In the Matter Of:

RASEKHNIA V. PHILIPS NORTH AMERICA

22STCV22419

SAMUEL CRIBBS

September 08, 2023



1	SUPERIOR COURT OF THE STATE OF CALIFORNIA				
2	COUNTY OF LOS ANGELES - SANTA MONICA COURTHOUSE				
3					
4	ESTATE OF JAKLIN RASEKHNIA, a Deceased Individual by and				
5	through Administrator JOSEPH KOHAN; MASOUD KOHAN, an				
6	Individual; JOSEPHINE KOHAN, an Individual; GEORGE CASE NO.: 22STCV22419				
7	KOHAN, an Individual; and JOSEPH KOHAN, an individual,				
8	Plaintiffs,				
9	vs.				
10	PHILIPS NORTH AMERICA, LLC, a				
11	Massachusetts limited liability company;				
12	RESPIRONICS, INC., a Pennsylvania unknown business				
13	entity; APGUARD MEDICAL, INC., a California corporation;				
14	And DOES 1-50, inclusive,				
15	Defendants.				
16	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
17	REMOTE DEPOSITION OF				
18	SAMUEL CRIBBS				
19	September 8, 2023				
20					
21	11:37 a.m.				
22	Blairsville, Pennsylvania				
23					
24	Karen Aligo, CSR No. 13418				
25					



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1	INDEX OF EXAMINATION
2	
3	WITNESS: SAMUEL CRIBBS
4	
5	EXAMINATION PAGE
6	Mr. Dunbar 5, 87
7	Mr. Caspino 47
8	Mr. Carpenter 51
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	



<u> </u>				
1			INDEX TO EXHIBITS	
2				
3	Exhibit		Description	Page
4	Exhibit	A	Notice of deposition and request for production	7
5	- 1 11 1	_		
6	Exhibit		Letter 5/14/21	34
7	Exhibit	С	Ansari prescription	41
8	Exhibit	D	Declaration of Sam Cribbs, in Support of Motion for Summary Judgment	42
9	Exhibit	T.	Trilogy 100/200	
10	EXIIIDIC	Ŀ	Prescription for Mechanical Ventilation	45
11			Mechanical Vencilation	43
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				



1	REMOTE DEPOSITION OF SAMUEL CRIBBS				
2	September 8, 2023				
3					
4	SAMUEL CRIBBS,				
5	having been first duly sworn, testifies as follows:				
6					
7	EXAMINATION				
8	BY MR. DUNBAR:				
9	Q. Could you please state and spell your name				
10	for the record.				
11	A. Samuel Cribbs, S-a-m-u-e-l, C-r-i-b-b-s.				
12	Q. And, Mr. Cribbs, have you ever had your				
13	deposition taken before?				
14	A. I have.				
15	Q. On approximately how many occasions?				
16	A. Probably at least a dozen.				
17	Q. All right. Do you feel comfortable with me				
18	foregoing the admonitions that somebody usually goes				
19	through at the beginning of a deposition?				
20	(Simultaneous speakers.)				
21	THE WITNESS: proceed, is fine with me.				
22	BY MR. DUNBAR:				
23	Q. There you go. All right. Mr. Cribbs, are				
24	you currently employed?				
25	A. Yes.				



1 Q. By who?

- 2 A. Philips Respironics.
 - Q. And what capacity are you employed?
- 4 A. I'm in the Quality Assurance Department.
- 5 | I'm a vigilance reporting specialist.
- Q. And what are your typical job duties in that capacity?
- A. Reviewing complaints to determine if they
 need to be reported to any regulatory authorities.
- Q. And do you also inspect Respironic devices that are the subject matter of a complaint?
- 12 A. Physically inspect?
- 13 O. Yes.
- 14 A. No, I don't.
- Q. And what kind of inspection do you do of the units in which there's been a complaint?
- A. I just -- I just review the information available to me, which could include error logs, that sort of thing.
- Q. So data that's taken from the individual machine?
- 22 A. Yes.
- Q. And do you pull the logs yourself, or do you have somebody else do it for you?
- 25 A. Someone else pulls them.



O. All right. I have to do some housekeeping 1 2 stuff here for a second, Mr. Cribbs, if you could 3 bear with me just a minute. I'm going to share the 4 screen. 5 There we are. Mr. Cribbs, I had served your attorney with 6 7 a Notice of Taking Deposition today. 8 Have you seen this document that I have on 9 the screen right now, which we're going to have as 10 Exhibit A to your deposition? 11 A. Yes. 12 (Exhibit A marked for identification.) 13 BY MR. DUNBAR: 14 Q. All right. And did you have a chance to go 15 through this document? 16 A. Yes. 17 O. All right. And attached to this document 18 was a Request for Production of Documents for you to 19 have provided me, and are you producing any 20 documents for your deposition here today? 21 MR. CASPINO: Counsel, his entire file is 22 in the chat box. I dropped it in there a little 23 while ago. 24 MR. DUNBAR: All right.

MR. CASPINO: And also, I'll represent and



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confirm that the entirety of his file was attached
 1
 2.
    to his declaration.
 3
             MR. DUNBAR: Well, thank you very much for
 4
    that representation.
 5
    BY MR. DUNBAR:
          Q. Mr. Cribbs, is the representation made by
 6
 7
    your attorney, Mr. Caspino, correct, that the
 8
    entirety of your file was attached to your
 9
    declaration in support of the motion for summary
10
    judament?
11
          A. I guess I should look.
12
             (Pause during proceedings.)
13
             THE WITNESS: Where did you drop it, Mike?
             MR. CASPINO: In the chat box. You go down
14
15
    to the bottom.
16
             THE WITNESS: Yeah, I'm not seeing it.
17
             MR. CASPINO: I think you have to scroll
18
    down a little bit.
19
             It's the PDF document that's in there.
                          It's a 3.87 megabyte document,
20
             MR. DUNBAR:
21
    sir.
22
             THE WITNESS: For some reason, my computer
23
    is bringing up something on my computer. Let me
24
    see.
25
             (Pause during proceedings.)
```



- 18
- 20 21 go to the Request for Production of Documents, it's going to be on page 4, starting with Item Number 1. 22
- 23 "All records, documents and writings,
- 24 reviewed or to be reviewed by the witness in the
- 25 preparation of his Declaration."



1	Are all of those documents attached both in
2	the chat room and to your declaration in support of
3	the motion for summary judgment?
4	A. Yes.
5	Q. Okay. Did you leave any records or
6	documents or writings out of your file material,
7	something you reviewed?
8	A. No. No.
9	Q. Let's go to Number 2: Any documents that
10	would "records, documents and writings related in
11	any way to the first contact" made to you by anyone
12	concerning the review of any records in preparation
13	of your declaration.
L4	Did you produce those documents?
15	A. Yes.
16	Q. And those are part of your file?
L7	A. Yes.
18	Q. Number 3, "All reports, working notes and
19	other writings prepared by the witness or at the
20	witnesses' request concerning this case."
21	Have you produced all of those documents?
22	A. Yes.

Q. Okay. And they are part of your working



A. Yes.

23

24

25

file?

- O. Was anything removed from your working file 2 before you prepared that declaration?
 - A. No.

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- Q. Do you have any photographs, motion pictures, videos, diagrams or other pictorial representation of the Trilogy 100 Unit at issue in this matter or any instrumentality involved in this case?
- 9 A. No.
- 10 Q. When this unit was provided to Philips 11 Respironics, did they -- did someone at Philips 12 Respironics photograph it when it came in?
- 13 A. No.
- 14 Q. Okay. Is that typical, that they don't photograph the unit to confirm what it is and the tests they perform?
 - A. Yes, that's typical, we don't photograph them.
 - Q. Okay. Number 5, "Any and all documentation regarding testing, test results, empirical studies, outside documentation provided by any governmental and/or private entity as it pertains to the Trilogy 100 unit and/or any instrumentality involved in this case."
 - MR. CASPINO: We object on that -- on



A. I would actually have to go into our SAP



- 1 (phonetic), find its particular complaint and try to 2 find it there.
- Q. Okay. Number 6, "Any and all notes,
- 4 telephone messages, email messages, and "other
- 5 | items of correspondence between" you or anyone
- 6 associated with your office and Philips -- and/or at
- 7 | Philips' attorneys --
- 8 MR. CASPINO: Object. Attorney-client
- 9 | privilege.
- 10 MR. DUNBAR: Thank you.
- 11 BY MR. DUNBAR:
- 12 Q. Number 7, "Any and all notes bills,"
- 13 | "financial records documenting the amount of time
- 14 | the witness or anyone associated or "affiliated"
- 15 | with the witnesses' office has charged Philips or
- 16 | the Philips' attorneys for any work you've done to
- 17 | date.
- 18 MR. CASPINO: Object that would be
- 19 employment -- confidential employment information.
- 20 He's an employee of Philips.
- 21 MR. DUNBAR: Thank you.
- 22 BY MR. DUNBAR:
- 23 O. And I would assume that would be the same
- 24 for Number 8, any financial records of the witness
- 25 | from Philips because he's been an employee for



- Philips, correct? 1
- 2 MR. CASPINO: Yes, he's a salaried employee
- 3 for Philips.
- BY MR. DUNBAR: 4
- Q. Number 9, "A complete list of all cases 5
- involving the alleged failure of a Trilogy 100 unit 6
- 7 in which" you have -- well, reviewed the data from a
- 8 machine after a complaint has been made.
- 9 MR. CASPINO: Let me back up. I don't see
- 10 that.
- MR. DUNBAR: It's Number 9, "A complete 11
- 12 list of all cases involving the alleged failure of a
- 13 Trilogy 100 unit in which the witness has been
- 14 retained to act as an expert consultant from
- 15 January 1, 2010 to the present identifying by case
- 16 name and the identity of the party (either Plaintiff
- 17 or Defendant) who retained you."
- 18 MR. CASPINO: We're going to object because
- 19 he's a salaried employee. He's not an expert
- 20 consultant that's been retained by anybody. Just
- 21 one of our employees.
- 22 BY MR. DUNBAR:
- 23 Q. Thank you. And that would be the same
- 24 thing for Number 10, correct?
- 25 MR. CASPINO: Correct.



- 1
- 2 MR. CASPINO: And Number 11.
- 3 MR. DUNBAR: And Number 12.
- MR. CASPINO: And Number 12, and Number 13 4
- 5 would be attorney-client privilege.
- MR. DUNBAR: And Number 14 was a catch-all, 6
- 7 which is covered by all of what you've already
- 8 produced and the objections made by your counsel,
- 9 agreed, Mr. Caspino?
- 10 MR. CASPINO: Agreed.
- 11 MR. DUNBAR: Great. Now we're done with
- 12 the boring part.
- 13 BY MR. DUNBAR:
- Q. All right. Now, sir, you've had an 14
- 15 opportunity to pull the data from this machine.
- 16 Did you actually inspect the machine itself
- 17 that's at issue in this case?
- 18 A. I did not.
- 19 Q. In your capacity as an employee in the
- 20 Quality Assurance Division of Philips Respironics,
- 21 who manufactured the Trilogy 100 Unit involved in
- 22 this case?
- 23 A. We did, Philips Respironics.
- O. Did Apquard Medical, Incorporated, have any 24
- 25 involvement in the manufacturing of the Trilogy



- 1 | 100 Unit at issue in this case?
- 2 A. No.
- Q. Who designed the Trilogy 100 Unit in this
- 4 | case, sir?
- 5 A. Philips Respironics.
- Q. And did Apguard Medical, Inc., have any
- 7 | involvement in the design of the Trilogy 100 Unit
- 8 involved in this case?
- 9 A. No.
- 10 Q. Who wrote the instruction manual for the
- 11 | Trilogy 100 Unit involved in this case?
- 12 A. Philips Respironics.
- Q. Did Apguard, Inc., have any involvement in
- 14 | the writing of the manual for the Trilogy 100 Unit
- 15 | involved in this case?
- 16 A. No.
- 17 | 0. If any warnings were attached to the
- 18 | machine, who designed those warnings?
- 19 A. Philips Respironics.
- 20 Q. Okay. Did Apquard Medical, Inc., have any
- 21 | involvement in designing any of the warnings that
- 22 | were physically placed on the machine?
- 23 A. No.
- Q. Does the Trilogy 100 Unit involved in this
- 25 case have alarms that can trigger if certain events



1 occur? 2 A. Yeah. 3 Q. And who designed those warnings on the Trilogy 100 Unit involved in this case? 4 5 A. You mean the alarms? Q. Yes. I apologize. 6 7 A. Philips Respironics. 8 O. And --9 MR. CARPENTER: Vague and ambiguous. 10 Overbroad. 11 Are you excluding the prescription as part 12 of the design? 13 THE WITNESS: Prescription is not --14 THE REPORTER: I'm sorry, repeat your 15 answer. 16 THE WITNESS: I said --17 MR. CASPINO: It is part of the design --18 delivered to the patient, that's -- I just want to 19 make sure you're excluding the prescription. 20 MR. DUNBAR: The prescription is written by 21 a doctor, Counsel. I'm going over the basic: Who 22 designed this machine. 23 MR. CARPENTER: Right. 24 MR. DUNBAR: I'll get to the prescription 25 later.



- 1 MR. CARPENTER: All right.
- 2 BY MR. DUNBAR:
- Q. So when this machine leaves the Philips
- 4 Respironics factory, certain alarms are designed by
- 5 | Philips Respironics, correct?
- 6 A. Yes.
- 7 Q. Okay. And did Apguard Medical,
- 8 | Incorporated, have any involvement in designing
- 9 those preset alarms on the Philips 100 -- the
- 10 | Trilogy 100 Unit when they left the factory in this
- 11 | case?
- 12 | A. No --
- 13 MR. CASPINO: Objection. Lacks foundation
- 14 regarding "preset alarm."
- MR. CARPENTER: Join.
- 16 BY MR. DUNBAR:
- 17 Q. Well, are alarms set on this machine by the
- 18 | factory?
- 19 MR. CARPENTER: Vague, ambiguous.
- 20 THE WITNESS: Yeah, I mean, whoever sets
- 21 | the machine up is supposed to set up the alarms,
- 22 | whatever they need.
- 23 BY MR. DUNBAR:
- 24 O. Okay. But those alarms that are to be set
- 25 | up are actually designed by Philips Respironics,



1 correct? 2 A. Yes. 3 O. Okay. Did Apquard Medical have any involvement in setting up those alarms at the 4 5 factory? 6 A. No. 7 MR. CARPENTER: Vaque and ambiguous. 8 BY MR. DUNBAR: 9 Q. And it's only after the machine, the 10 Trilogy 100 Unit in this case, leaves the factory, 11 that someone can set or not set those alarms, 12 correct? 13 A. Correct. Q. After the machine -- the Trilogy 100 Unit 14 15 in this case leaves the factory, can anyone add 16 additional alarms to it? 17 MR. CARPENTER: Vague and ambiguous. 18 Overbroad. 19 MR. CASPINO: I'll join. 20 BY MR. DUNBAR: 21 Q. You can still answer, sir. 22 A. Yes, I mean, the only alarm you can add to 23 it would be an external remote alarm. 24 O. And what would that be for? 25 A. Just to set an alarm in a different room to



- 1 make sure you hear -- something alarm is on the 2 Trilogy.
- Q. Do you know if that was done in this case?
- 4 A. I do not.
- Q. Can you list for me the alarms that are set by the company before this unit, that's involved in this case, leaves the factory?
- 8 MR. CASPINO: Objection. Misstates prior 9 testimony regarding alarms set by the company.
- 10 MR. CARPENTER: Vague and ambiguous. Join.
- 11 BY MR. DUNBAR:
- 12 Q. Sir, you can still answer.
- 13 A. The alarms -- the alarms are available when 14 it leaves our company.
- Q. Okay. And what alarms are those?
- A. There are several: apnea alarms, high
- 17 pressure, low pressure, low-minute ventilation,
- 18 disconnect, high respiratory rate, low respiratory
- 19 rate.
- Q. Are any of those alarms unable to be turned off?
- MR. CARPENTER: Vague and ambiguous.
- MR. CASPINO: Yeah. Lacks foundation and
- 24 vague and ambiguous.
- Do you understand the question, Sam?



Yes. 1 THE WITNESS: Low pressure is one 2 alarm that cannot be turned off. 3 BY MR. DUNBAR: Q. So if a low-pressure alarm is triggered, 4 5 what happens? A. The device would alarm. 6 7 O. Make a sound? 8 A. Yes. 9 Q. Would an example of a low-pressure alarm 10 trigger be the hose disconnecting from the mask? 11 A. Yes. 12 Q. And Apquard Medical, Inc., cannot turn off 13 that low-pressure alarm, correct? 14 MR. CARPENTER: Vaque and ambiguous. 15 Is your question after the alarm is going 16 off and it can't be turned off or -- I'm not understanding your question. Maybe you guys are 17 18 just talking over my head. 19 Is that right? 20 BY MR. DUNBAR: 21 O. Mr. Cribbs? 22 A. Yes. 23 Q. At any time before the alarm is triggered, 24 can Apquard Medical, Inc., turn off the low-pressure 25 alarm?



- A. It can't be turned off. It can be silenced.
 - Q. What do you mean "it can be silenced"?
- A. There's an alarm silence button on the device, you push the button, and it will silence the alarm.
- Q. Can you silence that alarm in advance of it being triggered?
- 9 A. Well, if you hit "alarm silence," yes, it
 10 wouldn't sound. But it only stays active in that
 11 state for two minutes.
- Q. What do you mean "active in that state"?

 Silenced?
- 14 A. Silenced, yes.
- Q. So after -- so if somebody triggers the alarm, such as in a case where the hose falls off the mask, for some reason or another, the alarm would trigger and a sound would emit, correct?
- 19 A. Yes.

- MR. CARPENTER: Vague and ambiguous.
- 21 Overbroad. Lacks foundation.
- 22 BY MR. DUNBAR:
- Q. And somebody could silence the alarm by pushing that alarm silence button, correct?
- 25 A. That's correct.



O. And then after two minutes, it would 1 2 reactivate and start making noise again, correct? 3 A. Correct. O. And other than hitting the alarm silence 4 5 button, Apguard Medical, Inc., has no ability whatsoever to turn that low-pressure alarm off, 6 7 correct? 8 A. Correct. 9 Q. So if the hose came off as alleged in this 10 case, hose of the mask, that low-pressure alarm 11 would trigger and emit a noise, correct? 12 A. Yes. 13 O. And Apquard would have no ability to turn 14 that off other than by pressing that silence off --15 that silence alarm, correct? 16 A. Yes. 17 O. Does the circuit disconnect alarm --18 MR. CARPENTER: Sorry. I think I was 19 muted. Improper, incomplete hypothetical. 20 MR. DUNBAR: Wow, I haven't heard that in 21 years. 22 MR. CARPENTER: Improper, incomplete 23 hypothetical? 24 BY MR. DUNBAR:

Q. Sir, is the circuit disconnect alarm one



- that could be turned off by the company setting the 1 2. machine? 3 A. Yes. O. And let's say that circuit -- that circuit 4 5 disconnect alarm was not turned off, what would 6 trigger a circuit disconnect alarm? 7 A. A large leak in the patient's circuit. 8 Q. And what would be an example of a large 9 leak in the patient's circuit? 10 A. The tubing coming off of the mask. 11 Q. Okay. And Philips has preprogrammed a 12 fail-safe for that by the low-pressure alarm, 13 correct? 14 MR. CASPINO: Objection. Lacks foundation, 15 and vague and ambiguous. 16 MR. CARPENTER: Join. 17 BY MR. DUNBAR: 18 O. Sir, you can answer. 19 MR. CASPINO: Do you understand what he means by "fail-safe"? 20 21 THE WITNESS: Yeah. If the apnea alarm is 22 turned off, you still have something that might
- alarm --24 BY MR. DUNBAR:

25 Q. Exactly.



- 1 A. -- low pressure. 2 In theory, yes.
- 3 O. Are there any other internal alarms on this 4 machine, other than the low-pressure alarm, that 5 cannot be changed by anyone other than Philips Respironics at the factory? 6
- 7 A. Not that I'm aware of.
- 8 O. Would that also include the 9 low-inspiratory-pressure alarm?
- 10 THE REPORTER: The low, I'm sorry?
- 11 MR. DUNBAR: I-n-s-p-i-r --
- 12 THE REPORTER: Yes, I know.
- 13 BY MR. DUNBAR:

17

18

- 14 O. Is that a preset alarm that nobody can turn 15 off other than at the factory?
 - A. That is basically the low-pressure alarm.
 - O. Okay. Do you know if the low-pressure alarm for this particular machine, the Trilogy 100 Unit, was tested at the Philips Respironics
- 20 factory when it was returned?
- 21 A. Yes, they would have tested everything.
- 22 Q. Okay. And do you have any documentation of 23 that test indicating that it was operable at the 24 time you -- your company tested it after it was
- 25 returned to you by the plaintiffs' attorneys?



- A. I -- that is something I don't think I have, but there would be a record of it.
- Q. Okay. And do you think you could find that record?
- 5 A. I could try to.
- 6 Q. And what would that record be called if I
 7 asked for it?
- 8 A. Basically, a test report.
- 9 Q. Is there a specific item of the test report 10 that I would request?
- A. No, I mean, it's -- it's a report that
 shows everything was tested, and if it passed or it
 failed.
- Q. The masks that we're talking about in this case where the hose came off, is that a vented mask?
- 16 A. I -- I don't know.
- 17 Q. Okay.
- 18 A. I've never seen the mask.
- Q. Does the Trilogy 100 Unit generate oxygen on its own?
- 21 A. No.
- Q. Does the Trilogy 100 Unit provide oxygen independent of any other device?
- 24 A. No.
- Q. Does the Trilogy 100 Unit provide



- 1 lifesaving oxygen to patients who are using the
 2 device?
 3 MR. CARPENTER: Vague and ambiguous.
- 4 Overbroad.
- THE WITNESS: These questions, I'm assuming
- 6 you're referring to greater than 21 percent
- 7 | atmospheric oxygen?
- 8 BY MR. DUNBAR:
- 9 0. Yes.
- 10 A. It would not.
- 11 Q. If a hose became disconnected at the mask
- 12 | for the Trilogy 100 Unit, as alleged in this case,
- 13 | would the patient still be able to breathe?
- MR. CARPENTER: Vague and ambiguous.
- 15 Overbroad. Calls for a medical conclusion. Lacks
- 16 | foundation.
- 17 MR. CASPINO: Join.
- 18 BY MR. DUNBAR:
- 19 Q. Sir, you can answer.
- 20 A. What was the question again, please?
- 21 Q. Sure. If the person's wearing a vented
- 22 | mask and the hose gets disconnected, can they still
- 23 breathe?
- MR. CARPENTER: Lacks foundation. Calls
- 25 for speculation. Medical conclusion. Improper,



1 incomplete hypothetical. 2 MR. CASPINO: Join. 3 THE WITNESS: It depends if they have a 4 spontaneous breathing drive. 5 BY MR. DUNBAR: Q. Okay. And can they exhale? 6 7 MR. CARPENTER: Same objections. 8 MR. CASPINO: Same objection. 9 BY MR. DUNBAR: Q. Excuse me, Mr. Cribbs, you were drowned out 10 11 by the raising objections. 12 What was your answer? 13 A. Yes. 14 O. Does the Trilogy unit, Trilogy 100 unit 15 involved in this case, have any software to show a 16 history of when an alarm was triggered? 17 A. Yes. 18 O. And what is the name of that software? 19 A. It's just the internal event log that is 20 logged in the machine itself. 21 Q. And did you have an opportunity to pull the 22 internal event log for this Trilogy 100 Unit? 23 I didn't pull it, but I have it. A. Yes. 24 Q. Is it in your file material somewhere? A. Yes. 25



Q. And can you direct me to it, please? 1 2 (Pause during proceedings.) 3 MR. CASPINO: Can you open that document? 4 MR. DUNBAR: You know, do you want to take 5 a short five-minute break while he does that? THE WITNESS: What do you want me to do? 6 7 BY MR. DUNBAR: 8 Q. I want you to find the internal event log 9 that cataloged all of the alarm soundings on this 10 Trilogy 100 Unit. 11 A. I have it. What do you want me to do with 12 it? 13 O. I want you to tell me where it is. What's it look like? I have your file. I'm just trying to 14 15 figure out where it is, where is it. 16 A. It's a text document. 17 0. Okay. 18 A. And it's entitled, "2C_TV," do you see that 19 one? 20 (Pause during proceedings.) 21 BY MR. DUNBAR: 22 Q. No, I don't. How far down is it, or what 23 page of what is it? Because I've got a first set 24 that's page 1 of 16. Is it within those documents? 25 A. I would say no.



1 O. Okay. The next one has a date, time, and 2 it's a TV113061760. That's the wrong one. 3 Okay. I've got -- the next one is created by DirectView v2.4.2, it's page 1 of 40. Is it 4 5 within those? A. No. 6 7 Q. Okay. The next document I have is your 8 May 12th, 2021, letter with --9 MR. CARPENTER: Did you say May 12th? 10 MR. DUNBAR: May 14th. Sorry. 11 BY MR. DUNBAR: 12 Q. May 14th, 2021, letter, it's Exhibit B to 13 your declaration. It's pages 1 of 6. Are they in 14 that? 15 A. No. 16 Q. Okay. I don't have it. 17 A. We have it, but you wouldn't want to print 18 it out. It would probably be over a thousand pages. 19 Q. I want to print it out. Okay. So if I 20 need to request it, sir, it's called the "Internal 21 Event Log"? 22 A. Yes. 23 Q. And then you had a designation for it, 24 what -- it was T2 underscore?

A. TC_ -- or 2C_TV113061760_16120 -- or



- 1 | 7041737_20220505142917.929_X.
- 2 Q. Thank you very much.
- MR. CARPENTER: Michael, is there a way we
- 4 can have that sent to us by Dropbox or something
- 5 like that? I don't mind the thousands of pages.
- 6 MR. CASPINO: Yeah, we can do that, but, I
- 7 | believe, Sam, why don't you talk about how there's a
- 8 summary.
- 9 THE WITNESS: In the error log?
- 10 | MR. CASPINO: Yeah.
- 11 THE WITNESS: It's actually just a piece at
- 12 the end of the error log that gives a summary of
- 13 every kind of alarm that's sounded on this device.
- 14 BY MR. DUNBAR:
- 15 Q. Okay. Thank you.
- 16 A. -- and how many times it sounded. It's all
- 17 part of the log.
- 18 Q. Okay. And is that in the documents that
- 19 | you produced, sir?
- 20 A. I know I produced it.
- 21 MR. CASPINO: Yeah. May I just ask a
- 22 | question that might help?
- 23 You produced the relevant time period,
- 24 | correct?
- THE WITNESS: No, I made available the



1 entire event log. 2 MR. CASPINO: Okay. 3 BY MR. DUNBAR: O. Yeah, because the event log I have, sir, 4 5 starts at October 11, 2019, and goes through -- hang 6 on. 7 It says 7/3/2020 5:35:24 p.m., that's pages 8 1 through 16 of the prescription history, and then I 9 have a series of other pages, 1 through 40. 10 Would it be in those documents, the 11 summary? 12 A. No. 13 O. All right. Well, I'll be requesting a 14 summary as well because I can't -- I can't seem to 15 find it. 16 A. It's not going to be the summary. It's going to be the entire event log, with the summary 17 18 at the bottom of the event log. It's all part of 19 one file. 20 Q. Got it. Okay. Thank you. 21 MR. CARPENTER: We don't have that log or 22 we do have that log? 23 MR. DUNBAR: We don't.

MR. CASPINO: Sam, do you have the event

log for the relevant time period of 7/3 and 7/4?



24

```
THE WITNESS: Only what's on that summary
 1
 2
    report, that's got the relevant time frame.
 3
             MR. CASPINO: And would that be, I believe,
    right after your letter?
 4
 5
             THE WITNESS: Yes, it's part of it.
             MR. CASPINO: Okay. So pages 2
 6
 7
    through 7 -- 6. Found it. 63 through 70 on the
 8
    PDF.
 9
             MR. CARPENTER: The pages after the May 14,
10
    2021, letter?
11
             MR. CASPINO: Yep.
12
             That's the summary.
13
             MR. DUNBAR: All right.
14
    BY MR. DUNBAR:
15
          O. And this shows all of the alarms that get
16
    triggered and the events, correct?
17
          A. Correct.
18
             MR. DUNBAR: All right. Can we take a
19
    five-minute break so I can look this stuff over?
             MR. CASPINO: Sure. Back in five minutes.
20
21
             MR. DUNBAR: Back in five minutes.
                                                 Thank
22
    you.
23
             (Recess.)
24
    BY MR. DUNBAR:
25
          Q. Mr. Cribbs, we're back on the record, and
```



- 1 thank you for pointing out where the alarm data is
 2 located. I'm going to share my screen right now.
 3 And this is going to be -- we're going to
- 4 mark this as Exhibit B to your deposition. This is 5 your May 14, 2021, letter.
- 6 (Exhibit B marked for identification.)
- 7 BY MR. DUNBAR:
- Q. See your name at the bottom of it?
- 9 A. I do.
- Q. And then it's -- page 1 through 6, and what we're showing from pages 2 through 6, that's the
- 12 error log -- is that the summary of the error log
- 13 | we're talking about?
- 14 A. No, this is the summary of the errors that 15 were logged on the day of the event.
- Q. Thank you. So any alarms that would have triggered on the day of the event, would be included in this document, Exhibit B?
- 19 A. Yes.
- Q. All right. And we've already established,
- 21 | sir, that if a low-pressure alarm sounded -- a
- 22 | low-pressure alarm would sound if the hose came off
- 23 | the mask, correct?
- MR. CARPENTER: Vague and ambiguous.
- 25 Overbroad. Lacks foundation. Calls for



1 speculation. 2. BY MR. DUNBAR: 3 O. That's a true statement --4 MR. CARPENTER: Also improper, incomplete 5 hypothetical. BY MR. DUNBAR: 6 7 O. If the hose came off the mask, a 8 low-pressure alarm would sound, correct? 9 MR. CASPINO: Same objections, and 10 misstates his testimony. 11 BY MR. DUNBAR: 12 Q. Sir, you can answer. 13 A. In most cases, yes, it would. 14 O. Okay. And can you show me where on 15 Exhibit B there is a record that shows that the 16 low-pressure alarm triggered? 17 A. I cannot. 18 O. Upon your review of Exhibit B, does it show that any low-pressure alarm triggered on either 19 20 July 3, 2020, or July 4, 2020? 21 A. You would have to scroll down through it, 22 but I believe the answer is no. 23 Q. Why not? 24 A. Well, if it never went off, it never got



logged.

- O. Based upon your review of your -- of the 1 2 summary that's attached as Exhibit B to your deposition, do you believe that the hose got 3 disconnected from this patient's mask? 4 Improper, incomplete 5 MR. CARPENTER: hypothetical. Calls for speculation. Lacks 6 7 foundation. 8 BY MR. DUNBAR: Q. You can answer, sir. 10 A. I cannot tell that from this log. All I 11 know is that -- if you scroll through here, I don't 12 believe there are any instances where an alarm 13 sounded. 14 O. And if the hose came off the mask, the 15 alarm should have sounded, correct? 16 MR. CASPINO: Same objections as before: Lacks foundation, incomplete hypothetical. 17 18 MR. CARPENTER: Overbroad. Vaque and
- 20 speculation. Expert opinion.
 21 THE WITNESS: In most cases, it should

ambiguous. Lacks foundation. Calls for

22 alarm, yes.

- 23 BY MR. DUNBAR:
- Q. What do you mean "in most cases"?
- 25 A. There are -- there are factors that can



- 1 cause that alarm not to sound.
- Q. And what would those factors be?
- A. Resistance within the tubing caused by,
- 4 possibly, the way the tubing lands, it might be
- 5 | blocked by a blanket or a pillow or something, in
- 6 that order.
- 7 Q. Do you have any information that this
- 8 | tubing was -- had any resistance in it?
- 9 MR. CARPENTER: Vague and ambiguous.
- 10 Overbroad.
- 11 BY MR. DUNBAR:
- 12 | 0. Sir?
- 13 A. I said I do not.
- Q. Thank you. From your review of the data,
- 15 | was this patient using the Trilogy 100 Unit 24 hours
- 16 a day, seven days a week?
- 17 A. I do not know that.
- 18 | O. Can you tell from the data how many hours a
- 19 day the patient was using the Trilogy 100 Unit from
- 20 July 1, 2020, to July 4, 2020?
- 21 A. The only way I could speculate or -- is by
- 22 | using the other report that we have.
- Q. And that -- I'm sorry, sir, what report was
- 24 | that again?
- 25 A. I believe it's called the "Patient Data" or



1 "DirectView." 2 Q. Okay. 3 A. Must be things that you have there. O. Thank you. Now, if we go up to your 4 letter, the first page of Exhibit B, if we go down 5 to the fourth paragraph, it says, The device was 6 7 powered on and off repeatedly from July 3, 2020, to 8 July 4, 2020. 9 Do you see that, sir? 10 A. I do. 11 Q. What is the significance of that? 12 A. That's all that's in the log, that's what 13 is stated. 14 O. And if the device is located in the 15 patient's residence, who would be the one turning on 16 and off that device? MR. CASPINO: Objection. Calls for 17 18 speculation. 19 MR. CARPENTER: Join. 20 THE WITNESS: I don't know. 21 BY MR. DUNBAR: Q. Do you attribute any significance, in your 22 23 mind, as to it being repeatedly turned on and off? 24 A. I do not.

Q. The next sentence says, "At 14:34:54 Local



Time" -- is that California time or your time, sir? 1 2 A. That's the local time where the device was 3 located. O. Okay. California. "Pressure support 4 maximum pressure was changed from 17 CMH20 to 5 18 CMH20, do you see that? 6 7 A. Yes. 8 Q. What's the significance of that statement, 9 sir? A. It's just, I saw it in the log. It was 10 11 logged in there where someone had changed it. 12 Q. Do you know who changed it? 13 A. I do not. 14 O. How is that change made? A. By going into the menu on the device, 15 16 getting to that particular setting and making your 17 change. 18 O. Is that in the clinician menu? 19 A. Yes. 20 Q. And that menu is specifically designed for 21 only medical professionals, such as respiratory 22 therapists, to make the changes, correct? 23 A. Correct. 24 Q. So if somebody who is not a medical

professional makes that change, that would be an

improper use of the Trilogy 100 Unit, would it not? 1 2 MR. CARPENTER: Vague and ambiguous. 3 Overbroad. Lacks foundation. Calls for 4 speculation. THE WITNESS: That's why there's a clinical 5 menu on there. 6 7 BY MR. DUNBAR: 8 Q. Sir, that would be a correct statement, 9 that it would be an improper use of the product, 10 correct? 11 MR. CARPENTER: Same objections. 12 MR. CASPINO: Yeah, I'm going to object to 13 Mr. Cribbs reads these reports, that's what he does, and I think you're asking him on issues 14 15 that are beyond his scope of his knowledge and 16 haven't been established here. MR. CARPENTER: Lacks foundation. Calls 17 18 for speculation. BY MR. DUNBAR: 19 20 Q. If the unit is turned off, is the patient still able to exhale on their own? 21 22 MR. CASPINO: Objection. That calls for 23 speculation, and it's an incomplete hypothetical.

Join.

ESQUIREDEPOSITION SOLUTIONS

MR. CARPENTER:

24

25

///

BY MR. DUNBAR: 1 2 O. Sir? 3 A. Yes, they could still exhale. O. I mean, the fact that the unit is turned 4 off for some period of time, that would mean that 5 they're just on regular room air, correct? 6 7 MR. CASPINO: Same objections. 8 Speculation. 9 MR. CARPENTER: Same objections. 10 THE WITNESS: They would be breathing 11 through a mask, a tube, and pulling air through the 12 ventilator, but, yes, it would just be room air. 13 BY MR. DUNBAR: 14 Q. All right. Let me stop sharing this. Hold 15 on. 16 There we go. 17 All right, sir, we're going to go to -- I'm 18 going to show you what is -- it's actually Exhibit C 19 to your declaration, and we're going to make this as 20 Exhibit C to your deposition. 21 (Exhibit C marked for identification.) 22 BY MR. DUNBAR: 23 Q. And you probably have a copy in front of 24 you, but is what I have on the screen a duplicate of

what you have as Exhibit C to your declaration?



A. Yes.

Q. All

- Q. All right. And, sir, you say that there are various settings that were prescribed by
- 4 M. Ali Ansari, A-n-s-a-r-i, MD, do you see that?
- 5 A. I do.
- Q. Okay. Where on this document, sir, is there any prescription for alarm settings?
- 8 A. I don't see any on there.
- 9 MR. CARPENTER: Vague and ambiguous.
- 10 Overbroad.
- 11 BY MR. DUNBAR:
- Q. Sir, if we go to -- if we go to page 3 of
- 13 your declaration -- and I'm going to make pages 1,
- 14 2, and 3 to your declaration Exhibit D to your
- 15 deposition.
- 16 (Exhibit D marked for identification.)
- 17 BY MR. DUNBAR:
- Q. And I apologize, I do not have it on my
 computer, but do you have a copy of your declaration
 in front of you, sir? I know it was dropped into
- 21 the chat.
- 22 A. Which declaration are you speaking of?
- Q. I am talking about the declaration -- here,
- 24 | it's part of the motion for summary judgment, and it
- 25 | should be -- Mr. Caspino was kind enough to put that



in the chat box for us all. 1 2 A. I have it in an e-mail. 3 Q. Great. If we go to the last page, Paragraph Number 8, it says, "I have reviewed the 4 5 prescription that accompanied the Trilogy 100 Unit used by the decedent in this case and took note of 6 7 the particular alarms that were to be set." 8 Where on that prescription, Exhibit C, were 9 those particular alarms to be set? 10 A. I don't see them anywhere. 11 Q. So that would be a false statement, 12 correct? 13 MR. CASPINO: Objection. Argumentative. 14 Lacks foundation. 15 BY MR. DUNBAR: 16 O. Sir? 17 A. I must have mistakenly said yes, but I 18 don't see any alarm setting. 19 Q. Okay. The next sentence says, "From my 20 review of the data for the Trilogy 100 Unit, 21 however, I noted that none of the alarms listed in 22 the prescription were set by the unit provider." 23 If there are no alarm settings in this

prescription, how could that be a true statement?

MR. CASPINO: Same objections --



24

MR. CARPENTER: Assumes facts not in 1 2 evidence. Vague and ambiguous. Mischaracterizes 3 testimony. MR. CASPINO: Same objections --4 5 THE WITNESS: Once again, mistakenly, I 6 would say, I miscorrectly answered it. 7 (Reporter clarification.) 8 THE WITNESS: I did not answer that 9 correctly. It was a mistake on my part. 10 BY MR. DUNBAR: 11 Q. Okay. Sir, did you write paragraph 8, or 12 did somebody else write it for you? 13 MR. CASPINO: Objection. Lacks foundation. 14 Calls for speculation. May invade attorney-client 15 privilege. BY MR. DUNBAR: 16 Q. I'm not entitled to know what anybody tells 17 18 their attorney, sir, but I'm entitled to know 19 whether you wrote that statement or somebody else 20 did. All it requires is a yes-or-no answer. 21 A. No. 22 Q. No, you did not write paragraph 8, correct? 23 A. That's correct. 24 Q. And yes or no, do you know who did? 25 A. I do not --



1 (Simultaneous speakers.) 2 MR. CASPINO: Objection. Calls for 3 attorney-client privileged communications, so don't 4 answer the question. MR. DUNBAR: Well, he already did. 5 And a yes-or-no answer to that, sir, is not 6 7 attorney-client, and you know it as well as I do. 8 MR. CASPINO: Why don't we stop --9 THE REPORTER: I'm sorry, because of the 10 objections, I did not hear his answer. 11 MR. CASPINO: Well, that's good, then, 12 because he's not going to answer the question, then. 13 (Pause during proceedings.) 14 MR. CASPINO: I can't hear you, Counsel. 15 MR. DUNBAR: I'm talking to myself, trying 16 to get another document up. Thank you. 17 BY MR. DUNBAR: 18 O. All right. Sir, we're going to make as 19 Exhibit E to your deposition, if I could figure out 20 how to get it to go. 21 A document entitled, "Trilogy 100/200 22 Prescription for Mechanical Ventilation." 23 (Exhibit E marked for identification.) 24 BY MR. DUNBAR: 25 Q. Do you see that document, sir?





1	EXAMINATION
2	BY MR. CASPINO:
3	Q. So, Mr. Cribbs, this is my Mike Caspino.
4	I'm going to pull up your there we go.
5	Do you see the exhibit that we've been
6	going through with yeah, I want to walk you
7	through one thing to clear some things up.
8	There are alarms on the Trilogy 100 that
9	you looked at the download for, correct?
10	A. Yes.
11	Q. And your job, sir, is tell me if I'm
12	wrong on this your job is you read these reports,
13	correct?
14	A. Yes.
15	Q. Okay. Now, let's look at the prescription.
16	Okay?
17	Well, let me start with this baseline
18	first.
19	All those alarms, and you had talked about
20	a number of them circuit, disconnect,
21	et cetera which alarms on this unit were set?
22	A. None.
23	Q. Okay. Now
24	MR. DUNBAR: Objection. That misstates his
25	testimony, Counsel. There were internal alarms set



1 by the company.

SAMUEL CRIBBS

- 2 MR. CASPINO: Well, you can come back and
- talk to him about that, if you would like. 3 There
- are no internal alarms set by the company. That's 4
- 5 not what he said. He said one you can't turn off.
- That was the testimony, which is the truth. 6
- 7 BY MR. CASPINO:
- 8 O. Now, let's take a look at -- I'm focused
- 9 right here, on the prescription, and what it's doing
- 10 is it's setting a range of pressure settings,
- 11 correct?
- 12 A. Yes.
- 13 O. And the unit DME provider will set those
- 14 settings in the Trilogy unit, correct?
- 15 A. Yes.
- 16 O. And then they'll go ahead and set an alarm,
- 17 so -- and if it goes outside those settings, the
- 18 alarm goes off, correct?
- 19 A. Yes.
- O. And in this instance, the settings were 20
- 21 made with no alarms set, correct?
- 22 A. None of the user-settable alarms were
- 23 active.
- 24 O. And that one user-settable alarm includes
- 25 circuit disconnect, correct?



- 1 A. Yes.
- Q. And circuit disconnect is there for if the
- 3 circuit of the air flow breaks, correct?
- 4 A. Yes.
- 5 Q. And none of those were set in this
- 6 | instance, correct?
- 7 A. None of these are settable.
- 8 Q. And if we look at your documentation, which
- 9 shows the performance of the unit and we look at
- 10 | what occurred around that July 3rd, July 4th time
- 11 period where there was a circuit disconnect --
- 12 | Well, let me -- I got a better spot for it.
- 13 | Hang on.
- 14 Did we have a circuit disconnect around
- 15 | July 3rd and July 4th? I'll get there. I
- 16 apologize.
- 17 I'll reask the question.
- 18 MR. DUNBAR: Mike, I think I already have
- 19 | that preloaded on my computer if you want me to find
- 20 | it.
- 21 MR. CASPINO: I got it. One second. Just
- 22 no good with the computers, that's the problem.
- 23 BY MR. CASPINO:
- 24 O. Okay. Did we have a circuit disconnect at
- 25 | some point?



- A. Not that I could see in the log, no. 1
- 2 Q. Okay. Did you see at any time that any of 3 the alarms -- strike that.
- What was the performance -- can you tell 4 what the performance of the patient was around that 5 July 3rd, July 4th time frame?
- 7 A. The performance?
- Q. Yeah. Are you able to tell whether the 8 9 patient had any distress or any problems with the 10 unit when you look at the flow?
- 11 A. Well --

- 12 Q. Go up to the flow. Does any of the flow 13 data show you any issues regarding this unit around 14 the July 3rd, July 4th time frame?
- 15 MR. CARPENTER: Lacks foundation.
- 16 BY MR. CASPINO:
- 17 O. Do you recall that?
- 18 A. I don't -- I can't see here.
- 19 Q. Okay. I'm just trying to find July 3rd,
- 20 July 4th.
- 21 Okay. Well, let me try it this way:
- 22 there been a circuit disconnect -- okay? -- and had
- 23 the settings been set according to prescription and
- 24 alarms been set along with that, would those alarms
- 25 have gone off?



Okay.



MR. CARPENTER:

(Recess.)

24

MR. CARPENTER: All right. 1 2. BY MR. CARPENTER: Q. So, Mr. Cribbs, can you see the screen, the 3 report I have in front of you? 4 5 A. I do. Q. And it says, "No Data Available" for 6 7 "Alarms," correct? 8 A. Yep. 9 Q. Okay. And it says "LO2" on the Y-axis, 10 what does that refer to? 11 A. That must be, I quess, low oxygen. 12 Q. Oh. So it's LO2. And so is this just for 13 July the 4th of 2020, what's -- how do you read 14 this -- this time period in this report, for this 15 page, which is page 14 of 40? 16 A. It's July 4th, 2022, and it's time stamped on the bottom of each different waveform. 17 18 O. Okay. And you can see here, like, there's 19 "Patient Triggered Breaths," do you see that? 20 A. I see it. 21 O. And there's on the -- the -- the Y-axis has 22 0, that's zero breaths, right? 23 A. Yes. 24 Q. And then on the -- to 100, that's 100 25 breaths?



- 1 A. That's in percentage.
 - Q. Okay. So what does that mean?
- A. That's the percentage of patient-triggered breaths at whatever time.
- Q. Versus -- versus what, ventilator-triggered breaths?
- 7 A. Yes.

- Q. So you have here -- and then on the Y-axis (phonetic), it goes from 00 to 24, and so, I guess, 10 00 is July 4th at midnight or 12:01 a.m.?
- 11 A. Yes.
- 12 Q. And then 24 would be July 4th, 11:59 p.m.?
- 13 A. Yes.
- Q. Okay. And so from -- and how does this machine know what time it is?
- 16 A. It gets the time off of the ventilator.
- 17 O. Off of what?
- 18 A. What's the question again?
- Q. How does -- how is this machine time
 synchronized, how do we know it has the right time?
- A. Well, the one time is set to UTC or
- 22 Universal Time, and then the only time you can set
- 23 | is local time.
- Q. Okay. So is it set to local time or UTC?
- A. In this report you're looking at?



1 O. Yes.

6

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- 2 A. I would say it's probably coming off of the 3 UTC.
- Q. Okay. So zero -- zero hours on July 4th 4 5 UTC, that's what, eight or nine hours ahead of us?
 - A. I'm not certain how far.
- 7 Q. Okay. So in real time, zero hours on this 8 report is actually going to be July the 3rd in 9 California, do you know?
- 10 A. Whatever the local time would correspond to 11 this in UTC, that's what time it would be in 12 California.
- 13 O. Okay. And then so if you accept that this 14 report is scheduled -- is UTC different than 15 Greenwich Mean Time, or is it the same thing?
 - A. Same thing.
 - Q. Okay. If you set the Greenwich Mean Time, is it updated in the same way my phone is updated? Does anyone have to program in the time?
 - A. The time is programmed in according to Greenwich Mean Time when a device is manufactured.
 - Q. Okay. But it's not -- it's not like my coffee maker or my -- my VCR, I have to manually update it whenever there's a power outage or something like that, or I disconnect it, correct?



- A. I don't -- I don't really know. 1
- 2 O. Okay. So do you not -- if -- I imagine the
- 3 product gets delivered to the patient not plugged
- 4 in, right?
- 5 A. Yes.
- Q. And so when you plug in the device, do you 6
- 7 have to set the time somehow?
- 8 A. No, it's got a battery that the internal
- 9 time is -- is -- you know, it has as a battery,
- 10 backup.
- 11 Q. Okay. All right. Okay. So the questions
- 12 were asked you about, did the person using this
- 13 device go into some kind of distress, and you can
- 14 see here under "Patient Triggered Breaths," is this
- 15 where you might look to see if there was any
- 16 distress?
- A. Well, I mean, he was breathing quite a bit, 17
- 18 I would say, on his own. I can't say if that
- 19 indicates stress, but it's --
- 20 Q. When a patient's triggered breaths go down
- 21 to zero, what does that mean?
- 22 A. They're not triggering any breaths at all.
- 23 Q. Does that mean they're breathing or not
- 24 breathing?
- 25 A. That means they're not -- they're not



- 1 | breathing on the device.
- Q. So is that -- is that consistent with a
- 3 | disconnect?
- 4 A. Yes. You can see it in the "Leak," above
- 5 there.
- 6 Q. Okay. And so on the same report, page 14
- 7 of 40, you've got -- under Leaks, you've got this
- 8 | vertical line at or about between nine and ten
- 9 | hours, correct?
- 10 A. Yes.
- 11 | Q. And that's consistent with a disconnect,
- 12 | you're saying?
- 13 A. Yes, something caused the leak to increase
- 14 | pretty dramatically.
- 15 O. And there's the -- and the leak -- and
- 16 | then -- well, you got the minutes -- is it minute or
- 17 | minutia ventilation?
- 18 A. "Minute ventilation."
- 19 Q. Okay. And a minute ventilation, what is
- 20 | that measure? Liters per minute?
- 21 A. That's how many liters per minute the
- 22 patient is breathing, so to speak.
- 23 Q. And it goes from an average of about
- 24 | ten to zero, just before ten hours, right?
- 25 A. Correct.



- O. What does that indicate? 1 2 A. That indicates they were not breathing on 3 the machine. O. Also consistent with a disconnect? 4 5 A. Yes. 6 Q. And so -- so the reports do show a 7 disconnect? 8 A. Potentially, yes. 9 O. Correct? 10 A. Yes. Potentially it is a disconnect, it 11 looks like. 12 Q. Okay. And then going back to --13 And then up here where it says, "Alarms," 14 "No Data Available," earlier, you said that if the 15 hose disconnects from the mask, then the alarm 16 should go off, right? 17 A. In most cases, yes. 18 O. And so here, this report shows a disconnect 19 and no alarm, correct? 20 A. I would say yes. 21 Q. And in most cases, when there's a
- 24 A. In most cases, yes.
 - Q. So there was -- you testified that there

disconnect like this one, the alarm should go off,



correct?

22

23

- 1 | was -- where is this?
- 2 How -- how -- when you have a -- when
- 3 | you're using this machine, is the alarm supposed to
- 4 | go off every time you take the mask off the patient?
- 5 A. Yes, in theory. If you take the mask off
- 6 the patient, something should alarm, yes.
- Q. So every time you clean the mask, the alarm
- 8 is supposed to go off?
- 9 A. They should.
- 10 Q. Every time you take -- every time you take
- 11 | the patient to go to the bathroom or for whatever
- 12 reason take the mask off the patient, the alarm
- 13 | should go off?
- 14 A. Yes.
- 0. And if you had a patient who -- be off this
- 16 | machine for long enough to go to the bathroom, how
- 17 | is one supposed to turn off the alarm when they're
- 18 | going to the bathroom?
- 19 A. You would hit the alarm silence button.
- Q. So you get two minutes to go to the
- 21 | bathroom, that's it?
- 22 A. Two minutes -- every time you hit that
- 23 | button, it resets it to two minutes.
- Q. So you got to take the patient to the
- 25 | bathroom, and then leave the patient to go, and



1 then --2 A. However you want to do it. 3 0. Okav. There's no, like, remote control where you can turn it off remotely, the alarm? 4 A. No. 5 Q. Okay. Okay. You got this report here, 6 7 "Patterns of Usage," what does this report show? 8 A. That's just showing how often the machine 9 detected the patient breathing on the device. That's all that is. 10 11 Q. So we go up to the last page, page 20 of 12 40, and it shows on July 4th, 2020, which again is 13 Greenwich Mean Time, the --14 (Interruption in the proceedings.) 15 MS. VULIC: We can't hear you, John. Τ 16 don't know if anybody else is getting that. 17 MR. CASPINO: Yeah, you broke up there for 18 a second. 19 (Pause in the proceedings.) 20 MR. CASPINO: You're disconnected, 21 Mr. Carpenter. 22 MR. CARPENTER: Can you hear me now? 23 MR. DUNBAR: You're good now. 24 MR. CARPENTER: Okay. My headphones, I 25 guess, stopped working.



BY MR. CARPENTER: 1

- 2 Q. All right. You see on July 4, 2020, it's
- 3 mostly green?
- 4 A. Yes.
- 5 Q. What does that indicate? What's going on
- 6 here?
- 7 A. That the patient was using the device a
- 8 long enough amount of time for that bar to be green.
- 9 O. What's the threshold for the bar to be
- 10 green versus red versus clear?
- 11 A. I don't know off the top of my head, but if
- 12 it's red, that means whatever that designated time
- 13 is, it was less than that.
- 14 O. Okay. And what about clear, when there's
- 15 no color at all, what does that indicate?
- 16 A. That means there was no one on the device
- 17 breathing at that time.
- 18 O. Okay. So at least from June 19th to
- 19 July the 4th, it appears that this person was using
- 20 the ventilator most all the time?
- 21 A. Well, it looks like, generally, almost the
- 22 whole day, yes.
- 23 Q. Okay. All right. And night?
- 24 A. Yes.
- 25 Q. Okay. And what's this "Compliance



Summary"? What does that refer to? 1 2 A. That's just --3 MR. CASPINO: Page 21 of 20. 4 MR. CARPENTER: This is page 21 of 40. MR. DUNBAR: 40, thank you. 5 THE WITNESS: That's just telling you how 6 7 many hours of usage on whatever day you're looking for. 8 BY MR. CARPENTER: 10 O. Okay. So looking at -- and this -- this 11 report only seems to go to July the 2nd for some 12 reason, or is that for the July 4th? It looks like 13 it goes to July 4th, right? 14 A. Yeah, it does. 15 Q. Okay. And then -- so it looks like, then, 16 the height of the usage was approximately 18 hours a 17 day; is that right? 18 A. Something in that area. 19 Q. Okay. And what does this page "Statistics" 20 refer to? 21 What page, sir? MR. DUNBAR: 22 MR. CARPENTER: I'm sorry, this is next 23 page, this is 22 of 40. 24 MR. DUNBAR: Thank you. 25 THE WITNESS: That's like an average of



1 things. 2. BY MR. CARPENTER: 3 O. And this is for -- what is 6 -- is that for -- "6/7," does that mean June and July of 2020? 4 A. I would assume, but I don't know for 5 certain. 6 7 Q. Okay. If you don't know, that's fine. 8 So I want to go back to the Exhibit C, 9 which is the prescription. Counsel, Mr. Caspino, asked you about 10 11 the -- the settings on the lower part, P1, P2 and 12 P3? 13 A. Yes. 14 O. You see that? 15 A. Yes. 16 O. And can you explain what this means, like 17 P1, I-n-s-p, what is Insp --18 A. This is for an entirely different device. 19 This is for a cough-assist machine. 20 Q. So this is not -- okay. So how about, 21 then -- so we're talking about the AVAPS? 22 A. That's a mode. 23 O. That's for -- that's for the machine we're 24 talking about in this case, correct? A. Yes. 25



- 1 O. And this is a -- this is a mode, you said?
- 2 A. Yes.
- Q. And what is a mode?
- A. There's several different modes you can set to use a ventilator for different situations.
- Q. And this mode is one that's prescribed by the doctor?
- 8 A. Yes.
- 9 Q. And one of the things it says, "Hours of
- 10 Use: 24/7," is that a mode?
- 11 A. No, that's just whatever that means on this 12 particular prescription.
- Q. Okay. And that's the directions for the patient to use this device all the time, right?
- 15 A. I don't know.
- Q. Well, it's prescribed to be used 24 hours a day, seven days a week, right?
- 18 A. Well, it appears to be, yes.
- 19 Q. Okay. All right. And then you go into
- 20 | IPAP, what does IPAP stand for?
- 21 A. Inspiratory -- that's the inspiratory
- 22 pressure.
- Q. That's what IPAP stands for?
- A. "Inspiratory Peak Airway Pressure," is what
- 25 it stands for.



- Q. Inspiratory Peak Airway Pressure.

 So the peak airway pressure is 25 --
- 3 A. Yes.
- 4 Q. -- cm -- how do you read that?
- 5 A. Centimeters of water pressure.
- 6 Q. Centimeters of what?
- 7 A. Water pressure.
- Q. And then how -- is that like a barometer?
- 9 Is that barometric device --
- 10 A. Yes.
- 11 0. Yes?
- 12 A. It's a measurement. Similar to, say, PSI,
- 13 but it's lower, way lower than PSI.
- 0. It's the amount of pressure that
- 15 | 25 centimeters of water applies on to a bladder or
- 16 | something like that?
- 17 A. Well, to set them, you would -- it's hard
- 18 | to explain.
- 19 Q. Is it equivalent to the weight of
- 20 | 25 centimeters of water?
- 21 A. No, it's actually related to a pressure
- 22 of -- the pressure required to generate
- 23 | 25 centimeters of water pressure.
- 24 O. And then there's an EPAP; what does EPAP
- 25 | stand for?



- 1 A. "Expiratory Peak Airway Pressure."
- 2 Q. And so IPAP is the amount of pressure that
- 3 goes into the body?
- 4 A. Yeah.
- 5 0. Yes?
- A. Yes. 6
- 7 O. And then EPAP is what?
- 8 A. That is the pressure at the end of their
- exhalation. 9
- Q. And then has minimum of 5, that's 5 what? 10
- 11 A. Centimeters of water pressure.
- 12 Q. Okay. And then you have the "EPAP Max" is
- 13 also 5, right?
- 14 A. Yes.
- Q. Is that a normal setting? 15
- 16 A. Yes.
- 17 O. Okay. And then it says "BUR," what's that?
- 18 A. I would say it's breath rate.
- 19 Q. And that's the setting on the machine?
- 20 A. Yes, breaths per minute.
- 21 O. And then the "Vt," that's volume?
- 22 A. Yes, that's tidal volume.
- 23 O. And that's for 385 milliliters?
- 24 A. Correct.
- 25 Q. Is that per breath or per second?



- 1 A. That's per breath.
- Q. And then -- and then ltime, what does that
- 3 | mean?
- A. That is "Itime," that says how -- how long
- 5 | it's going to take to give them the inspiratory
- 6 pressure.
- 7 Q. Okay. So the 385 -- the vol- -- I'm sorry,
- 8 Vt was not -- what is it again, Vt?
- 9 A. Tidal volume.
- 10 | 0. And that's for each breath?
- 11 A. Yes.
- 12 Q. Okay. And then you've got these other --
- 13 | the other thing on the prescription, you've got the
- 14 | "Rise Time," what does that refer to?
- 15 A. That is just different settings on how fast
- 16 the air is going to enter the lungs.
- 17 | O. The 385 milliliters?
- 18 A. Yes.
- 19 Q. So it takes three seconds for a
- 20 | 385 milliliters to get in?
- 21 A. It's set for one second of Itime, but the
- 22 | flow for that rise time is variable to get that
- 23 | 385 milliliters into the lung in a second.
- Q. What does the "3" mean, then?
- 25 A. That's just -- it's a setting on the



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- 23 Q. And then "Trigger Type," what does trigger 24 type mean?
- 25 A. That's just -- the -- the way you are --



A. Yes.

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- 1 the machine is sensing you want to breath, to
 2 trigger a breath.
 - Q. And those are by pressure?
- A. Well, this one is done by a flow trigger,
 where they're going to have to generate 3 liters per
 minute out of that circuit to kick it into
 inspiratory pressure.
 - Q. And how does that work in real time? So the patient is able to breathe on their own, nothing happens?
 - A. No, if the patient is able to breathe on their own, they generate enough back pressure out of that circuit, it'll have the machine either give them a breath, or if they're not due a breath, they can take their own breath.
 - Q. So what does this mean, Flow at 3-liter per minute -- or, dash, 20 percent sensitivity, what does that mean?
- A. That just means how much back pressure,
 whatever you want to call it, has to be generated
 before a breath is initiated.
- Q. Okay. A breath is initiated by the machine?
- 24 A. Yes.
- Q. Okay. And then counsel -- if I understand



counsel's, Mr. Dunbar's -- or Mr. Caspino's 1 2 question, if the machine is set to these settings, 3 there will be alarms associated with it? 4 A. No, not really. 5 You mean, that will automatically be associated with it? 6 7 Q. Yes, somehow. 8 A. No, not really. 9 Q. So how -- when you looked at the -- the 10 reports of your file, did you see that the machine 11 was set in conformity with this prescription? A. I would assume it is. I don't know. 12 Ι 13 mean, it would be back to that other report you were 14 showing before. 15 O. Yeah, let's look at that. I mean, that's 16 what I'm trying to find out, what was -- which one 17 are you talking about? 18 A. The one that had the graphs in. 19 Q. Okay. 20 A. That report. 21 (Interruption in the proceedings.) 22 THE WITNESS: There. 23 BY MR. CARPENTER: 24 O. This one? 25 A. Yeah, not this section --



MS. VULIC: Mr. Dunbar is off. I don't 1 2 know if you want to pause. 3 MR. CARPENTER: Oh. Why don't we take five minutes --4 5 MS. VULIC: Okay. MR. CARPENTER: -- for Mr. Dunbar to show 6 7 up. 8 MS. VULIC: Okay. 9 MR. CARPENTER: Thank you. 10 (Recess.) 11 MR. CARPENTER: I'm sorry, I keep -- it's 12 been so long since I've done a deposition that's not 13 video, I keep waiting for the videographer to read 14 us in. 15 BY MR. CARPENTER: 16 Q. All right. So can you see the exhibit on 17 the board, page 14 of 40? 18 A. Yes. 19 Q. Okay. So was this the chart you're talking 20 about? 21 A. Yes. 22 Q. So what does this show you with respect to 23 prescription? 24 A. The first one is "Breaths Per Minute,"

that's how many breaths the patient was getting per



1 minute. 2 0. 18.82? 3 A. That's -- that's the average, yes. 4 O. Okay. And that's consistent with the 5 prescription? A. Well, the prescription was for 18 breaths 6 7 per minute, so the patient is breathing slightly 8 over that. 9 Q. Okay. And then here, I'm looking at 10 this -- this data, and if you look here, there is this little blip at the 11 hour, do you see that? 11 12 A. Yes. 13 O. What does that indicate? 14 MR. DUNBAR: That's of the ventilation 15 graph, correct? 16 MR. CARPENTER: Yeah, I'm looking at the ventilation graph. It's also on the Patient 17 18 Triggered Breaths graph, and it also correlates to 19 the end of the Leak. 20 MR. DUNBAR: Got it. Thank you. 21 THE WITNESS: I would say that's just 22 showing that they did something right there, but 23 there was no more graph after that, so to speak. 24 BY MR. CARPENTER:

Q. The graph kind of ends, at least with



- 1 | respect to the -- the Minute Ventilation and the
- 2 | Patient Triggered Breaths, it ends in about a little
- 3 | bit before ten hours, and so there's an hour where
- 4 | there's no information, right?
- 5 A. No information captured for minute
- 6 | ventilation and patient-triggered breaths
- 7 percentage.
- 8 O. Does that indicate that that's the time
- 9 that the patient expired?
- 10 A. What's that -- what that is probably
- 11 | indicating to me is it correlates with that large
- 12 | leak above it, that they were -- probably
- 13 disconnected from the ventilator right there.
- 14 Q. Okay. So that correlates to -- so the --
- 15 | right before the ten -- the ten hours, that's when
- 16 | the leak happened, right?
- 17 A. Yes.
- 18 0. Okav. And we know that because the -- it
- 19 | correlates with the ventilation going down to zero
- 20 and the leak going up to almost 200, right?
- 21 A. Yes.
- 22 O. And it's normal to have a little bit of
- 23 | leakage because of the ventilated mask; is that
- 24 | right?
- 25 A. Yes.



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- Q. Okay. And what is a patient-triggered breath?
 - A. That's a spontaneous breath taken by the patient that wasn't delivered by the ventilator.
 - Q. Does that mean before the leak event -before the leak event, virtually all the breaths were being triggered -- not virtually all.

Let's say, between eight hours and nine -nine hours and 50 minutes, more or less, the
majority of the breaths were being triggered by the
ventilator?

- 12 A. Well, at times, I see a couple of blips up 13 there at 50 percent.
 - Q. And so but that's -- when you have a lowering of patient-triggered breaths, that's consistent with the patient struggling; is that right?
 - A. That's just -- that just indicating that the ventilator is initiating the rest of the breaths.
 - Q. Okay. Is that consistent with sleeping?
 - A. I can't -- you know, assume.
- 23 Q. Okay.
- 24 A. I wasn't there.
- Q. We've got this other "Breaths Per Minute."



- 1 BPM? I thought that -- good thing I'm not DJing
 2 anymore because I thought that was "beat per
 3 minute."
- Breaths per minute. That's consistent even faller the leakage. So how is that measured?
- A. Just however many breaths the ventilator is trying to initiate.
- Q. Okay. That's a static --
- 9 A. Yes.
- 10 Q. -- feature, whether it's connected or 11 disconnected to the patient, right?
- 12 A. Yes.
- Q. Okay. All right. All right. And so -14 but again, when you look at this page, it shows a
 15 leak and no alarm, right?
- 16 A. Yes.

- Q. And you testified earlier, Mr. Dunbar was asking you questions, when there is a leak like this, the alarm should go off, and it's hardwired from the manufacturer, correct?
 - A. It should. It's in theory.
- Q. And in practice, it should, right?
- A. Not always.
- Q. Not always, but the whole point of it -whole point of having these alarms, so they work in



- 1 | practice, not just in theory, correct?
- A. Well, with a low-pressure alarm or circuit

disconnect alarm, if the circuit was to get -- hold

- 4 enough back pressure, the device would not alarm.
- Q. I get it. But the whole point of an alarm is for the alarm to work in practice, right?
- 7 A. I guess, in theory.
- Q. Well, the theory, I guess, is for alarms to work in practice; otherwise, the alarms would be useless, right?
- 11 A. Well, our labeling states different things 12 related to alarms. I mean, this is a known thing 13 that can happen.
 - Q. I get it, it's a known thing that an alarm might not go off, but the point of having an alarm, the intent of an alarm is to let people know, right?
- 17 A. Yes.

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- Q. Okay. That's why you call them "alarms,"

 you set -- you have these alarms in the system so

 that people know, they are maybe in different rooms,
- 21 | that something wrong is happening, right?
- 22 A. Correct.
- Q. Okay. And these alarms are designed to work in practice, yes?
- 25 A. Theoretically.



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- Q. Okay. Right. And here, it didn't go off,
- 2 and you just don't know why, fair enough?
- 3 A. Correct.
- 4 Q. All right. This is a dumb question, I
- 5 apologize for it, but is it your testimony now that
- 6 | your declaration is just plain incorrect, and there
- 7 | was nothing that Apguard should have done to set, as
- 8 | far as alarms, pursuant to the prescription?
- 9 A. Well, the prescription doesn't have any
- 10 | alarms listed --
- 11 THE REPORTER: I'm sorry, repeat. "Well,
- 12 | the prescription" --
- MR. DUNBAR: Does not have any alarms as
- 14 | written.
- MS. VULIC: He actually said "listed," not
- 16 | "as written."
- 17 THE REPORTER: That's why I need the
- 18 | witness to repeat what he said.
- 19 THE WITNESS: The prescription did not have
- 20 | any listing for alarms.
- 21 BY MR. CARPENTER:
- Q. And it's not your testimony that, for
- 23 | instance, when you set -- if you set the alarm as
- 24 | prescribed -- like there's a -- there isn't any kind
- 25 of an alarm that automatically gets set when you --



1 | when you set these parameters?

- A. I mean, I don't know what their policy is.
- Q. I'm talking about -- I'm talking about the
- 4 design of the machine, when you -- when you --
- 5 | when -- is this -- the machine has multiple uses,
- 6 | right?

- 7 A. Yes.
- Q. Sometimes it's used for a CPAP, right?
- 9 A. Yes.
- 10 Q. And sometimes it's used as a ventilator,
- 11 | like this one, right?
- 12 A. Correct.
- 0. And when it's used as a ventilator, then
- 14 | the alarm is more important, right, because --
- 15 A. Than CPAP, yes.
- 16 Q. Yeah. And so is there -- is there -- it
- 17 | would seem that a default mode, when you're using it
- 18 as a ventilator, would be that the alarm would go
- 19 on, no?
- 20 A. If you have it activated.
- 21 Q. So is it -- is it your testimony that when
- 22 | you have a usage hours per use 24/7, then that's
- 23 | supposed to inform the -- the -- the company
- 24 | who is setting up the machine with an alarm somehow?
- 25 A. I mean, it's just clinical practice that



- when you set up a ventilator, you put in your setting, you check your alarm set.
 - Q. So there's nothing in that prescription that expressly says that this ventilator should have the alarm set, correct?
 - A. No.

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- Q. But it's common practice for and common sense that if you're going to use it, a machine as a ventilator, you should set the alarms, fair enough?
- 10 A. Yes.
- Q. And this does to be -- appear to be a prescription for a ventilator, yes?
- 13 A. Yes.
- Q. That's clear, this is a prescription for usage of the machine as a ventilator, correct?
- 16 A. I would say yes.
- Q. Okay. And then when you're setting up a ventilator, you should also set up certain alarms, fair?
- 20 A. Yes.
- Q. Okay. And so going back to -- in your experience, when you are setting up this machine as a ventilator, which alarms should be set? Which ones would you expect to be set?
- 25 A. It would be the ones I would feel are



- 1 appropriate.
- 2 Q. Which are those? Can you identify those?
- A. More on any of the --
- Q. Let me go to July of -- is this the area where it shows the alarms?
- A. Yeah, yes, these are the alarms you can set.
- 8 Q. Okay. And so if you're using this machine
 9 as a ventilator, I guess there's a high vte, what is
 10 that?
- 11 A. That's high tidal volume.
- 12 Q. And that's an alarm?
- A. In this particular mode. You don't -- you don't set that alarm. It's already in volume
- Q. Okay. So the high -- that means the machine is pumping too much pressure?
- 18 A. You're talking about the first one, high -19 high exhale tidal volume --
 - Q. Yes. The one that says, "high vte"?
- 21 A. That's exhale tidal volume, they have it 22 turned off.
- Q. And is that -- is that one that you expect to be off when you're using this machine as a ventilator?

control.

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- 1 A. I mean, I can't speculate on what I would 2 set.
- Q. I'm just saying, you -- how many of these machines have you inspected over your career?
- 5 A. Quite a few.
- 6 Q. Okay.
- A. Not inspected, but I've looked at a lot of air lines, put it that way.
- Q. And when you look -- typically, when you look at a -- a ventilator or the machine uses a ventilator, which alarms do you typically see that are set?
- 13 A. Low-minute ventilation --
- 14 | 0. That's low vt- --
- THE REPORTER: I'm sorry, Mr. Carpenter, I
- 16 | need the answer.
- 17 MR. CARPENTER: I didn't hear him either,
- 18 | that's why I was asking. He said --
- 19 THE WITNESS: -- low-minute ventilation.
- 20 BY MR. CARPENTER:
- Q. And that's right here, where it says, "Low
- 22 | Minute Ventilation and for -- this machine,
- 23 low-minute ventilation was off, correct?
- A. Correct.
- Q. And that's one that you would expect that



- would be on for a machine that's being used as 1 2 ventilator, true? 3 A. Yes. Then you've got "High Minute 4 0. Okav. 5 Ventilation, " is that one also you would expect to 6 be activated for when something is being used as a 7 ventilator? 8 A. Yes. 9 Q. Okay. And then here it says it's off, 10 correct? 11 A. Yes. 12 Q. And so then we've got -- what about "Low 13 Respiratory Rate," is that another one that you 14 would expect to be set on when this machine is used as a ventilator? 15 16
- A. Yes.
- 17 Q. Okay. And here it's listed as being off, 18 correct?
- 19 A. Yes.
- 20 Q. Okay. And then you've got the "High 21 Respiratory Rate," is that another -- another alarm 22 that you expect to be on if used as a ventilator?
- 23 A. Yes.
- 24 Q. And here it's listed as off, correct?
- 25 A. That's correct.



- Q. And then -- and then you've got this "Low 2 SpO2," what's that?
- A. That's the -- that's for an oxygen, if

 you're using it with an oxygen pulse oximeter, which

 --
- Q. That would be like if your O2 rate went below 85 percent, then you would expect an alarm to go off?
- 9 A. Well, this "85" you're seeing, that's just
 10 a default it puts in there automatically. It was
 11 probably not even used.
- Q. Okay. So here, it's -- it's your
 expectation that if the machine that was being used
 on this person was using the machine as a
 ventilator, the low-minute ventilation, the
 high-minute ventilation alarm, the low respiratory
 rate alarm, and the high respiratory alarm, all
 those alarms would be set as on, correct?
- 19 A. Yes.
- Q. Okay. And here, based on your inspection, that all times all of those alarms were off, correct?
- 23 A. Yes.
- Q. And it should have been on if you're using this machine as a ventilator, true?



- 1 A. That's in my opinion.
- 2 O. Okay. And how is the -- in light of the
- 3 fact that there's this other hardwired alarm that
- 4 you talked about that can't be turned off by anyone,
- are these -- is the low-minute ventilation, the 5
- high-minute ventilation, the low respiratory rate or 6
- 7 high respiratory rate somehow more sensitive or
- 8 different than the other alarm that you said that
- can't be turned off?
- 10 A. They are different.
- 11 O. How so?
- 12 A. Well, low-minute ventilation, you would set
- 13 a parameter, that if the minute ventilation goes
- 14 below this, it will alarm. These all have set
- 15 parameters, and if it violates the parameter you
- 16 set, the alarm goes off.
- 17 O. Okay. And the -- what about, like, the low
- 18 respiratory rate, that makes the -- so if you stop
- 19 breathing, that's a low respiratory rate, the
- 20 respiratory rate is zero, right?
- 21 A. Correct.
- 22 Q. And so when the low respiratory rate --
- 23 when the low respiratory rate alarm is set, is it
- 24 set -- what's the default respiratory rate?
- 25 A. That is also a value. Whoever sets the



- 1 alarms up, sets the parameters for that, too.
- 2 Q. Okay. So you don't know -- you don't know
- 3 | how -- you don't know what the low respiratory rate
- 4 | should be. You just know the low respiratory alarm
- 5 should be on to use the machine as a ventilator,
- 6 | correct?
- 7 A. Correct.
- 8 Q. Okay.
- 9 A. That varies from patient to patient.
- 10 Q. And that would be the same for -- same for
- 11 | the high respiratory rate?
- 12 A. Yes.
- Q. The same for the high-minute ventilation?
- 14 A. Yes.
- 15 O. And same for low-minute ventilation?
- 16 A. Yes.
- 17 O. All right. Okay. But is it fair to say
- 18 | that if you look at the -- page 6 of 40 -- no,
- 19 | that's not right.
- If you look at page 14 of 40, when you have
- 21 patient-triggered breaths in the area, as shown
- 22 | here, of zero at times starting at, you know, just
- 23 | past eight hours, that would certainly meet the
- 24 | criteria of low...
- 25 A. Low breaths per minute.



O. Low breaths per minute alarm, yes? 1 2 A. Correct. 3 Q. So with -- no matter what, zero, zero is as low as it gets, right? 4 5 A. Yes. O. And if the alarm was set for the low 6 7 respiratory rate, the alarm would have gone off at 8 least by 8:15, more or less? 9 A. Yes. 10 O. And that's Greenwich Mean Time? 11 A. Yes. 12 Q. Okay. 13 MR. CARPENTER: Okay. Can we take ten? 14 think I might be done. 15 MR. DUNBAR: Sure. Break. 16 (Recess.) 17 MR. CARPENTER: All right. So back on the 18 record? 19 THE REPORTER: Yes. 20 BY MR. CARPENTER: 21 Q. Looking again at page 14 of 40 on the --22 the log, if I understand your testimony here, the --23 when this device is being used as a respiratory, the 24 low respiratory rate alarm should be on, yes? 25 A. In my opinion, yes.



- Q. And that alarm, based upon this report,
 should have then gone off at about 8:15 at first, at
 a minimum, correct?
 - A. Yes, yes.

- Q. And then later on, when -- at about 10:00,
 when the leak happened, then the alarm -- the
 Philips alarm should have gone off because of this
 engagement, correct?
- 9 A. Which Philips alarm?
- Q. The one -- the Philips alarm that you can't turn off.
- 12 A. In theory, it should have gone off.
- Q. Okay. So the first -- the first alarm that should have gone off should have been programmed by Apquard, yes?
- 16 A. In my opinion, yes.
- Q. And then the second alarm that should have gone off at -- at about 10:00, is just hardwired by Philips, yes?
- 20 A. Yes.
- MR. CARPENTER: All right. I don't think I have any further questions.
- MR. DUNBAR: I have a few follow-ups. Let me see if I can share.
- MR. CARPENTER: Let me stop.



1	FURTHER EXAMINATION
2	BY MR. DUNBAR:
3	Q. Okay. So tell you what, let's go back to
4	that
5	MR. DUNBAR: Mr. Carpenter, maybe Alina can
6	do this for me. Go to page 40 of 40 of the report.
7	MR. CARPENTER: I'll do it.
8	MR. DUNBAR: Thank you. Those were the
9	alarms, the high vte and all that kind of stuff.
10	MR. CARPENTER: 14 of 40 or 40 of 40?
11	MR. DUNBAR: 40 of 40, first.
12	MR. CARPENTER: There you go.
13	MR. DUNBAR: There you go.
14	MR. CARPENTER: You want me to blow it up
15	for you?
16	MR. DUNBAR: Just a little bit.
17	BY MR. DUNBAR:
18	Q. Mr. Cribbs, you see on the far right side,
19	there are two columns, Low Inspiratory Pressure and
20	High Inspiratory Pressure, correct?
21	A. Yes.
22	Q. Okay. Those are the alarms that are
23	hardwired in the machine that cannot be changed by
24	Apguard, correct?
25	A. Yes.



O. And if the leak test -- if that leak rose, 1 2 as we saw on page 14 of 40, those -- the low 3 inspiratory pressure should have triggered and made a sound, correct? 4 5 A. Yes. O. And it should have been shown in the alarm 6 7 data as well, correct? 8 A. Yes. 9 MR. DUNBAR: Thank you very much. I have 10 nothing further. 11 MR. CARPENTER: I have nothing further. 12 MR. CASPINO: Nothing further. 13 MR. CARPENTER: All right. 14 MR. DUNBAR: Mr. Cribbs, thank you very 15 much for your time. I apologize for taking up your 16 Friday like this. Hopefully, you can go out and 17 enjoy a beverage or two. I know the rest of us 18 will, and the court reporter is going to rush to do 19 something else at 3 o'clock. 20 MR. CARPENTER: So do we have the -- do you 21 have the exhibits? All the exhibits? 22 MR. DUNBAR: I have all of my exhibits. I 23 will upload them to her and also upload to all of 24 you at the same time.

MR. CARPENTER: All right. Thank you.



1 REPORTER'S CERTIFICATION 2 I, the undersigned, a Certified Shorthand 3 Reporter of the State of California, do hereby 4 certify: 5 That the foregoing proceedings were taken 6 7 before me at the time and place herein set forth; 8 that any witnesses in the foregoing proceedings, 9 prior to testifying, were placed under oath; that a 10 verbatim record of the proceedings was made by me using machine shorthand which was thereafter 11 12 transcribed under my direction; further, that the 13 foregoing is an accurate transcription thereof. 14 I further certify that I am neither 15 financially interested in the action nor a relative 16 or employee of any attorney of any of the parties. 17 IN WITNESS WHEREOF, I have this date 18 subscribed my name. 19 2.0 September 23, 2023 Dated: aren aligo 21 22 23 KAREN ALIGO CSR No. 13418 24 25



1	DEPOSITION ERRATA SHEET
2	Assignment No. J10245354
3	Case Caption: Rasekhnia v. Philips North America
4	Witness: SAMUEL CRIBBS
5	Date: September 8, 2023
6	
7	DECLARATION UNDER PENALTY OF PERJURY
8	I, the undersigned, hereby declare that I am
9	the witness named in the within matter, that I have
LO	read the foregoing deposition and know the contents
11	thereof, and I declare that the same is true to my
12	own knowledge except as to those matters which are
13	therein stated upon my information and belief, and
14	as to those matters, I believe them to be true.
15	I declare under penalty of perjury that the
16	foregoing is true and correct.
L7	
18	Signed on theday of,
19	20, at, California.
20	
21	SAMUEL CRIBBS
22	
23	
24	
25	





1	1 DEPOSITION ERRATA SHEET	
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17	7 Page NoLine NoChange to:	
18	8	
19	9 Reason for change:	
20	O Page NoLine NoChange to:	
21	1	
22	2 Reason for change:	
23	3 SIGNATURE:DATE	
24		
25	5	



	30:4,13	53:10	61:3	2:18
Exhibits	32:8,9	12th	68:17	89:1
	34:10	30:8,9	200	2C_TV
10245354 Sa	37:20		72:20	29:18
muel.	42:13	13		
Cribbs.	67:2,7,8,	15:4	2010	2C_
EXHIBITA	11	14	14:15	TV113061760
4:4 7:10,	10	15:6 33:9	2019	_16120
12	14:24	34:5	32:5	30:25
	67:2,7,8,	52:15	2020	2nd
10245354 Sa	11	56:6	35:20	61:11
muel.		70:17	37:20	
Cribbs.	100	84:20	38:7,8	
EXHIBITC	11:6,23	85:21	52:13	3
4:6	14:6,13	87:10	59:12	
41:18,20,	15:21	88:2	60:2 62:4	3
21,25	16:1,3,7,	14.24.54	00.2 02.4	10:18
43:8 62:8	11,14,24	14:34:54	2021	35:20
10245354 Sa	17:4	38:25	30:8,12	38:7
muel.	18:9,10	14th	33:10	42:12,14
Cribbs.	19:10,14	30:10,12	34:5	66:24
EXHIBITD	25:19	16	2022	68:5
4:7	26:19,22,		2022 52:16	88:19
42:14,16	25 27:12	29:24	52.10	2 144
	28:14,22	32:8	2023	3-liter
10245354 Sa	29:10	17	5:2	68:16
muel.	37:15,19	39:5	2023.07.21	3.87
Cribbs.	40:1	18	9:10	8:20
EXHIBITE	43:5,20	39:6	9.10	385
4:9	47:8	61:16	21	65:23
45:19,23	52:24	71:6	27:6	
	100/200	/1.6	61:3,4	66:7,17,
0	45:21	18.82	22	20,23
		71:2	61:23	3rd
	10:00	19th		49:10,15
0	86:5,18	60:18	24	50:6,14,
52:22	11	00.10	37:15	19 54:8
00	15:1,2		53:9,12	
53:9,10	32:5	2	63:16	
•	71:11		24/7	4
		2	63:10	
1	11:59	10:9 33:6	77:22	4
	53:12	34:11		9:22
1	12	42:14	25	35:20
9:22	15:3,4	17.T	64:2,15,	37:20
14:15		20	20,23	38:8 60:2
29:24	12:01	59:11		



40	63	42:4	64:1,2	85:1,6,7,
30:4 32:9	33:7	a.m.	65:1	24 86:1,
52:15		53:10	alarm	6,7,9,10,
56:7	7		19:22,23,	13,17
59:12		ability	25 20:1	88:6
61:4,5,23		23:5,13	21:2,4,6,	alarms
70:17	7	accept	9,13,15,	16:25
84:18,20	13:12	54:13	23,25	17:5
85:21	33:7		22:4,6,7,	
87:6,10,	7/3	accompanied	9,16,17,	21,24
11 88:2	32:25	43:5	23,24	19:4,11,
4th	E /2 /0000	act	23:4,6,	16 20:5,
49:10,15	7/3/2020	14:14	10,15,17,	
50:6,14,	32:7	activated	25 24:5,	16,20
20 52:13,	7/4	77:20	6,12,21,	25:3
16 53:10,	32:25	77.20 81:6	23 25:4,	33:15
12 54:4	70	0 T • Q	9,16,18	34:16
59:12	33:7	active	28:16	43:7,9,21
60:19		22:10,12	29:9	46:9
61:12,13	7041737_	48:23	31:13	47:8,19,
,	20220505142	add	34:1,21,	21,25
	917.929_X	19:15,22	22 35:8,	48:4,21,
5	31:1		16,19	22 50:3,
		additional	36:12,15,	24 52:7
5	8	19:16	22 37:1	57:13
11:19		admonitions	42:7	69:3
65:10,13		5:18	43:18,23	74:25
67:5,16	8		48:16,18,	75:8,9,
50	5:2 13:24	advance	24 57:15,	12,18,19,
73:9,13	43:4	22:7	19,22	23 76:8,
73.9,13	44:11,22	affiliated	58:3,6,7,	10,13,20
5:35:24	85	13:14	12,17,19	78:9,18,
32:7	82:7,9	agreed	59:4	23 79:5,6
		15:9,10	74:15,19	80:11
6	8:15		75:2,3,4,	82:18,21
	85:8 86:2	ahead	5,6,14,	84:1
_		46:15	15,16	87:9,22
6	9	48:16	76:23,25	Ali
13:3		54:5	77:14,18,	42:4
30:13	9	air	24 78:2,5	
33:7	14:5,11	41:6,11,	79:12,14	Alina
34:10,11	_ I · J / _ L	12 49:3	81:21	87:5
62:3		66:16	82:7,16,	alleged
84:18	A	80:8	17 83:3,	14:6,12
6/7			8,14,16,	23:9
62:4	A-N-S-A-R-I	airway 63:24	23 84:4	27:12
		6 J • ') /l		- 1



September 08, 2023 Index: ambiguous..breath

MADERI IINIA V. I	- HILIF S NOINTH	AMENIOA	IIIUGA. c	ambiguousbreati
ambiguous	42:18	attorney-	75:4	bit
17:9	49:16	client	78:21	8:18
18:19	76:5	9:13 13:8	85:17	55:17
19:7,17	88:15	15:5	87:3	72:3,22
20:10,22,		44:14		87:16
24 21:14	appears	45:3,7	backup	
22:20	60:19		55:10	bladder
24:15	63:18	attorneys	bar	64:15
27:3,14	applies	13:7,16	60:8,9	blanket
34:24	64:15	25:25		37:5
36:19		attribute	barometer	
37:9 40:2	approximate	38:22	64:8	blip
42:9 44:2	ly		barometric	71:11
	5:15	authorities	64:9	blips
46:10	61:16	6:9		73:12
amount	area	automatical	based	
13:13	61:18	ly	36:1	blocked
60:8	79:4	69:5	82:20	37:5
64:14	84:21	76:25	86:1	blow
65:2	04.21	82:10	baseline	87:14
. .	Argumentati	02.10	47:17	07.14
and/or	ve	AVAP	47.17	board
11:22,23	43:13	67:4	basic	70:17
13:6		3173 D.C	17:21	body
Ansari	assume	AVAPS	basically	65:3
42:4	13:23	62:21	25:16	03.3
	62:5	67:5	26:8 67:3	boring
anymore	69:12	average	20.8 07.3	15:12
74:2	73:22	56:23	bathroom	bottom
anyplace	Assumes	61:25	58:11,16,	8:15
46:8	44:1	71:3	18,21,25	
			1	32:18
Apguard	assuming	aware	battery	34:8
15:24	27:5	25:7	55:8,9	52:17
16:6,13,	Assurance		bear	box
20 18:7	6:4 15:20	В	7:3	7:22 8:14
19:3			•	43:1
21:12,24	atmospheric		beat	
23:5,13	27:7	back	74:2	BPM
76:7	attached	9:20 14:9	beginning	74:1
86:15	7:17 8:1,	33:20,21,	5:19	break
87:24	8 10:1	25 46:21,		29:5
	16:17	22 48:2	belated	33:19
apnea	36:2	51:8	12:8	85:15
20:16	30.4	57:12	beverage	
		62:8	88:17	breaks
24:21	attorney	02.0		
	7:6 8:7	68:12,19		49:3
24:21 apologize 17:6			bills 13:12	49:3 breath



65:18,25		30:9 31:3	20:3,7	46:21
66:1,10	С	32:21	22:16	47:2,3
68:1,2,		33:9	23:10	48:2,7
14,15,21,		34:24	26:15	49:21,23
22 73:2,3	C-R-I-B-B-S	35:4	27:12	50:16
	5:11	36:5,18	28:15	51:2,17,
breathe	California	37:9	43:6	20,23
27:13,23	39:1,4	38:19	62:24	59:17,20
68:9,11	54:9,12	40:2,11,		61:3
breathing	11	17,24	cases	62:10
28:4	call	41:9 42:9	14:5,12	88:12
41:10	51:23 68:20	44:1	35:13	
55:17,23,		46:10,17,	36:21,24	Caspino's
24 56:1,	75:18	19 50:15	57:17,21,	69:1
22 57:2	called	51:3,8,	24	cataloged
59:9	26:6	11,15,18,	Caspino	29:9
60:17	30:20	21,24	7:21,25	catch-all
71:7	37:25	52:1,2	8:7,14,17	
83:19	calls	59:21,22,	9:4,11,15	15:6
1 1 1	27:15,24	24 60:1	11:25	caused
breaths	34:25	61:4,9,22	12:8,12	37:3
52:19,22,	36:6,19	62:2	13:8,18	56:13
25 53:4,6	38:17	69:23	14:2,9,	centimeters
55:14,20,	40:3,17,	70:3,6,9,	18,25	64:5,6,
22 65:20	22 44:14	11,15	15:2,4,9,	15,20,23
67:18,19,	45:2	71:16,24	10 17:17	65:11
21 70:24,	43.2	76:21	18:13	03.11
25 71:6,	capacity	80:15,17,	19:19	cetera
18 72:2,6	6:3,7	20 85:13,	20:8,23	47:21
73:6,10,	15:19	17,20	24:14,19	chance
15,20,25	captured	86:21,25	27:17	7:14
74:4,6	72:5	87:5,7,	28:2,8	
84:21,25	72-3	10,12,14	29:3	change
85:1	career	88:11,13,	31:6,10,	39:14,17,
bringing	80:4	20,25	21 32:2,	25
8:23	Carpenter	·	24 33:3,	changed
broke	9:1 17:9,	case	6,11,20	25:5
59:17	23 18:1,	10:20	35:9	39:5,11,
39.17	15,19	11:8,24	36:16	12 87:23
BUR	19:7,17	12:6	38:17	
65:17	20:10,22	14:15	40:12,22	charged
button	21:14	15:17,22	41:7	13:15
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	22:20	16:1,4,8,	42:25	chart
22:4 5 24		11,15,25	43:13,25	70:19
22:4,5,24	23:18.22			
23:5	23:18,22 24:16	17:4		
	23:18,22 24:16 27:3,14,	17:4 18:11 19:10,15	44:4,13 45:2,8,	chat 7:22 8:14



9:2 10:2	common	connected	56:9,25	couple
42:21	78:7	74:10	57:9,19,	73:12
43:1	communicati	consistent	23 62:24	court
check	ons	56:2,11	65:24	88:18
78:2	45:3	57:4 71:4	71:15	00.10
70.2	40.3	73:16,21	74:20	covered
circuit	company	74:4	75:1,22	15:7
23:17,25	20:6,9,14	74.4	76:3	CPAP
24:4,6,7,	24:1	consultant	77:12	77:8,15
9 47:20	25:24	14:14,20	78:5,15	77.0,15
48:25	48:1,4	contact	80:23,24	created
49:2,3,	77:23		81:10,18,	30:3
11,14,24		10:11	24,25	Cribbs
50:22	complaint	control	82:18,22	5:1,4,11
68:6,13	6:11,16	59:3	83:21	12,23
75:2,3	13:1 14:8	79:15	84:6,7	•
	complaints		85:2	7:2,6 8:0
clarificati	6:8	copy	86:3,8	9:4,7
on		9:2 41:23	87:20,24	21:21
44:7	complete	42:19	88:4,7	28:10
clean	14:5,11	correct	00.4,7	33:25
58:7	Compliance	8:7 12:6,	correctly	40:13
	60:25	17 14:1,	44:9	47:3
clear		24,25	correlates	51:17,18
47:7	computer	18:5		52:3
60:10,14	8:22,23	19:1,12,	71:18	87:18
78:14	42:19	13 21:13	72:11,14,	88:14
clinical	49:19	22:18,24,	19	criteria
40:5	computers	25 23:2,	correspond	84:24
77:25	49:22		54:10	04.24
11.25	49.22	3,7,8,11,		
clinician	concluded	15 24:13	corresponde	D
39:18	89:1	31:24	nce	
	conclusion	33:16,17	13:5	do ab
cm	27:15,25	34:23	cough-	dash
64:4	27.13,23	35:8	assist	68:17
CMH20	confidentia	36:15	62:19	data
39:5,6	1	39:22,23		6:20
	13:19	40:8,10	counsel	12:15,16
coffee	confidentia	41:6	7:21 15:8	20,24
54:23		43:12	17:21	14:7
color	lity	44:22,23	45:14	15:15
60:15	12:1	47:9,13	47:25	34:1
	confirm	48:11,14,	62:10	37:14,18
columns	8:1 11:15	18,21,25	68:25	25 43:20
87:19		49:3,6	goungella	50:13
comfortable	conformity	52:7	counsel's	52:6
5:17	69:11	54:25	69:1	
				57:14



71:10	deposition	60:7,16	50:9	dramaticall
88:7	5:1,13,19	62:18	55:13,16	У
	7:7,10,20	63:14		56:14
date	9:20 34:4	64:9 75:4	Division	
13:17	36:3	85:23	15:20	drive
30:1	41:20		DJING	28:4
day	42:15	devices	74:1	drop
34:15,17	45:19	6:10		8:13
37:16,19	70:12	diagrams	DME	
60:22	89:1	11:5	48:13	Dropbox
61:7,17			doctor	31:4
63:17	design	direct	17:21	dropped
03.17	16:7	29:1	63:7	7:22
days	17:12,17	directions		42:20
37:16	77:4	63:13	document	
63:17	dogianotod		7:8,15,17	drowned
dec	designated	Directview	8:19,20	28:10
9:7	60:12	30:4 38:1	9:17	due
9 • 1	designation	disconnect	29:3,16	68:14
decedent	30:23	20:18	30:7	0011
43:6	2 2	23:17,25	34:18	duly
declaration	designed	24:5,6	42:6	5:5
	16:3,18		45:16,21,	dumb
8:2,9	17:3,22	47:20	25 46:2,6	76:4
9:2,5,25	18:4,25	48:25	A	70.4
10:2,13	39:20	49:2,11,	documentati	Dunbar
11:2	46:7	14,24	on	5:8,22
30:13	75:23	50:22	11:19,21	7:13,24
41:19,25	designing	54:25	25:22	8:3,5,20
42:13,14,	16:21	56:3,11	49:8	9:8,18
19,22,23	18:8	57:4,7,	documenting	12:2,3,1
76:6	10.0	10,18,22	13:13	13:10,11
default	detected	75:3		21,22
77:17	59:9	disconnecte	documents	14:4,11,
82:10	determine	d	7:18,20	22 15:1,
83:24	6:8 12:22	27:11,22	9:21,23	3,6,11,13
03.24	0.0 12.22	36:4	10:1,6,9,	17:20,24
Defendant	device		10,14,21	18:2,16,
14:17	21:6 22:5	59:20	12:23	23 19:8,
delivered	26:23	72:13	29:24	20 20:11
17:18	27:2	74:11	31:18	21:3,20
	31:13	disconnecti	32:10	
55:3 73:4	38:6,14,	ng		22:22
Department	16 39:2,	21:10	download	23:20,24
6:4	15 51:4,6		47:9	24:17,24
d	54:21	disconnects	dozen	25:11,13
depends	55:6,13	57:15	5:16	27:8,18
28:3	56:1 59:9	distress	-	28:5,9
				29:4,7,21



MASLINIA V.	FILLIF S NOINTI	IAMENICA	IIIC	iex. Dulibai 5ie
30:10,11	earlier	44:17,18	exhale	78:4
31:14	57:14	45:21	28:6	external
32:3,23	74:17	amtit	40:21	19:23
33:13,14,	email	entity	41:3	19.23
18,21,24		11:22	79:19,21	
34:7	13:4	EPAP		F
35:2,6,11	emit	64:24	exhibit	
36:8,23	22:18	65:7,12	7:10,12	fact
37:11	23:11	equivalent	30:12	41:4 83:3
38:21	empirical	64:19	34:4,6,18	41.4 03.3
40:7,19	11:20	04.19	35:15,18	factors
41:1,13,	11.20	error	36:2 38:5	36:25
22 42:11,	employed	6:18	41:18,20,	37:2
17 43:15	5:24 6:3	31:9,12	21,25	£0.45
44:10,16	employee	34:12	42:14,16	factory 18:4,10,
45:5,15,	13:20,25		43:8	
17,24	•	errors	45:19,23	18 19:5,
46:13,18,	14:2,19	34:14	47:5 62:8	10,15
23 47:24	15:19	established	70:16	20:7
49:18	employees	34:20	exhibits	25:6,15,
51:16	14:21	40:16	9:3,7	20
59:23			88:21,22	facts
61:5,21,	employment	event		44:1
24 70:1,6	13:19	28:19,22	expect	6 17 6
	end	29:8	78:24	fail-safe
71:14,20	31:12	30:21	79:23	24:12,20
74:17	65:8	32:1,4,	80:25	failed
76:13	71:19	17,18,24	81:5,14,	26:13
85:15	_	34:15,17	22 82:7	
86:23	ends	73:5,6	expectation	failure
87:2,5,8,	71:25	events	82:13	14:6,12
11,13,16,	72:2	16:25	02.13	fair
17 88:9,	engagement	33:16	experience	76:2
14,22	86:8		78:22	78:9,19
Dunbar's		evidence	expert	84:17
69:1	enjoy	44:2	_	
	88:17	EXAMINATION	14:14,19	falls
duplicate	enter	5:7 47:1	36:20	22:16
41:24	66:16	51:10	Expiratory	false
duties		87:1	65:1	43:11
6:6	entire		ound mad	
	7:21 9:5	excluding	expired	fast
	32:1,17	17:11,19	72:9	66:15
E	entirety	Excuse	explain	feature
	8:1,8	28:10	62:16	74:10
			64:18	
a-mail				C 7
e-mail 43:2	<pre>entitled 29:18</pre>	exhalation	expressly	feel 5:17



			index: ii	• • • • • • • • • • • • • • • • • • • •
78:25	Found	59:23	happened	highest
Eigure	33:7	74:1	72:16	67:15
29:15	foundation	governmenta	86:6	history
45:19	18:13	1	happening	28:16
	20:23	11:21	75:21	32:8
file	22:21	_		
7:21 8:1,	24:14	graph	hard	hit
8 9:5,6,9	27:16,24	71:15,17,	64:17	22:9
10:6,16,	34:25	18,23,25	hardwired	58:19,22
24 11:1	36:7,17,	graphs	74:19	hitting
28:24	19 40:3,	69:18	83:3	23:4
29:14	17 43:14	6	86:18	1 2. 2
32:19	44:13	Great	87:23	hold
69:10	50:15	15:11		41:14
inancial		43:3	head	75:3
13:13,24	fourth	46:19	21:18	hose
	38:6	greater	60:11	21:10
ind	frame	27:6	headphones	22:16
13:1,2	33:2		59:24	23:9,10
26:3 29:8	50:6,14	green	-	26:15
32:15		60:3,8,10	hear	27:11,22
49:19	Friday	Greenwich	20:1	34:22
50:19	88:16	54:15,17,	45:10,14	35:7
69:16	front	21 59:13	51:18,21	36:3,14
ine	41:23	85:10	59:15,22	57:15
5:21 62:7	42:20		80:17	
	52:4	grounds	heard	hour
ive-minute		12:1	23:20	71:11
29:5		guess		72:3
33:19	G	8:11	height	hours
low		52:11	61:16	37:15,18
49:3	generally	53:9	Hey	54:4,5,7
50:10,12	60:21	59:25	51:20	56:9,24
66:22		75:7,8	h d ah	61:7,16
68:4,16	generate	79:9	high	63:9,16
•	26:19		20:16,18	72:3,15
ocused	64:22	guys	79:9,11,	73:8,9
48:8	68:5,12	21:17	16,18,19,	77:22
follow-up	generated		20 81:4,	84:23
51:3	68:20	н	20 82:17	
			83:7	housekeepin
follow-ups	give	hane	84:11	g
46:14	51:6 66:5	hang	87:9,20	7:1
86:23	68:13	32:5	high-minute	hypothetica
	good	49:13	82:16	1
oregoing	good			
Eoregoing 5:18	45:11	happen	83:6	23:19,23



September 08, 2023 Index: I-N-S-PLacks
iudomont

15:24 18:8 .ncorrect 76:6 .ncrease 56:13 .ndependent 26:23 .ndicating 25:23 72:11 73:18 .ndividual 6:20 12:19 .nform 77:23 .nformation	inspiratory 63:21,24 64:1 66:5 68:7 87:19,20 88:3 instance 48:20 49:6 76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	21 18:8 19:4 involving 14:6,12 IPAP 63:20,23 65:2 issue 11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime 66:4,21	8:10 10: 42:24 July 35:20 37:20 38:7,8 49:10,15 50:6,14, 19,20 52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18 62:4
15:24 18:8 .ncorrect 76:6 .ncrease 56:13 .ndependent 26:23 .ndicating 25:23 72:11 73:18 .ndividual 6:20 12:19 .nform 77:23	63:21,24 64:1 66:5 68:7 87:19,20 88:3 instance 48:20 49:6 76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	<pre>involving 14:6,12 IPAP 63:20,23 65:2 issue 11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime</pre>	July 35:20 37:20 38:7,8 49:10,15 50:6,14, 19,20 52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
15:24 18:8 .ncorrect 76:6 .ncrease 56:13 .ndependent 26:23 .ndicating 25:23 72:11 73:18 .ndividual 6:20 12:19 .nform 77:23	64:1 66:5 68:7 87:19,20 88:3 instance 48:20 49:6 76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	14:6,12 IPAP 63:20,23 65:2 issue 11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime	35:20 37:20 38:7,8 49:10,15 50:6,14, 19,20 52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
18:8 ncorrect 76:6 ncrease 56:13 ndependent 26:23 ndicating 25:23 72:11 73:18 ndividual 6:20 12:19 nform 77:23	68:7 87:19,20 88:3 instance 48:20 49:6 76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	14:6,12 IPAP 63:20,23 65:2 issue 11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime	35:20 37:20 38:7,8 49:10,15 50:6,14, 19,20 52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
ncorrect 76:6 ncrease 56:13 ndependent 26:23 ndicating 25:23 72:11 73:18 ndividual 6:20 12:19 nform 77:23	87:19,20 88:3 instance 48:20 49:6 76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	IPAP 63:20,23 65:2 issue 11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime	37:20 38:7,8 49:10,15 50:6,14, 19,20 52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
76:6 ncrease 56:13 ndependent 26:23 ndicating 25:23 72:11 73:18 ndividual 6:20 12:19 nform 77:23	88:3 instance 48:20 49:6 76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	63:20,23 65:2 issue 11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime	38:7,8 49:10,15 50:6,14, 19,20 52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
ncrease 56:13 ndependent 26:23 ndicating 25:23 72:11 73:18 ndividual 6:20 12:19 nform 77:23	<pre>instance 48:20 49:6 76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal</pre>	65:2 issue 11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime	49:10,15 50:6,14, 19,20 52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
56:13 ndependent 26:23 ndicating 25:23 72:11 73:18 ndividual 6:20 12:19 nform 77:23	48:20 49:6 76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	<pre>issue 11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime</pre>	50:6,14, 19,20 52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
56:13 ndependent 26:23 ndicating 25:23 72:11 73:18 ndividual 6:20 12:19 nform 77:23	49:6 76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime	19,20 52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
ndependent 26:23 ndicating 25:23 72:11 73:18 ndividual 6:20 12:19 nform 77:23	76:23 instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	11:6 12:6 15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime	52:13,16 53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
26:23 ndicating 25:23 72:11 73:18 ndividual 6:20 12:19 nform 77:23	<pre>instances 36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal</pre>	15:17 16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime	53:10,12 54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
ndicating 25:23 72:11 73:18 ndividual 6:20 12:19 nform 77:23	36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	16:1 issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime	54:4,8 59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
25:23 72:11 73:18 .ndividual 6:20 12:19 .nform 77:23	36:12 instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal	<pre>issues 40:14 50:13 item 9:22 26:9 items 13:5 Itime</pre>	59:12 60:2,19 61:11,12 13 62:4 79:4 June 60:18
25:23 72:11 73:18 .ndividual 6:20 12:19 .nform 77:23	<pre>instruction 16:10 instrumenta lity 11:7,23 intent 75:16 internal</pre>	40:14 50:13 item 9:22 26:9 items 13:5 Itime	60:2,19 61:11,12 13 62:4 79:4 June 60:18
72:11 73:18 .ndividual 6:20 12:19 .nform 77:23	<pre>16:10 instrumenta lity 11:7,23 intent 75:16 internal</pre>	50:13 item 9:22 26:9 items 13:5 Itime	61:11,12 13 62:4 79:4 June 60:18
73:18 ndividual 6:20 12:19 nform 77:23	<pre>instrumenta lity 11:7,23 intent 75:16 internal</pre>	<pre>item 9:22 26:9 items 13:5 Itime</pre>	13 62:4 79:4 June 60:18
ndividual 6:20 12:19 nform 77:23	lity 11:7,23 intent 75:16 internal	9:22 26:9 items 13:5 Itime	79:4 June 60:18
6:20 12:19 .nform 77:23	lity 11:7,23 intent 75:16 internal	items 13:5 Itime	June 60:18
12:19 .nform 77:23	11:7,23 intent 75:16 internal	items 13:5 Itime	60:18
nform 77:23	<pre>intent 75:16 internal</pre>	13:5 Itime	
77:23	75:16 internal	Itime	62:4
	internal		
nformation		66:4.21	
TITOLWALION			K
	25:3		K
6:17	28:19,22		
13:19	29:8	J	kick
37:7	30:20		68:6
72:4,5	47:25	January	kind
nitiate	48:4 55:8	14:15	6:15
74:7		dab	31:13
miliaka3	interruptio	job	42:25
nitiated	n 50 14	6:6	55:13
68:21,22	59:14	47:11,12	71:25
nitiating	69:21	John	76:24
73:19	invade	59:15	87:9
ngn	44:14	ioin	
			knowledge
02.1/			40:15
nspect			
6:10,12			т
15:16			L
nenegtod			
			labeling
00.4,/	28:15		75:11
nspection	involvement	40:24	Lacks
_			18:13
	73:19 nsp 62:17 nspect 6:10,12 15:16 nspected 80:4,7	nitiating 69:21 73:19 invade nsp 44:14 62:17 involved nspect 11:7,23 6:10,12 15:21 15:16 16:8,11, nspected 17:4 20:6 80:4,7 28:15 nspection involvement	nitiating 69:21 John 73:19 invade 59:15 nsp 44:14 join 62:17 involved 18:15 nspect 11:7,23 19:19 6:10,12 15:21 20:10 15:16 15;24 27:17 nspected 17:4 20:6 28:2 80:4,7 28:15 38:19 nspection involvement



ASERI IINIA V.	FILLES NORTH	IAMENICA	шк	Jex. iaiiusiiiakiii
20:23	27:1	36:10	23 82:15	58:3,16
22:21	12 -1	38:12	83:5,12	59:8
24:14	light	39:10	84:15	62:19,23
27:15,24	83:2	50:1		65:19
34:25	limit	85:22	low-	67:1
36:6,17,	67:13		pressure	68:1,13,
19 40:3,	12.21	logged	21:4,9,	23 69:2,
17 43:14	limits	28:20	13,24	10 77:4,
44:13	67:15	34:15	23:6,10	5,24
50:15	lines	35:25	24:12	78:8,15,
	80:8	39:11	25:4,16,	22 79:8,
lands	. .	logs	17 34:21,	17,24
37:4	list	6:18,23	22 35:8,	80:10,22
large	14:5,12		16,19	81:1,14
24:7,8	20:5	long	75:2	82:13,14,
72:11	listed	58:16	lower	
/2•11	43:21	60:8 66:4	62:11	25 84:5
leak	76:10,15	70:12	64:13	87:23
24:7,9	81:17,24	looked	04.13	machines
56:4,13,	·	47:9 69:9	lowering	80:4
15 71:19	listing	80:7	73:15	-
72:12,16,	76:20	6U · /	1+3	made
20 73:5,6	liters	lot	ltime	8:6 10:11
74:15,18	56:20,21	80:7	66:2	14:8 15:8
86:6 88:1	68:5	low	lung	31:25
_	00.5		66:23	39:14
leakage	LO2	20:17,18	7	48:21
72:23	52:9,12	21:1	lungs	88:3
74:5	local	25:1,10	66:16	majority
Leaks	38:25	52:11		73:10
56:7	39:2	80:14,21	M	
_	53:23,24	81:12		make
leave	54:10	82:1,16		17:19
10:5	34.10	83:6,17,	machine	20:1 21:7
58:25	located	19,22,23	6:21	39:22
leaves	34:2	84:3,4,	12:16,20	41:19
18:3	38:14	24,25	14:8	42:13
19:10,15	39:3	85:1,4,6,	15:15,16	45:18
20:7,14	•	24 87:19	16:18,22	maker
20.7,14	log	88:2	17:22	
left	28:19,22	low-	18:3,17,	54:23
	29:8	inspiratory	21 19:9,	makes
18:10		TITOPIT A COT A	14 24:2	20.25
	30:21		14 24.2	39:25
letter	31:9,12,	-pressure	25:4,18	83:18
letter 30:8,12	31:9,12, 17 32:1,			83:18
letter 30:8,12 33:4,10	31:9,12, 17 32:1, 4,17,18,	-pressure	25:4,18	83:18 making
letter 30:8,12	31:9,12, 17 32:1,	-pressure 25:9	25:4,18 28:20	83:18



September 08, 2023 Index: manual..objection

manual	6:11 11:7	Michael	23 67:17	noise
16:10,14	85:3	31:3	70:4 73:9	23:2,11
46:4,7	Max	midnight	minutia	normal
nanually	65:12	53:10	56:17	65:15
54:23				72:22
	maximum	Mike	Mischaracte	
manufacture	39:5	8:13	rizes	note
d	MD	12:12	44:2	43:6
15:21	42:4	47:3	miscorrectl	noted
54:21		49:18	У	43:21
manufacture	means	milliliters	44:6	
r	24:20	65:23		notes
74:20	55:25	66:17,20,	misstates	10:18
	60:12,16	23	20:8	13:3,12
manufacturi	62:16		35:10	Notice
ng	63:11	mind	47:24	7:7 9:20
15:25	68:19	31:5	mistake	_
mark	79:16	38:23	44:9	number
34:4	measure	minimum		9:22
	56:20	65:10	mistakenly	10:9,18
marked	30.20	86:3	43:17	11:19
7:12 34:6	measured		44:5	13:3,12,
41:21	74:5	minute	mode	24 14:5,
42:16	measurement	7:3	62:22	11,24
45:23	64:12	56:16,18,	63:1,3,6,	15:1,2,3,
mask		19,20,21	10 77:17	4,6 43:4
21:10	Mechanical	65:20	79:13	47:20
22:17	45:22	67:21	7,7,13	67:18
23:10	medical	68:6,17	modes	numerical
24:10	15:24	70:24	63:4	67:9
26:15,18	16:6,20	71:1,7	motion	07.9
27:11,22	18:7 19:3	72:1,5	8:9 10:3	
	21:12,24	73:25	11:4	0
34:23	23:5	74:3,4	42:24	
35:7	27:15,25	80:22	12.21	02
36:4,14		81:4	multiple	
41:11	39:21,24	83:13	77:5	82:6
57:15	meet	84:25	muted	object
58:4,5,7,	84:23	85:1	23:19	11:25
12 72:23	megabyte		51:14,15,	12:8
masks		minutes	51·14,15, 17,20	13:8,18
26:14	8:20	22:11	1/,ZU	14:18
	menu	23:1		40:12
material	39:15,18,	33:20,21	N	
10:6	20 40:6	46:17		objecting
28:24	magga	51:5		12:13
matter	messages	56:16	night	objection
	13:4	58:20,22,	60:23	-



TO TO ETCH II WITH V.	FIIILIF 3 NORTH	AMERIOA	mack. objec	cilorispriotograpri
12:9	opportunity	33:6,9	70:25	perform
18:13	15:15	34:11	71:7,17	11:16
20:8	28:21	42:13	72:2,9	
24:14			73:4,16	performance
28:8	order	paragraph	74:11	49:9
38:17	37:6	38:6 43:4	84:9	50:4,5,7
40:22	outage	44:11,22		period
43:13	54:24	parameter	patient's	31:23
44:13	Overbroad	83:13,15	24:7,9	32:25
45:2	17:10		36:4	41:5
47:24	19:18	parameters	38:15	49:11
		77:1	55:20	52:14
objections	22:21	83:15	patient-	
15:8	27:4,15	84:1	triggered	person
28:7,11	34:25	part	53:3 72:6	55:12
35:9	36:18	10:16,23	73:1,15	60:19
36:16	37:10	15:12	84:21	82:14
40:11	40:3	17:11,17		person's
41:7,9	42:10	31:17	patients	27:21
43:25	46:11	32:18	27:1	
44:4	oximeter	33:5	Patterns	pertains
45:10	82:4	42:24	59:7	11:22
obtained		44:9		Philips
12:24	oxygen	62:11	pause	6:2
	26:19,22		8:12,25	11:10,11
occasions	27:1,7	party	29:2,20	12:4
5:15	52:11	14:16	45:13	13:6,15,
occur	82:3,4	passed	59:19	20,25
17:1		26:12	70:2	14:1,3
	P		PDF	15:20,23
occurred		past	8:19 33:8	16:5,12,
49:10		84:23	1	19 17:7
October	p.m.	patient	peak	18:3,5,9,
32:5	32:7	17:18	63:24	25 24:11
551	53:12	27:13	64:1,2	25:5,19
office	89:1	37:15,19,	65:1	46:7
13:6,15	P1	25 40:20	people	86:7,9,
open	62:11,17	50:5,9	75:16,20	10,19
29:3		52:19		
onorch1-	P2	55:3,14	percent	Philips'
operable	62:11	56:22	27:6	13:7,16
25:23	Р3	58:4,6,	68:17	phone
opinion	62:12	11,12,15,	73:13	54:18
36:20	nagog	24,25	82:7	
83:1	pages	59:9 60:7	percentage	phonetic
85:25	30:13,18	63:14	53:1,3	13:1 53:9
86:16	31:5	68:9,11	72:7	photograph
	32:7,9	•		



ASERIINIA V. I	FILLIFS NORTH	AMENICA	Πια σ χ.	priotograprispu
11:12,15,	power	78:3,12,	44:15	proprietary
17	54:24	14	privileged	12:1
photographs	powered	present	45:3	provide
11:4	38:7	14:15	problem	26:22,25
physically	practice	preset alar	49:22	provided
6:12	74:22	m		7:19
16:22	75:1,6,9,	18:14	problems	11:10,21
	24 77:25	25:14	50:9	
physician	78:7		proceed	provider
46:8		preset alar	5:21	43:22
pictorial	preloaded	ms		48:13
11:5	49:19	18:9	proceedings	PSI
	preparation	pressing	8:12,25	64:12,13
pictures	9:25	23:14	29:2,20	
11:5	10:12		45:13	pull
piece		pressure	59:14,19	6:23
31:11	prepared	20:17	69:21	12:15
	10:19	21:1 25:1	produce	15:15
pillow	11:2	39:4,5	10:14	28:21,23
37:5	preprogramm	48:10		47:4
plain	ed	63:22,24	produced	pulling
76:6	24:11	64:1,2,5,	10:21	41:11
Plaintiff	., ,	7,14,21,	12:23	
14:16	prescribed	22,23	15:8	pulls
14.10	42:3	65:1,2,8,	31:19,20,	6:25
plaintiffs'	63:6,16	11 66:6	23	pulse
25:25	76:24	68:3,7,	producing	82:4
plug	prescriptio	12,19	7:19	numning
55:6	n	75:4	product	<pre>pumping 79:17</pre>
	17:11,13,	79:17	40:9 55:3	79.17
plugged	19,20,24	87:19,20	40.9 55.3	pursuant
55:3	32:8 42:7	88:3	Production	76:8
point	43:5,8,	pretty	7:18 9:21	push
49:25	22,24	56:14	professiona	22:5
74:24,25	45:22	67:12	1	
75:5,15	47:15	nwirt	39:25	pushing
·	48:9	print 20:17 10		22:24
pointing	50:23	30:17,19	professiona	put
34:1	62:9	prior	ls	42:25
policy	63:12	20:8	39:21	78:1 80:8
F1	66:13	private	program	
77:2		P		puts
77:2	69:11		54:19	
77:2 possibly	69:11 70:23	11:22		82:10
77:2		11:22 privilege	programmed	
77:2 possibly	70:23	11:22		



	reactivate	red	57:18	resets
Q	23:2	60:10,12	59:6,7	58:23
	read	refer	61:11	residence
Quality	47:12	52:10	69:13,20	38:15
6:4 15:20	52:13		86:1 87:6	30.13
0.4 15.20		61:1,20		resistance
question	64:4	66:14	reported	37:3,8
20:25	70:13	67:16	6:9	
21:15,17	reads	referring	reporter	respect
27:20	40:13	27:6	12:10	70:22
31:22	_	_	17:14	72:1
45:4,12	ready	regular	25:10,12	respiratory
49:17	46:21	41:6	44:7 45:9	20:18
53:18	real	regulatory	76:11,17	39:21
69:2 76:4	51:4 54:7	6:9	80:15	81:13,21
09.2 /0.4	68:8		85:19	82:16,17
questions	00.0	related		83:6,7,
27:5	reask	10:10	88:18	18,19,20,
55:11	49:17	64:21	reporting	
74:18	maagan	75:12	6:5	22,23,24
86:22	reason	1		84:3,4,11
	8:22	relevant	reports	85:7,23,
quickly	22:17	31:23	10:18	24
51:5	58:12	32:25	40:13	Respironic
	61:12	33:2	47:12	6:10
_	recall	remote	57:6	
R	50:17	5:1 19:23	69:10	Respironics
	30 1 17	59:3		6:2
raising	Recess	37.3	represent	11:11,12
28:11	33:23	remotely	7:25 9:11	12:5,16
	46:20	59:4	representat	15:20,23
range	51:7,25	removed	ion	16:5,12,
48:10	70:10	11:1	8:4,6	19 17:7
67:7	85:16	11.1	11:6	18:4,5,25
rate		repeat		25:6,19
20:18,19	record	17:14	request	46:7
65:18	5:10	76:11,18	7:18 9:21	
67:5,10	26:2,4,6		10:20	rest
81:13,21	33:25	repeatedly	26:10	73:19
82:6,17	35:15	38:7,23	30:20	88:17
83:6,7,	46:22	report	requesting	results
	51:8	26:8,9,11		
18,19,20,	85:18	33:2	32:13	11:20
22,23,24	rogorda	37:22,23	required	retained
84:3,11	records	52:4,14	64:22	14:14,17,
85:7,24	9:23			20
re-put	10:5,10,	53:25 54:0 14	requires	
9:6	12 13:13,	54:8,14 56:6	44:20	retrieved
	24	hh • h		12:19



returned	SAP	set	48:10	57:18
25:20,25	12:25	18:17,21,	65:15,19	59:12
	1-	24 19:11,	66:25	74:14
review	scale	25 20:5,9	77:24	79:5
6:17	67:6	29:23	78:2,17,	
10:12	scheduled	43:7,9,22	22	side
35:18	54:14	46:9		87:18
36:1		47:21,25	settings	sign
37:14	scope	48:4,13,	42:3,7	51:4
43:20	40:15	16,21	43:23	
reviewed	screen	49:5	48:10,14,	significanc
9:24 10:7	7:4,9	50:23	17,20	е
14:7 43:4	34:2	51:5	50:23	38:11,22
14.7 43.4	41:24		62:11	39:8
Reviewing	51:12	53:21,22,	66:15	silence
6:8	52:3	24 54:17	69:2	22:4,5,7,
rise		55:7 63:4	abassa	9,23,24
66:14,22	scroll	64:17	share	
00.14,22	8:17	66:21	7:3 34:2	23:4,14,
room	35:21	67:5,12,	86:24	15 58:19
10:2	36:11	14,15	sharing	silenced
19:25		69:2,11	41:14	22:2,3,
41:6,12	seconds	75:19	51:13	13,14
	66:19	76:7,23,		
rooms	section	25 77:1	short	Similar
75:20	69:25	78:1,2,5,	29:5	64:12
rose		9,18,23,	show	simply
88:1	sense	24 79:7,	28:15	9:2
	78:8	14 80:2,	35:14,18	
rush	sensing	12 81:14	41:18	simultaneou
88:18	68:1	82:18	50:13	s
		83:12,14,	57:6 59:7	5:20 9:14
s	sensitive	16,23,24		45:1
a	83:7	85:6	70:6,22	sir
	sensitivity	03.0	showing	8:21
S-A-M-U-E-L	68:17	set along	34:11	15:14
5:11	00-17	50:24	59:8	16:4
salaried	sentence	sets	69:14	
14:2,19	38:25	18:20	71:22	19:21
14.2,19	43:19	83:25		20:12
Sam	September		shown	23:25
9:4 20:25	5:2	84:1	84:21	24:18
31:7	5.4	settable	88:6	27:19
32:24	series	49:7	shows	30:20
51:14,16,	32:9		26:12	31:19
	a o	setting	33:15	32:4
20	served	19:4 24:1		34:21
20	D - C		2 🗆 1 🗆	
20 Samuel 5:1,4,11	7:6	39:16 43:18	35:15 49:9	35:12



September 08, 2023 Index: situations..testifies

king :11 :22 ialist 5 ific :9 46:9 ificall :20 ulate :21 :1 ulation :25 :1 :6,20	9:22 84:22 starts 32:5 state 5:9 22:11,12 stated 38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states 75:11	stuff 7:2 33:19 87:9 subject 6:11 summary 8:9 10:3 31:8,12 32:11,14, 16,17 33:1,12 34:12,14 36:2 42:24 61:1 support	talked 47:19 83:4 talking 21:18 26:14 34:13 42:23 45:15 62:21,24 69:17 70:19 77:3 79:18 TC 30:25
:22 ialist 5 ific :9 46:9 ificall :20 ulate :21 :1 ulation :25 :1	<pre>starts 32:5 state 5:9 22:11,12 stated 38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states</pre>	87:9 subject 6:11 summary 8:9 10:3 31:8,12 32:11,14, 16,17 33:1,12 34:12,14 36:2 42:24 61:1	83:4 talking 21:18 26:14 34:13 42:23 45:15 62:21,24 69:17 70:19 77:3 79:18 TC
<pre>ialist 5 ific :9 46:9 ificall :20 ulate :21 :1 ulation :25 :1</pre>	32:5 state 5:9 22:11,12 stated 38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states	subject 6:11 summary 8:9 10:3 31:8,12 32:11,14, 16,17 33:1,12 34:12,14 36:2 42:24 61:1	talking 21:18 26:14 34:13 42:23 45:15 62:21,24 69:17 70:19 77:3 79:18 TC
5 ific :9 46:9 ificall :20 ulate :21 :1 ulation :25 :1	32:5 state 5:9 22:11,12 stated 38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states	6:11 summary 8:9 10:3 31:8,12 32:11,14, 16,17 33:1,12 34:12,14 36:2 42:24 61:1	21:18 26:14 34:13 42:23 45:15 62:21,24 69:17 70:19 77:3 79:18 TC
5 ific :9 46:9 ificall :20 ulate :21 :1 ulation :25 :1	<pre>state 5:9 22:11,12 stated 38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states</pre>	6:11 summary 8:9 10:3 31:8,12 32:11,14, 16,17 33:1,12 34:12,14 36:2 42:24 61:1	21:18 26:14 34:13 42:23 45:15 62:21,24 69:17 70:19 77:3 79:18 TC
ific :9 46:9 ificall :20 ulate :21 :1 ulation :25 :1	5:9 22:11,12 stated 38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states	<pre>summary 8:9 10:3 31:8,12 32:11,14, 16,17 33:1,12 34:12,14 36:2 42:24 61:1</pre>	26:14 34:13 42:23 45:15 62:21,24 69:17 70:19 77:3 79:18
:9 46:9 ifical1 :20 ulate :21 :1 ulation :25 :1	22:11,12 stated 38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states	8:9 10:3 31:8,12 32:11,14, 16,17 33:1,12 34:12,14 36:2 42:24 61:1	34:13 42:23 45:15 62:21,24 69:17 70:19 77:3 79:18
ificall :20 ulate :21 :1 ulation :25	<pre>stated 38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states</pre>	31:8,12 32:11,14, 16,17 33:1,12 34:12,14 36:2 42:24 61:1	42:23 45:15 62:21,24 69:17 70:19 77:3 79:18
:20 ulate :21 :1 ulation :25	38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states	32:11,14, 16,17 33:1,12 34:12,14 36:2 42:24 61:1	45:15 62:21,24 69:17 70:19 77:3 79:18
:20 ulate :21 :1 ulation :25	38:13 statement 35:3 39:8 40:8 43:11,24 44:19 states	16,17 33:1,12 34:12,14 36:2 42:24 61:1	62:21,24 69:17 70:19 77:3 79:18
ulate :21 :1 ulation :25 :1	statement 35:3 39:8 40:8 43:11,24 44:19 states	33:1,12 34:12,14 36:2 42:24 61:1	69:17 70:19 77:3 79:18
ulate :21 :1 ulation :25 :1	35:3 39:8 40:8 43:11,24 44:19 states	34:12,14 36:2 42:24 61:1	70:19 77:3 79:18
:21 :1 ulation :25 :1	40:8 43:11,24 44:19 states	36:2 42:24 61:1	77:3 79:18 TC
:1 ulation :25 :1	43:11,24 44:19 states	42:24 61:1	79:18 TC
ulation :25 :1	44:19 states	61:1	TC
:25 :1	states		_
:25 :1		support	30:25
:1		Bupporc	
	1:) • 1 1	8:9 10:2	telephone
		39:4	13:4
:18	static	33.4	13.4
:4,18,	74:8	supposed	telling
41:8	Statistics	18:21	61:6
:14	61:19	58:3,8,17	tells
		77:23	44:17
1	stays	sworn	1111/
9	22:10	5:5	ten
	stereo		56:8,24
:2	67:2	synchronize	72:3,15
		d	85:13
taneous	stop	53:20	term
:4 73:3	41:14	system	12:13
	45:8	75:19	
		. 5	test
_	86:25		11:20
	stopped	T	12:24
:16	59:25		25:23
d	atroca	Т2	26:8,9
:20			88:1
	55:19		tested
	strike		25:19,21,
	50:3	66:19	24 26:12
. 23, 25	etrugalina	taking	
t		7:7 9:20	testified
: 2	13.10		57:25
_	studies		74:17
	11:20		testifies
:17		31:7 48:3	5:5
	:12 ped :16 d :20 :25 ds :23,25 t :2 :17	### ### ##############################	### ### ##############################



testimony	thousands	82:21	28:14,22	type
20:9	31:5	84:22	29:10	67:23,24
35:10			37:15,19	
44:3	threshold	today	40:1	typical
47:25	60:9	7:7,20	43:5,20	6:6
48:6	tidal	top	45:21	11:14,17
76:5,22	65:22	60:11	47:8	typically
77:21	66:9		48:14	80:9,11
85:22	79:11,19,	trigger		•
	21	16:25	true	
esting		21:10	35:3	U
11:20	time	22:18	43:24	
12:5,13	13:13	23:11	81:2	unable
ests	21:23	24:6	82:25	20:20
11:16	25:24	67:23	truth	
TT.TO	30:1	68:2,4	48:6	underscore
ext	31:23	triggered	40.0	30:24
29:16	32:25	21:4,23	tube	understand
heoretical	33:2	22:8	41:11	20:25
	39:1,2		4h d	24:19
. y	41:5	28:16	tubing	68:25
75:25	46:16	33:16	24:10	85:22
heory	49:10	34:17	37:3,4,8	03.22
25:2 58:5	50:2,6,14	35:16,19	turn	understand
74:21	52:14,16	52:19	21:12,24	ng
75:1,7,8	53:4,15,	55:14,20	23:6,13	21:17
86:12	16,19,20,	71:18	25:14	
	21,22,23,	72:2	48:5	unit
herapists	24 54:7,	73:7,10	58:17	11:6,10,
39:22	10,11,15,	88:3	59:4	15,23
hing	17,19,20,	triggering	86:11	12:5
6:19	21 55:7,9	55:22	00.11	14:6,13
14:24			turned	15:21
47:7	58:4,7,	triggers	20:20	16:1,3,7
54:15,16	10,22	22:15	21:2,16	11,14,24
66:13	59:13	Trilogy	22:1	17:4
74:1	60:8,12,	11:6,22	24:1,5,22	18:10
74·1 75:12,14	17,20	14:6,22	38:23	19:10,14
/J·14,14	63:14		40:20	20:6
hings	66:14,22	15:21,25	41:4	25:19
38:3 47:7	67:7 68:8	16:3,7,	79:22	26:19,22
62:1 63:9	72:8	11,14,24	83:4,9	25 27:12
75:11	85:10	17:4		28:14,22
-ll- t	88:15,24	18:10	turning	29:10
hought	times	19:10,14	38:15	37:15,19
74:1,2	31:16	20:2	TV113061760	40:1,20
housand		25:18	30:2	41:4
30:18	67:7	26:19,22,		43:5,20,
· · · ·	73:12	25 27:12		13.3,20,



MASERI IIVIA V.	FIIILIF 3 NOINTI	AWILINIOA	iiiue	x. umisyesieru
22 47:21	22:20	77:10,13,	79:9,20	74:25
48:13,14	24:15	18 78:1,	87:9	75:6,9,24
49:9	27:3,14	4,9,12,		
50:10,13	34:24	15,18,23	VULIC	working
	36:18	79:9,25	51:14	10:18,23
units	37:9 40:2	80:10,11	59:15	11:1
6:16	42:9 44:2	81:2,7,	70:1,5,8	59:25
Universal	46:10	15,22	76:15	Wow
53:22	40.10	•		23:20
55.22	vagueness	82:15,25		23.20
update	12:13	84:5	W	write
54:24		ventilator-		44:11,12,
	variable	triggered	waiting	22
updated	66:22	53:5	70:13	
54:18	varies	33 3		writing
upload	84:9	versus	waiving	16:14
88:23	01.5	53:5	9:12	writings
	VCR	60:10	walk	9:23
usage	54:23		47:6	10:6,10,
59:7		vertical	47.0	19
61:7,16	vented	56:8	warnings	19
77:22	26:15	video	16:17,18,	written
78:15	27:21	70:13	21 17:3	17:20
	ventilated			46:7
useless	72:23	videos	water	76:14,16
75:10		11:5	64:5,7,	
user	ventilation	vigilance	15,20,23	wrong
46:4,6	20:17	6:5	65:11	30:2
10 1,0	45:22	0.5	waveform	47:12
user-	56:17,18,	violates	52:17	75:21
settable	19 71:14,	83:15	32.17	
48:22,24	17 72:1,		wearing	wrote
TTTC	6,19	virtually	27:21	16:10
UTC	80:13,19,	73:6,7		44:19
53:21,24	22,23	vol-	week	
54:3,5,	81:5	66:7	37:16	Y
11,14	82:15,16		63:17	
	83:5,6,	volume	weight	
v		65:21,22	64:19	Y-AXIS
v	12,13	66:9	01 19	52:9,21
	84:13,15	79:11,14,	whatsoever	53:8
v2.4.2	ventilator	19,21	23:6	veard
30:4	41:12	77₩	witnesses'	years
72.0110	53:16	Vt (F:21	10:20	23:21
vague	60:20	65:21		yes-or-no
17:9	63:5	66:8	13:15	44:20
18:19	72:13	vt-	work	45:6
		-		0
19:7,17		80:14	13:16	
	73:4,11, 19 74:6	80:14	13:16 68:8	<pre>yesterday 9:15</pre>



SAMUEL CRIBBS RASEKHNIA V. PHILIPS NORTH AMERICA	September 08, 2023 Index:yesterday

