

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PINELLAS COUNTY, FLORIDA

Case Number: 21-01099CFANO

STATE OF FLORIDA,

Plaintiff,

VS.

CORNELIUS TREVON WHITFIELD,

Defendant.

DEPOSITION OF:

NOEL AGUDO, MD

TAKEN BY:

Counsel for the Defendant

DATE:

February 13, 2025

TIME:

2:00 p.m. - 2:36 p.m.

PLACE:

Medical Examiner Office  
District 6 - Ulmerton Road  
Largo, FL

REPORTED BY:

Tamara M. Pacheco, RPR  
Notary Public, State of FL

Pages 1 - 31

JTP REPORTING (727)422-8287

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ALSO PRESENT:

District 6 Medical Students

## INDEX

NOEL AGUDO, MD	PAGE:
Examination by Ms. Seifer-Smith.....	4
Examination by Ms. Russell.....	26
Examination by Mr. Koskinas.....	26
Examination by Ms. Seifer-Smith.....	28
Certificate of Oath.....	29
Certificate of Reporter.....	30
Errata/Signature Page.....	31

## EXHIBITS

(No exhibits were marked for identification.)

1 WHEREUPON,

2 NOEL AGUDO, M.D.

3 (the deponent herein, being first duly sworn, was examined  
4 and testified as follows:)

5 EXAMINATION

6 BY MS. SEIFER-SMITH:

7 Q Can you please state your name for the record.

8 A Yes. My name is Dr. Noel Agudo.

9 Q We're here in the matter of Cornelius Whitfield.

10 Our court case number is 21-01099CF. My name is Julia  
11 Seifer-Smith. Together with Margaret Russell and Lamark  
12 McGreen, we represent Mr. Whitfield. I have a medical --  
13 I'm sure you're looking at the case number. It's  
14 different for your office.

15 A Yes.

16 Q It is M21-00354. Is that what you have on your  
17 paperwork?

18 A Yes. That is correct.

19 MS. SEIFER-SMITH: Also present are two  
20 attorneys from the State Attorney's office. Do you  
21 want to --

22 MR. KOSKINAS: Tom Koskinas. Nice to meet you.

23 MS. TAKTIKOS-DANZIG: Theodora Taktikos-Danzig.

24 THE DEPONENT: Hello.

25 Q (By Ms. Seifer-Smith) Was there anything that

1 you reviewed in connection with your work on this case  
2 before you were sworn in by our court reporter?

3 A Just my report, the photos, toxicology, and the  
4 death investigator's report.

5 Q So that's probably a total of about 11 pages.  
6 Does that seem right?

7 A Probably.

8 Q I know your report is five pages, and then there  
9 are a few more for the others.

10 A Yeah. It looks like toxicology is three pages  
11 and then -- oh, my body diagram is in here, and then two  
12 pages of the investigator's report.

13 Q Having reviewed the items that you mentioned,  
14 did that jog your memory as to your involvement in the  
15 case?

16 A Yes.

17 Q Do you actually, like, independently remember  
18 this case and the work that you did?

19 A I do because I remember the projectile was just  
20 kind of interesting.

21 Q Oh, okay. It's not often I feel like you say  
22 that you remember these, so that's pretty cool.

23 So can you tell me how you got involved in this  
24 particular case?

25 A Yes. So I was the pathologist on for the day,

1 and so this case came in during -- while I was on call and  
2 so it fell to me.

3 Q Was there anybody who worked with you in terms  
4 of like doing the autopsy itself?

5 A Yes. We have autopsy technicians. Yeah. Those  
6 are the people who would be with me.

7 Q So just the technicians. Nobody else? No  
8 medical students like we have present today for the  
9 deposition?

10 A I'm not sure if there were that day. There  
11 might have been medical students. But typically -- yeah,  
12 I can't remember if there were medical students or not.

13 Q Okay. So I guess let's maybe walk through your  
14 five page report. Or actually, I guess before you start  
15 work, was there anything that you received from anybody  
16 else in terms of information, conversation, documents,  
17 whatever before you started your work?

18 A Just everything from the investigator, which  
19 would have been in his report.

20 Q Okay. So you get that actual, like,  
21 investigation report before you start your work?

22 A Typically the summary. He's finishing up his  
23 report as I'm doing the autopsy, but he informs me of all  
24 the information that is going into his report that morning  
25 of.

1 Q Okay. And so what kind of information was that  
2 in this case?

3 A Just of the circumstances, what he knows as to  
4 what happened.

5 Q Okay. And so you said you have that before you  
6 start your work?

7 A Yes.

8 Q Okay. And what was the first thing that you did  
9 in this case?

10 A So I'll also review the autopsy or the morgue  
11 photos at my desk.

12 Q Oh, prior to starting your work?

13 A Prior to starting because they'll take standard  
14 pictures before we start.

15 Q Okay.

16 A And then after that is when I go back into the  
17 morgue, and I'll begin my autopsy beginning with the  
18 external examination where I will document, you know, all  
19 the physical characteristics and injuries, scars, tattoos,  
20 those kind of things.

21 Q And when you say you review the technician's  
22 photos, are those like the external photos then? Is that  
23 what you mean?

24 A Yes, the external photos and also, sorry, the  
25 investigator also loads -- if there is a scene, which in

1 this case there was, they load the scene photos as well.  
2 So I review those before doing the autopsy as well.

3 Q Okay. Do you happen to know how many  
4 photographs there were taken by your office in this case?

5 A By our office? So you mean in the morgue?

6 Q well, I mean by like folks from the medical  
7 examiner's, like either the investigator or technician.

8 A I don't know off the top of my head. I can  
9 go -- in the file it will tell me.

10 Q well, I guess you said that you reviewed your --  
11 whatever photographs were available to you before coming  
12 in today.

13 A Yes.

14 Q I'm just looking back at my file and I looked at  
15 this over lunch, which I guess is a little dark, but I  
16 don't recall seeing any photographs of an internal  
17 examination. I'm assuming in the course of like  
18 extracting the projectile that you would have had to do  
19 some internal examination.

20 A Yeah. I did not take any internal pictures in  
21 this exam.

22 Q So it wasn't like those were omitted. They just  
23 were never taken.

24 A Correct.

25 Q Okay. So I think we've covered what you



1 reviewed before you got started kind of on your work. Is  
2 that fair?

3 A Yes. Yes.

4 Q Okay. So why don't you walk me through what you  
5 then did after your review of whatever information was  
6 available to you.

7 A Okay. So then, like I said, I went back there  
8 and started the autopsy with the external examination, and  
9 I documented everything here in my report under the  
10 external examination.

11 Q In terms of your observations during the  
12 external examination, was there anything that appeared to  
13 you as though there had been a physical struggle?

14 A Let me just review here. No, I didn't see  
15 anything that -- you know, any other injuries on the skin  
16 that would be consistent with a struggle.

17 Q I mean, I think you documented some older  
18 injuries, like scars, things like that, but nothing like  
19 newer abrasions?

20 A No.

21 Q And in terms of the fingernails, it looked like  
22 they had been cut. Would those have been cut before you  
23 ever started, before you ever saw the body?

24 A They -- they typically do that. So if, you  
25 know, the pictures are being taken, the nails are cut at

1 that time, and they take it for forensics.

2 Q So like in terms of documenting whether or not  
3 anybody has any torn fingernails, that would have been  
4 documented on the scene of the actual homicide itself  
5 before the body is transported to your office. Is that  
6 right?

7 A I mean, we take pictures of the hands at the  
8 scene, and at autopsy they'll take pictures. So anything  
9 there will be documented.

10 Q Okay. But in terms of like your review of your  
11 report, the photographs, you saw, like, nothing to  
12 indicate that there was any kind of physical struggle as  
13 far as you're aware?

14 A As far as I'm aware, no.

15 Q Okay. And so you documented, like, your  
16 external observations, the tattoos, and then it looks like  
17 the evidence of the injury itself.

18 A Yes.

19 Q Okay. So tell me about this in terms of your  
20 observations, your conclusions.

21 A Do you want me to describe the injury and  
22 everything involved with that?

23 Q Yes.

24 A So he had an entrance wound on the back of his  
25 head. We had shaved the wound to get a better look at it,

1 and there was just a partial abrasion collar around it.  
2 There was no searing, soot, or gunpowder stippling or  
3 muzzle imprint that I saw.

4 Q What does that mean to you in terms of the  
5 partial abrasion?

6 A So we see abrasions -- it just tells me it's an  
7 entrance wound, because those are characteristics of an  
8 entrance wound. The other things that I mentioned can  
9 help us determine at what distance the gun was held at  
10 when it was fired, and because it had none of those  
11 features that I look for -- you typically don't see those  
12 features beginning at three feet or beyond.

13 Q Okay. So it sounds as though the projectile  
14 exiting the barrel of the firearm would have been at least  
15 three feet from the back of this person's head?

16 A Yes.

17 Q Does the abrasion and the location of the  
18 abrasion collar that you saw, does that give any kind of  
19 indication as to directionality of the projectile at the  
20 time that it made contact with the skin?

21 A Let's see. From 6 o'clock to 12 o'clock. I  
22 mean, in this case, it's just consistent with the bullet  
23 entering the body. So the abrasion is -- I mean, it helps  
24 you to tell an entrance wound. If the exit wound, you  
25 know, looks like it could be an entrance wound, typically

1 the exit wounds don't have any abrasions, whereas entrance  
2 wounds would.

3 Q I guess my question is, like, since the collar  
4 is not total, like it doesn't go all the way around the  
5 wound itself if I'm reading that correctly, and maybe I'm  
6 not.

7 A Uh-huh. Let me see here. Top of the head. In  
8 this case --

9 Q And I'm happy --

10 A I think I know what you're saying. So we have  
11 an abrasion wound from -- if you think of the wound as a  
12 clock, from 6:00 o'clock from 12:00 o'clock, so on that  
13 left side of the clock. So that would be suggestive of  
14 the wound maybe having a slight left to right trajectory,  
15 which is consistent with where I found the projectile in  
16 the right cerebral hemisphere. So I had the wound it  
17 looks like right at the posterior, so from the middle to  
18 slightly right.

19 Q Okay. So does that, the abrasion collar being  
20 on the left side of the wound indicate that the left side  
21 of the bullet would have struck the skin slightly ahead of  
22 the right side of the projectile or just from that  
23 direction?

24 A I think it's more consistent just with that  
25 direction.

1 Q Okay.

2 A I'm not sure about, you know, the timing of it.

3 Q Okay. So in terms of the projectile entering  
4 this person's body or striking the skin of this person, it  
5 was just from at least three feet away and slightly to the  
6 left of where the wound is encountered. Is that a fair  
7 statement?

8 A Say that one more time.

9 Q Sure. So the projectile was fired from at least  
10 three feet away?

11 A Uh-huh.

12 Q And slightly to the left of where that wound was  
13 encountered?

14 A Yes.

15 Q Okay. And then I think you were looking at your  
16 report a little bit further down in terms of the path of  
17 the wound. Is that something that you tracked?

18 A Yes. So I mentioned the direction of the path  
19 in that last part of the injury. So I typically only give  
20 directionality if it is obvious. So the obvious one here  
21 is back to front. Again, I didn't give any left to right  
22 directionality because if there was, it's slight. But  
23 like I said, there is -- based on this, there is -- there  
24 is consistency with it being slightly left to right.

25 Q Okay. Is there anything in terms of like when

1 you're looking at somebody's head, like -- I don't know --  
2 down or up for the directionality of the wound? I don't  
3 know if it's helpful to talk about where the projectile  
4 and fragments were ultimately found.

5 A I mean, yeah, those are helpful because we know  
6 where the bullet went in and where I found it. So that  
7 gives, you know, slight directionality. The head is  
8 not -- it's not as large as say like from here to here, so  
9 we're working like this. (Indicating).

10 Q Sorry, just for our record, you indicated from  
11 the shoulder to kind of the abdomen, from the right side  
12 to the left side. So we're working within a small space.

13 A Yes.

14 Q And that small space has something very soft in  
15 it?

16 A Yes.

17 Q So is it more difficult to determine the  
18 directionality of a wound within that small space?

19 A I mean, it is because there is no exit wound  
20 here. When we have exit wounds, it's easier to tell  
21 obviously, but here I only say -- I only mention what was  
22 obvious, which is back to front. Other directionalities  
23 that aren't as obvious, I don't really mention those.

24 Q Okay. This was pretty obviously a catastrophic  
25 injury to Mr. Barnes?

1 A Yes.

2 Q Okay. would it have been immediately fatal?

3 A I think it would have been rapid for sure.

4 Q when you say "rapid" --

5 A well, it's -- I wouldn't say immediate just  
6 because the structures that were affected weren't like  
7 super vital for function. They're important, but it's not  
8 going to be immediately incapacitating. I would say rapid  
9 just because you have structures that are involved  
10 predominantly in motor control, some movement, and maybe  
11 some learning and memory, but also -- so just those  
12 structures alone I would say is not immediately. That's  
13 why I say rapid.

14 Looking at the scene pictures, there's a great  
15 amount of blood at the scene. So I think it -- death was  
16 likely due to a combination of bleeding out and then the  
17 fact that he was shot in the back of the head. And the  
18 structures that I mentioned is very close to the  
19 brainstem, and I think the impact of the gun -- of the  
20 bullet going in, you know, has some shock wave to the  
21 brainstem. That is, you know, a vital part of the brain.  
22 That is in charge of you breathing and also heart rate and  
23 vital functions like that.

24 Q why don't you talk a little bit about what the  
25 projectile did in terms of the damage that it did when it

1 entered Mr. Barnes' skull.

2 A Sure. So it went in at the back of the head at  
3 the occipital bone. So that's the bone at the back of  
4 your head, and it then goes through the right cerebral  
5 hemisphere.

6 Q What is associated with that part of the brain?

7 A Let's see.

8 Q In terms of function. I'm sorry. Because you  
9 were talking about the different structures and what  
10 they're capable of.

11 A Sorry. I should have said right cerebellar  
12 hemisphere. So this is the cerebellum. Cerebellum is  
13 going to be mainly important in motor control, balance,  
14 and movement. And then it goes on into the right  
15 occipital lobe and -- it's kind of hard to do without,  
16 like, a picture.

17 So I don't know if you know what your brain  
18 looks like. You have this, the big part that we all know  
19 that's up here, and you have the smaller lobe that's kind  
20 of underneath that. So the cerebellum is that smaller  
21 lobe that I just described. So now it's moving on  
22 frontwards toward the bigger part of the brain, which  
23 is -- it goes next through the right occipital lobe, which  
24 is in the back part. That is in charge of visual  
25 processing. Then it goes on into the right temporal lobe,



1 which is kind of on the side of the brain, and that is in  
2 charge of processing audio information from your ears, and  
3 also it has some role in, like, language understanding.  
4 And then from there it goes to the right parietal lobe,  
5 which is right next to the right temporal lobe, just in  
6 situ it, and that is in charge of processing information  
7 from all the five senses. And that is, right, end of the  
8 track. So that is where I would have recovered the  
9 projectile.

10 And then also, some other associated injuries  
11 were some little hemorrhages in the -- again, in that  
12 cerebellar, that small part in the back of the head, and  
13 then the pons, which is a part of the brainstem or  
14 adjacent to the brainstem. And then also, there's small  
15 hemorrhages there in the left basal ganglia, which are  
16 deeper in the main part of the brain, and then the left  
17 hippocampus, which is just underneath what I just  
18 described, the basal ganglia.

19 Q Now, earlier you had described the projectile  
20 maybe not directly hitting the brainstem but certainly  
21 impacting the brainstem because of the location of the  
22 entrance. Am I saying that --

23 A Yes.

24 Q And I think you described that there would have  
25 very, very likely been pretty dire effects as a result,

1 like, to Mr. Barnes' ability to continue to breathe and  
2 like those kind of basic functions. Is that right?

3 A Yes.

4 Q So is it possible that he stopped breathing  
5 while his body continued to exsanguinate?

6 A I mean, it's possible, yes. I don't really see  
7 the majority of the blood, you know, leaving the body for  
8 too much longer after -- well, after the heart stops  
9 beating because once the heart stops beating, then the  
10 blood is not going to be pumping. Then any motion out of  
11 the body would just be kind of passive. You're talking  
12 about breathing, correct?

13 Q Yes. Well, my question was about breathing.

14 A Yeah. I think if the breathing stopped, then a  
15 lot of the -- all the other functions of the body would  
16 shortly follow after that. It's not going to take a long  
17 amount of time.

18 Q Could the breathing stop before the heart stops?

19 A This one -- I mean, if the brainstem was  
20 affected, at that point if it knocked out the breathing,  
21 then I think it's reasonable to say that the heart would  
22 shortly follow. I don't know if it would be at the same  
23 time.

24 Q And in terms of like your view of the -- because  
25 you said that you saw the scene photographs as well.

1 A Yes.

2 Q Did that appear kind of consonant with what you  
3 observed in terms of the injuries? Like a single shot.  
4 Mr. Barnes falls down, and then moves not at all after  
5 that.

6 A Yes.

7 Q Okay. And there were -- you noted the skin  
8 around his eyes -- this is the second paragraph under  
9 external examination -- is edematous. I probably did not  
10 pronounce that correctly. It's swollen.

11 A Let me see where you're at. Oh, edematous, yes.

12 Q Edematous. I was close. What do you think was  
13 the cause of that? Was it just the -- I guess the  
14 location of the body?

15 A I mean, I can't say for certain. There could  
16 have been multiple -- I mean, I don't know that I can  
17 pinpoint any one cause of it.

18 Q You didn't see any kind of bruising to the  
19 occipital -- like no bruising to his skin around that  
20 area, just the swelling?

21 A No bruising. Just the swelling.

22 Q Would it be consistent with how his body was  
23 located? You know, he was facedown at the time. The  
24 injury was to the back of his head. Is that consistent  
25 with the pooling?

1           A     I mean, it would definitely aid in -- the  
2 position would aid in the pooling of fluid in that area.  
3 I don't see it all the time, but it could be consistent  
4 with that.

5           Q     Is that like a remarkable observation in any  
6 way, the swelling around his eyes?

7           A     To me, I don't -- I mean, it doesn't really tell  
8 me anything.

9           Q     Okay. And I think maybe at this point we can  
10 talk a little bit about -- so in terms of your  
11 documentation of like the structures that were damaged by  
12 the gunshot wound, how did you make those determinations  
13 as to like what structures were damaged? Did you go like  
14 step-by-step through the brain? How did that work?

15          A     So, basically, when I remove the brain, I just  
16 slice it like a bread loaf and lay it all out, and I can  
17 see, you know, where the track of the bullet went.

18          Q     Okay. And were you able -- is this when you  
19 recovered the projectile, or was that before or after?

20          A     I don't know if I can say for certain. It would  
21 have been either at the step where I'm dissecting the  
22 brain or when I took the brain out and if it had fallen  
23 out at that point.

24          Q     Okay. And you said that you remembered this  
25 case in particular because of the projectile. Can you

1 tell me about that, why it was remarkable?

2 A Oh, just because the projectile -- I think it's  
3 the only case I had where the projectile, it has like the  
4 floral kind of look to it.

5 Q Yes. It's pretty dramatic on the x-ray.

6 A Yeah.

7 Q So it looks like it was, like, one pretty large  
8 fragment and two smaller fragments that were recovered.  
9 Is that fair?

10 A Yes. Yes.

11 Q And where in the brain did you recover it?

12 A So I say the right side. The right cerebral  
13 hemisphere.

14 Q Okay. And it looks like you pulled all three  
15 fragments out. Is that right?

16 A Yes.

17 Q And the photograph of that, is that something  
18 that you did or something that the technician would have  
19 done?

20 A Of just the projectile outside of the --

21 Q Yeah.

22 A The technicians would have done that.

23 Q And then do you know what happens with those  
24 items?

25 A Yes. So they're placed in the envelope that

1 it's photographed with, and then I sign and seal it, and  
2 then our technicians will place it into the evidence  
3 locker.

4 Q Okay. Anything else with regard to the autopsy  
5 and the autopsy report that you think we should go over?  
6 Anything else remarkable?

7 A I don't think so.

8 Q Did you do any further, like, internal  
9 examination, or was it just of the brain?

10 A I mean, I did a full autopsy, the torso --

11 Q But nothing else was remarkable?

12 A No.

13 Q And then you -- the other thing that you  
14 generated was the body diagram. Is that right?

15 A Yes.

16 Q It looks like there is a couple of different  
17 handwritings on there. Does that seem right to you? Like  
18 up at the top, I think there's some a little different.

19 A Yes. So my handwriting is all that stuff -- if  
20 I can show you.

21 Q Sure.

22 A Basically in the middle. Our technicians will  
23 write the date and time and then the organ weights.

24 Q That's them?

25 A Yes.

1 Q And so you have all the notations on the actual  
2 kind of body section of the chart. Is that right?

3 A Yes.

4 Q Can you tell me what those initials are, like  
5 the H, E, E, N, T, S, things like that?

6 A That's for me. I usually write that down for  
7 basically all the head observations. H is hair. E is  
8 eyes. The other E is ears. N is nasal/septum. And T is  
9 teeth.

10 Q Okay. And is that an S at the bottom?

11 A Yeah, S. I guess I was still doing that at the  
12 time.

13 Q What is that?

14 A I think that's just skin.

15 Q And it looks like nothing notable regarding the  
16 skin?

17 A Yeah.

18 Q And on the diagram itself, I think those are Ms?

19 A Yeah. So that just for me is monochromatic  
20 tattoo.

21 Q Got it. Is that a -- are those all Ms?

22 A Yeah.

23 Q And then is that an ENT for entrance when you're  
24 describing the wound?

25 A Correct. So that's the wound and then all my

1 measurements associated with it.

2 Q Okay. And we've already discussed all the  
3 things you see in terms of your notations here?

4 A Yes.

5 Q Okay. So -- okay. So the Case Information  
6 Summary, is that something that you generate, or is that  
7 something that's kind of generated by everybody involved  
8 in the investigation, like your investigator, yourself,  
9 the technician?

10 A With which --

11 Q It's a two page document called Case Information  
12 Summary generated 2/20/21.

13 A Can I --

14 Q Uh-huh.

15 MR. KOSKINAS: I think this is what she was  
16 referring to.

17 A Okay. So, yeah, this looks like it's generated  
18 by the -- this looks like information that the death  
19 investigator would have entered into the system.

20 Q So you wouldn't necessarily have anything to do  
21 with this?

22 A No.

23 Q Okay. And in terms of the readying anything  
24 like the detective wants, the projectile, any buccal swabs  
25 or anything like that, do you handle that, or is that



1 something done by either the technician or the  
2 investigator?

3 A Like actually taking or --

4 Q Yeah. Like preparing, making sure everything is  
5 labeled appropriately, is that something that is your  
6 responsibility, or is that something somebody else in your  
7 office --

8 A Our technicians.

9 Q Okay. And you said that you also reviewed a  
10 toxicology report?

11 A Yes.

12 Q Okay. Can you talk to me about that?

13 A Yes. So his toxicology came back negative, so  
14 nothing -- no drugs of abuse were found in the  
15 examination.

16 Q Okay. And you are not a toxicologist. This  
17 gets sent to somebody else within the office?

18 A Correct.

19 Q And then it makes it -- the report makes it back  
20 into your file. Is that right?

21 A Yes.

22 Q And I'm assuming, but correct me if I'm wrong,  
23 that the toxicology work is not done in advance of the  
24 autopsy work that you do?

25 A No.

1 MS. SEIFER-SMITH: Okay. I don't think I have  
2 any other questions.

3 MR. MCGREEN: No questions from me.

4 EXAMINATION

5 BY MS. RUSSELL:

6 Q I'm just curious how long the autopsy took.

7 A I mean, for something like this, I typically  
8 average 45 minutes to an hour.

9 MS. RUSSELL: Thank you.

10 MS. SEIFER-SMITH: Any questions, State?

11 EXAMINATION

12 BY MR. KOSKINAS:

13 Q Do you take into account the toxicology report  
14 before ultimately opining about the cause and manner of  
15 death?

16 A Not in a case like this.

17 Q Okay. Why?

18 A Because we have the cause of death.

19 Q So, obvious. Is that why?

20 A Correct.

21 Q Can you articulate for us to a reasonable degree  
22 of medical and scientific certainty the cause and manner  
23 of death in this case?

24 A Yes. Cause of death was gunshot wound of head  
25 and manner was homicide.

1 Q Okay. Counsel asked you about internal  
2 photographs, and we had talked about x-rays. There were  
3 some x-rays taken, right?

4 A Yes.

5 Q Yeah. So when -- I think the answer was no,  
6 there were no internal photographs. You're excepting any  
7 kind of x-ray that depicts the interior of the body.

8 A Yes.

9 Q Right?

10 A Yes.

11 Q Is this the only -- what I'm showing you, is  
12 this the only x-ray that was taken that you're aware?

13 A Yes.

14 Q That's it?

15 A So whenever there is penetrating injuries, we  
16 take x-rays where the injury was just to make sure -- to  
17 see if there is any retained projectiles or in case of a  
18 stab wound to see if there's anything there in the body.

19 Q Okay. Did this assist you in tracking the path  
20 of the projectile from the entrance wound to the final  
21 resting position?

22 A I mean, yes. Yes.

23 MR. KOSKINAS: Okay. All right. I don't think  
24 I have any other questions. Thank you, sir.

25 EXAMINATION

1 BY MS. SEIFER-SMITH:

2 Q Have you understood all the questions that we've  
3 asked you this afternoon?

4 A Yes.

5 Q Have you had an opportunity to answer everything  
6 fully and completely?

7 A Yes.

8 Q Anything that you wish to add or change  
9 regarding the testimony that you've given today?

10 A No.

11 Q Okay. If something occurs to you and you feel  
12 like you need to reopen this conversation, would you just  
13 be so kind as to reach out either to the State or to my  
14 office to let us know?

15 A Yes.

16 Q At this point, I'll conclude the deposition and  
17 reserve your right to read. Thanks very much.

18 (Deposition concludes at 2:36 p.m.)

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1 COUNTY OF PINELLAS )

2 STATE OF FLORIDA )

3 CERTIFICATE OF OATH

4  
5 I, the undersigned authority, certify that NOEL  
6 AGUDO, MD personally appeared before me and was duly  
7 sworn.

8 witness my hand and official seal this 13TH day  
9 of MARCH, 2025.

10  
11 Tamara M. Pacheco

12 Tamara M. Pacheco, RPR  
13 COMMISSION # 474485  
14 EXPIRES: March 30, 2028  
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## 1 CERTIFICATE OF REPORTER

2 STATE OF FLORIDA )

3 COUNTY OF PINELLAS )  
4

5 I, Tamara M. Pacheco, certify that I was  
6 authorized to and did stenographically report the  
7 Deposition of NOEL AGUDO, MD; that a review of the  
8 transcript was requested; and that the transcript is a  
9 true and complete record of my stenographic notes.

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

15 *Tamara M. Pacheco*16 Tamara M. Pacheco, RPR  
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IN THE CASE OF: STATE OF FL V. CORNELIUS WHITFIELD

NAME OF DEPONENT: NOEL AGUDO, MD

CASE NUMBER: 21-01099CFANO

PAGE	LINE	ERROR/AMENDMENT	REASON FOR CHANGE
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Date