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STATE OF MINNESOTA DISTRICT COURT
COUNTY OF [REDACTED] [REDACTED] DISTRICT

District Court File [REDACTED]

State of Minnesota,
Plaintiff,
vs.
[REDACTED] [REDACTED] [REDACTED]
Defendant.

TRANSCRIPT OF RECORDED INTERVIEW
BETWEEN ALEX DEMARCO AND
KRISTI JO JARVIS

TRANSCRIBED BY: Dana S. Anderson-Linnell

1 MR. DEMARCO: A single attorney.

2 MS. JARVIS: Nope. That is
3 completely fine.

4 MR. DEMARCO: So we don't have an
5 investigator on this case or anything and -- I
6 had a paralegal for a period of time, but she
7 got deployed to Syria.

8 MS. JARVIS: Oh, my God.

9 MR. DEMARCO: You know, that
10 country we're not in right now.

11 MS. JARVIS: Yeah. Uh-huh.

12 MR. DEMARCO: Because she is also a
13 helicopter mechanic with the Air National
14 Guard.

15 MS. JARVIS: Oh, wow. Very cool.

16 MR. DEMARCO: You've got to be
17 kidding me. I have all of your stuff, of
18 course, PDF'd in here. Why is it --

19 MS. JARVIS: Well, Technology kind
20 of always works that way.

21 MR. DEMARCO: Well, This thing's
22 never locked up on me before. I'm sorry.
23 Yeah. I'm -- being an attorney, I'm certainly
24 no stranger to the alphabet.

25 MS. JARVIS: That's okay. So my

1 title is SANE, so sexual assault nurse
2 examiner.

3 MR. DEMARCO: Okay.

4 MS. JARVIS: Or forensic nurse
5 examiner.

6 MR. DEMARCO: Okay.

7 MS. JARVIS: The exam itself you'll
8 hear referred to multiple ways.

9 MR. DEMARCO: Okay.

10 MS. JARVIS: We like to refer to it
11 as a medical forensic exam.

12 MR. DEMARCO: Okay.

13 MS. JARVIS: Because it's both
14 medical, and it has a forensic component.
15 Some people just refer to it as a SANE exam --

16 MR. DEMARCO: Okay.

17 MS. JARVIS: -- a sexual assault
18 nurse examiner --

19 MR. DEMARCO: Right.

20 MS. JARVIS: -- exam.

21 MR. DEMARCO: And that's the
22 program that it's called under, that it's
23 funded by the State, right?

24 MS. JARVIS: Nope, it's not
25 actually. So our --

1 MR. DEMARCO: You receive some
2 state funding?

3 MS. JARVIS: No.

4 MR. DEMARCO: Okay.

5 MS. JARVIS: We don't receive any
6 state funding.

7 MR. DEMARCO: How is -- how is the
8 SANE program -- because you're the coordinator
9 now, aren't you?

10 MS. JARVIS: I am.

11 MR. DEMARCO: Oh, wow.

12 MS. JARVIS: Yes.

13 MR. DEMARCO: So -- because it used
14 to be Ledray?

15 MS. JARVIS: Linda Ledray?

16 MR. DEMARCO: Yeah.

17 MS. JARVIS: So she started it back
18 in 1977. And we were actually the first
19 sexual assault nurse examiner program in the
20 country.

21 MR. DEMARCO: Because she's a
22 Minnesotan, right?

23 MS. JARVIS: Uh-huh.

24 MR. DEMARCO: I know that she had
25 some recognition from the --

1 MS. JARVIS: Yep.

2 MR. DEMARCO: -- Department of
3 Justice for that.

4 MS. JARVIS: And she started this
5 program out of Hennepin County Medical Center
6 with a grant from the Department of Justice.

7 MR. DEMARCO: Okay.

8 MS. JARVIS: And that's -- back
9 then it was funded --

10 MR. DEMARCO: Okay.

11 MS. JARVIS: -- with grant money.

12 MR. DEMARCO: Was the kickoff --

13 MS. JARVIS: Yep.

14 MR. DEMARCO: -- so to speak.

15 Okay.

16 MS. JARVIS: Yep. But that went
17 away a long time ago. She's had grant money
18 for years and years.

19 MR. DEMARCO: Okay.

20 MS. JARVIS: Her sort of -- I don't
21 even know what to call it -- little program,
22 it was like a side thing --

23 MR. DEMARCO: Right.

24 MS. JARVIS: -- for the last
25 several years. It was -- they were still

1 getting grant money to do research --

2 MR. DEMARCO: Okay.

3 MS. JARVIS: -- do studies, do
4 trainings, do things like that. But she was
5 no longer part of the Sexual Assault Resource
6 Service.

7 MR. DEMARCO: Okay.

8 MS. JARVIS: She had branched off.
9 She still had an office within Hennepin County
10 Medical Center, but she was not part of SARS
11 if that makes any sense.

12 MR. DEMARCO: Okay. So the one
13 thing I got from you is I have a report that I
14 think is --

15 MS. JARVIS: Yep.

16 MR. DEMARCO: -- approximately --
17 how many pages here?

18 MS. JARVIS: I would guess 12.

19 MR. DEMARCO: Okay. Yeah, that
20 seems about right. And this was -- we're
21 talking -- just so we're clear, we're talking
22 about the examination of a Jennifer

23 [REDACTED] --

24 MS. JARVIS: Correct.

25 MR. DEMARCO: -- right?

1 MS. JARVIS: Yep.

2 MR. DEMARCO: Okay. And you have
3 this as medical record number 1008644011?

4 MS. JARVIS: Yep.

5 MR. DEMARCO: Okay. And that
6 occurred on October 30th?

7 MS. JARVIS: Correct.

8 MR. DEMARCO: Okay.

9 MS. JARVIS: Of 2014.

10 MR. DEMARCO: All right. She came
11 by around 3:00 p.m.?

12 MS. JARVIS: Nope, 4:00 p.m. She
13 may have --

14 MR. DEMARCO: Sorry. 1600 hours,
15 4:00 p.m.

16 MS. JARVIS: Yeah.

17 MR. DEMARCO: Okay.

18 MS. JARVIS: That's when I was
19 paged.

20 MR. DEMARCO: Right. That's at
21 least what you get lit up on it. Like she
22 might have come in a little later than that,
23 so --

24 MS. JARVIS: Yeah.

25 MR. DEMARCO: Okay. So --

1 MS. JARVIS: And it's 13 pages,
2 just so we're on the same page. I just
3 checked.

4 MR. DEMARCO: Okay.

5 MS. JARVIS: So our chart is
6 normally ten pages. I have an extra page
7 documenting injuries and a strangulation
8 supplement that's two pages.

9 MR. DEMARCO: Okay. And you mind
10 if I just kind of walk through the report with
11 you?

12 MS. JARVIS: Not at all. Not at
13 all.

14 MR. DEMARCO: Because part of this
15 is just me boning up on it so that I not only
16 can properly explain it to my client expert
17 witness that I've retained -- are you aware of
18 that?

19 MS. JARVIS: Yes.

20 MR. DEMARCO: Okay. So I don't
21 know if you're familiar with Dr. Phillip
22 Marcus at all?

23 MS. JARVIS: Yep.

24 MR. DEMARCO: Okay. So I'm using
25 him. Did the County send you his credentials

1 at all or anything?

2 MS. JARVIS: No. I don't -- I just
3 know his name.

4 MR. DEMARCO: Right. He's, I mean,
5 longtime doctor of gynecology and a professor
6 on the subject, has some published books on
7 the subject --

8 MS. JARVIS: Okay.

9 MR. DEMARCO: -- and has done some
10 sexual assault examinations himself,
11 et cetera.

12 So kind of just looking at the
13 first part -- well, let's start with this one.
14 When you say forensic examination, that means
15 it's prepared in part in preparation for legal
16 litigation, right?

17 MS. JARVIS: Possibly.

18 MR. DEMARCO: Criminal, civil or
19 otherwise, right?

20 MS. JARVIS: Possibly, yes. So by
21 "forensic," we mean the juncture between
22 medicine and law.

23 MR. DEMARCO: Okay.

24 MS. JARVIS: So, yes, to an extent.
25 But we also do exams on people who don't

1 report to law enforcement.

2 MR. DEMARCO: Okay.

3 MS. JARVIS: And we still do both
4 the medical and the forensic.

5 MR. DEMARCO: Absolutely.
6 Sometimes they come to you first.

7 MS. JARVIS: Huh?

8 MR. DEMARCO: Sometimes they come
9 to you first before going to police or even --

10 MS. JARVIS: Correct. And
11 sometimes they may never --

12 MR. DEMARCO: Right.

13 MS. JARVIS: -- go to law
14 enforcement.

15 MR. DEMARCO: That's
16 understandable.

17 MS. JARVIS: But we still -- we
18 still do the same process regardless.

19 MR. DEMARCO: Okay.

20 MS. JARVIS: Yep.

21 MR. DEMARCO: And just in the first
22 part we were talking about forensic specimens,
23 you did not take any hair combings, right?

24 MS. JARVIS: Of what? Of what
25 hair?

1 MR. DEMARCO: Hair combings. I'm
2 just saying there's some boxes that say hair
3 combing, blood type, DNA swabs. So there's no
4 box checked next to hair combing, right?

5 MS. JARVIS: Correct.

6 MR. DEMARCO: Okay. You took her
7 blood, blood type DNA --

8 MS. JARVIS: Uh-huh.

9 MR. DEMARCO: -- and then swabs and
10 or -- now, seminal fluid, was there seminal
11 fluid found?

12 MS. JARVIS: I don't ever know
13 that. So --

14 MR. DEMARCO: Right. That's the
15 BCA that does that stuff?

16 MS. JARVIS: Yeah. So let me give
17 you just a slight caveat. We have since
18 revised our chart --

19 MR. DEMARCO: Okay.

20 MS. JARVIS: -- because there were
21 some things that over 15, 20 years --

22 MR. DEMARCO: I understand that.

23 MS. JARVIS: -- needed to be
24 updated and changed.

25 MR. DEMARCO: When I was with the

1 public defender's office, constantly had to
2 update our paperwork. I understand.

3 MS. JARVIS: Right. So the swabs
4 and seminal fluid was more of a checkmark,
5 just did you collect any swabs --

6 MR. DEMARCO: Okay.

7 MS. JARVIS: -- that weren't of the
8 skin, because we could collect swabs on the
9 skin that could potentially contain seminal
10 fluid too. We don't ever know what potential
11 fluid we're collecting --

12 MR. DEMARCO: Right.

13 MS. JARVIS: -- if that makes
14 sense.

15 MR. DEMARCO: Part of that's based
16 on the reporting of her?

17 MS. JARVIS: Correct.

18 MR. DEMARCO: I mean, that's kind
19 of --

20 MS. JARVIS: And that's what guides
21 our exam, yep.

22 MR. DEMARCO: And so in this case
23 you did take swabs vaginally?

24 MS. JARVIS: Yes.

25 MR. DEMARCO: Rectally?

1 MS. JARVIS: Correct.

2 MR. DEMARCO: And -- so I'm going
3 to -- I am not afraid to ask the dumb
4 questions. Perineally, what does that0.

5 MS. JARVIS: Perineal.

6 MR. DEMARCO: Perineal. Thank you.

7 MS. JARVIS: I am going to show --
8 is that okay if I just show you?

9 MR. DEMARCO: Yeah.

10 MS. JARVIS: It's a lot easier.
11 All right. So when we examine them, what we
12 first -- just do an external examination of
13 the outside genitalia.

14 MR. DEMARCO: Okay.

15 MS. JARVIS: So the clitoral hood.

16 MR. DEMARCO: Okay.

17 MS. JARVIS: The top opening is the
18 urethra.

19 MR. DEMARCO: Okay.

20 MS. JARVIS: And then you go down
21 and you've got the labia majora, which are the
22 outer lips is what they're referred to.

23 MR. DEMARCO: Okay.

24 MS. JARVIS: And then the inner
25 folds are the labia minora.

1 MR. DEMARCO: All right.

2 MS. JARVIS: And then you've got
3 the vaginal opening. And around that is the
4 hymen.

5 MR. DEMARCO: Okay.

6 MS. JARVIS: And down here is the
7 posterior -- what's called the posterior
8 fourchette.

9 MR. DEMARCO: Okay.

10 MS. JARVIS: It's a thin piece of
11 skin between the vaginal opening and the
12 perineum, which is the line between the
13 vaginal and the anal --

14 MR. DEMARCO: Okay.

15 MS. JARVIS: -- openings. Okay.
16 Then there's another even thinner piece of
17 skin between this and the vaginal opening.
18 And that's referred to as the fossa
19 navicularis.

20 MR. DEMARCO: Okay.

21 MS. JARVIS: So when I do perineal
22 swabs, I'm swabbing this area of the posterior
23 fourchette and the fossa navicularis as well
24 as in between the labial folds.

25 MR. DEMARCO: So these are things

1 that are not the internal vaginal cavity
2 basically?

3 MS. JARVIS: Correct. These are
4 all external.

5 MR. DEMARCO: Okay.

6 MS. JARVIS: Yep.

7 MR. DEMARCO: And you also swabbed
8 the skin on the jawbone and neck?

9 MS. JARVIS: Yes.

10 MR. DEMARCO: Okay. And then also
11 her fingernails?

12 MS. JARVIS: Yes.

13 MR. DEMARCO: Okay.

14 MS. JARVIS: And the reason why
15 is -- I collected her fingernail swabs because
16 when I asked her, "Did you scratch him or
17 injure him in any way during the assault," she
18 said she wasn't sure. She pushed him away,
19 but she didn't know if she scratched him. So
20 that's an indicator to us to swab because
21 there's maybe --

22 MR. DEMARCO: Better safe than
23 sorry?

24 MS. JARVIS: -- potential. Yep.

25 MR. DEMARCO: Okay.

1 MS. JARVIS: The skin, the jawbone
2 and the neck I swabbed due to her report of
3 him biting those specific areas.

4 MR. DEMARCO: Okay. And then you
5 took some photographs. And actually you have
6 a checklist later in this that shows what you
7 took photos of --

8 MS. JARVIS: Yep.

9 MR. DEMARCO: -- as opposed to
10 descriptions of soreness and that?

11 MS. JARVIS: Yes.

12 MR. DEMARCO: All right. You
13 obtained clothing from her?

14 MS. JARVIS: Yes, I did.

15 MR. DEMARCO: You obtained clothing
16 from her?

17 MS. JARVIS: I did, yep.

18 MR. DEMARCO: Did she bring a
19 change of clothes, or was she instructed to do
20 that ahead of time or --

21 MS. JARVIS: Nope. So this is --
22 normally what happens when they show up to the
23 hospital, especially if it's within a day,
24 even two to be honest --

25 MR. DEMARCO: Okay.

1 MS. JARVIS: -- of the assault,
2 they'll show up in the clothes that they were
3 assaulted in.

4 MR. DEMARCO: Okay.

5 MS. JARVIS: And then we collect
6 those. And we actually have --

7 MR. DEMARCO: Did she say those
8 were the clothes she was wearing --

9 MS. JARVIS: Yeah.

10 MR. DEMARCO: -- when she was
11 assaulted?

12 MS. JARVIS: Yes. And we -- we
13 ask.

14 MR. DEMARCO: Okay.

15 MS. JARVIS: So we don't collect
16 them unless they were worn at the time of the
17 assault.

18 MR. DEMARCO: So that's why you
19 collected them?

20 MS. JARVIS: Yeah.

21 MR. DEMARCO: Okay.

22 MS. JARVIS: Underwear sometimes
23 we'll collect the second or the third pair,
24 but that's -- we wouldn't collect a shirt --
25 say if you walked in today and you were

1 assaulted yesterday in a different shirt, I
2 would have no reason to collect your shirt
3 that was on now --

4 MR. DEMARCO: Okay.

5 MS. JARVIS: -- if -- yep.

6 MR. DEMARCO: Okay.

7 MS. JARVIS: But we have kits that
8 we actually have that we get donated to us --

9 MR. DEMARCO: Okay.

10 MS. JARVIS: -- that have pants,
11 shirt, socks --

12 MR. DEMARCO: Oh, I got ya.

13 MS. JARVIS: -- underwear and
14 toiletry items.

15 MR. DEMARCO: Okay.

16 MS. JARVIS: So that's what she
17 went home in.

18 MR. DEMARCO: And -- and you noted
19 that there was not any stains on the clothing,
20 right?

21 MS. JARVIS: Correct.

22 MR. DEMARCO: Okay. Used an
23 alternative light source. And there were two
24 areas of fluorescence seen in the crotch area
25 of the underwear?

1 MS. JARVIS: Uh-huh.

2 MR. DEMARCO: What is the
3 alternative light source meant to depict --

4 MS. JARVIS: It --

5 MR. DEMARCO: -- or meant to
6 reveal?

7 MS. JARVIS: It fluoresces any area
8 of potential biologic fluid.

9 MR. DEMARCO: Okay.

10 MS. JARVIS: And the only items
11 that show up are semen, sperm, urine and
12 saliva and sweat.

13 MR. DEMARCO: Okay.

14 MS. JARVIS: Blood does not
15 fluoresce.

16 MR. DEMARCO: Okay. That's going
17 to be important when it comes to like a jury
18 consideration --

19 MS. JARVIS: Absolutely.

20 MR. DEMARCO: -- because we're not
21 talking about CSI, luminal and all that
22 garbage, we're talking about --

23 MS. JARVIS: No, but it's -- it is
24 CSI blue light and orange glasses.

25 MR. DEMARCO: Okay.

1 MS. JARVIS: Yeah.

2 MR. DEMARCO: And so -- and it
3 wouldn't be terribly unusual to find two areas
4 of that in the crotch area of the underwear
5 given the amount of bodily fluids and things
6 that are in there, right?

7 MS. JARVIS: Correct -- I mean, no,
8 not necessarily. It is -- I mean, obviously
9 the underwear is a rich source --

10 MR. DEMARCO: Right.

11 MS. JARVIS: -- of where we usually
12 see fluorescence.

13 MR. DEMARCO: Okay.

14 MS. JARVIS: We also use it on the
15 entire body as well --

16 MR. DEMARCO: Okay.

17 MS. JARVIS: -- to look as --

18 MR. DEMARCO: And you didn't note
19 anything else then in terms of the
20 fluorescence?

21 MS. JARVIS: Not that I recall, no.

22 MR. DEMARCO: Okay. And you used
23 it on not just her clothing but parts of her
24 body as well?

25 MS. JARVIS: Uh-huh.

1 MR. DEMARCO: Okay.

2 MS. JARVIS: Yep.

3 MR. DEMARCO: All right.

4 MS. JARVIS: And there are things
5 that will -- that can show up as like --
6 there's a clear distinction between what's
7 fluorescent as far as a biologic versus other
8 things. So like certain laundry detergent --

9 MR. DEMARCO: Sure.

10 MS. JARVIS: -- you'll see some
11 fluorescence on the --

12 MR. DEMARCO: I'm a deer hunter, so
13 we try to avoid getting fluorescence --

14 MS. JARVIS: Right.

15 MR. DEMARCO: -- from the laundry
16 detergent on the clothes.

17 MS. JARVIS: Exactly.

18 MR. DEMARCO: Yeah.

19 MS. JARVIS: So -- I mean, but
20 there's a distinct difference when you're
21 trained in knowing the sparkles, which are
22 laundry detergent, lotion, makeup, things like
23 that, versus the fluorescence from a biologic.

24 MR. DEMARCO: Okay.

25 MS. JARVIS: There's a difference

1 in how they look.

2 MR. DEMARCO: All right. You note
3 on here too, according to her, that she had
4 had a hysterectomy, correct?

5 MS. JARVIS: Correct.

6 MR. DEMARCO: In layman's terms,
7 had her tubes tied?

8 MS. JARVIS: No.

9 MR. DEMARCO: Is that what that --
10 no?

11 MS. JARVIS: No.

12 MR. DEMARCO: Okay. Shows you what
13 I know.

14 MS. JARVIS: So they're slightly
15 different.

16 MR. DEMARCO: Okay.

17 MS. JARVIS: So tubes tied would
18 actually be just having your fallopian tubes
19 tied. But a hysterectomy is actually the
20 removal of parts.

21 MR. DEMARCO: Removal of parts.

22 MS. JARVIS: So for her, she had a
23 partial. So her uterus was removed and one
24 ovary.

25 MR. DEMARCO: Okay.

1 MS. JARVIS: So for whatever reason
2 they left one ovary in there.

3 MR. DEMARCO: Okay.

4 MS. JARVIS: Obviously not my
5 decision and she --

6 MR. DEMARCO: That's a surgical
7 procedure?

8 MS. JARVIS: Yes.

9 MR. DEMARCO: Okay. All right.
10 Does that necessitate cutting open the abdomen
11 if they do that?

12 MS. JARVIS: Depends. I mean, she
13 had it done in 2004. I didn't ask her. To
14 us, it's not relevant to the exam.

15 MR. DEMARCO: Okay.

16 MS. JARVIS: It's just the history.

17 MR. DEMARCO: Pretty old.

18 MS. JARVIS: Yeah. But, you know,
19 some -- with some patients, they will do it
20 through like a small incision in the abdomen.
21 Other times they do it laparoscopically, so
22 they'll end up with like three, little, teeny
23 tiny incisions.

24 MR. DEMARCO: Okay.

25 MS. JARVIS: It will just depend on

1 where she had it done.

2 MR. DEMARCO: Number -- let's see
3 here. And then she describes where the
4 allegations take place and some descriptions
5 about him.

6 MS. JARVIS: Uh-huh.

7 MR. DEMARCO: And in this case
8 we're talking about digital penetration using
9 the fingers, correct? Like she's talking
10 about that she was digitally penetrated with
11 the fingers, not with his penis or a foreign
12 object, right?

13 MS. JARVIS: Correct.

14 MR. DEMARCO: Okay.

15 MS. JARVIS: Yep.

16 MR. DEMARCO: And you indicate --
17 and, again, you talked about this earlier,
18 indicated that she was -- had been bite --
19 that she said he was biting everywhere, the
20 face, lips, neck?

21 MS. JARVIS: Uh-huh.

22 MR. DEMARCO: And then also her
23 vagina as well?

24 MS. JARVIS: Correct.

25 MR. DEMARCO: Okay.

1 MS. JARVIS: And those were the
2 words she used. So that's what I quote.

3 MR. DEMARCO: Sure.

4 MS. JARVIS: You know, some people
5 use different words for different genital --

6 MR. DEMARCO: Right.

7 MS. JARVIS: -- parts. People call
8 this whole thing the vagina.

9 MR. DEMARCO: Right.

10 MS. JARVIS: Technically it's not
11 the correct term, but --

12 MR. DEMARCO: Sure.

13 MS. JARVIS: -- that's what
14 people --

15 MR. DEMARCO: Sure. I understand
16 that.

17 MS. JARVIS: Yeah.

18 MR. DEMARCO: And -- all right.
19 Let's see here. You asked a number of
20 questions in part N about: Since the assault,
21 whether the patient has bathed, showered --

22 MS. JARVIS: Uh-huh.

23 MR. DEMARCO: -- urinated, had a
24 bowel movement.

25 Tell me about the significance of

1 that. It may seem obvious to me, but --

2 MS. JARVIS: So we ask these
3 questions because they could interfere with
4 potential evidence that we collect.

5 MR. DEMARCO: Okay.

6 MS. JARVIS: So we don't not
7 collect evidence based on her activities.

8 MR. DEMARCO: Okay.

9 MS. JARVIS: If she showered five
10 times, I would still have collected all the
11 swabs that I collected --

12 MR. DEMARCO: Sure.

13 MS. JARVIS: -- based on her
14 presentation then.

15 MR. DEMARCO: Okay.

16 MS. JARVIS: So we collect swabs
17 based on guidelines that we developed in
18 working with the BCA, so the Bureau of
19 Criminal Apprehension, on how many swabs to
20 collect and based on what timeline.

21 MR. DEMARCO: Okay. So is there
22 training through the BCA on kind of --

23 MS. JARVIS: No.

24 MR. DEMARCO: -- the swabbing?

25 MS. JARVIS: No.

1 MR. DEMARCO: No. Okay.

2 MS. JARVIS: So we get that through
3 our 40-hour sexual assault nurse examiner
4 course.

5 MR. DEMARCO: Okay.

6 MS. JARVIS: And there's two of
7 them. So we are trained in adult and
8 adolescents, so 13 and up.

9 MR. DEMARCO: Okay.

10 MS. JARVIS: And then you can also
11 choose to go get trained in pediatrics, which
12 is 12 and under.

13 MR. DEMARCO: Okay.

14 MS. JARVIS: And I've done both.
15 And you get kind of the swab training, so to
16 speak, in those courses.

17 MR. DEMARCO: Okay.

18 MS. JARVIS: But one of my
19 colleagues and I worked very closely with the
20 BCA with the DNA analyst in developing some
21 guidelines for our state for how many swabs
22 should be collected, from which site on what
23 time frame.

24 MR. DEMARCO: Okay.

25 MS. JARVIS: So -- because it did

1 not exist before then.

2 MR. DEMARCO: Okay.

3 MS. JARVIS: It was program
4 specific, if that makes sense.

5 MR. DEMARCO: Yeah.

6 MS. JARVIS: So Region's program
7 had theirs, we had ours, Duluth had theirs.
8 They were fairly similar, but they weren't the
9 same.

10 MR. DEMARCO: And then you ask if
11 she's ate or drank, right?

12 MS. JARVIS: Un-huh.

13 MR. DEMARCO: Why is that material?

14 MS. JARVIS: Again, it just goes to
15 whether or not I would've needed to do oral
16 swabs or if there would be any interference
17 with oral swabs.

18 MR. DEMARCO: Okay.

19 MS. JARVIS: In her case I didn't
20 need to, but we still ask these questions --

21 MR. DEMARCO: Right.

22 MS. JARVIS: -- based on the
23 protocol that we have developed.

24 MR. DEMARCO: So she had not,
25 according to her, bathed or showered since the

1 assault, right?

2 MS. JARVIS: Correct.

3 MR. DEMARCO: This is a
4 relatively -- I mean, it was a recent time --

5 MS. JARVIS: Uh-huh.

6 MR. DEMARCO: -- the assault in
7 terms of her reporting, right?

8 MS. JARVIS: Yeah.

9 MR. DEMARCO: It's within, you
10 know --

11 MS. JARVIS: Almost 12 hours.

12 MR. DEMARCO: Right.

13 MS. JARVIS: Thirteen.

14 MR. DEMARCO: And then -- let's see
15 here. She states that she was drinking before
16 she went home and had some things to drink.
17 You describe a little bit about her -- her
18 mood and her descript -- describe kind of how
19 she was talking --

20 MS. JARVIS: Uh-huh.

21 MR. DEMARCO: -- how she was
22 acting, how her body was looking and her
23 mannerisms. See here. And she doesn't know
24 whether it was one finger or two, right?

25 MS. JARVIS: Correct.

1 MR. DEMARCO: Okay. She also
2 indicated to you in terms of the biting that
3 she'd said that to you, but she forgot to tell
4 that to the police, right?

5 MS. JARVIS: Uh-huh.

6 MR. DEMARCO: Okay.

7 MS. JARVIS: Which is actually
8 fairly common.

9 MR. DEMARCO: Okay.

10 MS. JARVIS: As far as, you know,
11 details. Sometimes patients remember to tell
12 me certain things -- or not even remember, but
13 as they're walking through it --

14 MR. DEMARCO: Uh-huh.

15 MS. JARVIS: She had talked to the
16 detective before she'd come to me.

17 MR. DEMARCO: Right.

18 MS. JARVIS: And so then by the
19 time she got to me, it had been a couple of
20 hours. And people develop -- not develop.
21 But if you understand how trauma and the brain
22 works --

23 MR. DEMARCO: Uh-huh.

24 MS. JARVIS: -- it's like throwing
25 a thousand-piece jigsaw puzzle up in the

1 air --

2 MR. DEMARCO: Okay.

3 MS. JARVIS: -- and having it all
4 come down messed up.

5 MR. DEMARCO: So -- but how would
6 you know what's common and what's not when
7 ultimately -- ultimately you're never a
8 witness to these incidents, right?

9 MS. JARVIS: Correct.

10 MR. DEMARCO: Generally the police
11 aren't a witness --

12 MS. JARVIS: Correct.

13 MR. DEMARCO: -- to these incidents
14 either.

15 MS. JARVIS: Correct. Yep.

16 MR. DEMARCO: And so who's telling
17 the truth, who's not -- I mean --

18 MS. JARVIS: Right.

19 MR. DEMARCO: -- how would you know
20 whether this is common in terms of reporting
21 trauma or this is not uncommon?

22 MS. JARVIS: Well, I'm not saying
23 that I know that she's telling the truth as
24 far as what she told me. I write down what
25 she says to me.

1 MR. DEMARCO: Okay.

2 MS. JARVIS: But as far as knowing
3 what the typical trauma response is, I've had
4 training in it --

5 MR. DEMARCO: Okay.

6 MS. JARVIS: -- from the
7 world-renowned experts in neurobiology of
8 trauma.

9 MR. DEMARCO: Okay.

10 MS. JARVIS: So -- I mean, I
11 don't -- I'm not going to pretend to be an
12 expert in it myself by my means --

13 MR. DEMARCO: Okay.

14 MS. JARVIS: -- because there's a
15 ton more to learn about it.

16 MR. DEMARCO: Right.

17 MS. JARVIS: But it's that
18 understanding that when you go through trauma,
19 the effect that it has on your brain --

20 MR. DEMARCO: Uh-huh.

21 MS. JARVIS: -- the hormones that
22 get shot out, the way your prefrontal cortex
23 shuts down --

24 MR. DEMARCO: Okay.

25 MS. JARVIS: -- the way your

1 memories are stored is like a thousand-piece
2 puzzle being all --

3 MR. DEMARCO: Can alcohol
4 consumption affect that?

5 MS. JARVIS: Absolutely. It can
6 actually make it worse.

7 MR. DEMARCO: All right.

8 MS. JARVIS: And what -- so what
9 I'm trying to explain though too is they may
10 not remember things in a linear pattern. And
11 that's part of the problem with how we used to
12 interview people and how law enforcement often
13 interviews people is they want a who, what,
14 when, where, why, now what, now what, now
15 what.

16 MR. DEMARCO: Okay.

17 MS. JARVIS: And you don't remember
18 it that way. Like that's not --

19 MR. DEMARCO: So the goal or
20 basically the organization is trying to get
21 beyond the he-said/she-said sort of aspects of
22 it?

23 MS. JARVIS: I try to get more into
24 their senses, like --

25 MR. DEMARCO: Okay.

1 MS. JARVIS: -- what do they
2 remember hearing, what do they remember
3 seeing, feeling, smelling, things that would
4 trigger memories that may be more -- not be,
5 "Okay. What happened next? And then what?"

6 MR. DEMARCO: Okay.

7 MS. JARVIS: "And then what?"
8 Because that's what gets frustrating for
9 patients and law enforcement is when it starts
10 to not be in that linear fashion.

11 MR. DEMARCO: Okay.

12 MS. JARVIS: You start to wonder
13 why. But that's -- that's why, it's the
14 effect of trauma on the brain.

15 MR. DEMARCO: I want to ask some
16 questions about some terms used.

17 MS. JARVIS: Okay.

18 MR. DEMARCO: Looking at present
19 physical findings. Number 2 -- okay. So
20 there was these types, type bruise.

21 MS. JARVIS: Yep.

22 MR. DEMARCO: Type 2 is AB. Does
23 that stand for abrasion?

24 MS. JARVIS: Correct.

25 MR. DEMARCO: And you state two

1 punctate abrasions. What does that mean? I
2 mean, I can guess, but...

3 MS. JARVIS: Like a pinpoint, like
4 very small.

5 MR. DEMARCO: Okay.

6 MS. JARVIS: Less than what's
7 measurable.

8 MR. DEMARCO: Okay.

9 MS. JARVIS: Yep.

10 MR. DEMARCO: So those are -- so
11 less than what's measurable?

12 MS. JARVIS: Uh-huh.

13 MR. DEMARCO: Okay.

14 MS. JARVIS: That's why there's no
15 measurement there.

16 MR. DEMARCO: There's what?

17 MS. JARVIS: There's no measurement
18 there.

19 MR. DEMARCO: Oh, okay.

20 MS. JARVIS: You see there I put
21 like two by three, one by one, half by half.
22 Punctate is literally like -- just like
23 probably a little bigger than the end of a
24 pen.

25 MR. DEMARCO: Little bigger than

1 the end of a pen?

2 MS. JARVIS: Uh-huh.

3 MR. DEMARCO: Okay.

4 MS. JARVIS: Yep.

5 MR. DEMARCO: And so that doesn't
6 necessarily indicate that it's teeth or a pen
7 or a knife or anything?

8 MS. JARVIS: Correct. No idea.

9 MR. DEMARCO: Okay. And so there
10 isn't -- it's not clear whether or not that
11 has any relation to the case?

12 MS. JARVIS: Correct.

13 MR. DEMARCO: Okay.

14 MS. JARVIS: Yeah.

15 MR. DEMARCO: All right. Just
16 something observed. Let's see here. When we
17 say -- okay. So some of these are -- there's
18 a two-by-three set -- oblong, purple/red
19 bruise on the lower aspect of the neck. It's
20 a circle or it's an oblong?

21 MS. JARVIS: Which one are you --
22 which number?

23 MR. DEMARCO: Number 1. I'm sorry.

24 MS. JARVIS: Number 1. That's
25 okay. I just saw number 5.

1 MR. DEMARCO: I'm skipping around.
2 I'm sorry.

3 MS. JARVIS: Yep. Okay. So --
4 yes. So the right side lower aspect of neck.

5 MR. DEMARCO: Uh-huh.

6 MS. JARVIS: Yes. I -- oblong is
7 more like an oblong.

8 MR. DEMARCO: Okay.

9 MS. JARVIS: So not circle.

10 MR. DEMARCO: Okay.

11 MS. JARVIS: Not oval, but just
12 like a more of a stretched out, if that
13 makes --

14 MR. DEMARCO: There's a one -- you
15 have number 3, a one-centimeter abrasion on
16 the lower aspect of the side of the neck?

17 MS. JARVIS: Correct.

18 MR. DEMARCO: Just superior to the
19 collarbone?

20 MS. JARVIS: Yep.

21 MR. DEMARCO: Okay. So that's one
22 centimeter long. When you say "abrasion," is
23 it a scratch? Is it a rub? Is it a cut?

24 MS. JARVIS: It's a scratch.

25 MR. DEMARCO: Okay.

1 MS. JARVIS: It's what laymen
2 people would call a scratch.

3 MR. DEMARCO: Okay.

4 MS. JARVIS: So I can't determine
5 if it's a scratch or a rub as far as like rug
6 burn, like on your back, you know. An
7 abrasion from a scratch is going to look very
8 similar to a scratch or an abrasion from a rug
9 burn.

10 MR. DEMARCO: Okay.

11 MS. JARVIS: So I don't ever state
12 what happened as far as like what caused that.

13 MR. DEMARCO: Okay.

14 MS. JARVIS: All right. I may
15 document if the patient says that's where...

16 MR. DEMARCO: Okay.

17 MS. JARVIS: You know, like say,
18 for example, you know, someone has a bruise
19 here. "Well, that's where he punched me, or
20 that's where he grabbed me."

21 MR. DEMARCO: But she didn't say
22 that there, that -- like, "That's where he bit
23 me or that's --

24 MS. JARVIS: No.

25 MR. DEMARCO: -- where he scratched

1 me"?

2 MS. JARVIS: No. Otherwise I --

3 MR. DEMARCO: That wasn't like a
4 running narrative as you're --

5 MS. JARVIS: No.

6 MR. DEMARCO: -- examining these
7 things?

8 MS. JARVIS: No.

9 MR. DEMARCO: Okay.

10 MS. JARVIS: But an abrasion and a
11 cut, they're two completely different things.

12 MR. DEMARCO: Okay.

13 MS. JARVIS: So abrasion, you know,
14 is like a scratch, the top surface of your
15 skin comes off. A cut is from a sharp force
16 injury --

17 MR. DEMARCO: Okay.

18 MS. JARVIS: -- so like a knife or
19 a screwdriver or something to that effect.

20 MR. DEMARCO: Okay.

21 MS. JARVIS: And there's distinct
22 differences between how they look.

23 MR. DEMARCO: And now this one I'm
24 definitely going to ask you --

25 MS. JARVIS: Okay.

1 MR. DEMARCO: -- about. Number 4
2 says PE.

3 MS. JARVIS: Uh-huh.

4 MR. DEMARCO: What does that mean?

5 MS. JARVIS: Petechiae.

6 MR. DEMARCO: All right.

7 Petechiae. Five-centimeter area of linear
8 petechiae, anterior and arm extending over the
9 elbow. What is linear petechiae?

10 MS. JARVIS: So it was a line, so
11 an area, five-centimeter long area. So it
12 was -- they were all in line of petechiae.
13 And petechiae are those little tiny red spots.
14 They're not raised, they're painless, but they
15 occur from blood vessels breaking underneath
16 the skin.

17 MR. DEMARCO: Okay. All right.
18 And, again, it's not your kind of job in
19 forensic training to discuss like what are the
20 various causes of petechiae, right?

21 MS. JARVIS: No. I mean, I know.

22 MR. DEMARCO: Yeah.

23 MS. JARVIS: As far as, you know,
24 it could be from pressure being placed on that
25 area. It could be from blunt force trauma.

1 MR. DEMARCO: Okay.

2 MS. JARVIS: But in this case, I do
3 not -- she doesn't --

4 MR. DEMARCO: Okay.

5 MS. JARVIS: -- describe how that
6 occurred.

7 MR. DEMARCO: Okay. And -- yeah,
8 like I've had -- I feel like I've had that
9 when I've worked out at the gym with the cable
10 crossovers, and they kind of dig in right
11 there.

12 MS. JARVIS: Right. Right.

13 MR. DEMARCO: I've kind of had
14 that.

15 MS. JARVIS: And any kind of that
16 pressure could potentially cause the
17 capillaries underneath the skin --

18 MR. DEMARCO: Okay.

19 MS. JARVIS: -- to burst. And
20 that's what causes those little petechiae.

21 MR. DEMARCO: Okay.

22 MS. JARVIS: You can see them --
23 you know, you can see them on your face
24 sometimes too or your eyes.

25 MR. DEMARCO: Right. And -- and

1 so, again, she isn't stating what caused that?

2 MS. JARVIS: No.

3 MR. DEMARCO: Okay. Number 5, this
4 is a pretty self-explanatory bruise. It's an
5 oblong purple/red bruise on the arm. She's
6 not stating what caused that, right?

7 MS. JARVIS: No.

8 MR. DEMARCO: I mean -- so these
9 are list of observations, but she's not
10 stating what caused these things, right?

11 MS. JARVIS: Not all of them.

12 MR. DEMARCO: Okay.

13 MS. JARVIS: There's a few that she
14 does.

15 MR. DEMARCO: Okay.

16 MS. JARVIS: So if you look at the
17 body diagram, so like number 13, the area of
18 pain, she describes --

19 MR. DEMARCO: Okay. Yeah.

20 MS. JARVIS: -- that as well as the
21 pain on the lower back.

22 MR. DEMARCO: I see you have some
23 quotes -- I see --

24 MS. JARVIS: Yeah.

25 MR. DEMARCO: -- you have some

1 quotes here. Okay.

2 MS. JARVIS: And then --

3 MR. DEMARCO: So if there's quotes
4 by them, then that's what --

5 MS. JARVIS: That's what she told
6 me as I was --

7 MR. DEMARCO: Okay.

8 MS. JARVIS: -- examining her.
9 Same with -- there seems to be too many
10 injuries on this. I'm assuming it's the 27.
11 Yeah, so the pain on her head.

12 MR. DEMARCO: Okay.

13 MS. JARVIS: And she describes,
14 "...from him pulling my hair."

15 MR. DEMARCO: Okay.

16 MS. JARVIS: So, again, I quoted
17 her whenever she described what happened in
18 that area that she felt resulted in that.

19 MR. DEMARCO: Did you do any
20 examination of the head or like around where
21 the hairs are and on the scalp from the hair
22 pulling?

23 MS. JARVIS: Yes, I did.

24 MR. DEMARCO: Okay. Did you note
25 anything that would -- any sort of injuries on

1 the scalp or anything like that?

2 MS. JARVIS: No -- not that's -- I
3 mean, not that's documented, not that I recall
4 from --

5 MR. DEMARCO: Okay.

6 MS. JARVIS: -- this exam.

7 MR. DEMARCO: See if I have any --
8 so now I see a lot of the repeat terms, so now
9 I don't have to ask what they are again.

10 MS. JARVIS: That's okay.

11 MR. DEMARCO: All right. I think
12 you -- oh, good, we have a legend of some
13 abbreviation types here.

14 MS. JARVIS: Uh-huh.

15 MR. DEMARCO: And then the general
16 diagrams here, some of these are not -- now,
17 these don't have measurements on them, right?

18 MS. JARVIS: Yes. And most genital
19 findings won't --

20 MR. DEMARCO: Okay.

21 MS. JARVIS: -- because I can't
22 stick a ruler --

23 MR. DEMARCO: That's
24 understandable.

25 MS. JARVIS: -- in that he area

1 very well.

2 MR. DEMARCO: And it just says,
3 number 1: Abrasion noted --

4 MS. JARVIS: Correct.

5 MR. DEMARCO: -- external genital.

6 MS. JARVIS: So you're going to get
7 a location, and you're going to get the
8 structures of the genital that are included in
9 that.

10 MR. DEMARCO: Right.

11 MS. JARVIS: So approximately 7:00.
12 So think of your clock face obviously --

13 MR. DEMARCO: To labia major, minor
14 obviously.

15 MS. JARVIS: Yep. So it's down --

16 MR. DEMARCO: 7:00, like a clock.

17 MS. JARVIS: Yep. So when I'm
18 looking -- so I'm examining her in this
19 position.

20 MR. DEMARCO: Okay.

21 MS. JARVIS: So 7:00 is right over
22 here.

23 MR. DEMARCO: All right. So this
24 just gets awkward for me to talk about too.
25 But in point effect, the buttocks are 6:00?

1 MS. JARVIS: Correct. And the
2 clitoral clit is 12:00.

3 MR. DEMARCO: Understandable.
4 Okay. All right.

5 MS. JARVIS: Yeah.

6 MR. DEMARCO: And so an abrasion --
7 and you're saying that's a scratch on the
8 surface of the skin, right?

9 MS. JARVIS: Correct.

10 MR. DEMARCO: Okay. Two, you said
11 some multiple abrasions noted almost back
12 toward the anus?

13 MS. JARVIS: Yes.

14 MR. DEMARCO: Okay.

15 MS. JARVIS: So more towards the
16 6:00 --

17 MR. DEMARCO: Okay.

18 MS. JARVIS: -- just below the
19 vaginal opening, kind of in that perineal
20 line.

21 MR. DEMARCO: Okay. All right.
22 I'm starting to see some of that. And,
23 again -- I mean, it -- you've testified in
24 past cases. It's not uncommon in sexual
25 assaults for there to not be injuries to the

1 vagina --

2 MS. JARVIS: Absolutely not.

3 MR. DEMARCO: -- right?

4 MS. JARVIS: It is common in about
5 half.

6 MR. DEMARCO: Okay. It's common
7 for there not to be injuries? Okay. You're
8 saying kind of half, right at the middle?

9 MS. JARVIS: Uh-huh.

10 MR. DEMARCO: Okay. Is it also
11 true -- I mean, there can be abrasions or
12 there can be injuries and things that appear
13 down there on people that have not been
14 sexually assaulted?

15 MS. JARVIS: If they've had
16 consensual sex, yes.

17 MR. DEMARCO: Okay.

18 MS. JARVIS: There have been
19 studies that --

20 MR. DEMARCO: Yeah, that consensual
21 sex can result in the same --

22 MS. JARVIS: Yes.

23 MR. DEMARCO: -- kind of abrasions.

24 MS. JARVIS: They often show up
25 differently than how cases of sex assault --

1 MR. DEMARCO: Okay.

2 MS. JARVIS: -- appear. But no, it
3 is absolutely --

4 MR. DEMARCO: Well, there's some
5 documentation, for example, injuries to the
6 fourchette, the --

7 MS. JARVIS: Posterior fourchette.

8 MR. DEMARCO: Posterior fourchette.
9 I know there's been a lot of focus on injuries
10 to the posterior fourchette in rape cases,
11 given the angle that can occur during activity
12 during sexual assault.

13 MS. JARVIS: And that piece of skin
14 is also really thin.

15 MR. DEMARCO: Okay.

16 MS. JARVIS: It's like -- kind of
17 like the inside of our mouth.

18 MR. DEMARCO: And there weren't any
19 injuries to that in this case?

20 MS. JARVIS: No.

21 MR. DEMARCO: Okay. All right.
22 You didn't note any of that?

23 MS. JARVIS: No.

24 MR. DEMARCO: And so suffice to
25 say, these abrasions, I mean, you know, if

1 they're caused by -- this is going to get
2 into -- they could be caused by -- they --
3 they could be caused by consensual or not
4 consensual sex --

5 MS. JARVIS: Correct.

6 MR. DEMARCO: -- right? They could
7 be caused by things that aren't sex at all,
8 right, potentially?

9 MS. JARVIS: I don't want to go
10 there because I don't know what you're --

11 MR. DEMARCO: Okay.

12 MS. JARVIS: -- trying to get at.

13 MR. DEMARCO: I mean -- I mean,
14 these are some relatively small abrasions, I
15 mean, to -- I mean, to -- and you noted that
16 the fourchette is one. But would you say
17 overall relative to the rest of the human
18 body, this is some delicate areas of skin that
19 we're talking about?

20 MS. JARVIS: Absolutely.

21 MR. DEMARCO: Very fragile?

22 MS. JARVIS: Yes.

23 MR. DEMARCO: Okay.

24 MS. JARVIS: But not so fragile
25 that like rubbing yourself on a chair or

1 putting --

2 MR. DEMARCO: Sure.

3 MS. JARVIS: -- a tampon in is
4 going to --

5 MR. DEMARCO: Right. I understand
6 that.

7 MS. JARVIS: We could ask that too
8 of, "Well, can a tampon cause this?" Well,
9 not unless you're -- for whatever reason,
10 you're really, really, really rough --

11 MR. DEMARCO: Okay.

12 MS. JARVIS: -- and you have a bad
13 tampon. But I've -- I've never seen an injury
14 being caused by a tampon.

15 MR. DEMARCO: And was there -- and
16 there weren't -- do you note any abrasions to
17 the interior of the vagina?

18 MS. JARVIS: Yes.

19 MR. DEMARCO: Okay. And that's
20 just the one. Is that number 4?

21 MS. JARVIS: Uh-huh. Correct.

22 MR. DEMARCO: Okay. All right.

23 And can injuries like this occur from
24 masturbation if a woman has fingernails.

25 MS. JARVIS: I'm not aware. But

1 I'm sure it's possible.

2 MR. DEMARCO: Okay.

3 MS. JARVIS: Uh-huh.

4 MR. DEMARCO: I mean, if we're --

5 MS. JARVIS: Right.

6 MR. DEMARCO: If we're saying these
7 can be caused by somebody else's fingernails,
8 being caused by one's own fingernails, pretty
9 intuitive that that's a possibility?

10 MS. JARVIS: Yep.

11 MR. DEMARCO: Okay. All right.
12 There's some note about an anal exam stating
13 that it's sore down there. You said, "Anal
14 exam completed and no injuries were noted"?

15 MS. JARVIS: Correct.

16 MR. DEMARCO: "PT declined an
17 anoscope exam." I think I know what that is.
18 But is that like a camera that goes up
19 there or --

20 MS. JARVIS: Can I go get one
21 really quick?

22 MR. DEMARCO: If you want, sure.

23 MS. JARVIS: I'll show you.

24 MR. DEMARCO: Okay. Yeah.

25 MS. JARVIS: Hang on. All right.

1 This is my favorite part. So it's very
2 similar to a speculum --

3 MR. DEMARCO: Okay.

4 MS. JARVIS: -- except obviously it
5 goes in the rectum.

6 MR. DEMARCO: Okay.

7 MS. JARVIS: And we pull this tab
8 off, and it lights right up.

9 MR. DEMARCO: Oh.

10 MS. JARVIS: And then we apply
11 lubricant to the end of this.

12 MR. DEMARCO: Okay.

13 MS. JARVIS: And then we gently
14 insert it, and then this comes -- when it's
15 in, this comes out.

16 MR. DEMARCO: Okay.

17 MS. JARVIS: And we can see inside
18 the rectum and collect swabs.

19 MR. DEMARCO: Okay. So it's
20 just -- so that's basically just an exam with
21 the naked eye, it's not like a colonoscopy,
22 there's nothing --

23 MS. JARVIS: Correct.

24 MR. DEMARCO: -- high tech that
25 goes up there?

1 MS. JARVIS: And then the length of
2 my finger.

3 MR. DEMARCO: Okay.

4 MS. JARVIS: Yeah.

5 MR. DEMARCO: All right.

6 MS. JARVIS: Yep.

7 MR. DEMARCO: And she declined
8 that?

9 MS. JARVIS: Correct.

10 MR. DEMARCO: Okay.

11 MS. JARVIS: She was done at that
12 point.

13 MR. DEMARCO: There's some
14 understandable reasons why a person would
15 decline that.

16 MS. JARVIS: She was in there for a
17 long time, four-and-a-half hours with me.

18 MR. DEMARCO: Yeah, I'm noting that
19 somewhere I think this -- so she was in there
20 for four-and-a-half hours.

21 MS. JARVIS: Uh-huh.

22 MR. DEMARCO: And I -- because I'm
23 noting like, okay, the time you get the page
24 is around 4:00. Do you recall what time she
25 came into the office?

1 MS. JARVIS: So I saw her at
2 [REDACTED] in the ER. That's -- we get --

3 MR. DEMARCO: Oh, you were at
4 [REDACTED] Okay.

5 MS. JARVIS: We get paged to
6 whatever hospital.

7 MR. DEMARCO: Makes sense.

8 MS. JARVIS: We cover 13 of them.

9 MR. DEMARCO: Because who wants to
10 park here.

11 MS. JARVIS: Right.

12 MR. DEMARCO: Everything else that
13 you're dealing -- I get it.

14 MS. JARVIS: Yeah. So we cover 13
15 hospitals. We're on call, and we go to
16 wherever the patient shows up.

17 MR. DEMARCO: Okay.

18 MS. JARVIS: So she got -- I
19 started the exam at 4:00, at 1600.

20 MR. DEMARCO: Okay.

21 MS. JARVIS: I would've been paged
22 before that.

23 MR. DEMARCO: All right.

24 MS. JARVIS: And I --

25 MR. DEMARCO: I notice that samples

1 are taken much later. Are the samples kind of
2 the final thing you did or --

3 MS. JARVIS: Yes, the blood and the
4 urine, yes, towards the end of the exam. It
5 took us quite a while to get through the
6 interview part, the account of the incident.

7 MR. DEMARCO: Okay.

8 MS. JARVIS: She had a really
9 difficult time getting through that piece.

10 MR. DEMARCO: Okay.

11 MS. JARVIS: So -- and that's -- I
12 mean, based on my experience, that's not
13 unusual. I have patients that can get through
14 an account in ten minutes. And I have others
15 that take an hour.

16 MR. DEMARCO: Right. Could be
17 either. Yeah, I mean, it's -- yeah, sure,
18 that makes --

19 MS. JARVIS: Yep.

20 MR. DEMARCO: That makes sense.

21 MS. JARVIS: And they -- you know,
22 they can decline any piece of the exam.

23 MR. DEMARCO: Right.

24 MS. JARVIS: So that's one of the
25 things about the medical forensic exam is they

1 can start it and stop it at any point. They
2 can choose to have --

3 MR. DEMARCO: Oh, yeah, you can't
4 examine them against their will.

5 MS. JARVIS: Exactly.

6 MR. DEMARCO: I mean, that would be
7 bad.

8 MS. JARVIS: But they can -- you
9 know, they can choose to have a speculum or
10 not. They can choose to have swabs collected.
11 It's all -- we try to give them choices back.

12 MR. DEMARCO: Vascular congestion
13 vasculara [ph.] inner aspect. What's that?
14 Number 28 on the physical --

15 MS. JARVIS: It's basically broken
16 blood vessels within your eye.

17 MR. DEMARCO: Okay. Okay. It's
18 vascular congestion --

19 MS. JARVIS: Yes.

20 MR. DEMARCO: -- though? You don't
21 note like petechiae.

22 MS. JARVIS: And it was not
23 petechiae.

24 MR. DEMARCO: Okay. Is this under
25 the eye?

1 MS. JARVIS: Nope. It's in the
2 whites of the eyes. It's very, very
3 prominent --

4 MR. DEMARCO: Okay.

5 MS. JARVIS: -- blood vessels.

6 MR. DEMARCO: I feel like I've had
7 that happen before. I've had it -- I've had
8 it before my career as a competitive power
9 lifter.

10 MS. JARVIS: Oh, wow.

11 MR. DEMARCO: And I remember
12 locking out a dead lift blood and blood
13 shooting out my nose and then going blind and
14 then waking up and like having that happen.

15 MS. JARVIS: Wow.

16 MR. DEMARCO: Okay. So -- but --
17 but this was this was very slight, right?

18 MS. JARVIS: Uh-huh.

19 MR. DEMARCO: Okay. And --

20 MS. JARVIS: But noticeable. I
21 took photos of it.

22 MR. DEMARCO: Okay.

23 MS. JARVIS: It's more noticeable
24 on the left.

25 MR. DEMARCO: Okay. It was more

1 noticeable on the left eye?

2 MS. JARVIS: Uh-huh. Yeah.

3 MR. DEMARCO: Okay. Let's see
4 here. I see that's why you marked L. Okay.
5 Understanding now. Made it more clear from
6 the picture. I'm a Montessori kid. I like
7 pictures.

8 MS. JARVIS: I hear ya.

9 MR. DEMARCO: She also indicated to
10 you that the head was pounded -- her head was
11 pounded against the wall?

12 MS. JARVIS: Uh-huh.

13 MR. DEMARCO: And that it reminded
14 her of what happened between her and Justin,
15 something -- a person that had also assaulted
16 her apparently in the past, right?

17 MS. JARVIS: Correct. That's what
18 she told me.

19 MR. DEMARCO: And -- I mean, it's
20 not unusual -- you know, I've studied a thing
21 or two on trauma myself. It's not unusual for
22 somebody that's -- I mean, if they've
23 experienced abusive trauma in the past, is it
24 uncommon for them to possibly project that
25 onto other incidents, to possibly either

1 over-interpret or exaggerate present incidents
2 based on what's happened in the past if
3 they've experienced like truly traumatic past?

4 MS. JARVIS: And that I'm not
5 completely aware of. I'm not fully --

6 MR. DEMARCO: Well, you talk about
7 how had you studied trauma, right?

8 MS. JARVIS: Right. But what my
9 experience is is that they may have a
10 different reaction to trauma, such as being
11 more -- having like a flat affect when they're
12 assaulted again later in life. So --

13 MR. DEMARCO: Okay.

14 MS. JARVIS: -- for example, sexual
15 assault victims --

16 MR. DEMARCO: Uh-huh.

17 MS. JARVIS: -- say if they're
18 sexually assaulted as a child --

19 MR. DEMARCO: Uh-huh.

20 MS. JARVIS: -- and then they're
21 sexually assaulted as an adolescent or an
22 adult --

23 MR. DEMARCO: Right.

24 MS. JARVIS: -- they may have a
25 very flat affect --

1 MR. DEMARCO: Okay.

2 MS. JARVIS: -- and not cry and not
3 have much of an emotional response, just kind
4 of --

5 MR. DEMARCO: And you talked about
6 this earlier, that some people it takes a long
7 time for them to get through it, some people
8 can breeze through it in ten minutes and talk
9 about it in a very matter-of-fact fashion.

10 MS. JARVIS: And it's all so many
11 different variables. I mean, it could be just
12 the way they were raised, it could be prior
13 assault.

14 MR. DEMARCO: Right.

15 MS. JARVIS: I have never heard the
16 description of they may overexaggerate or
17 overdramatize a future assault.

18 MR. DEMARCO: Okay.

19 MS. JARVIS: In fact, they tend to
20 minimize it --

21 MR. DEMARCO: So --

22 MS. JARVIS: -- because it's --

23 MR. DEMARCO: But, again, there's
24 nothing about either of that that indicates
25 whether it's sexual assault?

1 MS. JARVIS: Correct.

2 MR. DEMARCO: Just the level -- the
3 level of most or how long it takes you to get
4 through an interview is neither indicative of
5 assault or possible manifestations?

6 MS. JARVIS: Absolutely not.

7 MR. DEMARCO: Okay.

8 MS. JARVIS: Because I have
9 patients that, you know, laugh through it.

10 MR. DEMARCO: Okay. She noted to
11 you that his eyes were pure black like a scary
12 movie, right?

13 MS. JARVIS: Uh-huh.

14 MR. DEMARCO: Okay. Are you aware
15 of any phenomenon that can result in that?

16 MS. JARVIS: No, I'm not.

17 MR. DEMARCO: Okay.

18 MS. JARVIS: Are you?

19 MR. DEMARCO: No. No.

20 MS. JARVIS: So we ask these
21 questions, one, to gauge if they're safe,
22 so --

23 MR. DEMARCO: Yeah.

24 MS. JARVIS: -- trying to figure
25 out if we can send them home, if we can

1 discharge them --

2 MR. DEMARCO: Yeah.

3 MS. JARVIS: -- as well as to
4 figure out what signs, symptoms, conditions to
5 be worried about and be looking for. And
6 that's why we ask.

7 MR. DEMARCO: And part of this,
8 again -- and just to be clear --

9 MS. JARVIS: Uh-huh.

10 MR. DEMARCO: -- I mean, one of the
11 things that sort of differs you from, say, a
12 lab tech examining some evidence or like when
13 I handle DWI cases and they take a blood
14 sample and it goes to the BCA and they put it
15 in a spectrometer and it spits out what their
16 alcohol concentration is, I mean, one thing
17 that's different here is that -- I mean,
18 you're a treating nurse, right?

19 MS. JARVIS: Correct.

20 MR. DEMARCO: You have a fiduciary
21 relationship to this person, right?

22 MS. JARVIS: Uh-huh.

23 MR. DEMARCO: Okay. And so -- I
24 mean, this is a -- this is a doctor-patient,
25 nurse-patient relationship, right?

1 MS. JARVIS: Correct.

2 MR. DEMARCO: Your job is to treat
3 them?

4 MS. JARVIS: Absolutely.

5 MR. DEMARCO: Your job isn't to
6 doubt them?

7 MS. JARVIS: No.

8 MR. DEMARCO: Okay. And so, I
9 mean, I've seen some articles where you've
10 been quoted. You have quite -- you have quite
11 a litany of publications ahead of you. You've
12 been interviewed sometimes by -- I think the
13 St. Paul Pioneer Press, I'm sure is one that
14 comes up. But this job's really pretty
15 important to you? I mean, it's --

16 MS. JARVIS: Absolutely it is.

17 MR. DEMARCO: You feel for the
18 people that come before you, right?

19 MS. JARVIS: Not just -- they're
20 all my patients.

21 MR. DEMARCO: Right.

22 MS. JARVIS: I mean, we do suspect
23 exams too. And for me, my job is to be
24 unbiased and neutral.

25 MR. DEMARCO: But you're not really

1 unbiased and neutral.

2 MS. JARVIS: I think I am.

3 MR. DEMARCO: I mean, your job is
4 to treat, and you got into this to assist
5 sexual assault victims?

6 MS. JARVIS: Correct. Yep.

7 MR. DEMARCO: Okay.

8 MS. JARVIS: But I also would never
9 want to see somebody go to jail for something
10 that they did not do either.

11 MR. DEMARCO: I understand that.

12 MS. JARVIS: Does that make sense?

13 MR. DEMARCO: My understanding from
14 another person I've talked to that's been
15 through this training is that Linda Ledray
16 most famously said during a training that none
17 of these people actually manufacture
18 allegations, that she's never seen it.

19 MS. JARVIS: Really?

20 MR. DEMARCO: Yeah.

21 MS. JARVIS: Well, I would never
22 quote Linda Ledray.

23 MR. DEMARCO: Okay.

24 MS. JARVIS: She did do my SANE-A
25 training many years ago. But I actually went

1 to Kansas for my SANE-P training. I have done
2 newer other trainings with other people other
3 than Linda Ledray.

4 MR. DEMARCO: Okay.

5 MS. JARVIS: Some people --

6 MR. DEMARCO: What's SANE-A,
7 SANE-P?

8 MS. JARVIS: SANE-A is sexual
9 assault nurse examiner adult adolescents, P is
10 the peds.

11 MR. DEMARCO: Pediatrics?

12 MS. JARVIS: Yeah.

13 MR. DEMARCO: And you were saying
14 some people hold her --

15 MS. JARVIS: In high regard just
16 because she was the first sexual assault nurse
17 examiner program in this country. But I'm not
18 going to -- I'm not going to spout off. All I
19 will say is that she practices in a field that
20 she has not practiced in in a long time. So
21 she goes out and teaches, but she's not done
22 an exam in about 20 years.

23 MR. DEMARCO: Okay.

24 MS. JARVIS: So --

25 MR. DEMARCO: Fair enough.

1 MS. JARVIS: -- you will get
2 varying opinions on her. But the comment that
3 you said she said, I don't put a ton of stock
4 into.

5 MR. DEMARCO: Have you ever heard
6 her say anything like that?

7 MS. JARVIS: I couldn't honestly
8 tell you what she said in our SANE-A class.

9 MR. DEMARCO: Okay.

10 MS. JARVIS: I actually got rid of
11 the entire book because it was so outdated
12 when I took my exam.

13 MR. DEMARCO: Okay.

14 MS. JARVIS: I didn't find it
15 helpful at all. And there was --

16 MR. DEMARCO: I understand. None
17 of my law books are terribly useful either
18 now.

19 MS. JARVIS: I hear ya.

20 MR. DEMARCO: Even me. One of the
21 things noted in this exam is she talks
22 about -- I mean, she has been in an ongoing
23 consensual sexual relationship with this
24 individual, with Mr. [REDACTED]

25 MS. JARVIS: Yes.

1 MR. DEMARCO: Okay. And as
2 recently as up until that time, right?

3 MS. JARVIS: I don't recall what --
4 like as far as when it stopped.

5 MR. DEMARCO: She also indicated --

6 MS. JARVIS: I knew that they
7 currently lived together, but they were --

8 MR. DEMARCO: And she also
9 indicated that she had another sexual partner
10 17 hours before this exam?

11 MS. JARVIS: Correct.

12 MR. DEMARCO: Okay. A person named
13 Cody?

14 MS. JARVIS: Correct.

15 MR. DEMARCO: Okay. And that was a
16 friend?

17 MS. JARVIS: Uh-huh.

18 MR. DEMARCO: Is that significant
19 when you're examining a patient --

20 MS. JARVIS: Well, that's --

21 MR. DEMARCO: -- and there's
22 another -- there's another -- well, I mean,
23 you obviously asked the question because
24 that's pretty significant when we're talking
25 about -- that's relatively recent in time when

1 we're talking about injuries that are
2 supposedly caused by a sexual assault, right?

3 MS. JARVIS: Correct. So the
4 reason we ask is the DNA component. So we
5 need to know if there's potentially anyone
6 else's DNA that may be swabbed to collect.

7 MR. DEMARCO: I mean, besides the
8 DNA --

9 MS. JARVIS: [Unintelligible.]

10 MR. DEMARCO: -- we're talking
11 about injuries that allegedly --

12 MS. JARVIS: Right.

13 MR. DEMARCO: -- occurred during a
14 sexual assault.

15 MS. JARVIS: But it's not my job to
16 determine which encounter it was from or if it
17 was caused from a sexual encounter. That's
18 not my --

19 MR. DEMARCO: Well, but you do ask
20 her questions about what occurred with [REDACTED]
21 [REDACTED] right?

22 MS. JARVIS: Correct.

23 MR. DEMARCO: Did you ask her any
24 questions about what happened with her friend
25 Cody?

1 MS. JARVIS: No.

2 MR. DEMARCO: Did you ask her any
3 detailed questions about that sexual
4 encounter?

5 MS. JARVIS: No.

6 MR. DEMARCO: Okay.

7 MS. JARVIS: And I -- that's not
8 part of -- I would never ask a patient that.
9 We ask the time frame of when it happened.

10 MR. DEMARCO: Right.

11 MS. JARVIS: And to me, that --
12 that goes to the law enforcement interview.
13 That's --

14 MR. DEMARCO: But that goes for the
15 law enforcement interview?

16 MS. JARVIS: Correct.

17 MR. DEMARCO: It's something that
18 they would want to know?

19 MS. JARVIS: Correct.

20 MR. DEMARCO: Okay.

21 MS. JARVIS: But I'm not there
22 working for law enforcement, so...

23 MR. DEMARCO: That kind of -- that
24 kind of -- right. Kind of makes you different
25 than law enforcement, though?

1 MS. JARVIS: Un-huh.

2 MR. DEMARCO: You concern is her
3 story with this individual, not necessarily to
4 objectively look at a comparison of their
5 sexual activities with two different people,
6 right?

7 MS. JARVIS: Correct.

8 MR. DEMARCO: Okay.

9 MS. JARVIS: Well, so put it in a
10 different -- slightly different light. If
11 somebody came in and said they had vaginal
12 pain.

13 MR. DEMARCO: Uh-huh.

14 MS. JARVIS: And you did a speculum
15 exam on them --

16 MR. DEMARCO: Yeah.

17 MS. JARVIS: -- and found some
18 redness or a tearing and they weren't
19 reporting sexual assault, you wouldn't start
20 asking them about their last sexual
21 encounters, was it digital or was it penal,
22 was it rough, was it not?

23 MR. DEMARCO: Well, why would they
24 come to you unless they're reporting sexual
25 assault, right?

1 MS. JARVIS: What, because what if
2 they did have consensual sex two days prior
3 and now they've got itching and they just
4 hurt -- it hurts when they pee. So they come
5 in because they don't know what's going on.

6 MR. DEMARCO: Right.

7 MS. JARVIS: They weren't sexually
8 assaulted. They're not reporting sexual
9 assault. They just want to know if
10 everything's okay, what have you.

11 MR. DEMARCO: Yeah.

12 MS. JARVIS: As a medical
13 professional, you would not start asking
14 questions such as: Well, how did you have
15 sex? What was it like? We wouldn't do that.

16 MR. DEMARCO: But if you're
17 looking -- but then why would you ask those
18 questions in this case? I mean, if we're
19 talking about injuries --

20 MS. JARVIS: Uh-huh.

21 MR. DEMARCO: Okay. And we're
22 asking questions about -- why wouldn't you ask
23 the person who's coming in for help, why
24 wouldn't you ask them questions: Well, tell
25 me about your sex life, or tell me about what

1 kind of activities you -- I mean, engaged in
2 because how would you be in able to give any
3 advice otherwise.

4 MS. JARVIS: Well, because they're
5 here for this incident.

6 MR. DEMARCO: Okay.

7 MS. JARVIS: And so that's what our
8 focus is on. I mean, it would kind of be like
9 having somebody come in with chest pain and
10 lecturing them about their drinking habit.

11 MR. DEMARCO: Yeah. I understand
12 that. Okay.

13 MS. JARVIS: Do you see what I'm
14 saying though?

15 MR. DE MARCO: I see what you're
16 saying.

17 MS. JARVIS: When somebody comes in
18 with a complaint --

19 MR. DEMARCO: Right.

20 MS. JARVIS: -- you don't then open
21 a can of worms into their 15 other areas of --

22 MR. DEMARCO: So your primary job
23 is -- I mean, you're collecting some of this
24 evidence for law enforcement and also for the
25 purposes of DNA to get it examined?

1 MS. JARVIS: Correct.

2 MR. DEMARCO: Right?

3 MS. JARVIS: But, again, we do this
4 even with patients who don't report to law
5 enforcement and we hold onto that evidence.

6 MR. DEMARCO: Basically -- and I
7 mean, what you've told me throughout this is
8 that there's nothing in this report that's any
9 more consistent with sexual assault than not
10 sexual assault?

11 MS. JARVIS: Well, her statement
12 and her physical injuries.

13 MR. DEMARCO: Well, her statement
14 is consistent with sexual assault. Obviously
15 she -- otherwise my client wouldn't be
16 charged. She has [unintelligible] of probable
17 cause. But I'm saying ultimately that's not
18 something that the evidence can determine,
19 correct? That's not some of the evidence that
20 you collect and determine, the physical
21 evidence that you collect, correct?

22 MS. JARVIS: Well, if -- that
23 depends.

24 MR. DEMARCO: Okay.

25 MS. JARVIS: I mean, if DNA is

1 recovered, then --

2 MR. DEMARCO: Well, that would
3 indicate that --

4 MS. JARVIS: Something happened.

5 MR. DEMARCO: -- sexual -- maybe
6 sexual contact has happened?

7 MS. JARVIS: Right.

8 MR. DEMARCO: But in this case,
9 that's kind of not in dispute.

10 MS. JARVIS: Right.

11 MR. DE MARCO: That there's been
12 sexual relationship between them, that
13 wouldn't be unusual?

14 MS. JARVIS: Right.

15 MR. DEMARCO: Especially if she
16 hasn't -- she hasn't bathed, she hasn't
17 showered, that hasn't gone away.

18 MS. JARVIS: Uh-huh.

19 MR. DEMARCO: All right. So other
20 than -- just noting, I mean, in terms of --
21 you -- you've done a very thorough examination
22 of her body, very small abrasions and things.
23 But the things that she attributes a cause to
24 are quoted in the report?

25 MS. JARVIS: Yep.

1 MR. DEMARCO: And many of the
2 injuries she doesn't attribute a cause to.

3 MS. JARVIS: If there's not a quote
4 next to them, they don't tell me: Hey, this
5 is from or this is abnormal.

6 MR. DE MARCO: Okay.

7 MS. JARVIS: But obviously, as any
8 person, I mean, I run into a table and I get a
9 bruise two days later and I don't remember how
10 I got it.

11 MR. DEMARCO: Okay.

12 MS. JARVIS: Patients don't often
13 recall how they got every single injury.

14 MR. DE MARCO: I mean --

15 MS. JARVIS: And that's normal of
16 anybody.

17 MR. DEMARCO: Yeah. Let's keep in
18 mind, this is just a human being and human
19 beings like us, we experience, you know,
20 abrasions --

21 MS. JARVIS: Right.

22 MR. DEMARCO: -- possibly
23 petechiae, possible pressures from doing all
24 sorts of things.

25 MS. JARVIS: Correct.

1 MR. DEMARCO: Going to the gym,
2 colliding with something, you know, putting on
3 a certain piece of clothing that rubs the
4 wrong way like -- and it does that all day
5 long. Like it's not unusual for people to
6 experience one-centimeter abrasions on their
7 skin in the course of their normal life?

8 MS. JARVIS: Correct.

9 MR. DEMARCO: Okay.

10 MS. JARVIS: Yeah.

11 MR. DE MARCO: I think -- I think
12 that's everything I got. Do you -- do you
13 have like the manuals and things? I sent you
14 a subpoena. I don't know if you got it in the
15 mail yet.

16 MS. JARVIS: I did not get the
17 subpoena. I got the email. But all I can
18 tell you is my CV is about as much as you're
19 going to get as far as the trainings I've been
20 to. There's no way I can pull --

21 MR. DEMARCO: Is there a standard
22 operating procedure for sexual assault nurse
23 examinations?

24 MS. JARVIS: There is a national
25 protocol.

1 MR. DEMARCO: Okay.

2 MS. JARVIS: That you could find on
3 IFN or I could send it to you.

4 MR. DEMARCO: Okay.

5 MS. JARVIS: But that's what --

6 MR. DE MARCO: It would be great if
7 you could send it to me. Because if it's like
8 other manuals like that I have had to track
9 down, it's like which one are you operating
10 off of can be difficult for me just going to
11 an internet that accesses the world.

12 MS. JARVIS: Right. True.

13 MR. DEMARCO: But, I mean, are
14 there certain -- what are the type of writings
15 that you reference when making -- I should
16 say -- so that's the standard protocol. It's
17 called the what?

18 MS. JARVIS: The National Sexual
19 Assault Protocol.

20 MR. DEMARCO: Okay.

21 MS. JARVIS: And it's published by
22 the DOJ.

23 MR. DEMARCO: Okay.

24 MS. JARVIS: And International
25 Association of Forensic Nurses.

1 MR. DEMARCO: Okay. That's
2 something you're a member of?

3 MS. JARVIS: Correct.

4 MR. DEMARCO: They're the journal
5 that you have either published or co-published
6 some articles in that?

7 MS. JARVIS: Co-published. And I'm
8 actually getting an award Wednesday at the
9 international conference.

10 MR. DEMARCO: Oh, good for you.
11 That's you're traveling on a jet plane. Where
12 is that this year?

13 MS. JARVIS: Orlando, Florida.

14 MR. DEMARCO: Very good. Should be
15 good there. Perfect time of year to go there.

16 MS. JARVIS: I know. Warm.

17 MR. DEMARCO: How about -- so my
18 expert indicates that for him to kind of
19 evaluate your findings and things, he needs to
20 be able to see the photographs.

21 MS. JARVIS: And that's going to be
22 on you. I cannot release those.

23 MR. DEMARCO: Okay. I asked for
24 those from the prosecutor.

25 MS. JARVIS: Okay. So that's

1 between you two. I can't release them from
2 here.

3 MR. DEMARCO: Have you ever
4 released them to an attorney before?

5 MS. JARVIS: Well, I release them
6 to prosecutors now, but only within a year of
7 the exam.

8 MR. DEMARCO: Only within a year?

9 MS. JARVIS: Based on our consent.

10 MR. DEMARCO: Okay.

11 MS. JARVIS: We have -- the consent
12 covers us for one year.

13 MR. DEMARCO: You've released this
14 to the prosecutor?

15 MS. JARVIS: Well, back then law
16 enforcement automatically got a copy of our
17 photos.

18 MR. DEMARCO: Oh, the photos.

19 MS. JARVIS: And so they were
20 logged in as evidence.

21 MR. DEMARCO: They did in this
22 case?

23 MS. JARVIS: Yeah.

24 MR. DEMARCO: They would have --
25 law enforcement would have automatically got a

1 copy?

2 MS. JARVIS: Correct. Yep. And
3 actually you can note that on page 2 of the
4 chart.

5 MR. DEMARCO: Okay.

6 MS. JARVIS: Disposition of film,
7 one copy of the medical records, one copy with
8 evidence and one copy with SARS.

9 MR. DEMARCO: That makes sense.
10 That's what I thought that meant. When I saw
11 the photos, I'm like: Well, somebody has
12 them.

13 MS. JARVIS: Right. So that's how
14 the prosecution got them, was through the
15 evidence that was --

16 MR. DEMARCO: Does the prosecution
17 have them?

18 MS. JARVIS: I assume so. But I
19 maybe shouldn't assume that.

20 MR. DEMARCO: Have you talked with
21 the County Attorney about this case?

22 MS. JARVIS: Uh-huh.

23 MR. DEMARCO: When's the last time
24 you talked with them?

25 MS. JARVIS: Several months,

1 summer.

2 MR. DEMARCO: I understand you
3 haven't talked with them recently? He hasn't
4 requested anything further from you?

5 MS. JARVIS: Nope.

6 MR. DEMARCO: Any emails from him
7 where he's forwarded you things?

8 MS. JARVIS: Nope.

9 MR. DEMARCO: Okay. You know that
10 I retained an expert. Did you find it out
11 through him?

12 MS. JARVIS: Yeah, but it was a
13 quick phone call. And he told me his name.
14 But I don't -- I don't -- I don't have his CV.
15 I don't have anything on him.

16 MR. DEMARCO: All right.

17 MS. JARVIS: But you could either
18 go through them or the hospital. But I don't
19 know that they're going to release them to you
20 without a court order. In fact, they won't.

21 MR. DEMARCO: Well, I would imagine
22 a court order is what's going to be necessary.
23 And so that's -- and this is all legal stuff,
24 like that's where I make a discovery request.
25 And if it's in the possession of law

1 enforcement, they're supposed to give it to
2 me.

3 MS. JARVIS: Right. So I would
4 also request though that they actually not be
5 released to you unless you look at them with
6 me.

7 MR. DEMARCO: Okay.

8 MS. JARVIS: Because --

9 MR. DEMARCO: I understand the
10 delicate situation.

11 MS. JARVIS: -- there are genital
12 photos on those.

13 MR. DEMARCO: Totally understand
14 that.

15 MS. JARVIS: Even with your expert,
16 I'm not comfortable just letting you guys have
17 genital photos of somebody.

18 MR. DEMARCO: So frankly like, for
19 example, I'm handling a child pornography case
20 right now. So there's an example of like --
21 you know, nobody's just going to send you a
22 disk with child pornography on it and I don't
23 need to be seeing that for the turmoil of my
24 very soul.

25 MS. JARVIS: Right.

1 MR. DEMARCO: So that's a situation
2 where it's maintained -- it's kept in the
3 confines of law enforcement. I did go down
4 there and examine at least the charged images
5 or at least have them pull it up and just be
6 like: Yep, that's the kid. Okay. I'm
7 satisfied.

8 MS. JARVIS: Which is actually why
9 I changed our protocol this year so that we
10 only have one copy and it comes here. And I'm
11 the holder of them.

12 MR. DEMARCO: Okay. Did you get
13 some requests for that before then? Okay.
14 Have they been forwarded to attorneys before?

15 MS. JARVIS: Well, just recently
16 within like the last couple of months.

17 MR. DEMARCO: It's kind of hard for
18 my expert to testify about it, though.

19 MS. JARVIS: Well, he's more than
20 happy to come here and look at them with me.

21 MR. DEMARCO: So that's something
22 you'd be open to, he can come and look at them
23 in office with you?

24 MS. JARVIS: Yeah.

25 MR. DEMARCO: Okay. Well --

1 MS. JARVIS: But right now my rule
2 is I only release physical injury photos to
3 prosecution or law enforcement and they have
4 to physically come here and look at the
5 genitals ones with me.

6 MR. DEMARCO: Do you think you
7 could -- do you think -- would be able to take
8 the physical injury photos, just the skin?

9 MS. JARVIS: I can't give those to
10 you.

11 MR. DE MARCO: Okay.

12 MS. JARVIS: Only because, one,
13 we're outside the one year and just for legal
14 purposes.

15 MR. DEMARCO: Oh, October 30th,
16 right, was the exam.

17 MS. JARVIS: So we're within a
18 year.

19 MR. DEMARCO: What happens after a
20 year?

21 MS. JARVIS: Then you have to get a
22 court order.

23 MR. DEMARCO: Okay.

24 MS. JARVIS: And they come from
25 medical records, which would actually be

1 Regina Medical Center.

2 MR. DEMARCO: Sounds like I might
3 have to get a court order anyway. Okay. Do
4 you ever destroy them?

5 MS. JARVIS: No.

6 MR. DEMARCO: That's what I
7 figured.

8 MS. JARVIS: No, I don't.

9 MR. DEMARCO: I've been doing this
10 a long time. I used to work for the Innocence
11 Projects, and you'd be surprised what ends up
12 in dumpsters.

13 MS. JARVIS: I know. Our stuff is
14 all electronic at least for the last five
15 years.

16 MR. DEMARCO: Okay.

17 MS. JARVIS: So.

18 MR. DEMARCO: All right. Well, I
19 think that is it. I don't have any further
20 questions for you. You know, if you can -- if
21 you could, though, because you're going to get
22 a subpoena on that. And I don't want to have
23 to continue the court case again. If you're
24 able to get at least some of the -- maybe some
25 of the publications that -- maybe some of your

1 most recent trainings, that -- some of the
2 publications like PowerPoints or something?

3 MS. JARVIS: Well, I mean, I can
4 send you what we just taught at the SANE-A
5 course. I just finished teaching the course
6 two weeks ago. I can send you that --

7 MR. DEMARCO: That would be great.

8 MS. JARVIS: -- entire thing.

9 MR. DE MARCO: That would be
10 awesome.

11 MS. JARVIS: I'm not quite sure why
12 you'd want it.

13 MR. DEMARCO: Because it just --
14 it -- it helps me -- it helps me be able to
15 ask better questions. I'm not doing my job as
16 an attorney if I don't because you're an
17 expert in the field that I am not an expert in
18 as I do with most experts. So like -- I mean,
19 the greatest analogy is the DWI cases. I
20 could show you a thousand pages of publication
21 where like there's an 800-page manual on
22 standardized field sobriety testing. I'm not
23 kidding you. And it's ridiculous. And they
24 teach it to these cops in two days.

25 MS. JARVIS: Wow.

1 MR. DE MARCO: But -- so, I mean,
2 that's kind of -- it's in the subpoena there.
3 And, I mean, you'll probably have to have your
4 legal department look at it too. I'm sure you
5 deal with in-house attorneys all the time.

6 MS. JARVIS: We do. Yeah, I know
7 them well.

8 MR. DE MARCO: [Unintelligible.]

9 MS. JARVIS: Where did the subpoena
10 come to, here or my home?

11 MR. DEMARCO: I would have mailed
12 it to this address.

13 MS. JARVIS: Okay.

14 MR. DEMARCO: Yeah.

15 MS. JARVIS: It's very distinct
16 between which program I work for and which
17 county subpoenas us. So when I'm at Regions,
18 all of our subpoenas go to our home.

19 MR. DEMARCO: Home. Like your home
20 address?

21 MS. JARVIS: Uh-huh.

22 MR. DE MARCO: I don't think I have
23 your home address, nor would it normally be my
24 protocol to ask for your home address. That
25 seems rather untoward.

1 MS. JARVIS: Right. I'm with ya.
2 But that's whatever process they have set up
3 there. But now here, they all come here.
4 Anoka County comes to our home. It's just
5 bizarre.

6 MR. DEMARCO: Okay.

7 MS. JARVIS: That's why I wondered.
8 I hadn't gotten it at either place yet.

9 MR. DEMARCO: Okay. All right. I
10 think that's all.

11 MS. JARVIS: The class in October,
12 I taught the medical forensic exam piece. So
13 the entire exam, injury identification,
14 female genitalia, male genitalia, offender
15 categories, strangulation and testifying.

16 MR. DE MARCO: Okay.

17 MS. JARVIS: So I can send you the
18 entire flash drive that we put together for
19 the attendees, but those are the sections that
20 I taught.

21 MR. DEMARCO: Review that again.
22 Okay.

23 MS. JARVIS: All of those.

24 MR. DEMARCO: Yeah, if you could,
25 that would be great.

1 MS. JARVIS: Do you want just
2 these, or do you want the entire flash drive
3 from the course?

4 MR. DEMARCO: If you could send me
5 the whole flash drive, I'm an eater of
6 information. I'm a consumer.

7 MS. JARVIS: Okay.

8 MR. DEMARCO: Great. Very good
9 meeting you.

10 MS. JARVIS: See you in a couple of
11 weeks.

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REPORTER'S CERTIFICATE

1
2 STATE OF MINNESOTA)
3) ss.
4 COUNTY OF HENNEPIN)

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22
23 WITNESS MY HAND AND SEAL THIS 15th day of
24 November, 2015.
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25 Notary Public, Hennepin County, MN
My commission expires 1/31/2020