilitation counseling and as a  
16 certified life care planner.

17 THE COURT: Without objection?

18 MR. HOSMER: No questions no  
19 objection.

20 THE COURT: You may proceed.

21 - - -

22 DIRECT EXAMINATION

23 - - -

24 BY MR. STROKOVSKY:

25 Q. Mr. Karras, again, I asked you to review this

1 case, right?

2 A. Yes, you did.

3 Q. And can you just tell us what you did and then  
4 explain your methodology.

5 A. My method is I review the medical records that  
6 were sent to my office by your office, as well, I  
7 had the opportunity in meeting and interviewing  
8 Mr. Parks at least on two occasions. It might have  
9 been three. As well, I had the opportunity in  
10 meeting with and conferencing with Dr. Miknevich --  
11 I can estimate, it might be like 10 or 12 times --  
12 in terms of a lot of different things, reviewing  
13 the records, reviewing the physician, Dr.  
14 Miknevich's assessment of Mr. Parks meeting his  
15 gait, his function meeting his difficulties  
16 regarding his ambulation, his gait disturbance, the  
17 use of prosthetics or information that I was  
18 obtaining, not sharing really, but obtaining it  
19 from Dr. Miknevich.

20 And then based upon the input from Dr.  
21 Miknevich, and her input related to the diagnostics  
22 required, pain management required, therapy  
23 required, replacement of prosthetics, et cetera,  
24 based on her input, I price out those needs, those  
25 items over Mr. Parks' life expectancy.

1 Q. And that methodology you just explained is  
2 that a typical methodology for experts in your  
3 field?

4 A. Correct.

5 Q. And so as we already discussed, you wrote a  
6 report in 2021, and then an updated report in 2023,  
7 right?

8 A. Yes, sir.

9 Q. And this lawsuit was first filed in the summer  
10 of 2019, correct?

11 A. Yes, it was.

12 Q. And you mentioned that you discussed Mr. Parks  
13 with Dr. Miknevich?

14 A. Yes, I did.

15 Q. Can you talk to us a little bit more about  
16 what that discussions -- or those discussions  
17 included?

18 A. Well, basically, it included Mr. Parks' use of  
19 the prosthetic he has now. Initially, he did not,  
20 dating back to 2018 -- well '18, '19. Now he's  
21 been using what we call a computerized C-leg. The  
22 knee is computerized, very sophisticated. It's  
23 designed to relate to his cadence, his gait with  
24 his intact unaffected leg. Not like his first leg,  
25 but approximates it well, but not great.

1           We also talked about the necessity of that  
2 device being refitted over time, replacement of  
3 prosthetics -- I mean, sockets, and, in fact, in  
4 particular, that Mr. Parks had experienced a  
5 significant weight loss associated with, as well,  
6 he has pain, which necessitated refitting sockets  
7 on an accelerated rate.

8           And, consequently, with the prosthetic, as  
9 good as it is, it's not like his natural leg. It's  
10 not like our gait. He has an impaired gait where I  
11 think Dr. Miknevich, as well as Dr. Tucker,  
12 indicated the problem is now he kind of like is  
13 hiking his hip a little bit and the leg comes out  
14 when he's walking, rather than what we walk like, a  
15 military walk, it's very symmetrical, very  
16 arrhythmic. His gait is to lift up the pelvis, you  
17 can barely see it, move it out to clear the hip or  
18 clear the foot from the floor because if not, he  
19 would catch it and fall over. So now he's got to  
20 do this to clear and step.

21           So Dr. Miknevich soon pointed out that that  
22 gait pattern has been a problem, as well.

23           I think she mentioned earlier about the  
24 necessity for replacement tweaking of the  
25 prosthetic, as well as therapy to address that.

1 Q. And you reviewed Dr. Miknevich's updated  
2 report from this year, correct?

3 A. Yes, sir.

4 Q. And you discussed her findings in that report?

5 A. Yes, I did.

6 Q. And you took all of her recommendations,  
7 including the frequency, and applied that for your  
8 plan, correct?

9 A. Correct. They're all her recommendations.

10 Q. And you took her recommendations to a T?

11 A. Didn't vary anything.

12 Q. And then you were able to provide estimates  
13 for Mr. Parks' future medical needs; is that  
14 correct?

15 A. Yes, sir.

16 Q. You're not an economist, so that was just the  
17 present day value?

18 A. Correct.

19 Q. And when you obtained those figures, did you  
20 show your plan to Dr. Miknevich?

21 A. Both plans were showed and discussed with Dr.  
22 Miknevich, yes.

23 Q. Were they approved by her?

24 A. Both plans were approved by Dr. Miknevich.

25 Q. And part of your updated report, it was also

1 in your original report, but you have a summary  
2 cost sheet of the types of medical care he will  
3 need; is that correct?

4 A. Correct.

5 Q. Over his lifetime?

6 A. Correct.

7 Q. Do you think showing that summary to the jury  
8 would help you explain your estimates?

9 A. It would help explain. I don't know if you  
10 want me to go through each one, I don't want to  
11 bore anybody, but I will go through whatever you  
12 want me to do.

13 Q. Sure.

14 MR. STROKOVSKY: If we can publish  
15 to the parties first P-51.

16 BY MR. STROKOVSKY:

17 Q. Mr. Karras, please take your time to look it  
18 over, but my question is, is that the summary cost  
19 sheet that we just discussed?

20 A. Yes -- or is it?

21 Yes, this is the summary cost sheet that lists  
22 out the recommendations for treatment as  
23 recommended, each one recommended by Dr. Miknevich.

24 MR. STROKOVSKY: I'd like to  
25 publish.



1 MR. HOSMER: No objection, Your  
2 Honor.

3 THE COURT: Without objection, you  
4 may publish.

5 BY MR. STROKOVSKY:

6 Q. First off, we see a grand total there, right,  
7 that's 2,847,786.67; is that correct?

8 A. That's absolutely correct.

9 Q. Is that the present value of the future  
10 medical cost that Mr. Parks is going to need?

11 A. Over his life expectancy, yes.

12 Q. And, again, you're not an economist, so you  
13 can't adjust for inflation over the next 40  
14 years --

15 A. No, I did not do that.

16 Q. So we see here projected evaluations, what  
17 does that typically cover? That's about \$1,400.

18 A. That covers physical therapy and occupational  
19 therapy evaluations over the next 40-plus years.

20 Q. The future medical care routine, that's  
21 38,536. What is that?

22 A. Recommended by Dr. Miknevich that includes  
23 oversight by orthopedics for the gait disturbance,  
24 lumbar pain, back pain. Also, involves  
25 consultations by pain management, again, related to

1 his complaints of pain.

2 Naturally, he needs to be overseen and managed  
3 by like a Dr. Tucker or Dr. Miknevich-type doctor,  
4 a physiatrist, that specializes in amputee care.  
5 That relates to those services.

6 Q. And then you have about 32,000 for therapeutic  
7 modalities. What does that involve?

8 A. That is a combination, not individual, but  
9 combination of occupational and physical therapy  
10 care over lifetime.

11 I should also mention that the cost for these  
12 services, I use the Medical Fees and Physician Fee  
13 Reference, and I take the average of those fees  
14 because sometimes they are real high or lower. I  
15 take the average to be fair, multiply times the  
16 frequency as recommended by Dr. Miknevich over the  
17 lifetime and you will get that number. You can see  
18 \$32,296.

19 Q. Diagnostic educational testing, yesterday we  
20 heard from Dr. Miknevich that includes x-rays,  
21 MRIs, EMGs. Is that what this is?

22 A. Yes. She probably gave a better explanation  
23 of it then I could.

24 Q. That's for \$32,668.

25 Wheelchairs, mobility maintenance, what does

1 that typically include?

2 A. That includes -- what it includes or?

3 Q. We heard yesterday discussion of a manual  
4 wheelchair, a scooter. Are those the type of  
5 things that are covered under this?

6 A. Correct. Dr. Miknevich made recommendations  
7 for mobility devices.

8 Often patients with prosthetics unfortunately  
9 have problems with the prosthetic. I mean, this is  
10 a computerized leg. It won't be the first time  
11 that a C-leg malfunctioned, didn't charge properly  
12 and you can't use it.

13 Also, it goes in for repair. When it goes for  
14 repair, it goes far away. Repairs on prosthetics  
15 like automobiles these days is not easy and is  
16 time-consuming. So while you don't have a  
17 prosthetic to walk on, the alternative is a  
18 wheelchair or maybe axillary crutches under the  
19 armpits or scooter device, things like that to  
20 allow people to be mobile while your prosthetic is  
21 being repaired someplace.

22 Q. And yesterday we already went over with Dr.  
23 Miknevich her recommendations for replacement of  
24 Mr. Parks' current leg sockets liners, plies, a  
25 water leg, which also included sockets, liners,

1 plies, maintenance, and that is your calculation  
2 right here --

3 MR. HOSMER: Objection. Clear  
4 hearsay.

5 THE COURT: Overruled.

6 You can just ask what is it that Mr.  
7 Karras' line item there represents.

8 MR. STROKOVSKY: Sure.

9 MR. HOSMER: No, Your Honor, I'm  
10 sorry --

11 THE COURT: Overruled.

12 BY MR. STROKOVSKY:

13 Q. What is this figure for orthotics and  
14 prosthetics covering \$1.4 million?

15 A. These are the recommended prosthetics that  
16 Mr. Parks is currently utilizing and will use.  
17 He's currently using a C-leg, which is a  
18 computerized leg. You heard probably better from  
19 Dr. Miknevich than me. That he is currently using.

20 It also includes a utilities leg he can use in  
21 the water environment. That cost also includes  
22 maintenance for those devices, replacement sockets  
23 for those devices, repair maintenance for the  
24 computer that goes wacky once in while, replacement  
25 liners, socks. That is what all that equates to,

1 which, again, you probably heard a better  
2 explanation from Dr. Miknevich than me.

3 But that includes all of that stuff and that's  
4 the cost of all those things over his life  
5 expectancy.

6 Q. And life expectancy, how did you calculate  
7 that?

8 A. I used the CDC tables for a male.

9 Q. Is that what you typically do?

10 A. Yes.

11 Q. Is that what other experts in your field do?

12 MR. HOSMER: Objection.

13 THE COURT: Overruled.

14 BY MR. STROKOVSKY:

15 Q. Is it typical for other experts in your field  
16 to use the same methodology?

17 A. Yes.

18 Q. Let's go to the next line.

19 Durable Medical items, the figure is about  
20 \$5,700. What type of items does that include?

21 A. What page are you on?

22 THE COURT: If you look to your  
23 right, Mr. Karras, you will see.

24 BY MR. STROKOVSKY:

25 Q. I'm following your summary sheet. Take your

1 time.

2 A. Durable Medical equipment that was recommended  
3 by Dr. Miknevich included items such as electrical  
4 bed, included items such as grab bars, handheld  
5 shower, a wheeled walker. Those kind of items that  
6 he would need, as well as equipment such as a  
7 scooter and those things.

8 Particularly the items, the larger items like  
9 a hospital bed, scooter, were recommended at an  
10 advanced age at age 60 because typically with  
11 patients with this kind of leg disorder, as you  
12 heard from Dr. Miknevich, I'm sure, their gait  
13 wears them down over time. They cannot walk the  
14 same way at 30 versus 40 versus 50 versus 60. She  
15 made recommendations way in the future that she  
16 contemplates the problems will occur of which he  
17 will need some equipment to maintain safety and his  
18 health as much as possible.

19 Q. Go to the next line.

20 Home care, which is \$1,042,440. What is home  
21 care?

22 A. Home care is assistance that he would need in  
23 the home to manage the home, to manage him. Very  
24 often patients with this disorder as they age have  
25 increased difficulty with stair climbing, managing

1 home cleaning, laundry, shopping, dressing,  
2 bathing. They also become an increased at fall  
3 risk as they age.

4 So, again, at an advanced age, not starting  
5 now, at age -- I believe it was age 60, and then  
6 another time frame at 70, Dr. Miknevich made  
7 recommendations for assistive care well in the  
8 future at an advanced age.

9 Q. If we can move on to the next line, facility  
10 care, just \$2,200, what is that for?

11 A. Facility care related to you heard before from  
12 Dr. Miknevich, and it's in the records, that,  
13 unfortunately, which is very often the case, that  
14 when people don't have a leg, they trip and they  
15 fall. Even with the prosthetic, they fall.  
16 Without the prosthetic, they fall.

17 Sometimes the mechanical parts, the electronic  
18 parts of the knee, which shouldn't surprise  
19 anybody, almost like a car, the chip doesn't work,  
20 in the car, something doesn't happen with the  
21 windows or the emergency lock, the same thing with  
22 this device.

23 If the electronics, computer electronics,  
24 which are the chips inside that knee, don't work  
25 well and sometimes rather it being in tune with

1 your opposing leg, it starts to do funky things.  
2 When it does funky things, you no longer -- he  
3 already has a problem clearing it -- no longer  
4 swings like it was programmed before. It does  
5 wacky stuff and you hit or you catch a toe and you  
6 are going forward.

7 So that's what that relates to. That over the  
8 next around 40 years, it's very likely, because he  
9 has already fallen, he will fall a couple more  
10 times. He will hit his head, go to the ER, like  
11 some of us probably have had happen. They take an  
12 x-ray or MRI, make sure there is nothing happening  
13 in the brain and you go home.

14 Q. Surgical intervention, so is that  
15 self-explanatory. The surgeries that Dr. Miknevich  
16 recommended, you incorporate that here?

17 A. As she explained it yesterday, I was not here,  
18 I'm sure she did a very thorough explanation, but,  
19 yes, that's surgeries that Dr. Miknevich  
20 recommended that will likely be required.

21 Q. And that's for \$239,317?

22 A. That's correct.

23 Q. Injection therapy, would those be the  
24 injections that Dr. Miknevich recommended?

25 A. Correct. Those are the injections for the



1 neuromas.

2           The nerves get irritated underneath where they  
3 take the skin and the leg away, but there is still  
4 nerves there. Sometimes the nerves are like  
5 tentacles, they start to grow back, and when you're  
6 pounding it when you're walking, because I'm sure  
7 Dr. Miknevich explained in that socket, unlike, we  
8 don't experience this because we have legs intact,  
9 I believe all of us do, but in that socket, in that  
10 contained environment, that bone, even though it's  
11 held in place around the skin, it's like a piston  
12 in a car. It's pistoning up and down, up and down,  
13 up and down.

14           The question is degree, depends upon the size  
15 of the person, the fitting of the prosthetic. So  
16 when it's going up and down, that bone is going up  
17 and down, it gets closer to the bottom of that  
18 prosthetic, that socket. The closer it gets, the  
19 more impact you get. The more impact you get, the  
20 more irritation you get. And then getting  
21 injections to take the irritation away.

22           Sometimes, as Dr. Miknevich mentioned, he  
23 needs surgeries to take care of the bone that will  
24 sometimes grow and extend and you got to take that  
25 stuff away because if you don't, that pistoning

1       only gets worse.

2       Q.     So the total is, again, \$2,847,786.67?

3       A.     Yes, sir.

4       Q.     Is the future care based off of Dr.  
5       Miknevich's recommendations?

6       A.     Yes, sir.

7       Q.     And you were here this morning while there was  
8       cross-examination of Dr. Miknevich, right?

9       A.     Yes.

10      Q.     And did you hear that she also uses gender  
11     only for life expectancy?

12     A.     Yes, I did.

13     Q.     Was your life expectancy calculation the same  
14     as hers?

15     A.     Yes, it was.

16     Q.     And have all of your opinions and conclusions  
17     discussed here in court today been made to a  
18     reasonable degree of professional certainty?

19     A.     Yes, sir, they are.

20                     MR. STROKOVSKY: I have no further  
21     questions.

22                     THE COURT: Counsel, you may  
23     inquire.

24                     MR. HOSMER: Thank you, Your Honor.

25

- - -

## 1 CROSS-EXAMINATION

2 - - -

3 BY MR. HOSMER:

4 Q. Good morning, Mr. Karras. How are you?

5 A. Good morning. I'm well, sir. How are you?

6 Q. Doing well.

7 I think, as Mr. Strokovsky pointed out, you  
8 authored basically two reports, correct, one from  
9 April 26 of 2021, and another one from April 7,  
10 2023?

11 A. Yes, sir.

12 Q. And those reports are a complete and accurate  
13 recitation of your opinions and the factual bases  
14 of those opinions?

15 A. Yes, sir.

16 Q. The medical records that you listed in those  
17 reports is a complete recitation of the records  
18 that you reviewed, as well as the ones that you're  
19 aware of, right?

20 A. Yes, sir.

21 Q. There is no other medical records that you're  
22 aware of for 2021, and 2022, other than Allied  
23 Orthotics and Dr. Bradley Tucker, correct?24 A. Well, I think there was surgery reports  
25 perhaps from Temple University. Whatever is listed

1 in my appendix in my 2021 report is what was  
2 reviewed.

3 Q. I'm only asking you as of 2021 and 2022, the  
4 only medical providers, based on your reports, that  
5 Mr. Parks saw was Allied Orthotics and Bradley  
6 Tucker, M.D., correct?

7 A. In terms of exams, I believe that's correct.

8 Q. In terms of anything else.

9 A. Well, there is also expert reports, that's  
10 why --

11 Q. Oh, I'm sorry.

12 A. That's why I'm hesitating. That's why I'm  
13 saying to you, to be as honest as I can, what is  
14 listed in the front page the 2023 report, those are  
15 the records I had seen.

16 Q. The only treating medical providers that he  
17 saw in 2021 and 2022, in fact, in 2020, is Bradley  
18 Tucker, M.D. and Allied Orthotics, correct?

19 A. I believe that's true. I believe that's  
20 correct.

21 Q. Now, you had mentioned that you discussed your  
22 life care plan with Dr. Miknevich, correct?

23 A. Yes, sir.

24 Q. Did you discuss it with the physiatrist that  
25 has been managing Mr. Parks for the past four

1 years, Bradley Tucker?

2 A. No, sir.

3 Q. Did you -- you said you shared your report  
4 with Dr. Miknevich, correct?

5 A. Yes, sir.

6 Q. Did you share that report with the man that  
7 has been managing Mr. Parks for the past four  
8 years, Dr. Bradley Tucker?

9 A. No, sir.

10 Q. And you had mentioned -- we don't have to  
11 bring it back up -- but you had a line item for  
12 prosthetics; do you remember that?

13 A. Yes, sir.

14 Q. I think it was over a million dollars,  
15 correct?

16 A. Yes, sir.

17 Q. The source for that, the only source you have  
18 for that number is Dale Berry?

19 A. Correct.

20 Q. And is Dale Berry coming in here for  
21 cross-examination, as far as you know?

22 MR. STROKOVSKY: Objection, Your  
23 Honor.

24 THE COURT: Overruled.

25 THE WITNESS: I have no idea.

1 BY MR. HOSMER:

2 Q. Dale Berry is a prosthetist in Las Vegas,  
3 correct?

4 A. Correct.

5 MR. HOSMER: Your Honor, again, I  
6 move to strike for hearsay.

7 THE COURT: Overruled.

8 BY MR. HOSMER:

9 Q. Now, Mr. Karras, the reports that you wrote  
10 rely on the opinions and reports of Dr. Miknevich,  
11 correct?

12 A. Yes, sir.

13 Q. And based on those reports, you calculated  
14 what you felt was necessary for future medical  
15 care, correct?

16 A. That's correct, sir.

17 Q. And then it's, I assume, you understand that  
18 your reports are passed on to Mr. Verzilli, and  
19 that Mr. Verzilli will rely on what you have to say  
20 in terms of what his economic opinions are?

21 A. I would believe that to be true.

22 Q. And you would also believe to be true that in  
23 the event that there is an inaccuracy or something  
24 is incorrect in Dr. Miknevich's report, that you  
25 then incorporate it into your report, your opinion

1 could potentially be incorrect?

2 A. I presume that's a hypothetical?

3 Q. It is.

4 A. If that hypothetical to be true, I don't  
5 think -- if that hypothetical was true, that would  
6 be true.

7 Q. Okay.

8 Now, for example, we had a discussion  
9 yesterday with Dr. Miknevich about a pain  
10 management specialist. You were not here for that,  
11 but Dr. Miknevich prognosticated a predicted  
12 requirement of a pain management specialist being  
13 seen four times per year beginning in 2021 up to  
14 the rest of his life, correct?

15 A. Correct.

16 Q. And you incorporated that into your  
17 calculations, correct?

18 A. Well, it was updated in 2023, so it was an  
19 adjustment for the frequency.

20 Q. You're still incorporating as of 2023 and  
21 2021, a pain management specialist four times per  
22 year for the remaining life expectancy?

23 A. Let's be clear for the people in the jury, so  
24 they understand --

25 Q. Please answer my question.

1 THE COURT: Excuse me. Let's hear  
2 if that is responsive to your question.

3 THE WITNESS: All the treatment  
4 recommended by Dr. Miknevich at the frequency  
5 has been changed up to 2023. So it's not a  
6 duplication of care from '21, '22. It starts  
7 at -- well, April, whatever the date is  
8 starting at April 2023, is when that treatment  
9 now has been updated.

10 BY MR. HOSMER:

11 Q. But you wrote a report back on April 26 of  
12 2021 relying on Dr. Miknevich's report from March  
13 of 2021, correct?

14 A. Correct. And the updated --

15 Q. Go ahead.

16 THE COURT: Give the witness an  
17 opportunity to answer. You can continue your  
18 cross after that.

19 THE WITNESS: And the updated 2023  
20 report, as you know, is significantly less  
21 because treatment had been adjusted, years  
22 have been adjusted, so now it's less beginning  
23 in 2023.

24 BY MR. HOSMER:

25 Q. Could you answer my question, though, please?



1 A. I think I did.

2 Q. Well, let me pose it to you again.

3 When you wrote your report on August 26, 2021,  
4 you based your -- you came up with a calculation  
5 that Mr. Parks was going to need pain management  
6 specialist consultations and evaluations four times  
7 per year for the rest of his life, correct?

8 A. In 2021, correct.

9 Q. And you did the same thing in your report of  
10 April of 2023, correct?

11 A. Correct. But, of course, the quantity has now  
12 been reduced because we took out two years.

13 Q. I didn't ask you about the quantity. I simply  
14 asked about what you relied upon, sir. So let me  
15 ask you this question.

16 You incorporated in your report of 2023, he  
17 continued and continued to incorporate the need for  
18 four pain management specialist consultations per  
19 year even though in the period between 2021 and  
20 2023, based on your records, Mr. Parks did not see  
21 a pain management specialist, correct?

22 A. Correct.

23 Q. And with respect to physical therapy and  
24 occupational therapy, again, you relied on Dr.  
25 Miknevich, her prognostication as of 2021, that

1       there would be a need for a requirement for four  
2       physical therapy sessions per year, correct?

3       A.     That's correct.

4       Q.     And you're aware that Mr. Parks has had no  
5       physical therapy between 2021 and 2023, correct?

6       A.     That is true.  But, again, I think in the  
7       records from Dr. Tucker, the treating physician,  
8       beginning of this year, they talked about an  
9       ill-fitting socket, ongoing pain, because the  
10      socket was not working well and his leg was a  
11      piston and having symptoms, again, recommending a  
12      replacement socket and physical therapy.

13      Q.     I didn't ask you about that, though, did I?

14      A.     I'm just trying to answer the question as  
15      honestly and thoroughly as possible, sir.

16      Q.     Your job here --

17                         THE COURT:  I will ask if you can  
18                         ask a question rather than editorialize,  
19                         proceed to a question; okay?

20                         MR. HOSMER:  Sure.

21      BY MR. HOSMER:

22      Q.     You understand, sir, that there was no  
23      physical therapy administered from 2021 to 2023,  
24      correct?

25      A.     Not that I'm aware of, yes.

1 Q. You heard Dr. Miknevich's testimony that  
2 notwithstanding the fact that he has had three new  
3 sockets between 2021 and 2023, he's had no physical  
4 therapy, correct? You heard that, right?

5 A. Yes, I heard that.

6 Q. You also in your report, you rely on Dr.  
7 Miknevich's report stating that Mr. Parks would  
8 require neuroma scar injections one time per year  
9 for the rest of his life, correct?

10 A. Yes, sir.

11 Q. And on that basis, you in your report  
12 prognosticator predict that he will get 44, based  
13 on his life expectancy, 44 neuroma scar injections  
14 as of -- let me take that back.

15 As of 2021, you prognosticated in your report  
16 that Mr. Parks would require 48 neuroma scar  
17 injections, correct?

18 A. Correct.

19 Q. And in your 2023 report, you prognosticate  
20 that he's going to need 44 neuroma scar injections  
21 because his life expectancy has gone down because  
22 he's lived a few more years?

23 A. Correct. Over his life expectancy, that's  
24 correct.

25 Q. You're aware that he never received a neuroma

1 scar injection, correct?

2 A. Not yet, correct.

3 Q. And did Mr. Strokovsky or anyone tell you what  
4 Dr. Miknevich testified about yesterday with  
5 respect to those neuroma scar injections?

6 A. I do not know what Dr. Miknevich testified to  
7 yesterday.

8 Q. Well, what Dr. Miknevich testified to  
9 yesterday was that she didn't mean within her  
10 report to say it was needed yearly. That she --  
11 what she was trying to say is that a pain  
12 management specialist, if that individual  
13 recommended neuroma scar injections, he would get  
14 one. And then if it was successful, he would  
15 continue to get them so long as he had symptoms.  
16 Were you aware of that?

17 A. I wasn't aware of it until you said it, as  
18 well. With that statement, sometimes patients get  
19 multiple injections in the same year. That's just  
20 the way pain management is.

21 Q. But the way this was written and the way your  
22 report has set it out, you got him getting one  
23 neuroma scar injection 44 times as of 2023,  
24 correct?

25 A. Correct.

1 Q. Knowing that he's not had any so far?

2 A. So far, correct.

3 Q. And if the jury were to accept Dr. Miknevich's  
4 testimony that it would only be administered upon  
5 recommendation of a pain management specialist, and  
6 would only continue to be administered if it was  
7 successful, then your amount of money for those 44  
8 neuroma scar injections should be rejected,  
9 correct?

10 A. Basically, correct. That's the way medicine  
11 is. If something works, you continue it. If it  
12 doesn't work, you stop or go to something else.

13 Q. And in that event, the amount of money, just  
14 by way of example, that you attributed for the 44  
15 injections should be removed from consideration,  
16 correct?

17 A. Well, based upon your hypothetical, perhaps,  
18 but if someone is saying, look, you know, the  
19 injections are not working, we tried multiple  
20 injections. An alternative could be surgerizing  
21 the area, take that neuroma, sort of like the end  
22 of this thing --

23 Q. Sir, I'm sorry to interrupt, but I didn't ask  
24 you about surgery. I'm asking you about  
25 injections.

1 THE COURT: Allow the witness to  
2 finish his answer and you can follow up with  
3 another question.

4 MR. HOSMER: All right.

5 THE WITNESS: What I'm saying is  
6 that, yes, that's the way medicine works in  
7 this country. Doctors try a couple of things.  
8 When it doesn't work, they go to another  
9 elevated method of treatment, if your  
10 condition is not improving.

11 People go in for breast cancer.  
12 They get a certain kind of treatment. Maybe  
13 radiation doesn't work. You advance to maybe  
14 chemotherapy.

15 You know, if the symptom persists,  
16 slash, gets worse, doctors make an adjustment  
17 to a patient's symptoms. But not for that, we  
18 would have a very unhealthy society.

19 BY MR. HOSMER:

20 Q. Are you finished?

21 A. I'm finished.

22 Q. Okay.

23 You would agree with me that if he does not  
24 need neuroma scar injections, like he hasn't for  
25 the past two years, then he may not need them in

1 the future, just as you just said, correct?

2 A. I would agree he hasn't had them in the last  
3 two years, but he still complains of distal stump  
4 pain.

5 Q. If he doesn't need them in the future, then  
6 this should not be considered, correct?

7 A. Well, I didn't say he didn't need them in the  
8 future.

9 Q. Well, Dr. Miknevich said if a pain management  
10 specialist says -- determines that it's not  
11 necessary, then that attribution that you  
12 prognosticated, 44 neuroma scar injections over 44  
13 years, would not be necessary, correct?

14 A. I said, yes, it would be correct, unless the  
15 doctor decides to do a different form of treatment.

16 Q. Now, you were here when Dr. Miknevich  
17 testified with respect to the spinal cord  
18 stimulator, correct?

19 A. Yes, sir.

20 Q. Do you remember how many spinal cord  
21 stimulators she said would be needed at the most?

22 A. Well, I have to go into my document and see  
23 what I have listed here --

24 Q. No, sir, sorry to interrupt you, I'm only  
25 asking you what she testified to today.

1 A. I think she testified to the stimulator  
2 trials.

3 Q. Let me try to remind you.

4 She testified about the stimulator trial, and  
5 then she said in the event that he needed it, in  
6 the event that he had a trial, in the event that  
7 the trial was successful, then he would need one  
8 spinal cord stimulator. Do you remember hearing  
9 that?

10 A. I didn't understand the responses as such. I  
11 heard her say you would require change-outs of the  
12 battery of the device itself.

13 The devices themselves don't last forever.  
14 The batteries burn out like your phone after so  
15 many years of so many recharging. Depending on how  
16 the device is utilized. It's like your car, if you  
17 drive your car 90 miles an hour, you're going to  
18 burn a lot more gas. So if you are using that  
19 device at high volume, you're sucking out all the  
20 energy of the battery, charging it frequently, it  
21 doesn't last as long.

22 Typically, they're replaced every five to  
23 seven years. I think we have about five, six  
24 replacements of the device itself, based upon a  
25 successful trial over his life expectancy.



1 Q. Are you finished your answer, sir?

2 THE COURT: I will ask you again to  
3 just pause and wait as a courtesy to see if  
4 the witness is finished answering, rather than  
5 commenting.

6 MR. HOSMER: I will do that.

7 THE COURT: Thank you.

8 BY MR. HOSMER:

9 Q. Mr. Karras, I simply asked you what Dr.  
10 Miknevich said as to the number of implants, spinal  
11 cord stimulators that would be necessary when she  
12 was on the stand today in your presence. Wasn't it  
13 one?

14 A. Again, I kept on hearing the stimulator  
15 trials.

16 Q. Let's do another hypothetical.

17 A. Yes, sir.

18 Q. Assuming that she testified that only one  
19 would be necessary, right?

20 A. One implant or one trial?

21 Q. One implant.

22 A. Which would be based upon a successful trial,  
23 okay.

24 Q. Correct.

25 In your report, you set out that Mr. Parks

1 would need four spinal cord stimulator implants,  
2 correct?

3 A. Exactly. Because they're replaced every so  
4 often. They burn out.

5 Q. You would disagree with Dr. Miknevich. You  
6 said on -- assuming Dr. Miknevich said one, you  
7 would disagree with her?

8 A. If that is exactly what she said, only one,  
9 not one trial and only one implant, I would agree  
10 with that. But that's not what we discussed when  
11 this plan was written. We talked about a  
12 replacement device every so many years, a total of  
13 four over his life expectancy.

14 Q. That's what you calculated in your report,  
15 correct?

16 A. Yes, sir.

17 Q. And if the jury were to accept Doctor --  
18 hypothetically, if the jury were to accept Dr.  
19 Miknevich's prognostication of one implant, then  
20 your calculation for implants at four would be  
21 inflated, correct, and incorrect?

22 A. Well, if that is the true hypothetical and Dr.  
23 Miknevich meant that, then I would say I would  
24 agree with that. I don't think that was it, but I  
25 would agree with that.

1 Q. Now, you looked at the records of Allied  
2 Orthotics, correct, sir?

3 A. Yes, I did.

4 Q. Do you remember seeing how they characterized  
5 his ability to walk and his endurance back in 2021?

6 A. Correct.

7 Q. Do you remember that the Allied Orthotics  
8 prosthetist at that time noted that his gait was  
9 normal and his endurance was greater than three  
10 hours?

11 A. I vaguely remember something about that.

12 Q. Do you want to see the report or will you  
13 accept my representation?

14 A. At this point I will accept your  
15 representation. Next question I want the document  
16 up.

17 Q. Same thing with respect to the visit to Allied  
18 Orthotics in March of 2022; specifically, March 16  
19 of 2022. Again, his walking, his gait is  
20 characterized as normal, his endurance is greater  
21 than three hours, correct?

22 A. Yes. But in May of 2022, he needed a new  
23 socket replacement, if I'm not mistaken. So they  
24 would not have made a recommendation for a new  
25 socket replacement, which was May 29, 2023, would

1 not have made a recommendation for a new socket, A,  
2 if the socket wasn't fitting well. It's like a  
3 shoe. You're not wearing a size 11 shoe for your  
4 size eight foot. You can have a problem.

5 So in May of 2022, he was coming in with gait  
6 disturbance, having pain due to an ill-fitted  
7 socket, of which they recommended a new socket, of  
8 which was recommended or prescribed by Dr. Tucker.

9 So somewhere along the line, which happens  
10 with these people, happens with all of us. One day  
11 we feel better than others. One day we feel it  
12 more than others.

13 When you're wearing a prosthetic, that thing  
14 is like our shoe. If you have more fluid retention  
15 for whatever reason, your shoes don't fit as well.  
16 With a socket, if you lose -- in a socket, if you  
17 lose weight, you put socks in the liners to take up  
18 the gap, and that's a quick method in solving the  
19 problem. Sometimes that solves it until it  
20 stabilizes.

21 If the condition continues, which is an  
22 ill-fitted socket, it impairs your gait. You have  
23 more of a chance of falling. You need a new  
24 socket, which was recommended by Allied, Mr. Angelo  
25 Rosello, as well as Dr. Tucker.

1 Q. Oh, okay.

2 So, again, getting back to my question, you  
3 would agree with me that Allied Orthotics, though,  
4 in March of 2022, characterized his gait as normal  
5 and his endurance as three hours, correct?

6 A. At that time, yes.

7 Q. Dr. Tucker has described his gait as  
8 non-antalgic, correct?

9 A. What date is that?

10 Q. That would be August 5, 2021.

11 A. Well, back in '21, there is a documentation  
12 since then, also, by Dr. Tucker, that he exhibits  
13 an antalgic gait. I believe he used the term, I  
14 think, either hiking the hip or circumduction of  
15 the leg, which implies that his gait is not normal.

16 Q. Are you finished?

17 THE COURT: Again, the jury is going  
18 to decide what they choose to believe. I'm  
19 going to ask you again not to comment on the  
20 testimony.

21 MR. HOSMER: I'm giving a long pause  
22 for that purpose.

23 THE COURT: I understand that, but  
24 you will have your opportunity with  
25 cross-examination and your closing arguments.

1 MR. HOSMER: Understood.

2 BY MR. HOSMER:

3 Q. Again, getting back to my question, Dr.  
4 Tucker, in as early as August of 2021,  
5 characterized his gait as non-antalgic, correct?

6 A. Can you put that up so I can see that?

7 Q. Sure.

8 MR. HOSMER: Would you go to page  
9 280 of Exhibit 3, please.

10 THE WITNESS: Go to the beginning of  
11 the document. It says "continued." Can you  
12 start from the beginning of the document,  
13 please? I see that, but I'm asking. All  
14 these Epic notes have a reason why someone is  
15 coming in for an examination.

16 MR. HOSMER: Doctor --

17 THE COURT: Hold on. First, what is  
18 the question?

19 MR. HOSMER: The question is isn't  
20 it correct that Dr. Tucker characterized his  
21 gait as early as August 5, 2021, as  
22 non-antalgic on page 280?

23 THE COURT: Without objection to  
24 publication of the document, you will have an  
25 opportunity to redirect.

1 MR. STROKOVSKY: Okay.

2 THE COURT: Without objection.

3 Remind us of the question again.

4 BY MR. HOSMER:

5 Q. The question, Mr. Karras, is, is it not  
6 correct that as early as August 5, 2021, Dr. Tucker  
7 characterized Mr. Parks' gait as non-antalgic,  
8 correct?

9 A. That's what it says here. There is a lot of  
10 writing. That's what it says here, yes.

11 Q. "Non-antalgic" means without pain, correct?

12 A. No.

13 Q. To you, what does it mean?

14 A. He doesn't have a limp. His gait is not  
15 normal. It's relative to an amputee, but they're  
16 saying he doesn't have this kind of difference in  
17 his gait.

18 Q. You see the word "neurologic" above antalgic  
19 gait, correct?

20 A. Correct.

21 Q. You see the word "no," correct?

22 A. Correct. But --

23 Q. Neurologic relates to nerve and pain, correct?

24 A. From that note, I can't decide that. I can't  
25 decide that. It says, neurologic, colon, then it

1 says, dash, antalgic gait, no. Are they both  
2 together? I don't know.

3 Q. So let's move on then.

4 According to your report and what we talked  
5 about before, Mr. Parks has seen two medical  
6 providers in 2021 and 2022. Specifically, Dr.  
7 Tucker and Allied Orthotics, correct?

8 A. Yes, sir, that's correct.

9 Q. And based on your review of the Allied  
10 records, Mr. Parks saw Allied eight times in the  
11 year 2021, correct?

12 A. I believe -- I don't know the exact number. I  
13 know he was there frequently.

14 Q. Would you accept my representation I counted  
15 it up and it's eight?

16 A. I will trust you, sir.

17 Q. Thank you.

18 You would agree with me, based on your review  
19 of the records, that Mr. Parks was seen by  
20 Dr. Tucker three times in 2021. Would you agree  
21 with that?

22 A. I don't know the exact number, but I will  
23 trust you, sir.

24 Q. And when you set forth your prognostication  
25 for what the amount of the cost of a visit with Dr.



1 Tucker or a physiatrist would be, I think you  
2 scoped it out at 279 per office visit?

3 A. Yes, sir.

4 Q. And then the Allied records you reviewed and  
5 the bills, correct?

6 A. Yes.

7 Q. Would you accept my representation that on  
8 pages 120 through 124 of the Allied records, that  
9 the total cost in 2021 --

10 MR. STROKOVSKY: Objection.

11 THE COURT: Let me hear the complete  
12 question, please.

13 BY MR. HOSMER:

14 Q. The total cost for the Allied eight visits was  
15 \$7,779.65?

16 A. The Allied visits?

17 Q. Yes.

18 A. I didn't estimate the Allied visits. But  
19 going back to your question, by the way, of Dr.  
20 Tucker, you said his fee for service was what?

21 Q. I used your, I think -- not I think. I know I  
22 used your number of \$279 per office visit.

23 A. No. You're incorrect.

24 Q. How much was it for the office visit that you  
25 prognosticated with Dr. Tucker?

1 A. If you looked at page seven at my other  
2 tables -- I'm not sure you want to put this -- the  
3 way my methodology is, I price out a cost from  
4 Physician Fees. Examinations, no matter what  
5 doctor it is, it makes no difference, I use  
6 Physician Fees and Medical Fees. Typically, those  
7 costs are lower than the cost of a facility. I  
8 like that. I want to be as conservative as  
9 possible.

10 The Physician Fee reference gave me a number  
11 \$139, not 279, as counsel referenced. As well, the  
12 Medical Fees gave me a cost of \$140.

13 So what I do is I take the average of the two,  
14 to be fair. So the cost for his visits were  
15 \$139.50. Despite the fact that Tucker's might be  
16 more expensive, I took a much more conservative  
17 number.

18 Q. Thank you for that.

19 I just did the arithmetic for that. So the  
20 three visits to Dr. Tucker at the number you stated  
21 would total for the year 2021, \$418.50, correct?

22 A. Let me see the number.

23 Well, the average cost per year is \$279 a year  
24 for the four visits a year, or the multiple visits  
25 a year, averaged over his lifetime. So if you take

1 the lifetime cost of \$12,276 over his life, divide  
2 that by 44, you are going to get \$279. It's  
3 amortized -- and Mr. Verzilli is better at this  
4 than I am -- like sort a of mortgage.

5 Q. Let's go with the higher number. We will go  
6 with 279.

7 A. That's per year, but go ahead.

8 Q. Yes, per year.

9 If it's 279 per visit, times three visits,  
10 that total is \$837 for one year, seeing Dr. Tucker  
11 three times, correct, in 2021?

12 A. But you're using the wrong number. You're  
13 using the wrong math.

14 Q. What number do you want me to use?

15 A. 139.50.

16 Q. That comes to \$418.50 for three visits?

17 A. But you multiply that number over his life  
18 expectancy, and you will hear more about that from  
19 Mr. Verzilli on annualized consideration of the  
20 number I gave you.

21 Q. I'm not asking you about that, sir. I'm only  
22 asking about what took place between 2021 -- in  
23 2021. And we know for a fact that Dr. Tucker had  
24 three visits with Mr. Parks, and we now know that  
25 you prognosticated that would be \$139 per visit for

1 a total of \$418 in the year of 2021 to see Dr.  
2 Tucker, correct?

3 A. I'm not following your question. But we have  
4 an average of \$139 per visit. Dr. Miknevich  
5 estimated two visits a year. You just told us he  
6 saw him three times.

7 Q. Correct.

8 A. So we used two, which is a lower number,  
9 multiply that times the cost of, 139.50 times 44,  
10 then you're going to get the lifetime cost of the  
11 visits.

12 Q. I'm not asking about the lifetime costs, sir.  
13 I'm only ask you about the year 2021. And we know  
14 for a fact from your review of the records that Dr.  
15 Tucker saw Mr. Parks on three occasions, correct?

16 A. Yes.

17 Q. And we know from your numbers that you just  
18 gave us that the cost of that is in 2021, 139 per  
19 visit. So if we multiply 139 times three, we come  
20 up with \$418 for Dr. Tucker's visits in the year  
21 2021, correct?

22 A. Yes, but that's not what we did with the life  
23 care plan.

24 Q. I didn't ask you that.

25 THE COURT: Hold on. I will ask you

1           again not to argue with the witness. He's  
2           disputed your question as to whether or not it  
3           was correct.

4                        So give each other a chance to ask  
5           the question and have it answered.

6                        MR. HOSMER: I would simply ask that  
7           you confine it to the year 2021, sir, please.

8                        THE COURT: Posit the question  
9           again, please, for us.

10       BY MR. HOSMER:

11       Q.    Knowing that Dr. Tucker, based on your  
12       records, saw Mr. Parks on three occasions in 2021,  
13       and knowing that you have told this jury that the  
14       cost of an office visit in 2021 is an average of  
15       \$139 per visit, if we multiply 139 by three visits,  
16       we come up with \$418.50 that was incurred in 2021  
17       for Dr. Tucker's services. Correct or incorrect?

18       A.    Incorrect. That's your math because you're  
19       going by three.

20                        There is only two visits in that year as  
21       recommended by Dr. Miknevich who was more  
22       conservative. You're using three.

23                        Now, if you use three, your number is correct.  
24       We didn't use three. We used a lower number, even  
25       though he's seen more frequently by Dr. Tucker.

1 Q. We are talking about the reality of 2021.

2 THE COURT: Sir, let's move on if we  
3 need to develop another line of questions on  
4 this.

5 MR. HOSMER: Just one or two more.

6 THE COURT: No worries. Go ahead.

7 BY MR. HOSMER:

8 Q. If one were to add \$418.50 for Dr. Tucker in  
9 2021, to the, \$7,779.65 that we already agreed  
10 Allied was charging, the total amount incurred in  
11 the year 2021, for his medical expenses in reality,  
12 what actually happened, was \$8,198.15, correct?

13 A. So according to your hypothetical or statement  
14 in your frequency rate, the number for the care  
15 happening in that year exceeds what is in this life  
16 care plan as recommended by Dr. Miknevich. This  
17 plan has less dollars equated. I guess I like your  
18 hypothetical maybe better, that's more money, but  
19 that's not what I did.

20 Q. I'm asking about the reality of 2021. It was  
21 \$8,198.15, correct?

22 A. Correct.

23 Q. And we can state that because it is a reality  
24 and you have the bills and you have the numbers  
25 that in that year, that was to a reasonable degree

1 of professional certainty, correct?

2 A. Your analysis, yes.

3 Q. And rather than belabor the point through  
4 2022, if we go see the same process, would you  
5 agree with three visits to Dr. Tucker and the  
6 visits to Allied, the total amount incurred for  
7 medical expenses in 2022, was \$6,997?

8 A. In terms of your hypothetical it's not mine,  
9 yes.

10 And I want to make sure people understand that  
11 that number is higher than what is in the life care  
12 plan as recommended by Dr. Miknevich. So your  
13 telling me that he is exhausting more funds and  
14 services at a faster rate.

15 Q. That's fine. We will go with that.

16 A. We agree with that. I will agree with that.

17 Q. Under that circumstance, in reality in 2022,  
18 the total incurred for medical expenses was \$6,997,  
19 and we can say that to a reasonable degree of  
20 certainty, correct?

21 A. I would agree with that.

22 Q. You would also agree with me, sir, changing  
23 the subject, again to try to just speed it along,  
24 the U.S. life tables break down life expectancy by  
25 age, gender and race, correct?

1 A. It does.

2 Q. You would agree with me that if the tables  
3 specific -- U.S. life tables specific to Mr. Parks  
4 was employed, that his life expectancy would be  
5 five years less than what you put into your report  
6 of 44 years, correct?

7 A. If we are using the life expectancy table for  
8 black males, that would be correct. I do not do  
9 that, I have never done it and will not do it.

10 Q. You would agree with me if the jury believes  
11 that the more appropriate life table to use is  
12 Table 14, that sets forth a life expectancy of 39  
13 years, then the last five years of medical care  
14 needs to be lopped off from your prognostications,  
15 correct?

16 A. That's if the jury understands clearly what  
17 the difference is about or maybe the backdrop, the  
18 back story in terms of what those life expectancy  
19 table reductions are.

20 MR. HOSMER: Thank you for your  
21 time, sir.

22 THE WITNESS: Thank you, sir.

23 THE COURT: Any redirect, sir?

24 MR. STROKOVSKY: Briefly.

25

- - -



## 1 REDIRECT EXAMINATION

2 - - -

3 BY MR. STROKOVSKY:

4 Q. Mr. Karras, you have always factored life  
5 expectancy based off gender, not gender and race;  
6 is that correct?

7 A. Absolutely correct. Never did it in 40 years.  
8 I'm not starting now.

9 Q. Do other experts in the same field use that  
10 methodology?

11 A. Yes, some do.

12 Q. Why will you not --

13 MR. HOSMER: Objection. I think --

14 THE COURT: Overruled.

15 BY MR. STROKOVSKY:

16 Q. Why do you only base it off of gender, not  
17 gender and race?

18 A. Because I think inherently, without getting  
19 too verbose here, I think, without getting too  
20 heavy in the discussion, I think there is reasons  
21 why people of color or people who are less  
22 economically stable perhaps don't have the access  
23 to medical care that other people do.

24 You probably have medical care and access to  
25 better medical care because of you work

1 environment, a lot of other things. There are  
2 people that have less opportunities, I guess I will  
3 say, and are less positioned to get access to care.

4 Access to care is based upon, also, economics.  
5 Those numbers, I believe, are skewed in terms of  
6 the environments where people live. And it's not a  
7 judgment; it's a reality. I have been in these  
8 areas all throughout the country, so I think it's a  
9 bit biased. I'll go strongly to say I think it's  
10 racist to use that analysis in this case or any  
11 case. I do not use it.

12 Q. After the cross-examination --

13 MR. HOSMER: Your Honor, move to  
14 strike.

15 THE COURT: Denied.

16 BY MR. STROKOVSKY:

17 Q. After the cross-examination you just had with  
18 Mr. Hosmer, have your opinions changed at all?

19 A. Zero.

20 MR. STROKOVSKY: I have no further  
21 questions.

22 THE WITNESS: Thank you, sir.

23 THE COURT: Thank you, Mr. Karras.  
24 Have a nice day.

25 MR. STROKOVSKY: Your Honor, could

1 we have a brief comfort break?

2 THE COURT: How about we all join in  
3 that and take a little stretch.

4 (Jury exits courtroom at 10:52 a.m.)

5 (Brief recess.)

6 THE COURT: Defense counsel, you  
7 asked to be heard.

8 MR. HOSMER: I just wanted to  
9 elaborate, Your Honor, on what transpired.

10 With respect to the life tables, I  
11 had filed a motion in limine to preclude the  
12 use of the all males life table, and in that  
13 motion, I specifically noted that if the  
14 motion was denied, which it was, that I would  
15 then be compelled to use, or at least bring to  
16 the attention of witnesses, the life table  
17 that is specific to Mr. Parks specifically,  
18 gender, race and age. That motion was denied  
19 subject to raising the objection again at  
20 trial, which I did.

21 The very thing, Your Honor, that I  
22 was trying to avoid through the motion, as  
23 well as the objection that I made just before  
24 Mr. Karras gave his response to  
25 Mr. Strokovsky's question about why do you not

1 use race, and then the accusation of race  
2 injects into the trial something I think had  
3 no place whatsoever. It's something that I  
4 studiously tried to avoid and I would again  
5 request that that answer concerning racism be  
6 stricken.

7 THE COURT: Thank you. I understand  
8 your argument.

9 Counsel for the plaintiff.

10 MR. STROKOVSKY: Your Honor, defense  
11 counsel didn't need to ask that line of  
12 questioning, and he would have expected such  
13 an answer because it's clear as day and it's  
14 documented in literature and in other states  
15 that outlaw the practice that it is considered  
16 discriminatory. It's considered racist to use  
17 a particular table based off race.

18 We did not go into that. We did not  
19 introduce that at all in direct. All we  
20 mentioned that it's data that is usually  
21 relied upon. Our experts used gender. They  
22 didn't go into an explanation or mention race  
23 or anything like that.

24 It was only when, which is proper  
25 under Rule 703 of evidence, and it's only when

1 defense counsel decided to try to  
2 cross-examine them on the issue, where the  
3 subject was approached and they have a right  
4 to explain their explanation rather than he  
5 tries to get in a few points and cut things  
6 short -- counsel, my apologies.

7 And, further, I would note, that  
8 there is absolutely no case law that says that  
9 experts in Pennsylvania are not allowed to use  
10 the type of tables that plaintiff's experts  
11 have used. And certainly this has been going  
12 on for perhaps decades. There would be case  
13 law --

14 THE COURT: I don't know what "going  
15 on" is, but so we have a very focused issue  
16 before us.

17 And, Counsel, I will concede you did  
18 file a timely in limine, and as you know from  
19 my pretrial and my trial discussions with  
20 counsel, that trial objections require a  
21 foundation of testimony to make evidentiary  
22 decisions of the Court on an ongoing basis,  
23 and it isn't until I have heard questions from  
24 the witness stand and answers from the witness  
25 stand that I'm in a position to understand the

1 evidentiary basis either for an objection or a  
2 direction to the jury.

3 So in this case I don't accept that  
4 the defendant or the plaintiff were compelled  
5 to adopt the strategies that they have adopted  
6 in approaching this case. But I think it was  
7 a reason decision of the defendant to raise  
8 the issue of which table to use and why it was  
9 used by these experts who have testified.

10 And to the extent that the answer of  
11 the expert who is relying upon these  
12 governmental records to opine the pregnant  
13 question became why did you not use  
14 defendant's suggested table. And so the  
15 answer was responsive to that important  
16 question of why didn't you choose one table  
17 versus the other.

18 I reject the notion that it was  
19 racist, other than it was the expert's opinion  
20 that the use of that alternate table had  
21 questionable foundations, both  
22 socioeconomically and societially, but I don't  
23 believe it was ever an accusation that the  
24 defendants or their experts were racist by  
25 choosing to dispute the reliance on the

1 primary table. I think it's an HSF table --

2 MR. HOSMER: I believe so. It's a  
3 governmental table.

4 THE COURT: So it's customarily also  
5 included in the points for charge, as well,  
6 under the standard Pennsylvania charge.

7 So I think it would be an  
8 exacerbation of your concerns if I needed to  
9 address it to the jury. And highlight it if  
10 you think it is something that has some effect  
11 on their ability to follow my instructions on  
12 the law and actually to follow the testimony  
13 that was given.

14 So I'm going to deny your motion to  
15 give an instruction, and those are the reasons  
16 that I made that decision are now of record.

17 So with having said that, are we  
18 ready to bring --

19 MR. HOSMER: Could I add one thing?

20 THE COURT: Yes.

21 MR. HOSMER: The life table that was  
22 used for African-American males sets forth a  
23 life expectancy of 39 years. I felt  
24 compelled. I think it might have bordered on  
25 malpractice had I not raised the fact that

1           there was another life table, Table 14.

2                       THE COURT: Let me be clear. I'm  
3 not suggesting anything other than your  
4 highest duty to your clients to be a proper  
5 advocate. And I'm not suggesting that your  
6 objection or concern is not worthy of being  
7 addressed by the Court or the parties.

8                       So I want to make that crystal clear  
9 that I don't take that your cross-examination  
10 or your offer of an alternative basis for  
11 expert analysis is anything other than rooted  
12 in the highest degree of professionalism and  
13 ethics.

14                      Is that clear?

15                      MR. HOSMER: I have understood that,  
16 Your Honor.

17                      I wanted to point out that as an  
18 advocate for my clients, I was compelled to  
19 raise that issue and not let it go because  
20 there is millions of dollars built into those  
21 five years. Not millions. Over a million  
22 dollars.

23                      THE COURT: As you understand, you  
24 can't place me in a position of looking at the  
25 complete record that is going to be given to



1 the jury, other than this is a dispute  
2 presently in the plaintiff's case in chief  
3 about an actuarial or a life table upon which  
4 economic damages are being calculated. Your  
5 witnesses, if you choose to call them, may  
6 dispute them and the reasoning why they choose  
7 the second table over the first table is  
8 subject to their expertise. And the jury will  
9 evaluate expert versus expert on why they  
10 chose.

11 That's just the way it works out in  
12 a trial with experts of significant  
13 experience, as we have seen.

14 So I understand your position and I  
15 understand your concerns. And, again, I'm not  
16 impugning any kind of lack of sincerity on  
17 behalf of you or your clients on something  
18 that is an issue that the experts are saying  
19 is a concern why they can't or should not use  
20 that second table.

21 So having said that, I think we  
22 adequately covered both your objection,  
23 counsel's response and my reasoning.

24 Having said that, are we in a  
25 position to call back the jury and proceed?

1 MR. HOSMER: Yes, sir.

2 THE COURT: Thank you.

3 Mr. Verzilli.

4 MR. HOSMER: I offered to stipulate  
5 to his qualifications.

6 THE COURT: That would be wonderful.

7 MR. STROKOVSKY: I will do a very  
8 brief voir dire.

9 THE COURT: The qualifications only  
10 go to the foundation of opinions.

11 (Jury enters courtroom at  
12 11:17 a.m.)

13 THE COURT: Just so you know, ladies  
14 and gentlemen, after this witness, who is an  
15 expert witness, we will probably get right to  
16 the lunch break.

17 So having said that, Counsel.

18 THE CRIER: State your name.

19 THE WITNESS: Andrew C. Verzilli,  
20 V-E-R-Z-I-L-L-I.

21 ANDREW C. VERZILLI, having been duly  
22 sworn, was examined and testified as follows:

23 THE COURT: Counsel, you may  
24 inquire.

25

- - -

## 1 DIRECT EXAMINATION ON VOIR DIRE

2 - - -

3 BY MR. STROKOVSKY:

4 Q. Mr. Verzilli, thank you for being here. Good  
5 morning.

6 A. Good morning.

7 Q. Before we get started, I handed you what has  
8 been premarked your C.V. at P-52, your report from  
9 June of 2021, which is P-53, as well as your  
10 report, recent report of April 10 of this year,  
11 which is P-54.

12 Do you have that in front of you?

13 A. I do.

14 Q. If you need to look at it to refresh your  
15 recollection, by all means do so.16 But I asked you to be an expert in this case;  
17 is that right, Mr. Verzilli?

18 A. Yes, sir.

19 Q. You're an economist, right?

20 A. I am.

21 Q. Can you tell me in layperson's terms what is  
22 an economist?23 A. Economics is the study of the production of  
24 income. That's what it is when you really look at  
25 what we are doing. Business, produce, goods and

1 services, because we, as individuals, demand goods  
2 and services, and economics is that interaction  
3 that we provide, labor we get paid and income, and  
4 we use that income to buy the goods and services we  
5 demand. That's the whole interaction.

6 An economist is just someone that has studied  
7 concepts and principles of economics and able to  
8 answer questions, what are we going to produce and  
9 how are we going to go about doing that.

10 Q. And what is your role as an economist for  
11 Mr. Parks's case against Temple?

12 A. In this matter, I'm simply here to, per the  
13 guidelines, apply inflation to the future medical  
14 care costs.

15 So the cost that Mr. Karras opined to are as  
16 of today, and I'm here just to look at what is  
17 going to happen to those costs over time over  
18 Mr. Parks' lifetime because the costs today are  
19 going to increase because we have inflation, which  
20 is just an increase in prices.

21 Q. And I don't want to spend a lot of time on  
22 this, but can you very briefly just summarize your  
23 education and employment history that shows your  
24 qualifications for this case?

25 A. Sure.

1           My undergrad degree is from Drexel University.  
2 Bachelors of sciences in business administration  
3 and I majored in economics. I earned a masters in  
4 business from LaSalle University. My undergraduate  
5 was June of 1988, and my graduate degree was  
6 December of '91.

7           For 30-plus years now, I'm in a consulting  
8 practice that was started by my father. It's just  
9 now called "Verzilli Consulting Group," and what I  
10 do is look at the economic impact that these events  
11 have on someone here, having inflation, looking at  
12 inflation and how it affects medical care.

13           A lot of my work does involve what we call  
14 earning capacity and the loss of earning capacity.  
15 I'm not here for that today, looking at people who  
16 passed away and how that impacts the family in  
17 terms of the economics. That's the work that I  
18 have been doing for 30 years.

19           I also was a member of the Drexel adjunct  
20 faculty. That was '92 to '99, and I taught  
21 principles of micro macro economics. It was just a  
22 part-time appointment that I had about seven years  
23 back in the '90s.

24 Q. You testified in court before in Philadelphia  
25 County, correct?

1 A. I have.

2 Q. You testified in other courts?

3 A. Yes. In terms of county courts in  
4 Pennsylvania, I have been in most of the counties  
5 at some point, although some of the ones out in the  
6 western part of the state, I have been in Allegheny  
7 and Washington and Erie and those counties. But  
8 majority of my work would be here in the local to  
9 Philadelphia and northeastern PA. Throughout New  
10 Jersey, some of the counties, other states like New  
11 York, Delaware, Maryland.

12 I have also testified in federal court.  
13 Philadelphia is the Eastern District. We have the  
14 Middle District, which is Scranton towards  
15 Williamsport, even the Western District out in the  
16 Allegheny area. Other states including throughout  
17 New Jersey, New York and some other states.

18 Q. You were qualified in those jurisdictions?

19 A. I was.

20 MR. STROKOVSKY: Your Honor, at this  
21 time I tender Mr. Verzilli as an expert in  
22 economics and in estimating future medical  
23 inflations as it relates to Mr. Parks' case.

24 THE COURT: Without objection,  
25 Counsel?

1 MR. HOSMER: No objection. No  
2 questions.

3 THE COURT: Thank you.  
4 You may proceed.

5 - - -

6 DIRECT EXAMINATION

7 - - -

8 BY MR. STROKOVSKY:

9 Q. Can you just briefly describe your methodology  
10 that you used for this case?

11 A. Sure.

12 Inflation is what we call price increases.  
13 When you buy goods and services in the economy, the  
14 price is based on what we call the equilibrium,  
15 before the demand and supply curves match. So what  
16 is going on in all the things we buy is there is a  
17 demand for that good and service and there is a  
18 supply for that. And where they meet is the price.  
19 And over time, these curves are going to shift.

20 For instance, during the pandemic when the  
21 supply of food and getting that food to the grocery  
22 stores was impacted, and the supply curve shifted  
23 one way and demand kept growing the other way, that  
24 put significant pressure on prices and that was a  
25 big part of what has happened to inflation hitting

1 7, 8 percent a year when historically it's been in  
2 the 2- to 3-percent range.

3 So what I have to do is look at what is going  
4 to happen to the medical care in the life care plan  
5 over the next 44 years, the life expectancy for  
6 someone with Mr. Parks' age, and as we have heard  
7 some stuff about life expectancy and it's an  
8 average, it's not specific to one person. It's  
9 from the CDC and they do have other tables. And  
10 following Mr. Karras, I use the average of 44  
11 years, and I have to show the medical care every  
12 year what that will be. So I go from today all the  
13 way to that 44 years. I don't -- that's how we  
14 have to present it.

15 So I look at the costs in Mr. Karras' plan and  
16 then inflation comes from the consumer price index.  
17 And that is, the Bureau of Labor Statistics every  
18 month they do a survey and they look at what is  
19 called the "market basket of goods and services,"  
20 including food, transportation, clothes, and  
21 medical care is one of those.

22 And within medical care we can break it out.  
23 We can look at medical services, which is like a  
24 physician visit, diagnostic testing, therapeutic  
25 modalities. Service commodities, here the big part



1 of commodities is prosthetics. The care, the home  
2 care of nursing care. I can look at what has  
3 happened to those prices over time. I generally  
4 look at a ten-year average. I look at what has  
5 happened in the last ten years because the economy  
6 is cyclical.

7 So we have growth. We get peaks, then we have  
8 a slow down, then we get recession, we go through  
9 that. When we are doing that, prices change.  
10 Generally, inflation takes us into a period where  
11 the Fed, which they're doing now, is saying, hey,  
12 we got to slow this down, and we raise interest  
13 rates. When they slow the interest rates down, it  
14 slows inflation, but it also slows the economy and  
15 you can hit a recession.

16 Then you hit the recession and the Fed says,  
17 hey, inflation dropped, we got to get production  
18 back up, lower the interest rates, and we go  
19 through that again.

20 I like to look at the last ten years. And I  
21 took out the different categories and I applied it  
22 to the life care plan and annualized the costs,  
23 except for prosthetics we knew when we were going  
24 to. I just built a table and added the inflation.

25 And what we know is inflation compounds just

1 like interest. If you take something, you go 3  
2 percent in year one, 3 percent in year two, and you  
3 keep growing that, after in about 70 years, this is  
4 as a guide, 3 percent will double in about 35  
5 years.

6 So when we are looking at the -- it's called a  
7 "rule of 72," if you take interest rate or growth  
8 rate and divide that in the 72, it tells you how  
9 long it takes to double because of compounding  
10 10 percent doubles every seven years.

11 So that's what is occurring here. So each of  
12 the different components, the categories I used,  
13 for instance, for medical services, I used a little  
14 over 3 percent, that was the last ten-year average.  
15 Hospitalization, which would be like the -- any  
16 surgery that was 4 percent. The medical  
17 commodities was 1.6 percent. And then the nursing  
18 care was 3 percent. And that's all based on the  
19 data that I have from the Bureau of Labor and  
20 Statistics.

21 And the nursing is also another survey called  
22 the "Genworth Cost of Care Survey" where we can  
23 look specifically at nursing costs at the consumer  
24 level. I applied those and built a table for the  
25 next 44 years.

1 Q. Why do you base your inflation rate off of ten  
2 years as opposed to just taking the last year and  
3 running with that?

4 A. Because if we have ten years is going to kind  
5 of pick up the variability. And when you look  
6 historically, if you take a 20-year average, it's a  
7 little bit higher.

8 We had a very long period of sustained low  
9 inflation after the last recession with the  
10 financial crisis about ten years ago. Inflation  
11 where it was actually a couple of years ago was  
12 almost zero. Remember the interest rates went  
13 right down, mortgage rates went way down. And then  
14 leading into the pandemic, we started to see we  
15 were -- activity was picking up, housing costs went  
16 through -- bananas, food costs, fuel went very  
17 high, and we had inflation that was the target for  
18 overall in place about 2, 2 and a half percent.  
19 That's what the Fed wants. When we hit, it was  
20 doing 5, 6, 7, 8 percent. That's when they started  
21 raising interest rates. They just raised them the  
22 other day. We are still hovering above that  
23 target.

24 So by using a ten-year average, I'm capturing  
25 that cycle, and I feel the ten years is reasonable

1 because if we go back longer, there were periods  
2 where we had some higher sustained inflation. But  
3 the Fed has been really good at keeping at those  
4 targets of 2, 2 and a half percent, except for last  
5 year, year and a half. We are getting back down to  
6 that.

7 So if I used a year, the last year I wouldn't  
8 feel comfortable growing medical costs that --  
9 where the inflation was last year. It would be a  
10 big number compared to what I came up with. So I  
11 looked at rates that were more reliable because it  
12 looked -- it was over a ten-year period.

13 MR. STROKOVSKY: Your Honor,  
14 permission to approach the easel?

15 THE COURT: Have one of your team  
16 pull that easel over so the jury and everyone  
17 can see it.

18 MR. STROKOVSKY: Of course.

19 BY MR. STROKOVSKY:

20 Q. You did -- you took the figures from Mr.  
21 Karras' life care plan, correct?

22 A. Yes.

23 Q. And you used the most -- your most updated  
24 report has the most updated plan from this year,  
25 correct?

1 A. Yes, in April.

2 Q. Less than a month ago.

3 I'm just going to hold this up. I think you  
4 can see it. This is Mr. Karras' summary table?

5 A. I will grab it.

6 Q. You might have it with you. Great.

7 So there are 11 types of items and services;  
8 is that fair?

9 A. Yes.

10 Q. And of those 11 services, they go into four  
11 separate categories. You have medical services,  
12 hospitalizations, medical commodities and nursing  
13 care, correct?

14 A. That's correct.

15 Q. So Mr. Karras' present value, which is  
16 \$2,847,786.67, so you if take those 11 items and  
17 services, and you broke that down into four annual  
18 inflationary rates based off of the last ten years?

19 A. That's correct.

20 Q. So we have medical services, 3.1 percent; is  
21 that correct?

22 A. Yes.

23 Q. And we have hospitalizations, 4.0 percent. We  
24 have medical commodities 1.6 percent; is that  
25 correct?

1 A. Yes.

2 Q. And we have nursing care at 3 percent; is that  
3 correct?

4 A. That's correct.

5 Q. As you mentioned, you don't just take the  
6 overall number and adjust for inflation. You  
7 adjust it per the frequency as recommended by Mr.  
8 Karras and Dr. Miknevich, correct?

9 A. Right. For instance, when the prosthetics are  
10 needed, when the spinal cord stimulator is needed,  
11 whatever the nursing care starts at age 60, that  
12 increases again at 70, I factored all that in.  
13 Some of the costs and visits, they're annualized.

14 Q. So you took the findings or recommendations of  
15 Dr. Miknevich and the numbers recommended by Mr.  
16 Karras at the present value, and you used these  
17 inflationary rates over the course of Mr. Parks'  
18 life expectancy to come up with a total value of  
19 the future care costs?

20 A. That's correct.

21 Q. What is that number, Mr. Verzilli?

22 A. For the total over the life expectancy is  
23 about \$5,933,000.

24 Q. Did you have the opportunity to review the  
25 report of defense expert economist, Mr. Olson?

1 A. Doctor or Mr. Olson, yes.

2 Q. There are also two reports. There was one  
3 last year and a recent one from two days ago,  
4 correct?

5 A. Yes.

6 Q. And regarding the first report from Dr. Olson,  
7 did he use the same methodology as you?

8 A. No. In terms of the inflation, he had looked  
9 at the last year medical inflation rate, which was  
10 2 and a half percent or so.

11 Q. Two and a half percent. So did he use -- so  
12 he based it off one year, not the average of ten  
13 years?

14 A. That's right. He -- with all due respect to  
15 Mr. Olson, Dr. Olson, they didn't -- they used the  
16 overall medical care component of the -- I took  
17 each different category. So they used the overall  
18 medical inflation rate, which was a little bit  
19 lower in 2021. They used the 2021 number, which  
20 was 2 and a half percent.

21 Q. So 2 and a half percent they came with their  
22 numbers. They just used one number, not four  
23 separate specific numbers that you used?

24 A. That's correct.

25 Q. Did you review the most recent report from two

1 days ago?

2 A. Yes.

3 Q. And did they -- strike that.

4 So the methodology from the first report was  
5 just using the last year's medical annual inflation  
6 rate to make the projection; is that correct?

7 A. At the time they did their first report, yes.

8 Q. When they did it the first time, you said that  
9 percentage was?

10 A. Two and a half percent.

11 Q. What was the percentage for the updated year?

12 A. They --

13 Q. Not what they used, what the actual, if you  
14 know?

15 A. The last year medical inflation rate was?

16 Q. Yes.

17 A. It was 4.1 percent for 2022.

18 Q. So 4.1 is larger than the 2.5?

19 A. Yes.

20 Q. But in Dr. Olson's report, did he use that 4.1  
21 percent figure?

22 A. No.

23 Q. He didn't.

24 What figure did he use?

25 A. They averaged the two and a half and 4.1 and



1 used 3.3.

2 Q. So in the first report, it was just one year,  
3 which was a lower number, right, a lower overall  
4 number?

5 A. Yes.

6 Q. And then if they used the same methodology  
7 using just last year alone, would that calculation  
8 be a higher number?

9 A. Yes. They used -- if they used 4 percent, the  
10 numbers would be much higher.

11 Q. So their number is less, though, because they  
12 averaged the two years?

13 A. It is -- that's the math, yes.

14 Q. What is their average again?

15 A. They used 3.3. They averaged the last two  
16 years.

17 Q. Do you agree with that methodology?

18 A. No. I mean, I use a ten-year, which is -- I  
19 use a ten-year, but I, also, like to break out  
20 certain things because, for instance, the  
21 prosthetics, which is a significant part of this  
22 plan, I'm growing them at a lower rate.

23 So if I were to use their methodology, my  
24 numbers would be actually higher, if I just used a  
25 flat 3.3 percent.

1 Q. Well, it would be higher for nursing care,  
2 too, right?

3 A. Yes. It would be overall higher because the 4  
4 percent on the hospitalizations is not the majority  
5 of the plan. When you take the weighted average,  
6 I'm well under 3 percent.

7 Q. Looking at it, what would go under  
8 hospitalizations? Is that just the facility care  
9 number that Mr. Karras projected as \$2,232?

10 A. And the surgery or the spinal cord stimulator,  
11 because that's a surgery in a hospital.

12 Q. Is that all of the surgeries, everything under  
13 surgical intervention?

14 A. Yes.

15 Q. So that the total for Mr. Karras, the present  
16 value is about 241,500, give or take?

17 A. Yes.

18 Q. So that's less than 10 percent of the entire  
19 grand total number?

20 A. That's what I was trying to say. I'm under.  
21 My net number is less than 3 percent.

22 Q. Your overall grand total number would be  
23 larger if you used Dr. Olson's methodology; is that  
24 correct?

25 A. It would be significantly higher.

1 Q. When you say "significantly," can you give us  
2 a ballpark?

3 A. Oh, I don't know. I can try.

4 Q. Give a range.

5 A. I will give a quick ballpark.

6 You're supposed to do it annually. I will do  
7 it by Mr. Karras' plan.

8 Q. I'm not trying to put you on the spot. If  
9 it's something that would require a lot of time, I  
10 would just move on.

11 A. It's 2 million, 847.

12 Q. For Mr. Karras, yes.

13 A. It would be about 6.3 million, another  
14 \$400,000. It's probably a little higher. I'm just  
15 averaging.

16 Q. So you gave us -- you described to us your  
17 methodology, the numbers you used from Mr. Karras  
18 based off of Dr. Miknevich's recommendation. You  
19 mentioned your life expectancy number is the same  
20 as Mr. Karras'?

21 A. Yes. It's just the CDC. It's -- that's an  
22 average and it's not for one person. It's an  
23 average.

24 Q. And basing the life expectancy off gender  
25 only, is that typical for experts in your field or

1 economists in your field?

2 A. Again, I'm not a medical doctor, so I  
3 generally look at all males or all females, except  
4 if there is a statute. Like another that --  
5 there -- sometimes we have to use -- all other  
6 states have a specific table that you have to use.  
7 Or if there is a medical opinion. So, for  
8 instance, in like a catastrophic case, we have  
9 somebody with a spinal cord injury, quadriplegic,  
10 they may have a reduced life expectancy due to the  
11 care. With that type of condition, that's  
12 generally given by a physician.

13 So in lieu of that, I generally use the  
14 average for a male or female.

15 Q. We are almost done, I promise.

16 I'd like to bring to your attention to Exhibit  
17 P-55, which is just a table summarizing your future  
18 medical care costs based off Mr. Karras' life care  
19 plan.

20 Is this your table?

21 A. Yes, it is. It shows -- we have to show every  
22 year what the costs are.

23 Q. Would showing that to the jury help show them  
24 your methodology and how you came up with your  
25 calculation?

1 A. Yes.

2 THE COURT: Without objection,  
3 Counsel?

4 MR. HOSMER: No objection.

5 THE COURT: You may publish. Thank  
6 you.

7 BY MR. STROKOVSKY:

8 Q. So if you just generally describe what we are  
9 looking at here, maybe we can show the lower half  
10 as well and then we will be done.

11 A. Yes.

12 This is the first year, and then there is some  
13 one-time costs. And the 36,000, year two, you can  
14 see that the costs are increasing. And then at age  
15 40 would be another prosthetic replacement.

16 And then we go through, and as you go through  
17 the ages, we are also picking up the spinal cord  
18 stimulator.

19 And then when you hit about age 60, in the  
20 year 2051, then that's also being -- having a  
21 nursing care, and then that's increasing even more  
22 at age 70.

23 As you can see, over 44 years when we are  
24 adding these inflation rates, when you take the  
25 values as of today and add what they're going to be

1 in the future, you're looking at over \$300,000 a  
2 year. But, again, that's in 44 years from now. So  
3 this is all in future terms. And it shows every  
4 year for the 44 years.

5 Q. So it shows the future medical care for each  
6 specific year, and then you add up what the future  
7 medical care costs will be adjusted to inflation  
8 for each year and that gives you the lifetime  
9 costs?

10 A. That's correct.

11 Q. And here, again, your lifetime cost for  
12 Mr. Parks is \$5,933,331?

13 A. In future terms, that's correct.

14 Q. All of your findings and conclusions that you  
15 just stated here in court, have they all been made  
16 to a reasonable degree of economic certainty?

17 A. They have.

18 MR. STROKOVSKY: I have no further  
19 questions.

20 THE COURT: Counsel.

21 - - -

22 CROSS-EXAMINATION

23 - - -

24 BY MR. HOSMER:

25 Q. Mr. Verzilli, how are you, sir?

1 A. I'm good.

2 Q. I think you said that the life tables upon  
3 which you relied are published by the CDC, the U.S.  
4 Government?

5 A. That's correct.

6 Q. Center for Disease Control?

7 A. That's correct.

8 Q. They adjust for race, gender and sex -- race,  
9 gender and age, correct?

10 A. That's correct. And they even -- the 2020,  
11 had a further adjustment actually. Life  
12 expectancies went down due to COVID impacts because  
13 they -- there was an overall reduction when they  
14 took that into account.

15 Q. So, sir, just very quickly, assuming that the  
16 jury were to conclude that the more appropriate  
17 life table was the one specific to Mr. Parks of 39  
18 years, that would lop off five years off of your  
19 chart, correct?

20 MR. STROKOVSKY: Objection.

21 THE COURT: Overruled.

22 THE WITNESS: Right. So 2061, would  
23 be the last year. You would just end there.

24 BY MR. HOSMER:

25 Q. Right.

1           If we were to lop off those five years, it  
2 would be about \$1.5 million taken off?

3 A.    About 300 a year.  A little more, but, yeah.

4 Q.    1.6?

5 A.    Yeah.

6 Q.    Thank you.

7           Now, Mr. Verzilli, I think you said, correct  
8 me if I'm wrong, that you relied on the reports and  
9 the testimony of Dr. Miknevich, as well as Mr.  
10 Karras, correct?

11 A.    Well, in the end because Mr. Karras relies on  
12 Dr. Miknevich, I'm doing the economics.

13 Q.    It's like a building.  There is a foundation  
14 with Dr. Miknevich.  On top of Dr. Miknevich is Mr.  
15 Karras and on top of that is you, correct?

16 A.    Yes.  I'm just adding the inflation.

17 Q.    If the jury were to conclude that there were  
18 limits in Dr. Miknevich's prognostications or  
19 requisites for future medical care, as well as Mr.  
20 Karras' should be removed, then the numbers that  
21 you have displayed today would have to be  
22 proportionately reduced, correct?

23 A.    If you take something out, whatever it is, I  
24 can't tell you how much, but if you were to take  
25 out an item, obviously, it would be lower.



1 Q. And, sir, you wrote two reports, correct, in  
2 this case?

3 A. Oh, yes.

4 Q. One dated June 4, 2021, and the second one,  
5 which Mr. Strokovsky discussed with you, April 10,  
6 2023, correct?

7 A. Yes. My other one is in here somewhere. I  
8 think it was whatever you said it was. June 4,  
9 yes.

10 Q. Do you have it?

11 A. Yes.

12 Q. In those reports, both times you gave what you  
13 thought were the future medical -- present and  
14 future medical costs adjusted for inflation to a  
15 reasonable degree of professional economic  
16 certainty, correct?

17 A. Yes.

18 Q. Going to your report of -- well, you were here  
19 when Mr. Karras testified, correct?

20 A. For a portion, not for the whole testimony.

21 Q. Were you here when he testified to a  
22 reasonable degree of professional certainty that  
23 the actual costs for Mr. Parks' care in 2021, was  
24 \$8,198.15?

25 A. I came in right around about that time when

1 there was some discussion about annual physician  
2 costs, one of the doctor's costs and what was  
3 actually incurred.

4 Q. You're talking about Dr. Tucker and Allied  
5 Orthotics. You were here for that?

6 A. I was here toward the middle of that.

7 Q. Were you here or will you accept my  
8 representation that Mr. Karras stated to a  
9 reasonable degree of certainty that the actual  
10 costs in 2021, were \$8,198.15, and in 2022, were  
11 \$6,997?

12 A. Yes. I don't know what those are all for.  
13 Yeah, I heard those numbers.

14 Q. Well, I will tell you what they were for.  
15 They were what Mr. Karras and I worked out to be  
16 the actual costs incurred in the years 2021 and  
17 2022.

18 A. Okay.

19 Q. Now, in your report of June 4, 2021, I'm  
20 looking at the chart, you predicted costs based on  
21 inflation for the years 2021 and 2022, correct?

22 A. I started in 2021, yes.

23 Q. And in 2021, your report, to a reasonable  
24 degree of economic certainty, states that the cost  
25 would be \$97,611, correct?

1 A. That's was the life care plan at that time,  
2 yes.

3 Q. And in 2022, you prognosticated that the  
4 annual cost would be \$50,095, correct?

5 A. About \$50,000, yes.

6 Q. But you would agree with me, sir, that the  
7 numbers that you put into your report in June of  
8 2021, for the two years that were upcoming, were  
9 significantly different than what Mr. Karras said  
10 were the actual costs incurred in 2021 and 2022,  
11 correct? In other words, there is a significant  
12 difference between \$8,198.15 and \$97,611, correct?

13 MR. STROKOVSKY: Objection.

14 THE COURT: I will allow the  
15 witness, if he can, to answer.

16 THE WITNESS: I mean, it's  
17 different. One is the life care plan and one  
18 was actual costs. So at the time the life  
19 care plan was written in 2021, that was the  
20 projection of what Mr. Parks would need over  
21 his lifetime. And some of those costs are  
22 annualized and amortized, as Mr. Karras said,  
23 and now we are two years out and we had to  
24 redo it as of today. So whatever --

25

1 BY MR. HOSMER:

2 Q. Now, we know --

3 A. I mean, that may not include all the things  
4 that Mr. Parks needs. It doesn't mean -- it's just  
5 that plan wasn't implemented.

6 MR. STROKOVSKY: Objection. Brief  
7 sidebar?

8 THE COURT: No. Overruled.

9 BY MR. HOSMER:

10 Q. The fact of the matter is you heard Mr. Karras  
11 state what the actual costs were in 2021 and 2022,  
12 to a reasonable degree of certainty, correct?

13 A. Yes.

14 Q. And if we were to apply -- I'm terrible at  
15 math -- but if we were to apply the actual costs  
16 for 2021, and compare it to your \$97,611  
17 prognostication, it would indicate that the actual  
18 costs incurred in 2021, were only 9 percent of what  
19 you said they would be in 2021, correct?

20 A. That's the math. But that's not -- they're  
21 different. We are looking at it differently. We  
22 are looking at a life care plan at that time, not  
23 what the actual costs were at that time.

24 So we are here today, or at that time when we  
25 are doing future medical care, we have to look at

1 it as of the time I'm doing the report, but then  
2 it's actually as of today, but there was no trial  
3 back then. We start then, so the one-time costs  
4 will be up in front in the first year, then that's  
5 all. We take those two years out and we start from  
6 today.

7 Q. But now we have the -- because of the  
8 intervals of time that have passed, we have the  
9 benefit of looking backwards to see just how well  
10 things were predicted for 2021 and 2022, correct?

11 MR. STROKOVSKY: Objection.

12 THE COURT: Overruled.

13 THE WITNESS: Yes, but, again, that  
14 is a life care issue. I'm not --

15 BY MR. HOSMER:

16 Q. I'm not asking about --

17 THE COURT: Allow the witness to  
18 always answer.

19 THE WITNESS: I mean, I'm basing it  
20 on the life care plan as of today. I'm not --  
21 I don't get into past medical costs.

22 BY MR. HOSMER:

23 Q. But you wrote this report and you stated these  
24 numbers to a reasonable degree of certainty,  
25 correct?

1 A. That's right. If we had the trial in June of  
2 2021, that's what I would have opined to, but we  
3 didn't.

4 Q. And if we had the trial in 2021, and then we  
5 had the intervening two years, the medical expenses  
6 still would have been the same. They still would  
7 have been 8,000 and 6,000, respectively, for 2021  
8 and 2022, correct?

9 A. I don't know that.

10 Q. Let me put it to you this way, sir. You would  
11 agree with me that the actual costs incurred in  
12 2021, are basically only 9 percent of what you said  
13 would take place in 2021, correct?

14 MR. STROKOVSKY: Objection.

15 THE COURT: It's been asked and  
16 answered.

17 BY MR. HOSMER:

18 Q. Agree?

19 A. Again, I just looked at the first year that  
20 was in the life care plan. I didn't add inflation  
21 the first year. I'm just adding inflation. I  
22 don't have the first plan in front of me to see  
23 what some of the one-time costs up front were that  
24 were rated that year. But the plan builds in some  
25 things are annualized over the lifetime and we just

1 move it as of today. Actually, the average cost  
2 got lower.

3 Q. All I'm trying to do is arithmetic, which for  
4 me fairly complex, for you, fairly simple.

5 You would agree with me that the actual costs  
6 incurred in 2021, were only 9 percent of what you  
7 prognosticated they would be in 2021, correct?

8 MR. STROKOVSKY: Objection.

9 THE COURT: Can you answer that one  
10 more time, Doctor?

11 THE WITNESS: Yes, except I was just  
12 basing it on the life care plan. So you're  
13 making like it's my estimate. I add  
14 inflation. There was no inflation that first  
15 year.

16 BY MR. HOSMER:

17 Q. If we go to the second year of 2022, and do  
18 the same thing, you would agree with me that using  
19 your prognostication of 50,095 in 2022, compared to  
20 the actual costs of \$8,165, that's only 14 percent  
21 of what you prognosticated, correct?

22 A. Yeah. There could be some other factors there  
23 that -- of things that are being implemented in the  
24 plan, yes. But it still doesn't change what my  
25 understanding of what Mr. Parks' needs for his care

1 over his lifetime in the life care plan.

2 Q. If we were to apply -- take the midpoint  
3 between 9 and 14 percent, and apply 12 percent to  
4 your final figure of \$5,933.33, it comes out to  
5 \$711,000, assuming that the same calculations from  
6 2021 and 2022 are applied to 2066?

7 A. You can't do that because there are items that  
8 are not incurred yet; when Mr. Parks needs  
9 prosthetics, when nursing care is implemented, when  
10 there is surgical care in the future. So you just  
11 can't say, well, if it's 14, the last two years  
12 were 14 percent of the estimate, that's not  
13 going -- that relationship doesn't hold up when  
14 you're adding costs later on that are -- just  
15 wouldn't have been incurred in those two years.  
16 That's the important thing. So we have to look at  
17 what is Mr. Parks' outlook and what he needs over  
18 his lifetime.

19 Q. If the jury were to agree that, approximately,  
20 that history would continue to repeat itself and  
21 that the actual costs would be somewhere in the  
22 vicinity of 12 percent of what you prognosticated,  
23 12 percent of your 593 -- 500,993 would be 711,000,  
24 just doing arithmetic, correct?

25 A. You mean 5.9 million? You said 5,000.



1 Q. I'm sorry, let me try this again.

2 If you were to apply the 12 percent to the  
3 500 -- \$5,993,000 figure that you gave the jury, it  
4 comes out roughly to \$712,000 correct?

5 A. That's math. That's not my opinion. That's  
6 not capturing the life care plan and the needs of  
7 Mr. Parks that are way down the line when he is 60  
8 years of age and 70 and the spinal cord stimulator  
9 and the prosthetics he will need.

10 Q. That's my whole point, sir. We don't really  
11 know, and, therefore, it's uncertain exactly what  
12 it will be, isn't it?

13 A. We know what --

14 Q. It could be --

15 THE COURT: Allow the witness to  
16 answer, please.

17 MR. HOSMER: I'm sorry. I  
18 apologize, Mr. Verzilli.

19 THE WITNESS: That's cool.

20 This is what he -- his needs are  
21 based on Mr. Karras. Mr. Karras, this is --  
22 it's my understanding of what a life care plan  
23 is to provide for someone's best outcome over  
24 their life. That's what is meant and  
25 recommended he will need over his lifetime.

1 I'm not giving an opinion of what he actually  
2 will. This is the future costs. That's all I  
3 can do.

4 I'm not here to determine what the  
5 entitlement is. I give the opinion as to what  
6 the inflation and how that impacts the life  
7 care plan.

8 MR. HOSMER: Understood.

9 BY MR. HOSMER:

10 Q. But if Mr. Karras' life care plan is  
11 incorrect, then your numbers would be incorrect,  
12 also?

13 A. I would -- I don't want to say it's incorrect.  
14 If his opinion -- if you change something, take  
15 something out, obviously, it goes down. If you add  
16 something, it goes up. That's how I look at it.

17 Q. If it went down 12 percent over year after  
18 year after year and applied that to your 5,933,000  
19 it would come out to about \$712,000, correct? Just  
20 doing arithmetic.

21 A. That's 12 percent. That's not going to  
22 capture the care that he is going to need when he  
23 is 70, because, obviously, he's in his 30s, so he  
24 hasn't gotten it yet. He wouldn't have gotten it  
25 yet. He wouldn't have paid for the other

1 prosthetics. But 12 percent of that number is  
2 whatever you said. That's math.

3 MR. HOSMER: Thank you for your  
4 time, sir. I appreciate it.

5 THE COURT: Any redirect?

6 MR. STROKOVSKY: Very briefly.

7 - - -

8 REDIRECT EXAMINATION

9 - - -

10 BY MR. STROKOVSKY:

11 Q. Mr. Verzilli, do you know one way or another  
12 if Mr. Hosmer is an economist?

13 A. I don't know. I have not looked at his bio.

14 Q. Is this type of arithmetic he just introduced  
15 to you, is that something that you think would fall  
16 within the methodology on economics trying to  
17 figure out future inflation?

18 A. That's just math. It's taking a percent that  
19 doesn't -- that's not what I did and that's not  
20 what my opinion is.

21 Q. Those values, 6,000, 8,000, when you were in  
22 the courtroom today, that was all based off  
23 representations made to Mr. Karras, correct?

24 A. I can't recall exactly. I kind of came in --

25 Q. I will move on.

1 A. I came in right in the middle of what was  
2 going on.

3 Q. Sure. Strike that question, please.

4 Have your opinions changed at all?

5 A. No. The medical based on the life care plan,  
6 those are the annual costs when I applied the  
7 inflation.

8 Q. Your final number would be higher if you used  
9 Dr. Olson's recent methodology?

10 A. If I used just one growth rate, yes, it would  
11 be higher.

12 MR. STROKOVSKY: No further  
13 questions.

14 MR. HOSMER: I have nothing, Your  
15 Honor.

16 THE COURT: Thank you, Mr. Verzilli.  
17 You may step down.

18 So, ladies and gentlemen, as  
19 promised, we are going to take our lunch  
20 break. So how about 1:15, give you a little  
21 bit more time getting through security and all  
22 that stuff.

23 But thank you so much. Remember  
24 what I asked you to do is keep an open mind,  
25 not talk to anybody or research this and hold

1 off until you heard it all.

2 So I thank you for your attention  
3 and your patience, so thank you.

4 (Jury exits courtroom at 12:04 p.m.)

5 THE COURT: So we are still on track  
6 for three fact witnesses when we get back?

7 MR. STROKOVSKY: Yes.

8 THE COURT: This is just in  
9 anticipation of what Monday brings, I got  
10 something, it looked like an e-mail regarding  
11 proposed points. Is that your working draft  
12 or is that a joint?

13 MR. HOSMER: It's not joint. We had  
14 not finished and I wanted to be as compliant  
15 as possible.

16 THE COURT: I understand you have to  
17 work on it.

18 (Lunch recess.)

19 (Jury enters courtroom at 1:22 p.m.)

20 THE COURT: Good afternoon,  
21 everyone.

22 Welcome back. I hope you had a nice  
23 lunch.

24 So we are still in plaintiff's  
25 presentation of his evidence on his behalf.

1 And the next witnesses will be fact witnesses.  
2 That's distinguished from the expert witnesses  
3 you already heard.

4 So having said that, Ms. Sweeney,  
5 swear in the witness, please.

6 THE CRIER: State your name.

7 THE WITNESS: Bryanca Shearer,  
8 B-R-Y-A-N-C-A, S-H-E-A-R-E-R.

9 THE COURT: You may proceed,  
10 Counsel.

11 - - -

12 DIRECT EXAMINATION

13 - - -

14 BY MR. STROKOVSKY:

15 Q. Good afternoon, Ms. Shearer.

16 A. Good afternoon.

17 Q. How old are you?

18 A. I'm 29.

19 Q. Where are you from?

20 A. From Philadelphia.

21 Q. How do you know Eddie Parks?

22 A. He's my son father and my ex.

23 Q. What is your son's name?

24 A. Zahir but we call him Ziggy.

25 Q. How did you and Eddie meet?

1 A. We met through social media.

2 Q. Roughly when?

3 A. Like the beginning of 2018.

4 Q. So you started dating?

5 A. Yes.

6 Q. What did you two do together?

7 A. It depends. At the time I was living in  
8 Bloomsburg. He would come visit me out there.

9 When he did come visit, he would cook for me. We  
10 would go for walks. It's really nothing to do up  
11 there. And when I came to visit Philadelphia, we  
12 would go bowling, skating, just be outside.

13 Q. Eddie would cook for you?

14 A. Yes.

15 Q. Does he like cooking?

16 A. Yes. He's an awesome cook.

17 Q. What are some things you remember that he  
18 cooked for you?

19 A. So white rice, which is actually my favorite.  
20 He taught me how to make white rice. He made  
21 spaghetti, collared greens, anything you can name.

22 Q. What did Eddie do for work?

23 A. At the time he was a CNA.

24 Q. Did Eddie like it?

25 A. Yes.

1 Q. What did you like about Eddie when you were  
2 dating?

3 A. What I liked about him, he got me out my  
4 shell. I'm shy. He was just adventurous, very  
5 generous. Give you the shirt off his back if he  
6 could.

7 Q. How old is Ziggy?

8 A. He's three.

9 Q. So when did you find out you were pregnant?

10 A. Around Thanksgiving of 2018.

11 Q. Eddie found out around the same time?

12 A. Yes, he was actually on FaceTime with me.

13 Q. How did he react?

14 A. He was excited. He actually cried when we was  
15 on the phone.

16 Q. You have seen some photos before of Eddie and  
17 Ziggy together; is that fair?

18 A. Of course.

19 MR. STROKOVSKY: I would like to  
20 show to the witness and the parties P-15.

21 MR. HOSMER: No objection, Your  
22 Honor.

23 THE COURT: You may publish.

24 BY MR. STROKOVSKY:

25 Q. What are we looking at here?



1 I apologize, Ms. Shearer.

2 Please tell us what we are looking at.

3 A. This is just a picture, one of our regular  
4 pictures of him sitting down, holding Ziggy when he  
5 was first born.

6 MR. STROKOVSKY: You can take that  
7 down, please.

8 BY MR. STROKOVSKY:

9 Q. So prior to everything that happened at  
10 Temple, did you and Eddie discuss any plans for the  
11 future?

12 A. Yes.

13 Q. What do you remember?

14 A. So when I found out I was pregnant, he wanted  
15 me to stop working. He wanted to work more to be  
16 able to provide for our family.

17 Q. I'm going to talk briefly about what happened  
18 at Temple, and there has already been some  
19 testimony about that so I'm not trying to overdo  
20 it. But do you remember seeing him in the hospital  
21 when there were discussions of amputation?

22 A. Yes.

23 Q. What do you remember?

24 A. Him just being unsure how his life would be.  
25 Him asking me was I going to leave him due to him

1 not having a leg. Him just worried about our life  
2 and him being in his son's life.

3 Q. Do you remember what his mood was like?

4 A. It was up and down. He was really sad.  
5 Mostly crying just because he wanted to go home.  
6 And he couldn't really go to the hospital visits  
7 with me, so he was missing a lot of things.

8 Q. Can you speak a little bit about what you  
9 remember when he left the hospital.

10 A. It was very hard. It was us trying to adapt  
11 to his new lifestyle. Just mood swings, him not --  
12 it was basically him being a child again and him  
13 about to have a child. It was hard him being a  
14 man.

15 Q. You'd help him?

16 A. Yes.

17 Q. In what ways would you help him?

18 A. Help transport to the bathroom. If he needed  
19 help getting wiped, I would wipe him off. Get his  
20 clothes out for appointments.

21 Q. Other activities of daily living?

22 A. Yeah.

23 Q. Was Eddie in pain?

24 A. Yes, all the time.

25 Q. How did you know?

1 A. It was just times where he just shivering in  
2 the bed, unable to get up to talk to me. It was  
3 times where he just -- he is happy and then just  
4 his face, you see it in his face. He just shuts  
5 down.

6 Q. Do you still see him in pain today?

7 A. Yes.

8 Q. When you were pregnant, did he ever discuss  
9 how he was feeling?

10 A. He was very sad because, again, he couldn't  
11 make it to any appointments. Only thing he can do  
12 is watch over the phone. It was like he wasn't a  
13 part of it and he was there.

14 Q. And when Ziggy was born, I'm sure that was a  
15 joyous occasion for both of you.

16 A. Yes.

17 Q. Has Eddie been able to help out with Ziggy  
18 when he was a baby?

19 A. He did the best he could. As long as we had  
20 the things around him or near him, he was  
21 comfortable holding him, but he couldn't get up and  
22 physically get his child. He couldn't get up and  
23 make his child a bottle.

24 Q. Did you and Eddie get to do anything nice in  
25 2019?

1 A. We did. We went to AC --

2 MR. HOSMER: I'm sorry to interrupt.  
3 I'm having trouble hearing.

4 THE COURT: Can you scooch your  
5 chair up, ma'am.

6 MR. HOSMER: Thank you.

7 MR. STROKOVSKY: I will repeat the  
8 question.

9 BY MR. STROKOVSKY:

10 Q. So in 2019, did you get to do any nice things?

11 A. Yes.

12 Q. Like what?

13 A. We went to AC.

14 Q. And how was that?

15 A. We tried to make the best out of it as we can  
16 to get out of being in the house, in the hospital  
17 setting for so long.

18 Q. Anything else about the AC trip you can share  
19 with us?

20 A. It was difficult because it was a new  
21 experience of him being disabled. It was us making  
22 accommodations to make sure they had a wheelchair  
23 for him. It was -- we couldn't walk on the beach,  
24 so we couldn't do our normal things that we used to  
25 do. But we tried to make the best of everything.

1 Q. So Eddie didn't have a prosthetic leg at that  
2 point?

3 A. No.

4 Q. Was -- do you know what it was like for Eddie  
5 to be in a wheelchair in AC?

6 A. It was very sad because he's not used to it  
7 and it was a lot of people just watching him,  
8 trying to find out what was wrong with him.

9 Q. Did he express to you in one way or another  
10 how he felt about that?

11 A. Yes.

12 Q. What did he express?

13 A. He expressed that sometimes it make him feel  
14 little of a man because he used to stand tall and  
15 strong, walking around doing what he used to do,  
16 and he's unable to do that at the time.

17 Q. There has already been testimony that Eddie  
18 got his first prosthetic leg or started the process  
19 sometime later in 2019, early 2020. How were  
20 things when Eddie got that first leg?

21 A. It was difficulties because it was something  
22 that he never had before. So he had to get used to  
23 it. It was difficulties because it came out a lot  
24 when we did try to go for walks, so he couldn't  
25 really use it at the best of his ability.

1 Q. Did he like that leg?

2 A. Not really.

3 Q. Did he express any feelings or things about  
4 that leg?

5 A. Yeah, that it was heavy. It hurted. It  
6 rubbed against his skin when he walked. It was a  
7 lot of modifications they had to do.

8 Q. How about his more recent leg; that's a better  
9 prosthetic than his first one; is that fair?

10 A. Yes.

11 Q. Does he still have any issues, though, with  
12 that prosthetic?

13 A. Yeah. He had a couple of mechanical issues  
14 that we had to take it back to get it evaluated.  
15 And still, it rubbed against his skin. The sizing  
16 not being the right size for the type of prosthetic  
17 he has.

18 Q. So I kind of want to talk about the things  
19 that Eddie likes or loves the most. I assume,  
20 number one, that's Ziggy; is that fair?

21 A. Yes.

22 Q. So aside from Ziggy, what does Eddie like the  
23 most?

24 A. It was his freedom. His freedom to just get  
25 up and move. His freedom to do what he wanted to

1 do, planning his life.

2 Q. How about cooking; you mentioned cooking when  
3 you were dating. Does he cook much now?

4 A. No, not really.

5 Q. Do you know if that bothers him one way or  
6 another?

7 A. It does.

8 Q. So we talked about AC. You went to AC in  
9 2019. You know we are covering almost four and a  
10 half years. Have you and Eddie gone on any other  
11 trips since AC?

12 A. Yes.

13 Q. What kind of trips?

14 A. We went to AC with my cousin. I mean, not AC,  
15 I mean Orlando with my cousin, Las Vegas.

16 Q. How were those trips?

17 A. Again, it was a new experience. We tried to  
18 went to Orlando with my cousin to see if it would  
19 help us be in a better transition being in  
20 different state than being at AC which is closer to  
21 our home. But it was not a good trip for Orlando.

22 Las Vegas, it was okay. We did try to have  
23 fun, but it was them losing his stuff, him not  
24 being able to get out the room because his  
25 wheelchair was not available when he used to

1 getting up and just leaving.

2 Q. You and Eddie split up at some point; is that  
3 right?

4 A. Yes.

5 Q. When was that?

6 A. Around beginning of last year.

7 Q. Has Eddie gone on any trips since you broke  
8 up?

9 A. Yes.

10 Q. Where did he go?

11 A. He went to New Orleans.

12 Q. Did he like it?

13 A. He did, but it was difficulties, as well.

14 Q. So you both co-parent with Ziggy, right?

15 A. Yes.

16 Q. And it's my understanding you each have Ziggy  
17 for about half the time?

18 A. Yes.

19 Q. How is Eddie as a dad?

20 A. He's awesome.

21 Q. That's great he's an awesome dad.

22 Has Eddie's amputation and condition, has that  
23 impacted, though, his ability to be a father or his  
24 relationship with Ziggy?

25 A. I mean, they bond will always be there, the



1 father and son bond that they will always have.  
2 But him being able to do everything that a  
3 three-year-old wants to do he can't do. He can't  
4 run after his son. He can't play basketball at  
5 this time in his life because he's in too much  
6 pain. He can't cook him every home cooked meal  
7 that he would like to.

8 Q. When Ziggy is with Eddie now, they're both --  
9 it's just the two of them, right?

10 A. Yes.

11 Q. Have you noticed the home or the maintenance  
12 of the home any different than what it was like  
13 when you were there?

14 A. Yeah. It's difficult for him to get up some  
15 days, so it's clothes everywhere, toys. If he had  
16 the help. When I was there, I would clean up  
17 everything and have everything organized, but now  
18 it's just hard for him to do it by himself all the  
19 time. Yes, he can clean up sometimes, but the  
20 times he can't, it's because he's in so much pain.  
21 He is staying in bed. Sometimes he just calling me  
22 to come pick up Ziggy or pick him up from school  
23 because he can't get out of bed.

24 Q. How has Eddie's mood been since the  
25 amputation?

1 A. It's up and down. Some days he's the happiest  
2 person, but you see in his face he's in the pain  
3 and just hiding it. And some days it's just like  
4 all right, we don't know what kind of Eddie we're  
5 going to get today. Let's play it cool, let's see  
6 if he's okay, if his pain is too much to bear.  
7 It's changing who he is today.

8 Q. Does he ever express how his mood makes him  
9 feel?

10 A. Yes.

11 Q. What does he express to you?

12 A. That he don't like it. Like he's not used to  
13 being so irritable. I don't want to say angry, but  
14 he feels angry because he can't be the person he  
15 wants to be or he achieved to be when he was  
16 growing up.

17 Q. Last question, just to sum things up, how has  
18 Eddie changed since his amputation?

19 A. I mean, he's a new person. He's not the  
20 person that I started dating. But he strives to be  
21 a better person. But you just see him in so much  
22 pain and he trying to get through it and it's just  
23 hard.

24 MR. STROKOVSKY: Thank you. I have  
25 no other questions.

1 THE COURT: Counsel.

2 MR. HOSMER: Just a couple.

3 - - -

4 CROSS-EXAMINATION

5 - - -

6 BY MR. HOSMER:

7 Q. Good afternoon. Just a couple of questions,  
8 if you please.

9 When you were with Eddie in April of 2021, he  
10 was not having any difficulties with his prosthesis  
11 at that time, correct?

12 A. I'm not sure.

13 Q. You gave a deposition in this case. Do you  
14 remember that, ma'am?

15 A. Yes.

16 Q. And that was back on April 8, 2021?

17 A. Yes.

18 Q. Page -- just I will do this to fresh your  
19 recollection -- page 156, line 19, you were asked,  
20 Is he having any difficult -- is he having any  
21 difficulties with his prosthesis presently?

22 And you answered no.

23 Correct?

24 A. Yes.

25 Q. Do you remember, does that refresh your

1 recollection, ma'am?

2 A. Yes.

3 Q. And you mentioned that you and Eddie went to  
4 New Orleans; is that right?

5 A. No.

6 Q. Just Eddie went to New Orleans?

7 A. Yes.

8 Q. Did he go with anyone else?

9 A. Not that I'm sure of.

10 Q. Did he take any other trips other than the  
11 ones that you mentioned?

12 A. No.

13 Q. You mentioned Atlantic City and you mentioned  
14 Florida. Some pictures were taken of the two of  
15 you in Las Vegas, correct?

16 A. Yes.

17 Q. That was in September of 2019. According to  
18 Eddie, it was September of 2019?

19 A. If that's what it says.

20 MR. HOSMER: Can you put up that  
21 exhibit, please.

22 Show it to Mr. Strokovsky first.

23 THE COURT: Let's see if the witness  
24 can identify it, if that's necessary.

25 MR. HOSMER: Are you okay with it?

1 MR. STROKOVSKY: Sure, I'm okay with  
2 it.

3 BY MR. HOSMER:

4 Q. Ms. Shearer, on the monitor to your right or  
5 in front of you, there is some pictures that Eddie  
6 posted to Facebook, correct?

7 A. Yes.

8 Q. This is -- these are picture from Las Vegas?

9 A. Yes.

10 Q. Can you see the next one, please.

11 Is that you and Eddie there?

12 A. Yes.

13 Q. In Las Vegas?

14 A. Yes.

15 Q. In September of 2019?

16 A. I'm not sure. I'm unsure of the year, but it  
17 was in September.

18 Q. Eddie had said it was September of 2019. Do  
19 you have any reason to disagree with that?

20 A. If that's what he said.

21 Q. Then the next picture, please.

22 That's the two of you again?

23 A. Yes.

24 Q. And, if, in fact, it was September of 2019,  
25 that would be about eight months after his

1 amputation?

2 A. Yes.

3 MR. HOSMER: That's all the  
4 questions I have. Thank you for your time.

5 THE WITNESS: Thank you.

6 THE COURT: Anything further,  
7 Counsel?

8 MR. STROKOVSKY: If I could just  
9 have one moment, Your Honor. I'm seeing if I  
10 can help.

11 - - -

12 REDIRECT EXAMINATION

13 - - -

14 BY MR. STROKOVSKY:

15 Q. Ms. Shearer, is it -- Mr. Hosmer said  
16 September of 2019.

17 A. Yes.

18 Q. If Mr. Parks were to post that very photo that  
19 we saw in September of 2020, would you expect that  
20 to be -- to be when he went to Vegas?

21 A. I'm just unsure of the year. I know it was  
22 the month exactly.

23 MR. STROKOVSKY: Could I just show  
24 this?

25 MR. HOSMER: Sure.

1 MR. STROKOVSKY: I will represent to  
2 you this is Mr. Parks' Instagram and the date  
3 of that photo was September.

4 MR. HOSMER: Sure.

5 MR. STROKOVSKY: May I approach,  
6 Your Honor?

7 THE COURT: No. Ms. Sweeney will.

8 MR. STROKOVSKY: This one has a date  
9 for when it was posted. Can you show that  
10 briefly and point out the date?

11 BY MR. STROKOVSKY:

12 Q. So in that photo, Ms. Shearer, it was dated  
13 September 25, 2020, is when it was posted?

14 A. Yes.

15 Q. And, also, if you look in that photo, you see  
16 two shoes.

17 A. Yes.

18 Q. That means he had a prosthetic, right?

19 A. Yes.

20 Q. And he didn't have a prosthetic in September  
21 of 2019?

22 A. No.

23 Q. He only got his prosthetic at the end of 2019,  
24 beginning of 2020?

25 A. Yes.

1 Q. So is it fair sometimes Mr. Parks might not be  
2 perfect with dates?

3 A. Yes.

4 Q. Do you think there is a chance that he went to  
5 Vegas in 2020?

6 A. Yes.

7 Q. In September of 2020?

8 A. Yes.

9 MR. STROKOVSKY: No other questions.

10 MR. HOSMER: No questions.

11 THE COURT: Thank you, ma'am. You  
12 can step down.

13 Counsel, you can call your next  
14 witness.

15 MR. STROKOVSKY: We now call Eddie  
16 Parks to the stand.

17 THE CRIER: State your name.

18 THE WITNESS: My name is Eddie  
19 Parks.

20 EDDIE PARKS, having been duly sworn,  
21 was examined and testified as follows:

22 - - -

23 DIRECT EXAMINATION

24 - - -

25



1 BY MR. STROKOVSKY:

2 Q. Good afternoon, Eddie.

3 A. Good afternoon.

4 Q. Before we get started, take as much time as  
5 you need to get situated. I will wait for your  
6 thumbs up, okay.

7 So, Eddie, there is about 26 other people in  
8 this room. Are you used to talking in a room with  
9 this many people?

10 A. No. No, I'm not.

11 Q. Did you take any medicine today?

12 A. Yes.

13 Q. Is that your medical marijuana?

14 A. Yes.

15 Q. And when did you take that?

16 A. This morning like roughly seven-something when  
17 I woke up.

18 Q. And does having taken that, does that impact  
19 your ability to testify truthfully and competently?

20 A. No.

21 Q. How are you feeling in court yesterday?

22 A. Yesterday I was in a lot of pain and it made  
23 me a little irritable and a little irritated. So I  
24 was feeling a little upset and I didn't like how it  
25 was going with Dr. Miknevich.

1 Q. You like Dr. Miknevich?

2 A. Yes.

3 Q. Do you remember seeing some blown-up photos  
4 from Allied OP, that's Angelo's office?

5 A. Yes. Yesterday, right?

6 Q. Yes.

7 A. Yes.

8 Q. Do you remember seeing a line that says  
9 "patient signature"?

10 A. Yes. It was highlighted.

11 Q. Was that your signature?

12 A. No.

13 Q. When the trial started, after I gave my  
14 opening statement, Mr. Hosmer said in his opening  
15 statement, that defendants apologized for what they  
16 did to you. Do you remember hearing that?

17 A. Yes.

18 Q. Eddie, was that the first time you ever heard  
19 something like that from the defendants?

20 A. Yes.

21 Q. Eddie, why are you here today?

22 A. I'm here today because I don't want what  
23 happened to me to happen to somebody else.

24 Q. Naturally, we will be talking about your  
25 amputation and how it affected your life. Is that

1 something that is easy for you to talk about?

2 A. No. Truthfully, no, not at all. It's not  
3 easy for me to talk about.

4 Q. Has your amputation impacted your sleep?

5 A. Yes.

6 Q. How did you sleep last night?

7 A. Not good.

8 Q. Do you regularly have trouble sleeping?

9 A. Yeah. Basically, like every day I have  
10 trouble sleeping.

11 Q. Why is that?

12 A. Because I'm always in pain.

13 Q. Are you in any pain right now?

14 A. Yes.

15 Q. What type of pain?

16 A. Right now it's manageable, but it hurts.

17 Q. Do you feel like you lost anything because of  
18 your amputation?

19 A. Yes. Yes, I feel like I lost everything  
20 because of my amputation.

21 Q. I know it's tough, but could you share a  
22 little bit more about what you feel you lost.

23 A. It's just like it's a lot. I feel like I lost  
24 a lot. Like at that time I felt like I was in my  
25 prime, so I felt like I could do anything, as long

1 as I put my mind to it. But I can't like now I  
2 can't work. Like I can't take of my son. I can't  
3 do the things that I'm used to doing. Like I'm  
4 used to being active, so I can't do the things I  
5 used to do. That kind of troubles my mood. It  
6 makes me very inpatient and very irritable. And I  
7 just -- like I don't like it because it make my  
8 life feel like what if, like what if this, what if  
9 that.

10 Q. We know that before everything at Temple, you  
11 were a CNA, right?

12 A. Yes.

13 Q. Do you remember taking a selfie photo of  
14 yourself as a CNA?

15 A. Yes.

16 MR. STROKOVSKY: At this time if we  
17 could have P-12 for the parties.

18 MR. HOSMER: For the same reasons I  
19 said before, I object to this about the  
20 working.

21 THE COURT: I don't know how it's  
22 being offered yet, but your objection is  
23 noted.

24 MR. HOSMER: Thank you.

25

1 BY MR. STROKOVSKY:

2 Q. Is this a selfie you took when you were a CNA?

3 A. Yes.

4 Q. Is that a fair and accurate representation of  
5 that photo?

6 A. Yes.

7 MR. STROKOVSKY: Can I publish?

8 THE COURT: You may.

9 MR. STROKOVSKY: Can we zoom in a  
10 little bit, Mr. Bitman.

11 Take at that down.

12 BY MR. STROKOVSKY:

13 Q. When -- actually, your job as a CNA, did you  
14 like it?

15 A. Yes, I loved it, loved being a CNA.

16 Q. When you first found out Bree was pregnant,  
17 did you two think about the future?

18 A. Yes. Yes.

19 Q. What were some of the things you were thinking  
20 about?

21 A. At the time I was a CNA, so I was trying to  
22 pick up more shifts --

23 MR. HOSMER: I'm sorry, Your Honor,  
24 objection. Again, this goes to --

25 THE COURT: I hear your objection.

1           It's overruled again. Let me hear why it's  
2           being offered.

3                       THE WITNESS: I can continue?

4                       THE COURT: Go ahead, sir.

5                       THE WITNESS: Sorry.

6                       THE COURT: That's all right.

7                       THE WITNESS: Can you ask it to me  
8           again, please?

9                       MR. STROKOVSKY: Sure.

10          BY MR. STROKOVSKY:

11          Q.     When you and Bree found out that Bree was  
12          pregnant, were you talking about any plans for the  
13          future?

14          A.     Yes. And like I was saying before, I was a  
15          CNA at the time, so I was just going to try to pick  
16          up more shifts. And I was trying to get my food to  
17          take off, because I was also cooking on the side.  
18          So I can try to provide for my family.

19          Q.     After --

20                       MR. HOSMER: Again, Your Honor --

21                       THE COURT: I have given an  
22          instruction on this subject, so your objection  
23          is overruled.

24                       MR. HOSMER: Very well.

25

1 BY MR. STROKOVSKY:

2 Q. Were you able to work and cook like you wanted  
3 to?

4 A. No. No, I wasn't.

5 Q. Were you able to at all after your injury?

6 A. I tried, but it was like too painful and I got  
7 tired fast.

8 Q. When Bree was pregnant and you were hurt, did  
9 you want to be there for her?

10 A. Yes.

11 Q. Were you able to?

12 A. No, not as much as I wanted to be.

13 Q. When your son was born, were you able to help  
14 out?

15 A. A little, very little. Very little, but not  
16 as much as like I wanted to help, like I wanted to  
17 help so much.

18 Q. How did that make you feel?

19 A. Not good. Not good.

20 Q. Has your injury affected any relationships  
21 with your friends?

22 A. Yes.

23 Q. In a good way or a bad way?

24 A. In a bad way. In a bad way.

25 Q. Has your injury affected your dating life?

1 A. Yes. Yes, it did.

2 Q. In a good way or bad way?

3 A. Bad.

4 Q. Do you need help from other people because of  
5 your injury?

6 A. Yes.

7 Q. How does that make your feel?

8 A. Incompetent.

9 Q. Does your family treat you any differently now  
10 with your injury?

11 A. Yes.

12 Q. How does that make you feel?

13 A. Less of a man.

14 Q. Currently you're not working, right?

15 A. No. No, I'm not, but I feel like my  
16 disability is a full-time job.

17 Q. How does it make you feel not being able to  
18 work?

19 A. Not being able to work makes me feel a little  
20 sad, makes me feel lost. Like I don't have no  
21 purpose.

22 Q. Do you want to work?

23 A. Yes.

24 Q. So making platters before your injury, have  
25 you been successful in doing that after?



1 A. No. No, I wasn't successful after doing it.

2 I tried. It didn't work. It didn't work.

3 Q. When did you try, like 2022?

4 A. Yeah, about a year ago I tried, and I tried to

5 bring it back out. But, again, I was like too

6 tired and too much pain to give it all that I could

7 to get it off.

8 Q. Not being able to do that, is a good feeling

9 or bad feeling?

10 A. Bad.

11 Q. I'm just going to briefly talk about Temple.

12 Do you remember being at Temple University

13 Hospital?

14 A. Yes.

15 Q. What was that experience like?

16 A. That experience was like hell.

17 Q. Do you remember seeing wounds in your leg?

18 A. All the time.

19 Q. I think you mentioned this before, but your

20 injury and your pain causes you to lose your

21 patience sometimes?

22 A. Yes.

23 Q. And how does that make you feel when that

24 happens?

25 A. It don't make me feel good.

1 Q. Do you have any concerns walking the streets  
2 of Philly now?

3 A. Yes.

4 Q. What concerns do you have?

5 A. I'm concerned that I will be like attacked,  
6 like somebody might look at me as a weakness.

7 Q. Have you fallen before?

8 A. Yes.

9 Q. Have you almost fallen before?

10 A. Yes.

11 Q. Are you concerned about falling when you're  
12 older?

13 A. Yes, I am.

14 Q. We heard testimony previously that you have  
15 been in pain from the time of your injury to the  
16 present; is that fair?

17 A. Yes.

18 Q. Do you think your pain will ever go away?

19 A. Truthfully, I don't think it will ever go  
20 away. My biggest hope it become manageable because  
21 it gets really bad at times.

22 Q. How often in the course of a day do you  
23 realize that you're an amputee?

24 A. From the moment I get up to the moment I go to  
25 sleep, I realize that I'm an amputee.

1 Q. I see you are rubbing your limb right now,  
2 Mr. Parks.

3 A. Yes. Yes, I am.

4 Q. Why are you doing that?

5 A. Right now I'm experiencing a little tightness  
6 in and shooting pain in my leg.

7 Q. I'm almost done. I really appreciate your  
8 courage.

9 How does it feel to see your limb?

10 A. Feel a little scary and sad at the same time  
11 because I just remember who I used to be.

12 Q. How often do you think about what happened to  
13 you at Temple?

14 A. All the time. All the time.

15 Q. How do you feel knowing that Temple caused you  
16 to lose your leg?

17 A. Truthfully, I'm sad and like more so angry at  
18 the same time.

19 Q. Do you feel like you deserve justice?

20 A. Yes. Yes, I do.

21 Q. What do you want in your future, Mr. Parks?

22 A. My future, truthfully now, I just want to kind  
23 of find my place. I want to find my place in the  
24 world and I just want to make my son proud.  
25 Everything else will fall into place after that.

1 Q. Do you have concerns about not being able to  
2 make your son proud?

3 A. Yes.

4 Q. How does that make you feel?

5 A. Truthfully, it hurts. It hurts. It really  
6 hurts that there is a chance that I can let him  
7 down and not make him proud.

8 MR. STROKOVSKY: Thank you for your  
9 courage, Mr. Parks. I have no other  
10 questions.

11 THE WITNESS: Thank you.

12 MR. STROKOVSKY: Are you okay? Do  
13 you need a break?

14 THE WITNESS: If I can just stand  
15 up.

16 MR. HOSMER: Judge, I have no  
17 questions.

18 THE COURT: So, Mr. Parks, you're  
19 going to be able to step down from there. But  
20 thank you very much, sir.

21 MR. STROKOVSKY: Last witness, Your  
22 Honor.

23 THE CRIER: State your name.

24 THE WITNESS: Darla Dennis,  
25 D-E-N-N-I-S.

1                   DARLA DENNIS, having been duly  
2           sworn, was examined and testified as follows:

3                                   - - -

4                                   DIRECT EXAMINATION

5                                   - - -

6       BY MR. STROKOVSKY:

7       Q.    Good afternoon, Ms. Dennis.  Thank you for  
8       being here.

9           Where are you from, Ms. Dennis?

10      A.    South Philly.

11      Q.    Your son just left the courtroom temporarily,  
12      right?

13      A.    Yes.

14      Q.    Do you have any other kids?

15      A.    Yes.

16      Q.    How many?

17      A.    I have two girls.  One is a teenager, she is,  
18      and my oldest is a nurse.

19      Q.    What do you do for work?

20      A.    I work in medical records.

21      Q.    I'm not going to be long, Ms. Dennis, but I  
22      just want to get a sense of a perspective from  
23      Eddie's mother what Eddie was like before all this.  
24      So let's start with Eddie's childhood.  Could you  
25      describe your relationship with a Eddie when he was

1 growing up?

2 A. Eddie was my only child for ten years and my  
3 best friend.

4 Q. We know Eddie was 27 when all this happened.  
5 From a mother's perspective, what was he like at  
6 that time?

7 A. He was loveable, friendly, give you the shirt  
8 off his back. He sit outside with me for hours and  
9 just talk and talk and talk. Go to movies  
10 together.

11 Q. We know that he was a CNA at that time, right?

12 A. Yes.

13 Q. And you know how he got into that field?

14 A. From me.

15 Q. Why from you?

16 A. Because I was a CNA over 20 years and I used  
17 to come home and tell him things about my work and  
18 he just loved it.

19 Q. And your daughter is a nurse now, right?

20 A. My daughter is an LPN, yes.

21 Q. Does she get that from you?

22 A. Yes. She just wanted to go higher than me.

23 Q. Did Eddie like being a CNA?

24 A. Yes, that was his passion. He loved it. He  
25 loved taking care of people.

1 Q. I briefly -- actually strike that.

2 You two were very close just before this  
3 happened when he was 27?

4 A. Yes.

5 Q. I briefly want to talk about Temple.

6 Do you remember how often you would be there  
7 to visit?

8 A. Quite often. I come every day after work or  
9 I'm already there.

10 Q. Can you remember when you first saw Eddie in  
11 the hospital?

12 A. Yes. It was horrible. All I seen my son was  
13 out of it and he had all these tubes in him.

14 Q. Do you remember any other surgeries that Eddie  
15 had?

16 A. Yes. I remember the surgery they used to come  
17 get him for it and clean out his wound.

18 Q. Before the amputation, did you notice anything  
19 else about Eddie, what was going on?

20 A. He was just always sick. He was always  
21 confused. He didn't know what he wanted, to just  
22 it's -- it's so much I can't even remember.

23 Q. Would he ever -- strike that.

24 Other than seeing him at the hospital, would  
25 you two ever talk on the phone?

1 A. Yes. He used to call me and he used to be so  
2 sad. He be like, Mom, I want to leave, I want to  
3 leave, and I'm like you can't leave.

4 And some days he would call me and I don't be  
5 understanding, like where did you hear that, where  
6 did you see that at. I'm like, Are you  
7 hallucinating or something. He like, I don't know,  
8 Mom, I just don't know. And then he would be just  
9 crying and crying. And then when I hang up, I  
10 just -- I just can't. A lot of stuff I just don't  
11 want to remember.

12 Q. I'm sorry I have to ask you some of these  
13 questions. If at any time you need a moment,  
14 please raise your hand and I will ask for one.

15 Do you remember when you found out that  
16 Eddie's leg was going to need to be amputated?

17 A. Yes.

18 Q. Would you mind sharing with us what you  
19 remember?

20 A. I remember me and his dad was in there and  
21 they told him that his leg was going to be  
22 amputated and all he did just cried. I never seen  
23 a person cry as hard as that and that just broke my  
24 heart.

25 Q. Let's stop talking about the hospital, okay?



1 A. Okay.

2 Q. At some point after he got back from the  
3 hospital, he was living with you, right?

4 A. Yes.

5 Q. What was that time, from your perspective,  
6 like for Eddie?

7 A. I had to help him take a bath. I had to help  
8 him in the bathroom, because my bathroom was not  
9 equipped for someone that was disabled. I had to  
10 make sure things was on the floor. I had to help  
11 him in the tub, help him out. I had to make sure  
12 nothing was on the floor from the children so he  
13 won't fall.

14 Q. Do you remember when Ziggy was first born?

15 A. Yes.

16 Q. Do you remember the type of things that Eddie  
17 was able to do with him?

18 A. Yes. As long as Eddie was on the bed, he  
19 could change him. As long as the bottle and stuff  
20 and stuff was next to him, he could feed him. As  
21 long as the basin was there, he could wipe him  
22 down. Other than that, he couldn't pick him up.

23 Q. If you know, what was his emotional state like  
24 during those times?

25 A. It was he thought he was less of a man that he

1       couldn't take care of his son. And that just tore  
2       me up. And I used it say, no, we can do it  
3       together. We a family. It's all in one.

4       Q.     Have you still noticed any changes in Eddie's  
5       personality?

6       A.     A whole lot. He's not the same son that I  
7       raised from the beginning. It's one minute he's  
8       fine, the next minute he's not. His moods change  
9       every now and then.

10      Q.     What is his life like now?

11      A.     He really don't have a life. It's like he  
12      lost; he don't know which way to go.

13             The part that scares me when I'm not here, who  
14      is going to help him? Who is going to be there for  
15      him to cry on? Who is going to help him when me  
16      and his father is not around and his sisters and  
17      them is doing they own thing, because I'm not going  
18      to be here that long.

19      Q.     Does Eddie ever ask you for help?

20      A.     All the time. I will come over his house and  
21      help him anytime he ask me. When I get off of  
22      work.

23      Q.     Did he ever express how he feels asking you  
24      for help?

25      A.     All the time. He don't want to ask me because

1 he's so independent. He was so independent. It  
2 hurts him to say, Mom, come help me, Mom, come cook  
3 for me. It hurts him.

4 Some days I just come over and bring him some  
5 food. Open the door, Mom, why you here? Because I  
6 know you can't cook, so I got to come.

7 That's my child. My only boy for all these  
8 years. I don't have no more. I can't make no  
9 more.

10 Q. Thank you again, Ms. Dennis. We are almost  
11 done.

12 As Eddie's mom, what do you see for his  
13 future?

14 A. I don't see a future. Because he's lost. I  
15 just want him to thrive and find something that  
16 makes him happy besides my grandson. My grandson  
17 is his world. I'm his world, too, but his son is  
18 first. I just need him to find his place in life.

19 Q. Have you ever told him about your concerns?

20 A. Yes.

21 Q. Do you know how that makes him feel?

22 A. It made him feel sad. It didn't -- he don't  
23 never want me to worry about him, but me, as his  
24 mother, is going to worry. When he 50 years old, I  
25 will still worry, if God let me be here that long.

1 Q. Do you think your son deserves justice?

2 A. Yes, he does. He does deserve it. I'm  
3 thankful it didn't take his life because I wouldn't  
4 know what I would have did. He deserves everything  
5 he can get.

6 MR. STROKOVSKY: Thank you, Ms.  
7 Dennis. I have no other questions.

8 THE COURT: Counsel.

9 MR. HOSMER: No questions, Your  
10 Honor. Thank you.

11 THE COURT: Thank you, ma'am.  
12 Counsel.

13 MR. STROKOVSKY: Your Honor, aside  
14 from officially moving some things into  
15 evidence, then after that, we can rest.

16 THE COURT: So having said that,  
17 ladies and gentlemen, we are at the point in  
18 the trial where the plaintiff has finished  
19 completing all the evidence he intends to show  
20 to you for your consideration. So we will go  
21 through the mechanics of moving documents into  
22 the record and the like, and deal with those  
23 things that will make the trial more efficient  
24 going forward.

25 I think it's probably in fairness to

1 the parties who have been here a long time, to  
2 release you for the day and we will see you  
3 Monday morning, with your witnesses ready to  
4 go for the defense.

5 Does that make sense, Counsel?

6 MR. HOSMER: Yes, Your Honor.

7 THE COURT: So unless I hear  
8 objections, I will discharge you for the day.  
9 I didn't see any hands go up, so it's a  
10 unanimous vote.

11 Remember what I have told you. Just  
12 keep an open mind until you heard it all.  
13 Please don't research or talk to even  
14 well-intentioned friends. And I look forward  
15 to seeing you all on Monday morning. The  
16 sooner we get together, I'm going to have the  
17 attorneys prepared to move efficiently and  
18 fairly. So thank you so much for your  
19 attention and patience in this important  
20 matter.

21 (Jury exits courtroom at 2:12 p.m.)

22 THE COURT: Counsel, you have your  
23 numbered exhibits. Please identify them now  
24 and move them.

25 I will remind you, as I do with all

1 counsel, to file with the court's Office of  
2 Judicial Records all the exhibits that are  
3 going to be entered of record in this matter.  
4 And that's your obligation, so follow through  
5 on that.

6 So, Counsel, do you want to begin  
7 moving your documents?

8 MR. STROKOVSKY: Sure. Thank you,  
9 Your Honor.

10 First, the stipulation that was  
11 read, we don't need to do anything further  
12 regarding to that, that's a matter of the  
13 record, right?

14 MR. HOSMER: Yes.

15 THE COURT: By agreement.

16 MR. STROKOVSKY: Thank you.

17 We move P-2 --

18 THE COURT: Go slowly so counsel can  
19 follow along. If he has a disagreement, I  
20 will hear it, but you're identifying documents  
21 that have been previously used and then moved  
22 into evidence; is that correct, Counsel?

23 MR. STROKOVSKY: Yes. I should  
24 refrain from any of that marked for  
25 recollection?

1 THE COURT: If they have not been  
2 moved, then they're just used for, as you  
3 said, refreshing recollection or guidance.

4 MR. STROKOVSKY: The first is P-2,  
5 which is Photograph TUH Bates 3467.

6 Then there was P-4. This is also a  
7 photo in the Temple medical records, Bates  
8 3443, of the residual limb.

9 Most recently there is P-12. This  
10 is a photo of Mr. Parks in his CNA uniform.

11 We have P-15 from earlier this  
12 afternoon, which is a photo of Mr. Parks  
13 holding his baby.

14 We have P-21, which is a video of  
15 the plaintiff having his limb casted.

16 We have P-25, which is a medical  
17 illustration of the amputation.

18 We have P-31. There were two photos  
19 shown of Mr. Parks' limb from February 9,  
20 2023.

21 We have P-43, which was the page  
22 outlining the list of diagnoses by Dr.  
23 Miknevich.

24 There is P-44, which is a list of  
25 recommendations offered during Dr. Miknevich's

1 exam.

2 There is P-45, during Dr.  
3 Miknevich's exam, listing the risk of future  
4 complications.

5 There is P-51, which is Alex Karras'  
6 cost projection summary, or summary that was  
7 shown.

8 There is P-55, which is the table  
9 that was published of the yearly values and  
10 the total value offered by expert economist,  
11 Verzilli.

12 And I believe that is everything.

13 MR. HOSMER: Your Honor, I have no  
14 problem with P-2 through 31, that he  
15 identified. Two, 4, 12, 15, 21 and 31, the  
16 exhibits that were aids for the jury's eyes.  
17 Forty-three, 44, 45, 51, 55, I object to.

18 THE COURT: I'm not sure what they  
19 are. That's okay. Refresh my recollection of  
20 what they represent.

21 MR. HOSMER: Sure.

22 Forty-three was the list of  
23 diagnoses exhibit made by Dr. Miknevich.

24 THE COURT: I can see from there.

25 MR. HOSMER: Forty-four was Dr.



1 Miknevich's list of recommendations for future  
2 care.

3 Forty-five was Dr. Miknevich's  
4 diagram or list of risks for future  
5 complications.

6 Fifty-one was Mr. Karras' summary.

7 And 55 was Mr. Verzilli's table.

8 THE COURT: So I'm going to overrule  
9 the objections. They were demonstrated  
10 subject to cross-examination and testimony and  
11 projected to the jury, as well, for their  
12 consideration.

13 So other than that, Counsel?

14 MR. HOSMER: Other than that, no,  
15 Your Honor.

16 THE COURT: So, Counsel, the  
17 documents you identified and marked are  
18 accepted into evidence.

19 Having said that, does plaintiff  
20 rest?

21 MR. STROKOVSKY: With that and our  
22 stipulation, and all the witnesses, we rest,  
23 Your Honor.

24 On the record, I think we met the  
25 time.

1 THE COURT: As I told you, a matter  
2 of budgeting of the First Judicial District of  
3 our time, but, also, I depended and  
4 appreciated the good work of counsel. So  
5 thank you very much.

6 MR. STROKOVSKY: We appreciate you,  
7 Your Honor.

8 THE COURT: Counsel, do you have any  
9 motion practice before we adjourn for the day?  
10 You have what I call your homework, which is  
11 the joint proposed points for charge and joint  
12 proposed verdict slip. But other than that,  
13 Counsel, do you have anything for me?

14 MR. HOSMER: Do I have anything for  
15 you? No.

16 THE COURT: Meaning by way of motion  
17 practice. Occasionally at trials at the close  
18 of plaintiff resting, I have to be alert for  
19 counsel's potential argument. Is there  
20 anything that I need to hear now?

21 MR. HOSMER: No, Your Honor. I made  
22 my objections, filed my motions. I have  
23 nothing else to say at this point in time. No  
24 motion for directed verdict.

25 THE COURT: It's without prejudice

1 to all preserved issues that have been made of  
2 record.

3 So having said that, again, I  
4 appreciate your working hard. These are  
5 difficult cases, not only for your clients,  
6 but it's difficult for the clients, as well as  
7 the staff that support us. I can observe the  
8 jury has been attentive and patient and  
9 listening most closely to the evidence, so  
10 that's a compliment to you and your clients  
11 for the work you have done.

12 Having said that, is there anything  
13 more before I release you until Monday morning  
14 at nine o'clock?

15 MR. HOSMER: No.

16 MR. STROKOVSKY: No.

17 THE COURT: I hope to see everyone  
18 on Monday and have a great weekend.

19 (Court adjourned at 2:19 p.m.)  
20  
21  
22  
23  
24  
25

1 I hereby certify that the proceedings and  
2 evidence are contained fully and accurately in the  
3 notes taken by me on the trial of the above cause,  
4 and that this copy is a correct transcript of the  
5 same.

6  
7 - - -

8 Louise M. Zingler, RPR, RMR  
9 Official Court Reporter

10 - - -

11 The foregoing record of the proceedings upon  
12 the trial of the above cause is hereby approved and  
13 directed to be filed.

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