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IN THE CIRCUIT COURT FOR PINELLAS COUNTY, FLORIDA
21-01099-CF
SECTION M

STATE OF FLORIDA,
Plaintiff,
vs.
CORNELIUS TREVON WHITFIELD
Person ID: 1566510,
Defendant.

_____ /

DEPOSITION OF: WILLIAM SCOTT FLETCHER
DATE: February 21, 2023
TIME: 9:36 a.m. to 9:52 a.m.
PLACE: County Justice Center
14250 49th Street North
Room 1100
Clearwater, Florida

PURSUANT TO: Notice by counsel for
Defendant for purposes of
discovery, use at trial
or such other purposes
as are permitted under
the Florida Rules
of Civil Procedure

BEFORE: Nathan F. Perkins, RDR
Notary Public, State of
Florida at Large

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APPEARANCES:

THEODORA TAKTIKOS-DANZIG, ESQUIRE
County Justice Center
14250 49th Street North
Clearwater, Florida 33762
Attorneys for Plaintiff

JESSICA MANUELE, ESQUIRE
Public Defender, Sixth Judicial Circuit
County Justice Center
14250 49th Street North
Clearwater, Florida 33762
Attorney for Defendant

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E X H I B I T S

(None marked)

1 WILLIAM SCOTT FLETCHER,
2 the witness herein, being first duly sworn on oath, was
3 examined and deposed as follows:

4 DIRECT EXAMINATION

5 BY MS. MANUELE:

6 Q. Could you please state your name for the
7 record?

8 A. William Fletcher.

9 Q. And how are you employed?

10 A. I'm a firefighter paramedic with St.
11 Petersburg Fire Rescue.

12 Q. How long have you been with St. Pete Fire and
13 Rescue?

14 A. Four years.

15 Q. Any other employment in the same kind of work,
16 paramedic, firefighter, EMT?

17 A. Three years with Sarasota County, one year
18 with Polk County, two years with TransCare Ambulance
19 Company.

20 Q. Okay. We're here because you have been listed
21 as a witness in the State of Florida versus Cornelius
22 Whitfield regarding a homicide attempt and homicide that
23 occurred back on February 1st and February 2nd of 2021
24 at Emerald Pointe Apartments. Are you familiar
25 generally with the circumstances of the case?

1 A. Yes.

2 Q. Okay. And I was provided, and I think you got
3 a copy also today, of EMS run 1017365; is that correct?

4 A. Yes.

5 Q. Do you have a copy?

6 A. I have a copy.

7 Q. Did you have an opportunity to review that?

8 A. I just did.

9 Q. Okay. Was there anything in that report that
10 stuck out at you as being inaccurate or that you would
11 like to change?

12 A. The very last line.

13 Q. Okay. The last line of the narrative?

14 A. Yes.

15 Q. Explain that to me, would you?

16 A. It states "Transferred care Sunstar." I rode
17 in to the hospital with Sunstar. I transferred care to
18 Bayfront ER staff.

19 Q. Gotcha. And so what does that mean exactly
20 when you say you transferred care to Bayfront?

21 A. I oversaw all ALS interventions in patient
22 care in Sunstar's ambulance en route to the hospital.

23 Q. Gotcha. And when you say "ALS interventions,"
24 what's that?

25 A. I.V., 12-lead EKG, airway management.

1 Q. Are you responsible for essentially calling
2 the shots for patient care on the way for Mr. Green?

3 A. Yeah. I was in charge of everything.

4 Q. Okay. And that would have been at the scene
5 and also during transport; is that correct?

6 A. Yes, ma'am.

7 Q. Okay. Am I correct in that you and
8 Mr. Alphonse arrived at the scene together, and then you
9 then go in the ambulance and he follows or whatever --
10 meets you at the hospital in the vehicle you guys
11 arrived in; is that right?

12 A. That's the procedure, yes.

13 Q. Is that what happened in this case?

14 A. Yes, ma'am.

15 Q. Okay. When you arrived on scene, are the
16 police already there?

17 A. Yes.

18 Q. Okay. Any particular officers that you recall
19 seeing on scene?

20 A. No, ma'am.

21 Q. Okay. As far as you know, had you ever
22 responded to this apartment complex for a call before?

23 A. I had been there, yes.

24 Q. Do you know if you had been to this particular
25 unit or building before?

1 A. I have been to the building, not to this
2 specific unit.

3 Q. Gotcha. Do you know about when-ish? Like,
4 would it have been before this one or since?

5 A. What do you mean?

6 Q. Like, would it have been before February of
7 2021 or some time between February 2021 and now?

8 A. Oh, that I had been to the building?

9 Q. Yeah.

10 A. Before.

11 Q. Okay. Do you know about when?

12 A. We went there often, ma'am.

13 Q. Okay.

14 A. So we would -- and it's multiple buildings
15 that have multiple apartments. I mean, I think there
16 is -- on the campus there's five to seven buildings
17 similar size as this one.

18 Q. Okay. Okay. As far as you know, were you
19 on -- did you have any -- do you know if Mr. Whitfield
20 has another case associated with him? Do you have any
21 information about that?

22 A. I'm aware of that slightly.

23 Q. You said you are aware of that, what?

24 A. Slightly. I don't know any details about it.

25 Q. Do you know if you were ever on that second

1 scene, if you --

2 A. I have nothing to do with that second one.

3 Q. Okay. When you guys arrive on scene, you are
4 not equipped with any, like, body camera or recording
5 device; is that correct?

6 A. No, ma'am.

7 Q. Okay. The dispatch receives information from
8 the caller. Do you get any information about who the
9 caller is in this particular circumstance?

10 A. No.

11 Q. Okay. When you indicate in the narrative that
12 R7 arrived on scene and makes contact with St. Pete PD,
13 would that be you and your partner or just one of the
14 two of you all?

15 A. That's all of us, all inclusive.

16 Q. You guys all go together?

17 A. Yes.

18 Q. Gotcha. Do you recall if you -- I think I
19 asked you that. The individual that you first see
20 that's outside on all fours, is that Mr. Green?

21 A. Yes.

22 Q. Okay. Do you recall anything that he said?

23 A. No. He wouldn't really talk --

24 Q. Okay.

25 A. -- because he was panicking.

1 Q. Okay. Was he -- I guess what was -- looking
2 at the treatment summary, is at the top would be your
3 first interaction, the first note?

4 A. Can I reference mine?

5 Q. Absolutely.

6 A. Okay. And you are asking for the initial
7 interventions?

8 Q. Yes, sir.

9 A. Yeah. So the timeframe on the left 021, 023,
10 that's the exact, how I have it time stamped out is
11 exactly how it occurred --

12 Q. Okay.

13 A. -- in that order.

14 Q. Like, who indicates that this is a trauma
15 alert? Is that just based on the call or that's based
16 on what you see on scene?

17 A. Based upon penetrating wound to the head,
18 trauma alert. Yes. That was me, yeah.

19 Q. Okay. And then you have a -- was it apparent
20 it was -- like, was it apparent from observation it was
21 a gunshot wound?

22 A. Not at first.

23 Q. Okay.

24 A. Whenever I got on scene, I specifically
25 remember police, there was two or three of them there,

1 pointing inside the apartment door that was open where
2 the gentleman was that was already deceased from an
3 execution style wound to the back of his head. They
4 said, "I think he's gone."

5 So I went in there, he was in a pool of blood,
6 and that's when I realized I'm on a gunshot call. It
7 was unknown problem until that point.

8 Q. Gotcha.

9 A. Once I located the wound, then I understood
10 what we were dealing with, because we had limited
11 dispatch portion.

12 Q. Okay.

13 A. Then I went to the original gentleman who was
14 on all fours out front who was just trying to maintain
15 his own airway. He was panicking and vomiting blood,
16 spitting up blood. That's when I asked him, "Have you
17 been shot?" And that's when he nodded his head to me.

18 Q. And nodded, like, affirmatively?

19 A. Yes, affirmatively. He was confirming yes.

20 Q. The guy inside the apartment, did anybody
21 attempt any life saving measures on him?

22 A. No, ma'am.

23 Q. He was very obviously deceased; is that right?

24 A. Yes.

25 Q. Okay. Is Mr. Green -- does he receive any

1 treatment on scene, or is he immediately put in the
2 ambulance and --

3 A. No. We loaded him and went to the hospital
4 immediately.

5 Q. Okay. Under the disposition where it has
6 "Initial patient acuity," and you have "red, critical/
7 unstable," what does that mean?

8 A. Based upon the bullet wound to his head,
9 whenever we call that trauma alert, we are trying to
10 remain on scene under 10 minutes. That's kind of our
11 standard. So in my mind, his airway management was in
12 question. So as far as him being unstable, I didn't
13 know how long he was going to compromise, I didn't know
14 where the bullet went in his head, so that's why I coded
15 him as that.

16 Q. Okay. Is there like a ranking of codes?

17 A. Yeah, yeah. As far as there is Category
18 Green, which is completely stable, fine, we have time to
19 do things on scene. And then there's Category Yellow,
20 which is borderline, almost like a walking wounded type
21 patient and where you can do interventions. But then
22 there's Category Red, which encompasses a trauma alert,
23 which is where we want to immediately stabilize, like,
24 threatening injuries, bleeds, airway management, but
25 then we want to get going so we can get him in surgery

1 to a higher level of care.

2 Q. Gotcha. Do you recall any lay witnesses being
3 on scene?

4 A. No, ma'am.

5 Q. Okay. Under the assessment, on that same page
6 of the report under the assessment, the
7 Disability/Neuro, you have "Alert and oriented times 4
8 with no focal neuro deficits." Can you explain that to
9 me?

10 A. Sorry. I'm just trying to reference what --

11 Q. I think it's 3 of 4.

12 A. Three of 4.

13 Q. Under the assessment.

14 A. Okay. A&O times 4 with no focal neuro
15 deficits. So to this assessment that I did, he was
16 tracking me with his eyes, he was aware that he was just
17 shot.

18 Q. Okay.

19 A. And I think that it was the appropriate
20 response. I did not ask him further questions because,
21 in my mind, I understood what I needed to do in the next
22 15 minutes.

23 Q. Okay.

24 A. So there was no further questioning for him.
25 But he was very -- was he -- his response was very

1 appropriate to what had just occurred.

2 Q. Okay.

3 A. So that's why I labeled him as alert and
4 oriented times 4. He didn't have any neurological
5 deficits. So pulse, motor, sensory was all there. He
6 was spontaneously moving his limbs. I didn't have any
7 indications that he was having some type of, like,
8 spinal cord injury or anything like that. So --

9 Q. Okay. Do you recall any statements that he
10 made either on scene or in the ambulance?

11 A. No. He was really just trying to, like,
12 maintain his airway. So -- and we suctioned a lot en
13 route to help him do that.

14 Q. Can you break down the treatment that you
15 provided to him?

16 A. Okay.

17 Q. Explain to me in simple words, perhaps.

18 A. So we put him in an upright Fowler's position,
19 like a seated position on the stretcher to try to
20 prevent him -- we gave him an emesis bag as well, so he
21 could kind of spit and try to get the blood out that was
22 going down his throat. I started a large bore I.V., so
23 we could get him fluid resuscitation, because our
24 initial blood pressure was low. But then once the blood
25 pressure came back at a higher 170 systolic, I have

1 thought we might be bordering on, like, inter cranial
2 pressure from it going into the skull or something like
3 that, so then we stopped fluid resuscitation.

4 Placed him on the cardiac monitor. So we put
5 him, just monitoring, like a four-lead, four different
6 views of the heart just to try to monitor his pulse
7 rate, his oxygen saturation.

8 And then we performed a rapid physical
9 assessment, just trying to identify any other bullet
10 wounds or an exit wounds, but we did not find anything
11 further.

12 Q. Is it more or less concerning, if it matters
13 if there is versus there is not, there is not an exit
14 wound?

15 A. It's more concerning if there is not an exit
16 wound.

17 Q. Okay.

18 A. We actually found the bullet. It was a ball
19 on the left external -- I believe it was the left
20 external jugular. There was a large bullet that was
21 here, at least that we identified it as a bullet is what
22 it looked like.

23 Q. Okay.

24 A. And it was just sitting on, like, in the skin
25 there.

1 Q. Like right by the jugular vein?

2 A. It didn't come out. Yeah.

3 Q. And did Mr. Green remain conscious throughout
4 your time with him?

5 A. He did.

6 Q. Okay. Once you get to the hospital, do you --
7 how long do you stay with him at that point? Or was it
8 an immediate transfer to BayCare staff?

9 A. He was immediately transferred.

10 Q. Okay. And then do you stick around the
11 hospital to talk to anybody or see what happens, or how
12 does that work?

13 A. Slightly. Not -- I don't really find out much
14 more.

15 Q. Gotcha.

16 A. So once he's transferred to them, they pretty
17 much take over. So --

18 Q. And then did you ever have -- once you then
19 transfer him to the hospital, do you have any additional
20 involvement with law enforcement or family or anything
21 at all?

22 A. No, ma'am.

23 Q. Is this the first time someone has asked you
24 about that night?

25 A. Yes.

1 Q. Here at your depo today?

2 A. Yes, yes.

3 Q. Looking at the treatment summary, he has a GCS
4 of 15. Am I reading this right?

5 A. Yep. GCS of 15.

6 Q. Was that throughout your entire time with him?

7 A. Yep. So his eyes were tracking me. If we
8 told him, like, for instance, I'm starting the I.V., I
9 said, "Hey, let me see your arm. Start an I.V.," he
10 didn't move his arm. So to me, he was following all
11 appropriate commands.

12 MS. MANUELE: I don't have any other
13 questions. They might have some for you.

14 MR. KOSKINAS: We do not. Thank you for your
15 time and what you do, sir.

16 MS. MANUELE: Thank you. Appreciate it.

17 (Concluded at 9:52 a.m.)

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CERTIFICATE OF OATH

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I, the undersigned authority, certify that
William Fletcher, personally appeared before me and was
duly sworn.

WITNESS my hand and official seal this 26th day
of September, 2023.



Nathan F. Perkins, RDR
Notary Public - State of Florida
My Commission Expires: 7/18/2025
Commission No. HH 122841

REPORTER'S CERTIFICATE

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I, Nathan F. Perkins, Registered Diplomate Reporter, certify that I was authorized to and did stenographically report the deposition of William Fletcher; that a review of the transcript was requested; and that the transcript is a true and complete record of my stenographic notes.

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

Dated this 26th day of September, 2023.



Nathan F. Perkins, RDR

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WITNESS' SIGNATURE PAGE

PLEASE ATTACH TO THE DEPOSITION OF WILLIAM FLETCHER,
TAKEN ON FEBRUARY 21, 2023, IN THE CASE OF STATE OF
FLORIDA VS. CORNELIUS TREVON WHITFIELD.

Job No. FLA5759448

PAGE LINE CORRECTION AND REASON THEREFOR

I HAVE READ THE FOREGOING PAGES AND, EXCEPT FOR ANY
CORRECTIONS OR AMENDMENTS INDICATED ABOVE, I HEREBY
SUBSCRIBE TO THE ACCURACY OF THIS TRANSCRIPT.

20
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WILLIAM FLETCHER

DATE

25

WITNESS TO SIGNATURE

DATE

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September 26, 2023

Mr. William Fletcher
C/O: Theodora Taktikos-Danzig, Esquire
County Justice Center
eservice@flsa6.gov

Re: 2/21/2023 deposition of William Fletcher
State of Florida vs. Cornelius Trevon Whitfield

Dear Sir/Madam:

This letter is to advise that the transcript of the above-referenced deposition has been completed and is available for review. Please email the signed errata sheet to transcripts-fl@veritext.com or sign below to waive review of this transcript.

It is suggested that the review of this transcript be completed within 30 days of your receipt of this letter, as considered reasonable under Federal Rules*; however, there is no Florida Statute to this regard.

The original of this transcript has been forwarded to the ordering party and your errata, once received, will be forwarded to all ordering parties.

Sincerely,

Nathan F. Perkins, RDR
Veritext Legal Solutions

Cc: Jessica Manuele, Esquire

WAIVER:

I, _____ hereby waive the reading & signing of my deposition transcript.

Deponent Signature

Date

*Federal Civil Procedure Rule 30(e)/Florida Civil Procedure Rule 1.310(e)

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FLORIDA RULES OF CIVIL PROCEDURE

Rule 1.310

(e) Witness Review. If the testimony is transcribed, the transcript shall be furnished to the witness for examination and shall be read to or by the witness unless the examination and reading are waived by the witness and by the parties. Any changes in form or substance that the witness wants to make shall be listed in writing by the officer with a statement of the reasons given by the witness for making the changes. The changes shall be attached to the transcript. It shall then be signed by the witness unless the parties waived the signing or the witness is ill, cannot be found, or refuses to sign. If the transcript is not signed by the witness within a reasonable time after it is furnished to the witness, the officer shall sign the transcript and state on the transcript the waiver, illness, absence of the witness, or refusal to sign with any reasons given therefor. The deposition may then be used as fully as though signed unless the court holds that the reasons given for the refusal to sign require rejection of

the deposition wholly or partly, on motion under
rule 1.330(d)(4).

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