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CLERK, CIRCUIT COURT  
FAIRFAX, VA

# Transcript of Monroe Tinker

**Date:** January 6, 2022

**Case:** Depp, II -v- Heard

**Planet Depos**

**Phone:** 888.433.3767

**Email:** [transcripts@planetdepos.com](mailto:transcripts@planetdepos.com)

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WORLDWIDE COURT REPORTING & LITIGATION TECHNOLOGY

31676

1 V I R G I N I A :

2 IN THE CIRCUIT COURT OF FAIRFAX COUNTY

3 -----X

4 JOHN C. DEPP, II,

5 Plaintiff and

6 Counter-Defendant,

7 v.

8 Civil Action No.:

9 CL-2019-0002911

10 AMBER LAURA HEARD,

11 Defendant and

12 Counter-Plaintiff.

13 -----X

14 VIDEOTAPED DEPOSITION OF MONROE TINKER

15 APPEARING REMOTELY FROM LONG BEACH, CALIFORNIA

16 THURSDAY, JANUARY 6, 2022

17 12:30 P.M. EST

18

19

20 Job No.: 421497

21 Pages: 1 - 185

22 Reported by: Adrienne Mignano, RPR

1                   Videotaped Deposition of MONROE TINKER, held.  
2                   via Zoom videoconferencing, Pursuant to NOTICE, before  
3                   Adrienne Mignano, a Registered Professional Reporter  
4                   and Notary Public in and for the State of New York.  
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1       R E M O T E       A P P E A R A N C E S

2  
3       ON BEHALF OF PLAINTIFF AND COUNTER-DEFENDANT,

4       JOHN C. DEPP, II

5               JESSICA N. MEYERS, ESQUIRE

6               BROWN RUDNICK, LLP

7               7 Times Square

8               New York, New York 10036

9               212.209.4800

10  
11  
12       ON BEHALF OF DEFENDANT AND

13       COUNTER-PLAINTIFF, AMBER LAURA HEARD:

14               ADAM NADELHAFT, ESQUIRE

15               CLARISSA K. PINTADO, ESQUIRE

16               CHARLSON BREDEHOFT COHEN & BROWN, PC

17               11260 Roger Bacon Drive

18               Suite 201

19               Reston, Virginia 20190

20               703.318.6800



1           A P P E A R A N C E S (Continued)

2

3           ON BEHALF OF THE WITNESS - MONROE TINKER

4           CARLEY RYCKMAN, ESQUIRE

5           CARROLL, KELLY, TROTTER & FRANZEN

6           111 W. Ocean Boulevard

7           14th Floor

8           Long Beach, California 90801

9           562.432.5855

10

11

12

          ALSO PRESENT:

13

14           Ashby Everhart - Remote Technician

15           Drew Halton - Videographer

16

17

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22

Transcript of Monroe Tinker  
Conducted on January 6, 2022

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C O N T E N T S

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(Attached to the transcript)

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1                   REMOTE TECH: Thank you to everyone  
2       for attending this proceeding remotely, which we  
3       anticipate will run smoothly. Please remember  
4       to speak slowly and do your best not to talk  
5       over one another.

6 Please be aware that we are recording  
7 this proceeding for backup purposes. Any  
8 off-the-record discussions should be had away  
9 from the computer. Please remember to mute your  
10 mic for those conversations.

11 Please have your video enabled to  
12 help the reporter identify who is speaking. If  
13 you are unable to connect with video and are  
14 connecting via phone, please identify yourself  
15 each time before speaking.

16	I apologize in advance for any	12:25:49
17	technical-related interruptions. Thank you.	12:25:49

18	THE VIDEOGRAPHER: Here begins Disk	12:41:20
19	Number 1 in the video deposition of Monroe	12:41:21
20	Tinker in the matter of John C. Depp, II versus	12:41:25
21	Amber Laura Heard in the Circuit Court of	12:41:30
22	Fairfax County, Virginia; Civil Action Number	12:41:33

Transcript of Monroe Tinker  
Conducted on January 6, 2022

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1	CL-2019-0002911.	12:41:36
2	Today's date is January 6th, 2022.	12:41:45
3	The time on the video monitor is 12:41 p.m.	12:41:49
4	Eastern. The videographer is Drew Halton,	12:41:53
5	representing Planet Depos. All participants are	12:41:55
6	attending remotely.	12:41:59
7	Would counsel please voice identify	12:42:00
8	themselves and state whom they represent.	12:42:02
9	MR. NADELHAFT: Good morning. Adam	12:42:06
10	Nadelhaft and Clarissa Pintado for Amber Heard.	12:42:08
11	MS. MEYERS: Good morning. Jessica	12:42:13
12	Meyers, on behalf of Mr. Depp, and one of my	12:42:14
13	colleagues, Camille Vasquez might be joining in	12:42:17
14	a bit, but she is not presently here.	12:42:18
15	MS. RYCKMAN: This is Carley Ryckman,	12:42:20
16	on behalf of the deponent, Monroe Tinker.	12:42:21
17	THE VIDEOGRAPHER: The court reporter	12:42:26
18	is Adrienne Mignano, representing Planet Depos.	12:42:26
19	Would the reporter please swear in	12:42:28
20	the witness.	12:42:31
21		12:42:32
22		12:42:32

Transcript of Monroe Tinker  
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1	Whereupon,	12:42:32
2	MONROE TINKER,	12:42:32
3	being first duly sworn or affirmed to testify to	12:42:32
4	the truth, the whole truth, and nothing but the	12:42:32
5	truth, was examined and testified as follows:	12:42:32
6	EXAMINATION BY COUNSEL FOR THE DEFENDANT	
7	BY MR. NADELHAFT:	
R 8	Q Good morning, Mr. Tinker. My name is	
9	Adam Nadelhaft. I'm here with Clarissa Pintado.	12:42:50
10	We represent Amber Heard. We really do	12:42:57
11	appreciate you being here today, and I thank you	12:42:59
12	for your time.	12:43:01
13	What's your full name?	12:43:02
14	A Monroe G., for George, Tinker.	12:43:03
15	Q And what's your business address,	12:43:07
16	Mr. Tinker?	12:43:08
17	MS. RYCKMAN: Objection. I'm going	12:43:13
18	to -- he can be contacted through my office for	12:43:13
19	all purposes.	12:43:16
20	MR. NADELHAFT: Okay. We just want	12:43:22
21	to establish that he lives in California and	12:43:23
22	does not -- so this deposition can be used in	12:43:24

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1	Virginia. Is there a way he can give an	12:43:28
2	address? I'm not asking for his personal	12:43:32
3	address, but if there is some way we can confirm	12:43:34
4	that he is in California and not Virginia,	12:43:37
5	that's all we were looking for.	12:43:40
6	MS. RYCKMAN: I'll allow him to	12:43:43
7	answer that, if you ask him whether he lives in	12:43:44
8	California and whether he currently works in	12:43:47
9	California. That's perfectly fine.	12:43:50
10	BY MR. NADELHAFT:	12:43:50
11	Q Mr. Tinker, do you live in	12:43:50
12	California?	12:43:52
13	A I do, indeed, live in California.	12:43:52
14	Q You live in California presently?	12:43:55
15	A I currently live in California.	12:43:57
16	Q And you currently work in California	12:43:58
17	as well?	12:44:01
18	A I currently work in California.	12:44:02
19	Q And you do not live in Virginia; is	12:44:04
20	that correct?	12:44:06
21	A I do not live in Virginia.	12:44:07
22	Q Thank you.	12:44:09

Transcript of Monroe Tinker  
Conducted on January 6, 2022

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1	Mr. Tinker, have you ever been	12:44:09
2	deposed before?	12:44:11
3	A Yes.	12:44:12
4	Q How many times?	12:44:13
5	A Once.	12:44:15
6	Q Well, you have been deposed once	12:44:20
7	before, but let me just go over the ground rules	12:44:22
8	here so that we can have a pretty clean	12:44:25
9	deposition, okay.	12:44:28
10	I'm going to at least start by asking	12:44:29
11	you a series of questions. Please let me try to	12:44:31
12	finish my question before you answer, and I'm	12:44:33
13	going to do my best to let you finish your	12:44:36
14	answer before I ask the next question. That way	12:44:39
15	we're not talking over each other. Does that	12:44:41
16	make sense?	12:44:44
17	A Absolutely.	12:44:44
18	Q If you do not understand my question,	12:44:45
19	please let me know. If you respond -- if you	12:44:48
20	don't hear my question because we're on Zoom or	12:44:49
21	whatever, also please let me know. Does that	12:44:53
22	make sense?	12:44:56

Transcript of Monroe Tinker  
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1	A	Absolutely, yes, it does make sense.	12:44:56
2	Q	If you respond to my question, it	12:44:58
3		will be assumed that you understand it and hear	12:45:00
4		it; is that okay?	12:45:02
5	A	Yes.	12:45:04
6	Q	And please be sure to answer	12:45:05
7		verbally, as you're doing, rather than a shake	12:45:07
8		of the head or a nod because that's not picked	12:45:11
9		up by the court reporter. Does that make sense?	12:45:13
10	A	Yes.	12:45:16
11	Q	And as you're doing, if the answers	12:45:17
12		are yes or nos, please try to answer it that way	12:45:19
13		rather than an "uh-huh" or "uh-uh" so that we	12:45:22
14		all know what you mean. Does that make sense?	12:45:24
15	A	Yes.	12:45:27
16	Q	And you said you have been deposed	12:45:29
17		once before. When was that?	12:45:31
18	A	I can't recall. It's been over	12:45:34
19		30 years ago.	12:45:36
20	Q	So I assume you were not deposed in	12:45:40
21		any cases involving Mr. Depp?	12:45:42
22	A	No.	12:45:45



Transcript of Monroe Tinker  
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1	Q	And you have not been involved in	12:45:47
2		any -- you weren't deposed in any cases	12:45:48
3		involving Amber Heard?	12:45:51
4	A	No.	12:45:53
5	Q	In real brief terms, what was the	12:45:55
6		case about that you were deposed on 30 years	12:45:58
7		ago?	12:46:00
8	A	I can't recall now.	12:46:02
9	Q	You just know you were deposed?	12:46:05
10	A	Yeah. It was a long time ago.	12:46:07
11	Q	Other than your attorney, did you	12:46:09
12		speak with anyone in preparation for this	12:46:12
13		deposition?	12:46:15
14	A	No.	12:46:15
15	Q	Prior to this deposition, have you	12:46:18
16		spoken with counsel for Mr. Depp?	12:46:19
17	A	No.	12:46:23
18	Q	I just now want to go into a little	12:46:26
19		bit of your background, okay?	12:46:28
20	A	Yes.	12:46:30
21		MR. NADELHAFT: Okay. Ashby, can you	12:46:30
22		put up attachment 1, which will be Tinker	12:46:34

1	Exhibit 1.	12:46:37
2	REMOTE TECH: Sure. One moment.	12:46:38
3	(Tinker Exhibit 1 marked for	12:46:38
4	identification and attached to the transcript.)	12:46:38
5	Q Mr. Tinker, at times we're going to	12:46:47
6	be putting up documents for you to look at and	12:46:48
7	ask you questions about, okay?	12:46:52
8	A Okay.	12:46:54
9	MR. NADELHAFT: Ashby, can I have	12:47:05
10	control of it? Thank you.	12:47:07
11	Q Mr. Tinker, I'm showing you what's	12:47:11
12	been marked as Tinker Exhibit 1, which I'll	12:47:13
13	represent to you I pulled off of your LinkedIn	12:47:16
14	profile. Does this look like your LinkedIn	12:47:19
15	profile?	12:47:22
16	A It appears so.	12:47:23
17	Q And I just -- I thought that would be	12:47:25
18	the easiest way to try to go through your	12:47:27
19	background, okay?	12:47:29
20	A Uh-huh. Yes.	12:47:31
21	Q Okay. We'll just start off on the	12:47:33
22	second page with your education. So you got	12:47:35

1	your BA in psychology from Fordham University;	12:47:42
2	is that correct?	12:47:45
3	A Yes.	12:47:46
4	Q And then you got a master's of	12:47:49
5	science in nursing and nursing science from	12:47:51
6	University -- from UCLA in 2010?	12:47:54
7	A Yes.	12:47:58
8	Q And you got a master of science in	12:48:00
9	adult gerontology acute care nurse in 2015?	12:48:04
10	A Yes.	12:48:09
11	Q What does gerontology mean?	12:48:11
12	A Populations that are older. More	12:48:15
13	specifically, probably like I would say it	12:48:19
14	speaks to, like, baby boomers and adults.	12:48:22
15	Q Did you ever practice at all in	12:48:25
16	psychology?	12:48:30
17	A No.	12:48:30
18	Q And if we just -- some of this will	12:48:34
19	be brief, but if we scroll up, you used to live	12:48:39
20	in New York; is that right?	12:48:43
21	A Yes.	12:48:44
22	Q And you were a fitness instructor for	12:48:48

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1	a long period of time; is that right?	12:48:53
2	A Yes.	12:48:55
3	Q And did you stop being a fitness	12:48:56
4	instructor in 2007?	12:48:58
5	A More or less. Approximately.	12:49:02
6	Q And from 1997 to 2007 you were an EMT	12:49:06
7	paramedic in New York City?	12:49:13
8	A Yes.	12:49:15
9	Q And as a -- was that your first -- as	12:49:23
10	an EMT paramedic, was that your first job in the	12:49:24
11	medical field?	12:49:30
12	A Yes.	12:49:31
13	Q And as an EMT paramedic, did you ever	12:49:34
14	see people who were drunk or high on drugs?	12:49:37
15	A Yes.	12:49:40
16	Q In your experience as an EMT, would	12:49:42
17	you say that there would be people who were high	12:49:46
18	on drugs or alcohol who did not recall things	12:49:49
19	that they did?	12:49:53
20	MS. RYCKMAN: Objection. Calls for	12:49:58
21	speculation. You can answer.	12:49:59
22	A I guess.	12:50:01



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1	Q	And did you -- when did you move out	12:50:08
2		to Los Angeles?	12:50:11
3	A	2005. I believe -- yes, I believe	12:50:12
4		2005.	12:50:17
5	Q	Do you think it would have been	12:50:20
6		2000- --	12:50:22
7	A	2007. I apologize.	12:50:23
8	Q	No problem. No problem. It's not a	12:50:25
9		memory test.	12:50:28
10		So you moved from New York to LA,	12:50:29
11		correct?	12:50:31
12	A	Correct.	12:50:33
13	Q	Why did you move to LA?	12:50:35
14	A	I got offered a job with the	12:50:38
15		Los Angeles City Fire Department.	12:50:39
16	Q	And what was your job at the	12:50:42
17		Los Angeles City Fire Department?	12:50:43
18	A	It was going to be paramedic	12:50:46
19		firefighter.	12:50:48
20	Q	And then -- and what happened?	12:50:49
21	A	I tore the anterior talofibular	12:50:52
22		ligament in my left ankle and I was fired,	12:50:56

FSPK

1	essentially.	12:51:02
2	Q So did you -- how long were you a	12:51:09
3	paramedic in Los Angeles?	12:51:11
4	A I was never a paramedic with	12:51:15
5	Los Angeles. I was going through the -- like	12:51:17
6	essentially their version of the boot camp.	12:51:19
7	Q Okay. So what did you do after that?	12:51:23
8	A I started -- I put my resumé out in	12:51:29
9	Los Angeles at UCLA, and I worked for the	12:51:33
10	Department of Prehospital Care, the paramedic	12:51:36
11	school. And I worked as an ACLS and a PALS	12:51:39
12	instructor. I worked as an advanced cardiac	12:51:41
13	life support instructor, a basic cardiac life	12:51:49
14	support instructor and a pediatric advanced	12:51:54
15	cardiac life support instructor. Essentially, I	12:51:58
16	taught CPR and advanced CPR to paramedics and	12:52:01
17	physicians for the Department of Prehospital	12:52:06
18	Care at UCLA, part time.	12:52:09
19	Q Is that job represented here on your	12:52:17
20	LinkedIn profile?	12:52:20
21	A Could you scan up a little bit?	12:52:24
22	Q Sure. Of course.	12:52:28

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1	A	If you look at "ACLS/PALS/BCLS	12:52:32
2		Provider/Instructor," I still maintain my	12:52:34
3		instructor status. I have to teach two to four	12:52:38
4		classes every -- I believe it's every two years,	12:52:42
5		to maintain my instructor status. So, yeah,	12:52:44
6		that's about right, 2007 when I got here.	12:52:47
7		Because it was literally, like, four to five	12:52:50
8		days after I got decommissioned from the	12:52:53
9		Los Angeles Fire Department that I accepted the	12:52:58
10		position as a per diem instructor for the	12:53:01
11		Department of Prehospital Care.	12:53:04
12	Q	And what did you do -- oh, I'm sorry.	12:53:05
13	A	So if you look up there, it says,	12:53:15
14		"University Based Hospital, 14 years, 8 months."	12:53:16
15		I didn't put that in my resumé. I don't know	12:53:20
16		how it got in LinkedIn. I mean, I have a copy	12:53:23
17		of my resumé. But I think I put UCLA Department	12:53:25
18		of Prehospital Care. I'm not sure.	12:53:27
19	Q	Okay. That's fair.	12:53:32
20	A	Just so you know.	12:53:34
21	Q	I appreciate that.	12:53:35
22		Now, the LinkedIn profile here says,	12:53:36



1	"Private Practice NP" from July 2016 -- "from	12:53:41
2	July 2015 to July 2016 (one year one month)."	12:53:48
3	A That's correct.	12:53:51
4	Q What was that?	12:53:51
5	A I worked for an internal medicine	12:53:56
6	physician, David Kipper, in a private practice	12:54:01
7	office, internal medicine.	12:54:05
8	Q And then where did you go after that?	12:54:14
9	A I accepted a position at Facey	12:54:18
10	Medical Foundation in internal medicine as a	12:54:23
11	nurse practitioner in primary care.	12:54:26
12	Q Okay. And you worked there for	12:54:30
13	another year and six months.	12:54:32
14	A Approximately, yeah, more or less,	12:54:33
15	until I took the position that I'm currently	12:54:35
16	working at.	12:54:37
17	Q Okay. And at the top of the page	12:54:39
18	here, I see, where it says "Contact," there is a	12:54:47
19	houze2homesolutionsllc.com. What is that?	12:54:53
20	A Yes. That is my wife's rehab	12:54:57
21	business. She does fix and flips.	12:55:02
22	Q And have you ever had any real estate	12:55:09



1	transactions with Mr. Depp?	12:55:12
2	A Never.	12:55:14
3	Q Have you ever had any real estate	12:55:16
4	transactions with any employees of Mr. Depp?	12:55:18
5	A Never.	12:55:21
6	Q Now, you're a nurse practitioner,	12:55:24
7	correct?	12:55:27
8	A Correct.	12:55:27
9	Q Can you tell us what a nurse	12:55:29
10	practitioner is and what they do?	12:55:30
11	A Essentially, I function like a	12:55:34
12	fourth-year physician. I have all the powers	12:55:37
13	of -- well, I don't know if I would say that. I	12:55:45
14	can write prescriptions. I can write referrals.	12:55:48
15	But I'm not licensed to practice by myself in	12:55:53
16	adult gerontology acute care --	12:55:57
17	Q Okay.	12:56:00
18	A -- currently in California.	12:56:00
19	With the passage of AB 87, that will	12:56:03
20	be changing, transitioning to private practice	12:56:06
21	overseen by the Board of Nursing in California.	12:56:09
22	Q And as a nurse practitioner, have you	12:56:16

1	dealt with patients who have had issues with	12:56:18
2	drugs or alcohol?	12:56:21
3	A Yes.	12:56:24
4	Q And in your experience as a nurse	12:56:25
5	practitioner, have you ever dealt with patients	12:56:27
6	who have blacked out from drugs or alcohol?	12:56:30
7	MS. MEYERS: Objection. That calls	12:56:34
8	for speculation.	12:56:35
9	MS. RYCKMAN: It's also an incomplete	12:56:37
10	hypothetical. If you understand, you can	12:56:40
11	answer.	12:56:42
12	A Say the question again, please.	12:56:43
13	Q In your experience as a nurse	12:56:45
14	practitioner, have you dealt with patients who	12:56:47
15	have blacked out from drugs or alcohol?	12:56:50
16	MS. MEYERS: Same objection.	12:56:58
17	A I can't recall, but it could be	12:56:59
18	possible.	12:56:59
19	Q In your experience, when a person	12:57:00
20	does experience a blackout during alcohol or	12:57:01
21	drug use, what, if anything, happens to the	12:57:05
22	brain in comprehending what's occurring around	12:57:08

1	the person?	12:57:08
2	MS. RYCKMAN: Objection. Calls for	12:57:10
3	speculation. It's an incomplete hypothetical.	12:57:11
4	If you understand the question, you can answer.	12:57:14
5	A Yeah, I don't -- I would be guessing.	12:57:16
6	Q Do you have any understanding if	12:57:22
7	there is any significant link between substance	12:57:23
8	abuse and memory loss, in your experiences?	12:57:26
9	A I don't know.	12:57:29
10	Q Now, you talked about how you worked	12:57:33
11	for Dr. David Kipper, correct?	12:57:37
12	A Yes.	12:57:41
13	Q Is there any reason you didn't	12:57:43
14	include his name in the LinkedIn profile here?	12:57:44
15	A No, I didn't include any of the names	12:57:47
16	of any of the physicians I worked with in any of	12:57:52
17	the profile.	12:57:54
18	Q That's fair.	12:57:55
19	MR. NADELHAFT: And, Ashby, you can	12:57:56
20	take this down.	12:57:58
21	Q Mr. Tinker, what led you to work for	12:57:59
22	Dr. Kipper?	12:58:07



1	A	I had been working for Dr. Kipper	12:58:10
2		prior as a per diem nurse. Upon graduating from	12:58:13
3		UCLA, he offered me a position as a nurse	12:58:18
4		practitioner.	12:58:23
5	Q	So how long had you been working for	12:58:24
6		Dr. Kipper as per diem nurse?	12:58:28
7	A	Possibly a year, maybe a little bit	12:58:30
8		longer. I can't recall.	12:58:33
9	Q	And as a per diem nurse, describe how	12:58:40
10		you were paid.	12:58:44
11		MS. RYCKMAN: Objection. Vague,	12:58:50
12		ambiguous, calls for speculation, possibly in	12:58:51
13		violation of his right to privacy.	12:58:53
14		You can answer to the extent if it	12:58:55
15		was hourly or salaried.	12:58:58
16	A	It was hourly.	12:59:00
17	Q	And so you would be paid by the	12:59:08
18		amount of hours you worked; is that right?	12:59:10
19	A	Yes.	12:59:13
20	Q	And Dr. Kipper had a concierge	12:59:16
21		practice; is that right?	12:59:20
22	A	Yes.	12:59:21

1	Q	What is a concierge practice?	12:59:21
2	A	I don't know the exact definition. I	12:59:29
3		would be guessing. But, essentially, it's -- I	12:59:31
4		would describe it as having your physician on a	12:59:35
5		phone at your disposal at any time. But, again,	12:59:37
6		I would be guessing of the definition of	12:59:44
7		concierge.	12:59:46
8	Q	And in working as a nurse for	12:59:50
9		Dr. Kipper, were you assigned to certain	12:59:53
10		patients?	12:59:56
O	11	MS. MEYERS: Objection. Vague and	12:59:58
	12	ambiguous.	12:59:59
13	A	Yes.	01:00:03
14	Q	So there would be certain patients	01:00:05
15		that you would always be working with?	01:00:08
16	A	No. It could be anybody.	01:00:10
17	Q	As a per diem nurse, were you ever	01:00:17
18		assigned to be at a patient's care 24 hours	01:00:21
19		whenever they needed it?	01:00:25
20	A	Sometimes I would work 24 hours with	01:00:28
21		them, yes.	01:00:30
22	Q	And would you take -- would you have	01:00:34



1	nurse's notes describing what you did for the	01:00:37
2	patient?	01:00:41
3	A Yes.	01:00:42
4	Q And would those nursing notes be in	01:00:44
5	handwriting or would they be typed?	01:00:48
6	A Typed. Sometimes handwriting. It	01:00:51
7	depends.	01:00:53
8	Q Did you have to enter the notes into	01:00:54
9	any sort of system at Dr. Kipper's office?	01:00:56
10	A I can't recall.	01:01:01
11	Q Did anyone review your nursing notes?	01:01:03
12	A I would imagine Dr. Kipper did, but I	01:01:07
13	can't recall.	01:01:09
14	Q Were you ever a nurse for Mr. Depp?	01:01:12
15	A No.	01:01:19
16	Q Were you ever a nurse for Amber	01:01:21
17	Heard?	01:01:23
18	A No.	01:01:24
19	Q How did you come to work for	01:01:33
20	Dr. Kipper as a nurse?	01:01:35
21	A When I was at UCLA, there was a	01:01:40
22	colleague that I was in school with that was	01:01:42

1	working part time. We were talking one day and	01:01:44
2	he asked me, would you like to work part time	01:01:48
3	for a physician? And I said, yeah, sure, why	01:01:50
4	not.	01:01:53
5	Q Who was that colleague?	01:01:54
6	A I don't remember his name now.	01:01:57
7	Q Did that person work for Dr. Kipper?	01:02:00
8	A Yes, at that time he did work for	01:02:02
9	Dr. Kipper.	01:02:04
10	Q Do you know how old that person was?	01:02:05
11	A No. I would be guessing.	01:02:10
12	Q Was he --	01:02:12
13	A He wasn't older than me. If anything	01:02:13
14	we were the same age, going -- we were in class.	01:02:16
15	So if I'm 56 now, 2015, do the math, I guess in	01:02:19
16	his 40s maybe.	01:02:24
17	Q And you don't recall his first or his	01:02:26
18	last name?	01:02:29
19	A No, I don't.	01:02:30
20	Q Did you work with that person at all	01:02:32
21	while you were working as a nurse for	01:02:33
22	Dr. Kipper?	01:02:36



1	A	Yes. Detoxing patients.	01:02:38
2	Q	Detoxing patients is what you said;	01:02:49
3		is that right?	01:02:52
4	A	Yes, as a nurse.	01:02:53
5	Q	And describe for me what you were	01:02:54
FSPK		doing as a nurse in terms of detoxing patients.	01:02:58
, IO 6			
O 7	MS. RYCKMAN:	I'm just going to	01:03:04
8		object. It may call for speculation because it	01:03:05
9		may depend given the day, but if you can answer,	01:03:07
10		go ahead.	01:03:11
11	A	I followed a protocol that Dr. Kipper	01:03:13
12		had set in stone.	01:03:16
13	Q	What was the protocol?	01:03:19
14	A	I can't recall.	01:03:21
15	Q	Can you recall anything about what	01:03:24
16		you did as a detox?	01:03:25
17	A	It was a cocktail of medications to	01:03:27
18		transition the patient.	01:03:31
19	Q	To transition the patient from what?	01:03:36
20	A	If they were -- if they had an	01:03:38
21		alcohol issue or an opiate issue.	01:03:43
22	Q	And did Dr. Kipper work with patients	01:03:46



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1	who were addicted to any other drugs other than	01:03:51
2	alcohol or opiates, in your experience?	01:03:54
3	A I don't know.	01:03:56
4	Q You only worked with patients who had	01:03:57
5	alcohol and/or opiate addiction?	01:03:59
6	A From what I can recall, yes.	01:04:03
7	Q Do you recall how many patients you	01:04:05
8	worked with?	01:04:06
9	A No.	01:04:07
10	Q Was it more than one?	01:04:10
11	A Yes.	01:04:12
12	Q Was it more than ten?	01:04:14
13	A Possibly.	01:04:18
14	Q More than 20?	01:04:22
15	A Possibly.	01:04:24
16	Q Is there a maximum that I would be	01:04:26
17	going -- more than 50?	01:04:28
18	A I worked as a paramedic for ten	01:04:32
19	years, so if I saw ten patients a day --	01:04:34
20	Q No, I'm talking about when you were	01:04:38
21	working with Dr. Kipper -- I'm sorry, my	01:04:40
22	question may have been unclear.	01:04:44

1	A	I can't recall.	01:04:46
2	Q	You can't recall. When you were	01:04:46
3		working with Dr. Kipper, though, just to make	01:04:48
4		sure your answers -- that I'm getting clear	01:04:51
5		answers, when you're working with Dr. Kipper as	01:04:55
6		a detox nurse, you worked with more than one	01:04:57
7		patient, correct?	01:05:00
8	A	Yes.	01:05:01
9	Q	And did you work with more than ten	01:05:02
10		patients?	01:05:04
11	A	I may have.	01:05:06
12	Q	Okay. And how long were you working	01:05:08
13		as a detox nurse with Dr. Kipper?	01:05:11
14	A	Approximately a year and a half	01:05:16
15		before working as a nurse practitioner.	01:05:18
16	Q	And you became a nurse practitioner	01:05:32
17		after you graduated, correct?	01:05:34
18	A	Yes.	01:05:36
19	Q	You became a nurse practitioner for	01:05:37
20		Dr. Kipper after you graduated; is that correct?	01:05:38
21	A	Yes.	01:05:41
22	Q	And did you get a salary from	01:05:43

1	Dr. Kipper as a nurse practitioner?	01:05:46
2	A Yes.	01:05:49
3	Q Would you receive any bonuses?	01:05:51
4	A No.	01:05:55
5	Q And it was -- and so once you were a	01:06:02
6	nurse practitioner, it wasn't hourly wages. It	01:06:04
7	was a yearly salary?	01:06:07
8	A Yes, from what I can recall, and then	01:06:09
9	if I worked additional hours, because there was	01:06:11
10	another physician in the office, then I would	01:06:14
11	charge those hours separately to Dr. Kipper.	01:06:18
12	Q What do you mean when another	01:06:22
13	physician was in the office? What do you mean	01:06:24
14	by that?	01:06:26
15	A David had another physician that he	01:06:27
16	worked with.	01:06:29
17	Q Who was that other physician that	01:06:30
18	Dr. Kipper worked with?	01:06:34
19	A That came into the office? I believe	01:06:37
20	his name was Myron Shapero.	01:06:38
21	Q And what type of medicine did Myron	01:06:46
22	Shapero practice?	01:06:49



1	MS. RYCKMAN: Objection. That may	01:06:53
2	call for speculation. You can answer, if you	01:06:53
3	know.	01:06:55
4	A I think internal medicine.	01:06:56
5	Q And what was your role as a nurse	01:07:10
6	practitioner in Dr. Kipper's office?	01:07:14
7	A The day-to-day functions of learning	01:07:19
8	the process of being an internal medicine nurse	01:07:22
9	practitioner, seeing patients for hypertension,	01:07:27
10	diabetes, gout, making necessary referrals,	01:07:32
11	ordering necessary testing. Blood, x-ray, EKG,	01:07:38
12	stress testing, pulmonary function tests.	01:07:45
13	Q Did Dr. Kipper have to approve all of	01:07:57
14	the tests that you requested or could you do	01:08:02
15	that on your own?	01:08:06
16	A Nurse practitioners need to work in	01:08:09
17	conjunction with a licensed physician in the	01:08:12
18	state of California. So I'd come up with a plan	01:08:15
19	and he would look at it.	01:08:18
20	Q How would it work if a patient came	01:08:29
21	into the office when you were in Dr. Kipper's	01:08:31
22	office but Dr. Kipper wasn't there? Could you	01:08:35

1	prescribe medications? Could you give advice	01:08:41
2	without Dr. Kipper's approval?	01:08:44
3	MS. MEYERS: Objection to form.	01:08:48
4	MS. RYCKMAN: That calls for	01:08:49
5	speculation, lacks foundation and it's	01:08:49
6	definitely an incomplete hypothetical. If you	01:08:52
7	think you can answer, go ahead.	01:08:55
8	A To the best of my recollection, I	01:08:59
9	always over -- I always discussed anything I did	01:09:00
10	with any patient prescription-wise, test-wise	01:09:04
11	with David, because he was a senior to me and I	01:09:07
12	was coming right out of the gate.	01:09:10
13	Q Okay. So what would you do if	01:09:12
14	Dr. Kipper wasn't there in the office?	01:09:14
15	A I would call him.	01:09:16
16	Q Why did you leave Dr. Kipper's	01:09:22
17	practice?	01:09:25
18	A Because I wanted more experience.	01:09:26
19	Q More experience doing what?	01:09:30
20	A Working as a nurse practitioner.	01:09:31
21	Q And when you say you wanted more	01:09:36
22	experience, were you not getting the experience	01:09:38



1. you wanted at Dr. Kipper's office? 01:09:40

2. A I wanted more experience, even more 01:09:44

3. patient-care-related experience. And I started 01:09:46

4. working part time for Sherman Oaks Hospital as a 01:09:51

5. hospitalist during that time shortly before my 01:09:58

6. transition from leaving Dr. Kipper. And it's on 01:10:01

7. my resumé. 01:10:04

8. Q When is the last time you have 01:10:07

9. communicated with Dr. Kipper? 01:10:08

10. A I believe the last day that I -- I 01:10:14

11. don't know. Whatever date that I started at 01:10:20

12. Facey, I would say probably maybe a week before 01:10:24

13. that, a week. So if I ended -- if I started at 01:10:26

14. Facey in July of 2016, maybe June. 01:10:30

15. Q And that communication was to give 01:10:38

16. Dr. Kipper notice you were leaving? 01:10:41

17. A Uh-huh. We actually had a meeting. 01:10:43

18. Q How long was the meeting? 01:10:47

19. A Maybe an hour or so. He had his 01:10:50

20. attorney present. 01:10:53

21. Q Dr. Kipper had his attorney present 01:10:55

22. when you were leaving? 01:10:57

1	A	Yeah, at our meeting. I guess we	01:10:59
2		were discussing whether or not I was going to	01:11:01
3		restart my -- you know, continue working for him	01:11:03
4		or if, you know, we were going to discuss the	01:11:06
5		upcoming year, salary renegotiation,	01:11:10
6		essentially.	01:11:14
7	Q	Okay. So what is your understanding	01:11:15
8		as to why Dr. Kipper had his attorney with him	01:11:16
9		at this meeting?	01:11:20
10	MS. MEYERS:	Objection. Calls for	01:11:21
11		speculation.	01:11:21
12	A	I have no idea. They were close	01:11:21
13		friends.	01:11:23
14	MS. RYCKMAN:	I'm going to impose a	01:11:24
15		delayed objection. It calls for speculation.	01:11:26
16	Q	Did you say his attorney was close	01:11:28
17		friends? Is that what you said?	01:11:30
18	A	Yeah, I guess. I assumed. You know,	01:11:32
19		he had lots of friends at his home all the time,	01:11:33
20		attorneys, physicians, et cetera. There were	01:11:37
21		lots of people from different professions.	01:11:39
22	Q	Do you recall the attorney's name?	01:11:42

1	A	No, I don't.	01:11:44
2	Q	So the last meeting you had with	01:11:45
3		Dr. Kipper was at Dr. Kipper's house?	01:11:47
4	A	Yes.	01:11:50
5	Q	And what did you say to Dr. Kipper in	01:11:51
6		that meeting?	01:11:55
7	A	Well, we were discussing, you know,	01:11:56
8		my future with his practice, and it appeared	01:11:59
9		like he wanted to renegotiate salary	01:12:04
10		compensation, and I said that's not -- you know,	01:12:08
11		more or less, I said it wasn't amenable to me.	01:12:14
12		So I said I'll move on, you know, I'll work at	01:12:18
13		another office.	01:12:22
14	Q	And what did he say in response?	01:12:25
15	A	I wish you the best, I guess. I	01:12:28
16		would be guessing. I don't know.	01:12:30
17	Q	Did you ever work with Dr. Kipper	01:12:38
18		with Mr. Depp?	01:12:40
19	A	I was asked to see Mr. Depp by	01:12:45
20		Dr. Kipper.	01:12:49
21	Q	And when were you asked to see	01:12:51
22		Mr. Depp by Dr. Kipper?	01:12:52



1	A	I believe it was one time when I was	01:12:57
2		working for David. I was asked to give an IV	01:12:59
3		infusion.	01:13:04
4	Q	What type of IV infusion were you	01:13:09
5		giving to Mr. Depp?	01:13:11
6	A	I believe 0.9 percent normal saline	01:13:14
7		solution with maybe vitamin B-12 in it. I'm not	01:13:18
8		sure. I can't recall.	01:13:24
9	Q	Do you recall why Dr. Kipper asked	01:13:27
10		you to give this IV solution to Mr. Depp?	01:13:30
11	A	I would be guessing.	01:13:35
12	Q	Dr. Kipper didn't tell you why you	01:13:38
13		were to give this IV solution to Mr. Depp?	01:13:40
14	A	I don't recall. I'm sure he did give	01:13:45
15		a rationale.	01:13:46
16	Q	Did you have an understanding as to	01:13:49
17		why Mr. Depp was seeing Dr. Kipper?	01:13:51
18	A	He was a concierge patient.	01:13:56
19	Q	Was Mr. Depp working at all with	01:13:58
20		Dr. Kipper on detox?	01:14:01
21	A	Not to my knowledge.	01:14:06
22	Q	When you were a detox nurse, were you	01:14:09

1	working at all with Mr. Depp?	01:14:12
2	A No.	01:14:13
3	Q Were there any other times you saw	01:14:16
4	Mr. Depp when you were working with Dr. Kipper?	01:14:18
5	A No.	01:14:22
6	Q So the only time you saw Mr. Depp was	01:14:26
7	once when you were working with Dr. Kipper?	01:14:28
8	A Yes, to my recollection. That's my	01:14:33
9	recollection. I believe so, yes.	01:14:36
10	MR. NADELHAFT: Ashby, could you put	01:14:41
11	up attachment 8.	01:14:43
12	(Tinker Exhibit 2 marked for	01:14:44
FSPK,		
F/A 13	identification and attached to the transcript.)	01:14:44
14	Q Mr. Tinker, Tinker Exhibit 2 is a	01:15:11
FSPK,		
F/A 15	list of medications that Mr. Depp was on in	01:15:15
16	2015. Did you ever discuss these medications	01:15:24
17	with Dr. Kipper?	01:15:31
18	A I don't remember. It's possible. I	01:15:33
19	can't remember. I would be guessing.	01:15:37
20	Q Are you able to describe what each	01:15:40
21	medication does?	01:15:42
22	A Uh-huh.	01:15:44



1 MS. RYCKMAN: Objection. That calls  
2 for expert opinion.

3 Q Can you please describe what each  
4 medication does.

5 MS. RYCKMAN: You can answer.

FSPK, IO

6 A Wellbutrin, it's a -- it can be an  
7 anti-anxiety medication. It just depends.  
8 That's one of the labels you can give it.  
9 Lexapro, I believe, is a depression medication  
10 as well. Seroquel -- Seroquel I want to believe  
11 is a depression medication. Lamictal is an  
12 antiseizure medication. Neurontin can be given  
13 for pain.

14 Inderal, that is a hypertensive  
15 medication. Adderall is given for ADHD. Nexium  
16 is a PPI, a proton pump inhibitor. Adderall is  
17 an ADHD. Neurontin is the same name for  
18 gabapentin, same thing, for pain. Seroquel, I  
19 believe, is an antidepressant. Melatonin for  
20 sleep. Ambien for sleep. Neurontin for pain --  
21 could be for pain. That's one of the uses for  
22 it. Seroquel, antidepressant.

01:15:46

01:15:47

01:15:50

01:15:52

01:15:55

01:15:56

01:16:02

01:16:06

01:16:08

01:16:12

01:16:19

01:16:24

01:16:28

01:16:31

01:16:36

01:16:39

01:16:46

01:16:49

01:16:52

01:16:53

01:16:57

01:17:00

1	Q	When you were working with	01:17:05
2		Dr. Kipper, is this amount of medications	01:17:07
3		typical for the patients he was working with?	01:17:10
4		MS. MEYERS: Objection. Calls for	01:17:15
5		speculation.	01:17:16
6		MS. RYCKMAN: Lacks foundation and is	01:17:18
7		an incomplete hypothetical. If you know, you	01:17:19
8		can answer.	01:17:22
9	A	That looks about average. From the	01:17:23
10		numbers of patients that I have seen in	01:17:26
11		prehospital care and primary care, that's	01:17:28
12		about -- eight to six -- six to eight meds,	01:17:31
13		that's about average for a patient.	01:17:34
14	Q	And it's about average -- in your	01:17:36
15		experience as a nurse practitioner, as an EMT,	01:17:40
16		in your -- just in your experience, it's average	01:17:42
17		for a patient with particular types of symptoms,	01:17:45
18		or is it something just average for any type of	01:17:48
19		patient?	01:17:54
20		MS. MEYERS: Objection --	01:17:55
21	A	Most patients --	01:17:55
22		MS. MEYERS: -- form.	01:17:55

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1	THE WITNESS: I'm sorry.	01:17:55
2	Q Go ahead.	01:17:55
3	A Most patients are on, like, six to	01:18:03
4	eight medications. So, specifically, what he's	01:18:04
5	taking is specific for the conditions that he's	01:18:07
6	having, having or had at the time. So when I	01:18:09
7	say that many medica- -- when I see that many	01:18:15
8	medications, it's like, that looks about	01:18:18
9	average, six to eight meds. Patients take meds	01:18:22
10	two or three times a day, two or three	01:18:25
11	medications. A proton pump inhibitor, a	01:18:28
12	diabetes, hypertension, hypercholesterolemia.	01:18:32
13	So it doesn't look like a crazy	01:18:35
14	amount of medications to me.	01:18:38
15	Q Okay.	01:18:40
16	A If that's what you're asking.	01:18:40
17	MR. NADELHAFT: Okay. You can take	01:18:46
18	that down.	01:18:47
19	Q Did you know any of the medical	01:18:47
20	issues that Mr. Depp was dealing with?	01:18:57
21	A I'd have to see his chart to recall.	01:19:01
22	I can't recall. I would be guessing.	01:19:03

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1	MR. NADELHAFT: Ashby, you can take	01:19:06
2	this down.	01:19:07
3	Q Did you understand that Dr. Kipper	01:19:12
4	was also seeing Amber Heard as a patient?	01:19:14
5	A Yes, I did.	01:19:18
6	Q Did you have an understanding as to	01:19:19
7	why Dr. Kipper was seeing Amber?	01:19:21
8	A No, I do not.	01:19:23
9	Q Did you and Dr. Kipper speak about	01:19:25
10	the relationship between Amber and Mr. Depp at	01:19:29
11	all?	01:19:32
12	A No. I can't recall. I don't	01:19:32
13	remember anything about that, no.	01:19:36
14	Q Did Dr. Kipper ever give you any	01:19:39
15	instructions with regard to how to care for	01:19:42
16	Amber or Mr. Depp?	01:19:43
17	A Only specifically when I had to, you	01:19:47
18	know, see them, like see Mr. Depp for the IV	01:19:50
19	infusion, his IV infusion.	01:19:54
20	Q Were there any instructions to be	01:20:00
21	discrete with information concerning the care of	01:20:03
22	Amber or Mr. Depp?	01:20:06

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1	A	That goes without saying.	01:20:08
2	Q	What do you understand that to mean?	01:20:10
3	A	Well, every patient's medical record	01:20:15
4		is their personal information. So I would	01:20:19
5		discuss, you know, if it pertained to the	01:20:25
6		treatment I was giving.	01:20:27
7	Q	Were you instructed to limit the	01:20:31
8		amount of information you put on any medical	01:20:33
9		records?	01:20:36
10	A	Never.	01:20:37
11	Q	Who is Debbie Lloyd?	01:20:41
12	A	I believe she was one of the nurses	01:20:44
13		that worked with Dr. Kipper.	01:20:46
14	Q	Do you know if she was a per diem	01:20:48
15		nurse, Debbie Lloyd?	01:20:51
16	A	I believe so.	01:20:53
17	Q	So as a per diem nurse, Debbie Lloyd	01:20:55
18		would be compensated hourly, to your	01:20:58
19		understanding?	01:21:00
20	A	I don't know.	01:21:01
21	Q	Do you know what Debbie Lloyd's role	01:21:02
22		was in Mr. Depp's care?	01:21:04

1	A	I don't know.	01:21:07
2	Q	Do you know what Debbie Lloyd's role	01:21:08
3		was in Ms. Heard's care?	01:21:12
4	A	I don't know.	01:21:14
5	Q	Did you ever speak with Ms. Lloyd	01:21:15
6		about Mr. Depp?	01:21:17
7	A	I may have. For instance, if I went	01:21:22
8		over to their house to give Johnny Depp the	01:21:25
9		infusion, I may have spoken to her about him.	01:21:29
10		Vital signs stable. He took his last med at	01:21:32
11		this time. Comfortably resting. That type of	01:21:36
12		information.	01:21:39
13	Q	Did you speak about Mr. Depp with	01:21:40
14		Ms. Lloyd in any other way?	01:21:43
15	A	No, not that I can recall.	01:21:45
16	Q	When is the last time you	01:21:50
17		communicated with Ms. Lloyd?	01:21:51
18	A	I can't recall. I would have to be,	01:21:57
19		if anything, around the same time that I left	01:21:59
20		Dr. Kipper's office or even further back.	01:22:02
21	Q	Do you know who Erin Boerum is?	01:22:07
22	A	Yes, I recall.	01:22:09



1	Q	And who is Erin Boerum?	01:22:12
2	A	She was a per diem nurse for	01:22:14
3		Dr. Kipper.	01:22:15
4	Q	So she would also be compensated	01:22:19
5		hourly, Erin Boerum?	01:22:21
6	A	I don't know.	01:22:24
7	Q	Do you know what Erin Boerum's role	01:22:25
8		was in Mr. Depp's care?	01:22:27
9	A	Well, you said she was a nurse so I	01:22:29
10		imagine nursing duties.	01:22:35
11	Q	Do you know if what -- do you know if	01:22:37
12		Ms. Boerum was -- what role Ms. Boerum had in	01:22:38
13		Ms. Heard's care?	01:22:44
14	A	Again, if she was a nurse, there	01:22:47
15		would -- she would be -- it would be nursing	01:22:49
16		duties, whatever that would be, overseeing	01:22:52
17		medication management, et cetera. Whatever a	01:22:54
18		nurse would do for a patient.	01:22:57
19	Q	Do you know if Ms. Lloyd was a -- and	01:22:59
20		I'm going back to Ms. Lloyd for a minute. Do	01:23:01
21		you know if Ms. Lloyd was assigned to Mr. Depp	01:23:04
22		as a nurse?	01:23:06

Transcript of Monroe Tinker  
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1	A	It's possible. I don't know, though.	01:23:09
2	Q	Do you know if Ms. Boerum was	01:23:11
3		assigned to Amber as a nurse?	01:23:14
4	A	It's possible, but I don't know. I	01:23:16
5		couldn't say for sure.	01:23:18
6	Q	Did you ever speak with Ms. Boerum	01:23:22
7		about either Mr. Depp or Ms. Heard?	01:23:24
8	A	Again, it's possible if I were coming	01:23:29
9		over to the house to, you know, bring medication	01:23:32
10		or do vital signs or do nursing duties so ... I	01:23:39
11		can't recall, though, when.	01:23:44
12	Q	When is the last time you	01:23:46
13		communicated with Ms. Boerum?	01:23:48
14	A	I imagine it would be the same time	01:23:50
15		as Ms. Lloyd.	01:23:53
16	Q	And you're here for your deposition	01:23:56
17		under subpoena; is that right?	01:23:58
18	A	Yes.	01:24:00
19		MR. NADELHAFT: Could we put up	01:24:03
20		attachment 3, please.	01:24:05
21		(Tinker Exhibit 3 marked for	01:24:07
22		identification and attached to the transcript.)	01:24:07

Transcript of Monroe Tinker  
Conducted on January 6, 2022

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1	Q	Mr. Tinker, Tinker Exhibit 3 is a	01:24:19
2		document you filled out, a Certification of No	01:24:24
3		Records, correct?	01:24:28
4	A	Correct.	01:24:30
5	Q	So in response to the subpoena, you	01:24:31
6		certified that you had no documents in your	01:24:33
7		possession, correct?	01:24:36
8	A	Yes.	01:24:37
9	Q	Did you look for documents that would	01:24:39
10		have been responsive to the subpoena?	01:24:43
11	A	Yes.	01:24:48
12	Q	And any documents you would have had	01:24:51
13		that would have been responsive to the subpoena,	01:24:53
14		would they have been in Dr. Kipper's office?	01:24:55
15	A	Yes.	01:24:58
16	Q	And you wrote in this Certification	01:25:02
17		of No Records, "During the few times I came into	01:25:05
18		contact with Ms. Heard and/or Mr. Depp, I was an	01:25:08
19		employee of David Kipper, M.D."	01:25:11
20		Do you see that?	01:25:14
21	A	Yes.	01:25:17
22	Q	So other than the one contact you	01:25:22

1	spoke about before with Mr. Depp, do you recall	01:25:25
2	any other contacts with Mr. Depp?	01:25:28
3	A No. Well, no, I'm sorry. I went	01:25:31
4	over to Amber Heard's and Johnny Depp's home in	01:25:36
5	Los Angeles to give Amber Heard an IV infusion,	01:25:41
6	and Mr. Depp was in the house that day. So that	01:25:45
7	would be the other time.	01:25:48
8	Q And do you recall when you gave Amber	01:25:50
9	the IV infusion?	01:25:52
10	A I can't recall.	01:25:56
11	Q You worked at Dr. Kipper's from July	01:26:01
12	2015 to July 2016. Were you giving the IV to	01:26:06
13	Amber closer to the end of your time at	01:26:09
14	Dr. Kipper's or closer to the beginning?	01:26:12
15	A I can't recall.	01:26:15
16	Q Do you recall what season of the year	01:26:17
17	it was?	01:26:19
18	A No, I can't. I'm sorry. I'd be	01:26:19
19	guessing.	01:26:27
20	Q Do you know what you -- what the IV	01:26:27
21	infusion was that you gave to Amber?	01:26:33
22	A 9 percent normal saline.	01:26:38



1	Q	And do you know why you were giving	01:26:43
2		Amber 9 percent normal saline?	01:26:45
3	A	I can't recall. I would have to look	01:26:48
4		at the documentation.	01:26:49
5	Q	And was -- you said that Mr. Depp was	01:26:51
6		with Amber at the time she was getting the IV?	01:26:53
7	A	He was in the apartment.	01:26:57
8	Q	Did you speak to Mr. Depp at all at	01:27:04
9		that time?	01:27:07
10	A	Uh-huh. Yes.	01:27:08
11	Q	Do you recall what you discussed?	01:27:10
12	A	I remember he asked me if I was	01:27:15
13		thirsty, and I said yes.	01:27:17
14	Q	And he got you a drink?	01:27:22
15	A	Yep, he got me a drink. He got me a	01:27:24
16		Diet Coke.	01:27:27
17	Q	Diet Coke. Anything else you	01:27:29
18		remember?	01:27:30
19	A	I believe the mother-in-law was	01:27:31
20		there. Amber's mom was there at the time.	01:27:33
21	Q	And was anyone else at the house --	01:27:44
22		at the apartment?	01:27:47

1	A	There could have been employees.	01:27:48
2	Q	Did you speak with Amber's mother at	01:27:51
3		all?	01:27:54
4	A	I don't recall.	01:27:57
5	Q	Did you speak with Amber at all	01:28:00
6		during that time?	01:28:02
7	A	Oh, yes, absolutely.	01:28:02
8	Q	Do you recall any of the conversation	01:28:04
9		you had with Amber?	01:28:05
10	A	Usually the discussion would be like	01:28:07
11		"I'm going to be starting an IV infusion on	01:28:10
12		you." I would take a look at her arms. I would	01:28:13
13		say, "Have you ever had any problems with it?	01:28:17
14		I'm going to prep the site, you're going to feel	01:28:21
15		a pinch," et cetera. Kind of like walk her	01:28:26
16		through what I'm going to do.	01:28:28
17	Q	How long do you believe you were at	01:28:29
18		the apartment before you gave Amber the IV	01:28:31
19		infusion?	01:28:34
20	A	For the amount of time that it takes	01:28:35
21		for the infusion to go in completely. So it	01:28:36
22		could be -- it just depends. It could be an	01:28:41



1	hour or two hours.	01:28:42
2	Q And did you have any more	01:28:47
3	conversation in that hour to two hours you were	01:28:49
4	at Amber's house other than that the infusion --	01:28:52
5	what was happening with the infusion?	01:28:56
6	A Not that I can recall, no.	01:28:58
7	Q And with anybody in the house,	01:29:01
8	whether it be Amber or Amber's mom or Mr. Depp,	01:29:04
9	do you recall any other conversations?	01:29:08
10	A No, I can't recall.	01:29:09
11	Q And when you were done with the	01:29:12
12	infusion, what did you do after that?	01:29:15
13	A I left. I went home.	01:29:23
14	Q Do you have to report that to	01:29:26
15	Dr. Kipper, that you gave the infusion to Amber?	01:29:28
16	A Uh-huh, yep. I may have. I don't	01:29:30
17	know. I don't remember.	01:29:33
18	Q As a nurse practitioner, did you have	01:29:35
19	different forms you had to fill out than as a	01:29:38
20	nurse, when you were working with Dr. Kipper?	01:29:40
21	A I can't recall the paperwork that	01:29:45
22	David used at the office, but we did have	01:29:46

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1 paperwork, whatever ... 01:29:49

2 MR. NADELHAFT: We can take this 01:29:53

3 down, and can you put up attachment 4, please. 01:29:54

4 (Tinker Exhibit 4 marked for 01:29:57

5 identification and attached to the transcript.) 01:29:57

6 MR. NADELHAFT: Ashby, can we zoom in 01:30:20

7 a little bit. I'm not seeing where it is. 01:30:22

8 Thank you. 01:30:28

9 FSPK, F/A Q Mr. Tinker, I'm showing you Tinker 01:30:29

10 Exhibit 4, which I will represent to you are 01:30:34

11 nursing notes of Erin Boerum. You can see where 01:30:38

12 it says, "RN: Erin Boerum, Client: Amber Heard 01:30:44

13 Depp"? Do you see that? 01:30:49

14 A Uh-huh. 01:30:51

15 Q Yes? 01:30:52

16 A Yes, I do see it. I'm sorry. 01:30:52

17 Q Okay. When you were a nurse with 01:30:53

18 Dr. Kipper, would you have notes like this? 01:30:55

19 MS. MEYERS: Objection. Vague. 01:31:01

20 A I can't recall. I would have to look 01:31:04

21 at my notes. 01:31:06

22 Q Okay. Would you ever, as a nurse 01:31:07

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1	practitioner, review the notes of a nurse such	01:31:12
2	as Erin Boerum's notes like this?	01:31:15
3	A Only if it was pertinent to what I	01:31:21
4	was doing at the time. So if I was giving an IV	01:31:25
5	infusion this isn't a standard SOAP note, so I	01:31:30
6	might not have looked at it, and depending on	01:31:35
7	the chart -- if I had the chart in front of me.	01:31:38
8	He didn't have an electronic chart so I couldn't	01:31:41
9	really see it.	01:31:45
10	Q Do you know if --	01:31:46
11	A If I could have --	01:31:46
12	Q I'm sorry. Do you know if notes like	01:31:46
13	this were in a computer system at Dr. Kipper's,	01:31:48
14	or were they in paper form or were they in some	01:31:51
15	other form?	01:31:56
16	MS. MEYERS: Objection. Calls for	01:31:58
17	speculation.	01:31:58
18	A Yeah, I don't know. Sorry.	01:32:00
19	Q So at 12-16-15 it says, "Ct	01:32:06
20	contacts" -- and I understand "Ct" to be client.	01:32:12
21	Would you agree?	01:32:15
22	A I can't say. I would be guessing.	01:32:16

FSPK, F/A, H	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	<p>Q Okay. "Ct contacts RN via phone and states she had an argument with husband JD previous night. Ct states husband JD has left home and she is unaware of his location. Client reports getting into verbal disagreement with husband at their home in downtown LA. She states husband JD was inebriated. Ct states the disagreement escalated and states husband JD used his forehead to hit her in her head. Ct denies loss of consciousness. States she has a headache and bruised eye. RN encouraged Ct to notify Dr. Kipper and/or go to emergency room if she was injured or felt like she was in danger. Ct declined and stated friend Rocky is with her and that husband JD will not be able to reenter home."</p> <p>Then at 12-17-15, it says, "RN in contact with Ct to notify her that she would be able to deliver medication to her home. RN waited at home -- waited at door for several minutes after knocking. Ct greeted RN at door looking disheveled. Hair appeared unbrushed.</p>	01:32:18 01:32:21 01:32:24 01:32:27 01:32:31 01:32:33 01:32:36 01:32:38 01:32:40 01:32:45 01:32:45 01:32:48 01:32:50 01:32:54 01:32:57 01:33:00 01:33:01 01:33:04 01:33:07 01:33:11 01:33:13 01:33:17
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1	Ct appeared weepy and sad. Posture is slouched.	01:33:18
FSPK, F/A,2 H	Ct told RN about argument with husband.	01:33:23
3	"RN offered emotional support but	01:33:25
4	reminded Ct that RN could not stay as was on	01:33:25
5	duty with another client and was only visiting	01:33:29
6	in order to deliver medication. Per Ct, she was	01:33:32
7	not -- she has not had contact with husband	01:33:35
8	since altercation. Ct had visible bright red	01:33:38
9	blood appearing at center of lower lip. When RN	01:33:40
10	made client aware that she was actively bleeding	01:33:43
11	on her lip, Ct stated it was from an injury she	01:33:46
12	sustained in the argument between her and her	01:33:49
13	husband and that it continues to bleed actively.	01:33:52
14	"Ct also states that her head is	01:33:55
15	bruised and that she lost clumps of hair in	01:33:57
16	altercation. RN briefly looked at Ct's scalp	01:33:58
17	but was unable to visualize the hematomas Ct had	01:33:58
18	described. RN encouraged Ct to be seen by	01:34:04
19	physician Dr. Kipper or go to emergency/urgent	01:34:06
20	care for thorough assessment. Ct states she	01:34:09
21	will contact Dr. Kipper tomorrow. Cis supported	01:34:12
22	by friends, Rocky and iO, who will be staying in	01:34:15

1  
FSPK,  
F/A,2  
H

Ct's home with her."

01:34:20

And then "RN reminds Ct to hydrate

01:34:21

with oral fluids and to limit/abstain from

01:34:22

alcohol. Ct was consuming red wine with RN --

01:34:27

when RN left but assured RN she would consume in

01:34:30

moderation. RN left and will follow up with Ct

01:34:33

tomorrow and will notify Dr. Kipper."

01:34:36

And then it says at 12-18-15, "Ct

01:34:37

states she went to Dr. Kipper's office and was

01:34:41

assessed by NP Monroe T. as Dr. Kipper was out

01:34:43

of the office."

01:34:48

Do you see all that?

01:34:49

A Uh-huh.

01:34:49

Q Do you recall seeing Amber at this

01:34:50

time frame?

01:34:54

A I do recall her coming to the office,

01:34:56

uh-huh.

01:34:57

Q And can you tell me about the visit.

01:34:59

A I was sitting in David's office in

01:35:01

his -- by his desk, and the manager stated --

01:35:05

she told me would it be possible if I could see

01:35:09

her. It was an impromptu appointment. And I

01:35:13



1	said of course.	01:35:18
2	Q Who was the manager?	01:35:19
3	A I believe her name was Lisa.	01:35:21
4	Q Lisa Beane?	01:35:24
5	A That sounds familiar.	01:35:26
6	Q And so Amber came into your -- Amber	01:35:30
7	came into the office?	01:35:34
8	A I was in the office sitting in	01:35:39
9	David's office, so yes, she came into the	01:35:41
10	office, I guess, and was put in a room.	01:35:46
11	Q Okay. And describe what happened	01:35:50
12	next.	01:35:51
13	A Then the office manager came in and	01:35:54
14	said, "Hey, Monroe, do you have time to see	01:35:56
15	Amber? She just came into the office." And I	01:35:58
16	said, "Of course."	01:36:01
17	Q And then you went into the office and	01:36:03
18	saw Amber, correct?	01:36:05
19	A I went into the room, yes.	01:36:07
20	Q And what happened? What happened	01:36:10
21	then?	01:36:12
22	A I asked her, "Are you okay?" There	01:36:14

1	was no response.	01:36:19
2	Q And then what did you do next?	01:36:24
3	A I believe nothing happened, so I, you	01:36:29
4	know, walked out of the office. I walked out of	01:36:31
5	the examination room, rather, not the office.	01:36:35
6	Q So you walked into the examination	01:36:43
7	room and Amber was sitting in the examination	01:36:45
8	room?	01:36:47
9	A Yes, to my recollection. She could	01:36:49
10	have been standing, too. I don't know.	01:36:53
11	Q Was she dressed or was she in, like,	01:36:55
12	a medical gown?	01:36:58
13	A I believe she was dressed. She	01:37:00
14	wasn't put in a medical gown.	01:37:01
15	Q And you asked if she was okay?	01:37:04
16	A Uh-huh.	01:37:06
17	Q Yes? Sorry.	01:37:07
18	A Yes.	01:37:08
19	Q And Amber did not respond?	01:37:10
20	A No, she did not respond to me.	01:37:13
21	Q Did she -- did Amber seem sad?	01:37:15
22	MS. RYCKMAN: Objection. Calls for	01:37:22



1 speculation. 01:37:22

2 A Yeah, I would be guessing. 01:37:23

IH, 3 Q Is it typical for you to walk into an 01:37:29  
FSPK 4

office, ask how someone is doing and get no 01:37:32

5 response? 01:37:35

6 A No. 01:37:35

7 Q Okay. 01:37:36

8 A Usually people who make appointments, 01:37:36

IH, 9 the physician -- you know, you come into the 01:37:37  
FSPK 10

office, you say, "Hey, what are you here for 01:37:39

11 today? What can I help you with?" 01:37:42

12 Q Was -- did Amber appear to be crying? 01:37:46

13 A I can't remember. 01:37:51

14 Q Did you do any sort of examination of 01:37:54

15 Amber? 01:37:56

16 A No. I would have asked for 01:37:56

17 permission, and there was also no one else in 01:38:00

18 the room to be a -- you know, you can't do an 01:38:02

19 examination of a woman alone in a room. I would 01:38:08

20 have to have another, you know, female there. 01:38:10

21 And I would have had to ask for permission 01:38:13

22 first. 01:38:17

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1	Q	Did you observe Amber's face at all?	01:38:17
2	A	I can't recall, but yes, I'm sure I	01:38:23
3		saw her face.	01:38:24
4	Q	Do you recall if you saw any bruises	01:38:25
5		on her face?	01:38:27
6	A	I can't recall.	01:38:28
7	Q	Do you recall if you saw anything on	01:38:30
8		her lip?	01:38:32
9	A	I can't recall.	01:38:35
10	Q	So you walked out of the exam room	01:38:37
11		and what did you do next?	01:38:43
12	A	I basically told -- I think I -- I	01:38:47
13		may have -- I may have spoken to the nurse	01:38:51
14		manager and said, "She's not telling me	01:38:52
15		anything. She's not saying anything."	01:38:55
16	Q	And then what happened next?	01:38:57
17	A	I can't recall.	01:39:00
18	Q	Did the nurse manager go in the	01:39:02
19		office -- go in the room with you to talk to	01:39:03
20		Amber?	01:39:07
21	A	I don't remember. I don't recall	01:39:08
22		that.	01:39:09



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1 Q Do you recall what Amber did after  
2 you walked out of the room?

3 A No, I can't recall.

4 Q Do you know why -- from anyone why  
5 Amber was in the office that -- Dr. Kipper's  
6 office that day?

7 A Again, it was an impromptu  
8 appointment. I was doing work behind the desk,  
9 catching up on paperwork, and the -- Lisa had  
10 asked me, she said, you know, "Amber just came  
11 in," you know, "can you take a look at her?"  
12 So ... that's all I can, you know, remember.  
13 And I took a look at her and I asked her if she  
14 was okay.

15 Q Do you recall telling Lisa, the  
16 office manager, that Mr. Depp had been violent  
17 toward Amber?

18 A No.

19 Q Do you recall saying that at any time  
20 to Lisa Beane?

O 21 MS. MEYERS: Objection. Calls for  
22 hearsay.

01:39:10

01:39:15

01:39:16

01:39:22

01:39:26

01:39:31

01:39:33

01:39:37

01:39:39

01:39:45

01:39:47

01:39:49

01:39:53

01:39:57

01:40:13

01:40:16

01:40:20

01:40:21

01:40:29

01:40:32

01:40:35

01:40:36

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1	A	No.	01:40:37
2		MR. NADELHAFT: Ashby, can you put up	01:40:42
3		attachment 5.	01:40:48
4		(Tinker Exhibit 5 marked for	01:40:49
5		identification and attached to the transcript.)	01:40:49
6	Q	Mr. Tinker, this Tinker 5 is a part	01:41:05
7		of the deposition transcript of Lisa Beane in	01:41:09
8		this case. And on page 108 it says, at the	01:41:12
9		bottom, "Okay. Tell me everything you recall	01:41:26
10		about the conversation you had, that you just	01:41:28
11		mentioned with Monroe Tinker." And on the page	01:41:30
12		109 Ms. Beane wrote -- Ms. Beane said "That	01:41:36
13		Mr. Depp injured his wife, physically injured	01:41:41
14		his wife." And the question was "Monroe Tinker	01:41:44
15		told you that?" And she said, "Yes, we were	01:41:47
16		both aware because Dr. Kipper told us and we	01:41:49
17		were discussing it."	01:41:52
18		Does this refresh your recollection	01:41:54
19		at all that you had a conversation about	01:41:55
20		Mr. Depp injuring his wife?	01:41:57
21	A	No.	01:41:59
22	Q	And if you look on 111, it says,	01:42:01

Transcript of Monroe Tinker  
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1	"During your conversation between just you and	01:42:37
2	Monroe, what do you recall Monroe saying?" And	01:42:41
3	then on the next page it says:	01:42:44
4	"A: Being aware that Mr. Depp	01:42:49
5	injured his wife, hit his wife."	01:42:53
6	Do you recall that conversation at	01:42:55
7	all?	01:42:56
8	A No.	01:42:57
9	Q Do you have any reason to believe	01:42:59
10	that Ms. Beane is not telling the truth?	01:43:01
11	MS. MEYERS: Objection. Calls for	01:43:05
12	speculation.	01:43:07
13	A I would be guessing. No.	01:43:07
14	MR. NADELHAFT: Okay. Why don't we	01:43:12
15	take a break -- it's 1:43 Eastern, so what is	01:43:13
16	that? That's -- can't do my math -- 10:43. Why	01:43:13
17	don't we come back at 11:00 Pacific?	01:43:21
18	THE WITNESS: Okay.	01:43:37
19	MS. MEYERS: That works.	01:43:37
20	THE VIDEOGRAPHER: Off the record,	01:43:40
21	1:43.	01:43:41
22	(A recess was taken.)	01:43:41

1	THE VIDEOGRAPHER: On record, 2:05.	02:05:17
2	MR. NADELHAFT: Back on the record.	02:05:21
3	As I told the court reporter before, Amber Heard	02:05:22
4	joined in the middle of the deposition. She's	02:05:28
5	attending now.	02:05:31
6	BY MR. NADELHAFT:	02:05:32
7	Q Mr. Tinker, I wanted to go back to	02:05:34
8	the visit you had with Amber Heard when she came	02:05:36
9	to Dr. Kipper's office. And that -- you recall	02:05:41
10	that was in December of 2015, correct?	02:05:46
11	A Yes.	02:05:50
12	Q And your testimony is that the office	02:05:53
13	manager of Dr. Kipper -- do you recall that the	02:05:57
14	office manager was Lisa Beane at the time?	02:06:02
15	A Yes.	02:06:05
16	Q And your testimony is that Lisa told	02:06:07
17	you that Amber was here for an impromptu visit;	02:06:09
18	is that right?	02:06:15
19	A To the best of my recollection, yes.	02:06:16
20	Q And that Amber was in the patient	02:06:18
21	room for you to examine; is that right?	02:06:21
22	A To speak to or to see -- you know,	02:06:30



1	see what the complaint was, yep.	02:06:31
2	Q To see what the complaint was. And	02:06:33
3	did Lisa tell you anything about what Amber was	02:06:35
4	complaining about?	02:06:39
5	A I can't recall.	02:06:42
6	Q So you have no recollection as to	02:06:45
7	what Amber -- as to what Lisa told you that	02:06:47
8	Amber was complaining about?	02:06:52
9	A No.	02:06:53
10	Q Do you have any recollection as to	02:06:56
11	the reason for the impromptu visit by Amber?	02:06:57
12	A No.	02:07:01
13	Q And then your recollection is that	02:07:06
14	you walked into the patient room and Amber was	02:07:07
15	sitting there, correct?	02:07:10
16	A Sitting or standing.	02:07:11
17	Q Sitting or standing.	02:07:12
18	A Uh-huh.	02:07:13
19	Q And you recall that you told her --	02:07:13
20	that you said to her what?	02:07:16
21	A I asked her, I was like, "Are you	02:07:19
22	okay," you know, "Is there anything going on?"	02:07:21

1	Something to that extent.	02:07:23
2	Q And you asked her, "Are you okay? Is	02:07:25
3	there anything going on?" And what was her	02:07:27
4	response?	02:07:31
5	A She did not respond.	02:07:34
6	Q Was she looking at you?	02:07:41
7	A I can't remember. I imagine she	02:07:43
8	would have been.	02:07:44
9	Q How big is the room?	02:07:46
10	A I can't remember, but I would say, I	02:07:55
11	don't know, 8 by 8 maybe.	02:07:55
12	Q Was the door open or closed when you	02:07:57
13	walked in?	02:07:59
14	A Closed.	02:08:00
15	Q So you walked in and closed the door	02:08:02
16	to speak to Amber; is that right?	02:08:03
17	A Yes.	02:08:07
18	Q How close was Lisa, the office	02:08:08
19	manager, to the patient room?	02:08:10
20	A I don't know if the door was closed.	02:08:13
21	Q How close is the front of the office	02:08:15
22	to the patient room?	02:08:17

FSPK



1	MS. MEYERS: Objection. Assumes	02:08:20
2	facts not in evidence.	02:08:22
3	A I don't know, I would be guessing.	02:08:27
4	Maybe like 7, 10 feet, 12 feet.	02:08:29
5	Q Okay. And Lisa would be the person	02:08:33
6	at the front office when someone walks in,	02:08:35
7	correct?	02:08:38
8	A Yes.	02:08:38
9	Q And then Lisa walked back to you to	02:08:40
10	tell you that Amber was in the patient room,	02:08:43
11	correct?	02:08:45
12	A When I was in the office, David's	02:08:47
13	office, yes.	02:08:49
14	Q And then you walked in -- how many	02:08:50
15	minutes after you were told that Amber was in	02:08:51
16	the patient room did you walk in to the patient	02:08:54
17	room?	02:08:57
18	A I can't recall.	02:08:58
19	Q Did you talk to -- did you try to	02:09:00
20	call Dr. Kipper to say that Amber was in the	02:09:02
21	patient room?	02:09:05
22	A No, because I imagine Lisa would have	02:09:06

FSPK

1	done that already.	02:09:08
2	Q Did you try to talk to any of the	02:09:10
3	nurses to ask, to say that Amber was in the	02:09:12
4	patient room?	02:09:17
5	A Which nurses are you referring to?	02:09:18
6	Q Any nurse.	02:09:20
7	A It's a small office. There's only --	02:09:22
8	Q Did you try to talk to -- did you try	02:09:25
9	to talk to Erin Boerum to see if she knew what	02:09:29
10	was happening with Amber?	02:09:32
11	A No.	02:09:33
12	Q Did you -- so you walk in the room,	02:09:34
13	you ask her, "Are you okay? What's going on?"	02:09:36
14	Correct?	02:09:39
15	A Correct.	02:09:40
16	Q And Amber gave absolutely no	02:09:41
17	response.	02:09:43
18	A Yes, no response.	02:09:44
19	Q And how long did you wait in the	02:09:46
20	patient room after she gave no response?	02:09:47
21	A I don't recall. It could have	02:09:52
22	been --	02:09:52



1	Q	Was it a minute?	02:09:53
2	A	-- a couple of minutes, two minutes.	02:09:54
3		Maybe.	02:09:56
4	Q	All right. So two minutes, she	02:09:57
5		doesn't respond and you walked out, correct?	02:09:59
6	A	I think so, yes.	02:10:02
7	Q	What did you do next?	02:10:04
8	A	I went back into David's room and I	02:10:07
9		continued doing the paperwork that I was --	02:10:10
10	Q	That was it?	02:10:11
11	A	-- working on before.	02:10:11
12	Q	That was it? So Amber Heard comes to	02:10:12
A, 13		you for an impromptu visit, comes into the	02:10:17
H 14		patient room and you -- the only thing you do is	02:10:21
15		say, "Are you okay?" She doesn't answer, and	02:10:25
16		you walk out and do nothing else and go back to	02:10:27
17		your paperwork?	02:10:30
18		MS. RYCKMAN: Objection.	02:10:32
19		Argumentative. You can answer.	02:10:32
20	A	Well, I probably would have talked to	02:10:34
A, 21		David afterwards and said "Amber stopped by the	02:10:36
H 22		office."	02:10:39

1 Q Did you talk to Dr. Kipper 02:10:40

2 afterwards? 02:10:42

3 A I don't remember that, but I probably 02:10:43

4 would have because that's what he liked. 02:10:48

5 Q Right, because Amber was a concierge 02:10:50

6 patient, correct? 02:10:54

7 A Correct. 02:10:55

8 Q And she would expect a doctor to 02:10:56

FSPK 9 be -- and the nurse practitioner to be servicing 02:11:00

10 her and her needs, correct? 02:11:05

O 11 MS. MEYERS: Objection. Calls for 02:11:06

12 speculation. 02:11:07

13 A I guess. 02:11:12

14 Q I mean, she drove to the office, 02:11:12

15 correct? 02:11:15

16 MS. RYCKMAN: Objection. Calls for 02:11:19

17 speculation. 02:11:20

18 A I don't know if she drove. 02:11:21

19 Q She came to the office somehow. She 02:11:22

20 didn't live in the office, correct? 02:11:24

21 A Uh-huh. 02:11:26

ICD, 22 Q Right. So your testimony is she came 02:11:27

A,  
AA,  
NC



1	to the office, went into the patient room, saw	02:11:29
ICD,		
A,	you, you asked, "Are you okay? What's going	02:11:34
AA,		
NC,	on?" And she said nothing, and that was the end	02:11:38
4	of the visit?	02:11:42
5	MS. MEYERS: Objection. Form.	02:11:44
6	Argumentative.	02:11:45
7	MS. RYCKMAN: Objection.	02:11:48
8	Argumentative. Asked and answered. You can	02:11:48
9	answer it again.	02:11:50
10	A Yes.	02:11:54
11	Q Is that your normal practice? You	02:11:56
12	ask the patient once if they are okay and if	02:11:58
13	they don't answer within a minute, you're done?	02:12:01
14	A No, that's not my normal practice.	02:12:03
15	Q So why did you do that here?	02:12:07
16	A Because she's a concierge patient.	02:12:10
17	If she doesn't have anything to complain about,	02:12:12
18	then I'm not going to keep badgering her.	02:12:15
19	Q You were there a minute. Your	02:12:18
20	testimony is you were there a minute --	02:12:19
21	A A minute or two minutes.	02:12:21
22	Q -- and she came in on her own. How	02:12:21

1	could you have been badgering her?	02:12:25
2	A Well, if someone is not going to	02:12:28
3	respond, they are not going to respond. There	02:12:30
4	is nothing I can do and force somebody to tell	02:12:32
5	me what's going on, right? If you're coming to	02:12:35
6	me to help you and you don't say anything, I	02:12:38
7	can't help you.	02:12:42
8	Q Have you ever had any experience	02:12:44
9	where someone comes to help -- comes and asks	02:12:46
10	for help and they don't respond right away and	02:12:49
11	you try to get information out of that patient?	02:12:51
12	MS. MEYERS: Objection --	02:12:56
13	A Yes.	02:12:56
14	MS. MEYERS: -- form. Argumentative.	02:12:56
15	Q Yes? Your answer is yes.	02:12:58
16	A Yes. When I worked in the fire	02:12:59
17	department, absolutely.	02:13:02
18	Q Right. There would be times where	02:13:03
19	people needed help and they didn't answer your	02:13:04
20	questions right away, correct?	02:13:07
21	A Uh-huh.	02:13:09
22	Q Yes?	02:13:10



1	A	Yes.	02:13:10
2	Q	Didn't it tell you something that	02:13:12
3		Amber came to the office, that she did want	02:13:14
4		help?	02:13:17
5		MS. MEYERS: Objection. Leading.	02:13:17
6		Calls for speculation.	02:13:19
7		MS. RYCKMAN: I'll join that.	02:13:21
8	A	Not necessarily.	02:13:25
9	Q	So she just came to the office to see	02:13:26
10		the view? Why would she come to the office?	02:13:28
11	A	Absolutely. Patients would come to	02:13:31
12		visit me all the time when I worked in primary	02:13:32
13		care. They're lonely. They want to see people.	02:13:35
14		They want to see how you're doing. They want to	02:13:36
15		follow up with you. They like you as a	02:13:39
16		provider.	02:13:41
17	Q	And not say anything to you. Like	02:13:42
18		you so much as a provider that when you ask	02:13:44
19		what's going on, she sits silently.	02:13:46
20	A	Oh, no, no, no. You asked me, do	02:13:50
21		patients normally come to the office just to see	02:13:52
22		you. And I said yes, they do sometimes.	02:13:54

Transcript of Monroe Tinker  
Conducted on January 6, 2022

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1 Q You don't think Amber was there just  
2 to see you, do you, Mr. Tinker?

3 MS. MEYERS: Objection. Leading.  
4 Argumentative.

5 MS. RYCKMAN: I'll join.

6 A I don't think so, but I don't know.  
7 She didn't say anything to me.

8 Q You recognize you're under oath,  
9 right? This is your story, that she was there  
10 and didn't say a word to you?

11 A I am under oath. Yes, she did not  
12 say anything to me.

13 Q And that was it. That was the end of  
14 the visit. A minute?

15 A That was the end of the visit.

L,  
A

16 Q Okay. And, now, you said that you  
17 could not -- so you went into the patient room  
18 and you closed the door. At that point you  
19 didn't have a concern that you were a man and  
20 she was a woman and you were alone, correct?

21 MS. MEYERS: Objection.

L,  
A

22 A No, because I had not conducted a

02:13:55

02:13:57

02:13:59

02:14:00

02:14:04

02:14:04

02:14:06

02:14:11

02:14:13

02:14:15

02:14:17

02:14:19

02:14:20

02:14:22

02:14:24

02:14:26

02:14:28

02:14:32

02:14:34

02:14:37

02:14:42

02:14:42

1 physical exam yet. I didn't know what the 02:14:44  
2 problem was yet. So before I started, you know, 02:14:46  
L, A 3 doing anything and calling anybody in the room, 02:14:49  
4 I would have asked what's going on first. 02:14:51

5 Q Is there a protocol that Dr. Kipper 02:14:53  
6 has that talks about there being two people in 02:14:56  
7 the room when a man is examining a woman? 02:14:58

8 A No, but it's a protocol that I've 02:15:02  
9 always observed ever since I have been taking 02:15:05  
10 care of patients. 02:15:07

11 Q Okay. Were there other -- who else 02:15:09  
12 was in the office at the time? 02:15:11

13 A Lisa Beane was in the office. 02:15:15

14 Q Did you call Lisa Beane into the 02:15:18  
15 room? 02:15:20

16 A No, I didn't call Lisa Beane into the 02:15:21  
17 room. 02:15:24

18 Q So what would have happened? So if 02:15:25  
19 Amber spoke, what would have happened? You 02:15:27  
20 would have then called Lisa Beane into the room? 02:15:31  
21 Is that your testimony? 02:15:33

22 MS. MEYERS: Objection. Speculation. 02:15:35



Transcript of Monroe Tinker  
Conducted on January 6, 2022

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1	A	I'm sorry, can you repeat the	02:15:36
2		question?	02:15:39
3	Q	Who would have come into the room?	02:15:39
4		MS. RYCKMAN: It calls for	02:15:42
5		speculation. It is an incomplete hypothetical.	02:15:43
6		Argumentative. You can answer, if you know.	02:15:47
7	A	Can you restate the question?	02:15:50
8	Q	So at that point in the office -- in	02:15:53
9		Dr. Kipper's office before Amber got there,	02:15:56
10		there was you in the office, correct?	02:15:59
11	A	Yes.	02:16:01
12	Q	And there was Lisa Beane in the	02:16:02
13		office?	02:16:04
14	A	Yes.	02:16:04
15	Q	Was there anyone else in the office?	02:16:05
16	A	I can't recall.	02:16:08
17	Q	Who else could have been in the	02:16:08
18		office?	02:16:10
19	A	There was another person that worked	02:16:11
20		there in the office, an older LVN, but I can't	02:16:12
21		recall her name.	02:16:17
22	Q	Okay. Do you recall -- but you -- do	02:16:17

1	you recall if she was there or not?	02:16:19
2	A I can't recall that either.	02:16:21
3	Q Okay. Have you ever -- when you were	02:16:22
4	practicing with Dr. Kipper, were you ever	02:16:26
5	working where there wasn't a female nurse there	02:16:28
6	at the time?	02:16:32
7	A Yes.	02:16:35
8	Q And so then how would you --	02:16:36
9	A He didn't employ a nurse. He didn't	02:16:38
10	have a regular nurse in the office.	02:16:41
11	Q So how did you examine female	02:16:43
12	patients and have you in the room and a female	02:16:45
13	in the room? How did that work?	02:16:49
14	A We had an LVN.	02:16:52
15	Q That was there every time you were	02:16:54
16	there?	02:16:56
17	A Most of the time. Some of the time.	02:16:56
18	Q But you don't recall if she was there	02:16:58
19	when Amber Heard came in, correct?	02:17:00
20	A No, I don't recall.	02:17:02
21	Q So she might not have been there.	02:17:03
22	A She may not have been there, yep.	02:17:05

Transcript of Monroe Tinker  
Conducted on January 6, 2022

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1 Q You've certainly examined women when 02:17:07  
2 you were at Dr. Kipper's office when there 02:17:09  
3 wasn't another woman in the room, correct? 02:17:12

4 A I can't recall. 02:17:15

5 Q So there could have been times that 02:17:16  
6 you did examine a woman when there wasn't 02:17:17  
7 another woman in the room with you, correct. 02:17:20

8 MS. RYCKMAN: Objection -- 02:17:22

9 MS. MEYERS: Objection. Calls for 02:17:23  
10 speculation. 02:17:24

11 MS. RYCKMAN: -- incomplete 02:17:25  
12 hypothetical. Argumentative. 02:17:26

13 A I don't know. 02:17:29

14 Q Did you write any notes of this 02:17:36  
15 visit? 02:17:37

ICD,  
F,  
SP

16 A No, I don't believe I did. If there 02:17:38  
17 was no complaint generated, I believe I wouldn't 02:17:42  
18 have written a note. 02:17:45

19 MR. NADELHAFT: Ashby, could you put 02:17:47  
20 up attachment 6, please. 02:17:48

21 (Tinker Exhibit 6 marked for 02:17:56  
22 identification and attached to the transcript.) 02:17:56



1 Q Mr. Tinker -- 02:18:09

2 A Uh-huh. I'm looking at it, yep. 02:18:12

3 Q Yeah. Do you recognize this 02:18:14

4 document? 02:18:15

ICD

5 A Uh-huh. 02:18:16

6 Q What is it? 02:18:16

7 A It's a SOAP note. 02:18:17

8 Q It's a what note? 02:18:19

9 A It's a SOAP note. SOAP note -- 02:18:21

10 Q What is that? 02:18:22

11 A -- S-O-A-P, subjective, objective, 02:18:22

12 assessment and plan. 02:18:25

13 Q Okay. And what is it? 02:18:27

14 A It's a bare bones note of what 02:18:31

15 happened. 02:18:33

16 Q Okay. And do you know who wrote this 02:18:34

17 note? 02:18:36

18 A It looks like my note. I write a 02:18:37

19 note like this. 02:18:40

20 Q Now, this says there was a 02:18:42

ICD

21 consultation on 12-17-15, correct? 02:18:45

22 A If that's what it says. 02:18:50

ICD,  
FSPK

1	Q	Well, does it say it or doesn't it?	02:18:53
2	A	Well, that's what it says, but I	02:18:55
3		could have, you know, gotten the dates mixed up.	02:18:57
4		So that's what it says, but it could have been.	02:19:00
5	Q	All right. It also says "Phone	02:19:03
6		Consultation." That's not correct, right?	02:19:05
7	A	I don't know. I may have had a phone	02:19:12
8		consultation on that day. I don't know.	02:19:14
9	Q	Do you recall talking to Ms. Heard on	02:19:15
10		the phone?	02:19:17
11	A	Where does it say phone consultation?	02:19:26
12	Q	Right there, "Phone Consultation," in	02:19:28
13		bold.	02:19:30
14	A	Oh. No.	02:19:30
15	Q	You don't recall having a phone	02:19:31
16		consultation with Amber, correct?	02:19:32
17	A	I don't recall. I don't recall that,	02:19:35
18		no, I don't recall doing a phone consultation	02:19:36
19		with her.	02:19:39
20	Q	Okay. Then next to "Phone	02:19:40
21		Consultation" it says, "Headache." What did you	02:19:42
22		base that on?	02:19:45

ICD,  
FSPK



CD,  
FSPK,  
H

1           A     If a patient reports that, that           02:19:45  
2     they're having a headache, then they're having a     02:19:48  
3     headache.           02:19:51  
4           Q     So did Amber report to you that she     02:19:51  
5     had a headache?           02:19:54  
6           A     It says there, "Today the patient     02:19:56  
7     reports a headache after she bumped her head     02:19:58  
8     while standing up -- while standing up two days     02:20:01  
9     ago."           02:20:03

ICD,  
A,  
FSPK,  
H

10          Q     Where did that come from? I thought     02:20:04  
11     Amber said nothing to you.     02:20:06  
12                 MS. RYCKMAN: Objection. This is     02:20:11  
13     argumentative. It's assuming that this note is     02:20:12  
14     from the same day that was discussed previously.     02:20:15  
15     You can answer, if you know.     02:20:18  
16          A     Yeah, I don't know.     02:20:19  
17          Q     Do you recall a conversation you had     02:20:19  
18     with Amber where she said she had bumped her     02:20:21  
19     head while standing two days ago?     02:20:24  
20          A     I can't remember.     02:20:27  
21          Q     What you can remember is that you     02:20:29  
22     went into the -- is that she came to your     02:20:30



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1 office, you went in there, and she said nothing.

02:20:31

2 That's your testimony?

02:20:34

3 A Yes, that's what I remember.

02:20:35

4 Q So a phone con- -- so this note, by

02:20:41

ICD,  
FSPK,<sup>5</sup>  
IH,  
AF 5 the way, the date is wrong, correct?

02:20:44

6 A It's possible. I'm not sure.

02:20:45

7 Q The phone consultation is either

02:20:47

8 wrong or you don't remember it, right?

02:20:49

9 A Or maybe I spoke to David on the

02:20:51

10 phone about it and maybe I put phone

02:20:52

11 consultation. I had just started my practice so

02:20:55

12 maybe because I was giving David my report, I

02:20:58

13 called it a phone consultation.

02:21:00

14 Q This is six months after you were

02:21:02

15 working with -- started working with Dr. Kipper

02:21:03

16 as a nurse practitioner.

02:21:07

17 A Yeah.

02:21:08

18 Q Okay. Do you recall talking with --

02:21:09

ICD,  
FSPK,  
IH,  
AF 19 do you recall talking with Dr. Kipper about

02:21:12

20 Amber bumping her head?

02:21:15

21 A No, I don't recall.

02:21:17

22 Q And then it says, "The patient

02:21:22

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1	reports no loss of consciousness, no nausea or	02:21:23
ICD, 2	vomiting." When did that occur with a	02:21:27
FSPK, 3	conversation between you and Amber?	02:21:30
H		
4	A I imagine if I would have asked her,	02:21:33
5	those would have been the questions that I would	02:21:36
6	have probably asked.	02:21:39
7	Q But you don't recall asking her any	02:21:40
8	of that, correct? Again, the only thing you --	02:21:42
9	A But I would have --	02:21:43
10	Q Go ahead.	02:21:43
11	A No, I would say had I spoken to her	02:21:43
12	or had I done a -- you know, if you had a	02:21:51
13	headache, then I would have asked those type of	02:21:54
14	questions.	02:21:56
15	Q But the only thing you recall is that	02:21:58
16	Ms. Heard was mute when you asked her any sort	02:22:00
17	of questions, correct?	02:22:03
18	MS. RYCKMAN: Objection.	02:22:06
19	Misrepresents testimony.	02:22:06
20	MS. MEYERS: Objection. Again, this	02:22:09
21	is assuming that the incident previously	02:22:09
22	discussed is the same incident where this note	02:22:11



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1 was generated. It assumes facts not in  
2 evidence.

02:22:13

02:22:15

ICD,  
FSPK

3 Q Do you know of another note you wrote  
4 when Ms. -- when Amber visited you?

02:22:19

02:22:21

5 A I can't recall.

02:22:26

ICD,  
FSPK,  
UN

6 Q Do you recall writing this note?

02:22:27

7 A She never -- I've only seen her in  
8 the office one time. The other time that I saw  
9 her was at their Los Angeles apartment where I  
10 gave her an IV infusion and then at their Sunset  
11 house, where they were going to an event and I  
12 gave her another IV infusion.

02:22:28

02:22:32

02:22:34

02:22:40

02:22:47

02:22:50

13 Q The only time she came to the office  
14 was the time you were talking about, correct,  
15 previously in your testimony?

02:22:52

02:22:53

02:22:55

16 A That's correct.

02:22:57

NC

17 Q And you don't recall having a phone  
18 consultation with Amber, correct?

02:22:58

02:23:00

19 A I can't recall that, no.

02:23:04

ICD,  
FSPK,  
IH,  
H

20 Q Okay. And then it says, "No change  
21 in mental status, or vision changes." Would  
22 that have been something Amber told you?

02:23:06

02:23:12

02:23:15

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ICD,  
FSPK,  
IH,  
H

1           A     Yeah, I basically would have asked           02:23:20  
2     her, "Did you pass out?" That's what "No change       02:23:22  
3     in mental status" means. And then, and vision       02:23:25  
4     changes, "Did you have blurry vision?" So I       02:23:28  
5     would have asked her something to that extent,       02:23:31  
6     you know, do you have problem seeing, do you       02:23:33  
7     have any problems like, you know, memory -- you       02:23:35  
8     know, remembering anything, et cetera. So       02:23:36  
9     that's why I wrote "No change in mental status,       02:23:39  
10    or vision changes."                                   02:23:42

ICD,  
FSPK,  
IH,  
H,  
F

11          Q     So if Amber had a head injury, you       02:23:45  
12    would be asking her if she had passed out or if       02:23:48  
13    she -- those kind of questions, correct?           02:23:50

14          A     Yes, I would have. I believe so.       02:23:52

15          Q     And then it says, "Last seen in the       02:23:54  
16    office on 12-23-2015." That can't be right,       02:23:57  
17    right?   02:24:03

18          A     Yep. It's common, typos in a note.       02:24:05

19          Q     And then it says, "Symptomatically       02:24:10  
20    she denies chest pain or dyspnea, PND orthopnea       02:24:14  
21    and ankle edema. She denies palpitations,           02:24:21  
22    syncope or pre-syncope." Do you recall having       02:24:25

1 that conversation with Amber? 02:24:30

2 A No, I don't recall it, but if it's in 02:24:31

3 my note, I must have discussed it. I guess. 02:24:34

4 Q Okay. What does NKDA in red mean? 02:24:37

5 A No known drug allergies. 02:24:44

6 Q Okay. Now it says, "Review of 02:24:50

ICD 7 Systems: Nine-point ROS negative except as 02:24:52

8 stated in HPI." What does that mean? 02:24:55

9 A So a review of systems is where you 02:25:00

10 systematically go through each of the systems 02:25:02

11 and then you ask if there has been any change, 02:25:05

12 for instance. 02:25:09

13 A system would be the heart. Have 02:25:09

14 you had any chest pain? Have you had any 02:25:11

15 shortness of breath? Pulmonary would be the 02:25:14

16 lungs. Are you short of breath? Have you been 02:25:17

17 coughing up any kind of tinged sputum?" 02:25:20

18 So when you say that, as a provider, 02:25:22

19 you're saying that you have discussed everything 02:25:26

20 with regard to the systems except as stated in 02:25:30

21 the history of present illness, which is above. 02:25:33

22 Q So you did this nine-point ROS with 02:25:36



1	Amber?	02:25:40
ICD, 2	A I believe so.	02:25:42
IH, 3	Q And that was when?	02:25:50
FSPK 4	A I believe it would be at the time of	02:25:57
5	this note.	02:25:59
6	Q Okay. And so can you do that over	02:25:59
7	the phone?	02:26:00
8	A No. I think that that was just a	02:26:01
9	typo, I guess. I don't know.	02:26:05
10	Q Okay. So you would have given Amber	02:26:07
11	a nine-point ROS when she was in the office,	02:26:10
12	correct?	02:26:13
13	A I would have discussed a nine-point	02:26:15
14	ROS. If she was in the office and I was doing	02:26:16
15	an assessment and she told me, "I'm here today	02:26:21
16	because I am -- I've got a urinary tract	02:26:25
17	infection or an upper respiratory infection,"	02:26:30
18	then I would have addressed the note	02:26:33
19	accordingly.	02:26:35
ICD, 20	Q Or a headache after being hit in the	02:26:36
IH, 21	head, correct?	02:26:39
FSPK, 22	MS. MEYERS: Objection.	02:26:41



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1 Misrepresents the evidence. 02:26:41

ICD, 2 A Yeah, I guess. I'm not sure what 02:26:46  
IH, 3 you're asking exactly. 02:26:48  
FSPK 4  
AF

4 Q Well, so you did this nine-point ROS 02:26:51  
ICD, 5 for Amber, right? 02:26:54  
IH, 6  
FSPK

6 A Uh-huh. Well, I imagine I did if I 02:26:55  
7 put it in the note, yeah. 02:26:59

8 Q And she had to be physically in front 02:27:00  
9 of you when you did that, right? 02:27:02

10 A Yes. It's a discussion, yep. 02:27:08

11 Q So you did have a discussion with 02:27:11  
ICD, 12 Amber Heard when she visited your office, 02:27:14  
FSPK 13 correct? 02:27:16

14 A No. I went inside there and I asked 02:27:17  
15 her what was going on, and so she said nothing. 02:27:20  
16 She didn't say anything to me. So I didn't 02:27:24  
17 write down anything. Again, this note may have 02:27:26  
18 been charting afterwards, the day afterwards. 02:27:29

19 Q What does that -- I don't understand. 02:27:33  
20 If you didn't speak to her, how could you write 02:27:34  
21 down "Nine-point ROS negative," if you didn't 02:27:36  
22 speak to her? 02:27:40

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ICD,  
FSPK

1	A	I don't know. I mean, I -- this note	02:27:48
2		could have been a telephone encounter. I'm not	02:27:52
3		sure.	02:27:55
4	Q	Well, let's keep going. It says,	02:27:55
5		"Physical Exam: Vital Signs. Heart Rate: 66	02:27:57
6		and regular." How did you do that over the	02:28:00
7		phone?	02:28:03
8	A	So I think that that may have been	02:28:04
9		done by whoever was in the office that did the	02:28:06
10		vital signs. Maybe that was the LVN.	02:28:08
11	Q	So the LVN met with Amber. That's	02:28:13
12		your testimony now?	02:28:16
13	A	I don't remember. It's possible that	02:28:17
14		she was in the office at the time and did the	02:28:19
15		vital signs because I never did vital signs on a	02:28:21
16		patient.	02:28:25
17	MS. RYCKMAN:	And I'll just impose a	02:28:25
18		delayed objection. This entire line of	02:28:25
19		questioning is calling for speculation and	02:28:28
20		assuming that this note was written on the same	02:28:30
21		day where Mr. Tinker testified that Ms. Heard	02:28:32
22		did not speak when he walked in the room.	02:28:35



1	MR. NADELHAFT: I think Mr. Tinker	02:28:39
2	knows what he's doing here. He knows -- but	02:28:41
3	I'll continue.	02:28:43
4	Q So you think this nurse practitioner	02:28:43
5	now -- this nurse who you weren't even sure was	02:28:46
6	in the office did all of these -- did this whole	02:28:50
7	physical exam?	02:28:53
8	MS. MEYERS: Objection.	02:28:55
9	Misrepresents the testimony.	02:28:55
10	MS. RYCKMAN: Form.	02:29:02
11	MR. NADELHAFT: He's misrepresenting	02:29:02
12	the testimony.	02:29:02
13	A I'm sorry, the way that this	02:29:03
14	office -- if there was -- I can't remember her	02:29:03
15	name, but if the LVN was in the office, she	02:29:06
16	usually filled out a piece of paper, and she	02:29:09
17	would fill all of this information in, vital	02:29:12
18	signs, et cetera, and leave the chief complaint	02:29:15
19	for me. And if this --	02:29:18
20	Q Let me ask you --	02:29:23
21	A Hold on. And if this paperwork --	02:29:23
22	and if there was -- you know, I generated a	02:29:23



1 document afterwards, using her notes with the 02:29:25  
2 vital signs. 02:29:29

3 But if the patient didn't report 02:29:30  
4 anything to me, then I wouldn't have reported 02:29:34  
5 anything on the day that she saw me in the 02:29:36  
6 office. I may have wrote this note from a 02:29:40  
7 previous encounter or, you know, off of memory. 02:29:42

8 Q You may have been doing her vital 02:29:47  
9 signs off of a previous -- 02:29:51

10 A No, no, no, no, no. 02:29:53

11 Q -- visit? 02:29:54

12 A I'm saying -- what I'm trying to say 02:29:54  
13 is that it may have been the LVN that did the 02:29:55  
14 vital signs, but -- and the review of systems. 02:29:58  
15 She would usually do, like, those kind of 02:30:01  
16 things. So it's like when I'm dictating the 02:30:03  
17 note back in or typing it in, then I would fill 02:30:05  
18 in all of this stuff based off of that piece of 02:30:07  
19 paper. 02:30:10

ICD 20 Q All right. And then "General: 02:30:18  
21 Well-nourished male in NAD, alert and oriented," 02:30:19  
22 that's wrong too, correct? 02:30:25

1	A	Yep.	02:30:28
ICD, 2	Q	Okay. And then it says, "Skin:	02:30:30
IH,			
FSPK 3		Intact, normal color, moisture, hair	02:30:31
4		distribution, texture," all of that. Who would	02:30:35
5		have done that exam?	02:30:38
6	A	That would have been a standard exam,	02:30:41
7		yep. That would have been like --	02:30:43
8	Q	By whom?	02:30:44
9	A	The person that's seeing the patient.	02:30:44
10	Q	Which is you, right?	02:30:46
11	A	Uh-huh, but it's not on the date that	02:30:49
12		she came into the office, isn't it? So it could	02:30:51
13		have been the day after. So she came in on	02:30:53
14		12-17 or 12-16?	02:30:56
15	Q	Well, your note says 12-17.	02:31:00
16	A	Well, it could be possible that it's	02:31:02
17		wrong.	02:31:05
18	Q	Okay.	02:31:05
19	A	There's a lot of typos in that.	02:31:05
20	Q	I mean, is there any -- this is a	02:31:08
21		tough note to trust, correct?	02:31:10
22		MS. MEYERS: Objection. Calls for	02:31:18



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1 speculation. 02:31:20

ICD, 2 A Yeah, I wouldn't -- I don't know. 02:31:21  
IH, 2

FSPK 3 Q Well, reading this note now, there's 02:31:23

4 a number -- there is multiple, multiple mistakes 02:31:25

5 here, correct? 02:31:28

6 MS. MEYERS: Objection. The document 02:31:30

7 speaks for itself. Misrepresenting the 02:31:31

8 evidence. 02:31:32

9 MR. NADELHAFT: Right. It speaks 02:31:32

10 wrongly. 02:31:34

11 Q Is there anything we can trust of 02:31:34

12 this document? You wrote it. 02:31:36

13 MS. RYCKMAN: Objection. 02:31:38

14 Argumentative. Disrespectful of my client. 02:31:38

15 Calls for speculation. 02:31:42

16 MR. NADELHAFT: I just want him to 02:31:55

17 tell me the truth. 02:31:56

18 Q Okay. So let me -- just so I'm 02:31:57

19 understanding, it's your testimony that the 02:31:57

20 physical exam was likely -- the vital signs was 02:31:59

21 likely not done by you, correct? 02:32:02

22 A Likely, yep. I never -- I don't 02:32:05

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1	remember ever doing vitals on patients.	02:32:08
2	Q Okay. And then when we go into the	02:32:11
ICD, 3	"General" and you're looking at the skin and the	02:32:13
IH, 4	HEENT and the neck and the pulmonary and the	02:32:16
FSPK 5	cardiac and the abdomen and the back and the	02:32:20
6	extremities, who was doing that?	02:32:22
7	A That probably would have been me, the	02:32:24
8	provider.	02:32:27
9	Q Okay. And then it says,	02:32:28
10	"Neurological: At present the patient is awake,	02:32:29
11	alert and fully oriented. There is no evidence	02:32:32
12	of cognitive or language dysfunction."	02:32:35
13	How did you determine that if she	02:32:37
14	didn't speak?	02:32:39
15	A Well, I imagine if she's having a	02:32:42
16	conversation with the manager, I imagine, you	02:32:44
17	know, she would be cognitively intact.	02:32:47
18	Q Is that what you recall happened?	02:32:52
19	A I can't recall.	02:32:56
20	Q Then you said, "Cranial nerves:	02:32:59
21	Visual fields are full."	02:33:01
22	How did you perform that exam?	02:33:03

1	A	If you can track a patient -- if a	02:33:06
ICD, 2		patient can track you with their eyes, then	02:33:10
IH, 3		their field of movement should be intact, the	02:33:13
FSPK 4		EOM.	02:33:15
5	Q	Did you do that in the patient visit	02:33:15
6		you had with Amber?	02:33:17
7	A	No. But if you're -- if she's	02:33:18
8		tracking me, looking at me, looking at things in	02:33:21
9		the room, then it would go to stay that, you	02:33:24
10		know, it's normal.	02:33:26
11	Q	Now, you said you were in the room	02:33:29
12		for about a minute. Would you be able to do all	02:33:30
13		of this exam within that minute you were in the	02:33:33
14		exam room?	02:33:38
15	A	I don't know.	02:33:39
16	Q	Is that your typical, that it would	02:33:40
17		take a minute to do all of this examination?	02:33:42
18	A	No. It would take greater than a	02:33:44
19		minute, most likely.	02:33:47
20	Q	It would take a lot more than a	02:33:48
21		minute, right?	02:33:50
22	A	Not necessarily. I can do a full	02:33:51



1	assessment pretty good, pretty fast.	02:33:53
ICD, 2	Q Then it says, "Assessment/Plan:	02:33:59
IH,		
FSPK 3	Discussion: Interval history, symptoms, exam,	02:34:01
4	lifestyle." Did you have a discussion with	02:34:04
5	her -- with Amber about her interval history,	02:34:07
6	symptoms, exam and lifestyle?	02:34:09
7	A Not in the day that she came into the	02:34:11
8	office.	02:34:12
9	Q And then it says, "OTC Tylenol	02:34:15
10	650 milligrams PO q eight hours or Ibuprofen	02:34:18
11	600 milligrams q 12 hours PO for headache."	02:34:22
12	What is that?	02:34:27
13	A Over-the-counter Tylenol	02:34:28
14	650 milligrams by mouth, PO, every eight hours	02:34:30
15	or Ibuprofen 600 milligrams every 12 hours by	02:34:34
16	mouth for headache.	02:34:38
17	Q And you prescribed that?	02:34:39
18	A Over-the-counter.	02:34:41
19	Q But you told Amber to take those	02:34:42
20	medications?	02:34:44
21	A I said you could take those two	02:34:45
22	medications.	02:34:48



1	Q	What does that mean? Did you tell	02:34:50
ICD, 2		her that she -- did you tell Amber that she	02:34:52
IH, 3		could take those medications?	02:34:54
FSPK 4	A	Possibly, yes, I guess. That would	02:34:56
5		have been my plan for someone like that.	02:34:59
6	Q	Okay. And then it says,	02:35:01
7		"Reassurance." What does that -- what does that	02:35:02
8		mean?	02:35:07
9	A	It's -- I use a standard, like, a	02:35:09
10		discussion that I have in the office. For	02:35:13
11		instance, if the patient came to me for high	02:35:14
12		blood pressure, "Don't worry, it's going to be	02:35:17
13		okay, you're going to get your blood pressure	02:35:19
14		under control, tomorrow is another day, start	02:35:21
15		with a low sodium diet," et cetera.	02:35:24
16	Q	So what was the discussion you had	02:35:27
17		with Amber about reassurance?	02:35:28
18	A	I don't recall.	02:35:33
19	Q	Would you have put in the reassurance	02:35:34
20		note if you did not have a discussion with Amber	02:35:37
21		about reassurance?	02:35:39
22	A	I don't recall. I don't know. I	02:35:43

1	wouldn't know. It depends. It just depends.	02:35:44
2	Q Then it says, "Dr. Kipper is aware of	02:35:48
ICD, 3	the medical plan" -- oh, I see the word "pan" --	02:35:50
FSPK, 4	"medical plan and is in agreement."	02:35:53
H 5	So you had a discussion with	02:35:55
6	Dr. Kipper about Amber having a headache,	02:35:56
7	correct?	02:36:00
8	A I may have.	02:36:02
9	Q You may have, you may not have?	02:36:07
10	A Yeah, I may have. I usually discuss	02:36:09
11	all patients with David afterwards.	02:36:12
12	Q And do you recall discussing Amber	02:36:14
13	with Dr. Kipper after she came into the office?	02:36:17
14	A I don't remember.	02:36:26
15	Q Then it says, "The patient	02:36:27
16	understands medical plan, all questions	02:36:28
17	answered."	02:36:30
18	Do you recall what questions Amber	02:36:30
19	asked?	02:36:33
20	A Well, if she didn't say anything to	02:36:35
ICD, 21	me, then there were no questions.	02:36:38
IU, FSPK, 22	Q So you're writing -- instead of	02:36:39



ICD,  
UN

1 writing "No questions," you wrote, "All 02:36:41

2 questions answered." 02:36:44

3 A Uh-huh. 02:36:44

4 Q That's how you answer when someone 02:36:48

5 says -- if someone says nothing, you write "All 02:36:50

6 questions answered" or do you write "No 02:36:54

7 questions"? 02:36:56

8 MS. RYCKMAN: Objection. Assumes 02:36:57

9 facts not in evidence. It hasn't been 02:36:58

10 established that this note is from the same 02:37:01

11 visit referenced. 02:37:03

12 Q Did she ask -- you don't recall 02:37:05

13 getting this supposed telephone conversation, 02:37:07

14 right? 02:37:10

15 A No. 02:37:10

16 Q And you recall only seeing Amber one 02:37:17

17 time in the office, correct? 02:37:21

18 A One time in the office. 02:37:22

CD,  
FSKP,  
H

19 Q Right. It also says, "The patient 02:37:23

20 understands the medical plan." How did you know 02:37:25

21 that Amber understood the medical plan? 02:37:27

22 A Well, I knew David was going to be 02:37:30



1	speaking with her. If she wasn't going to be	02:37:32
ICD, FSPK, H, IH	2 speaking with me, she would have spoken to	02:37:34
3	David.	02:37:37
4	Q It says, "The patient understands the	02:37:38
5	medical plan." How do you know that Amber	02:37:39
ICD, FSPK, H, NC, IH	6 understood the medical plan?	02:37:42
7	A Well, if I had spoken to David, I'm	02:37:43
8	sure David would have followed up with her	02:37:46
9	that's how I would have known that she would	02:37:48
10	have understood the plan. And David always	02:37:51
11	followed up with the patients afterwards.	02:37:54
12	Q What about you? You're the one	02:37:56
ICD, FSPK, H, IH	13 dealing with the patient now. Did you ask her,	02:37:58
14	do you understand the medical plan that we're	02:38:00
15	having?	02:38:03
16	A I don't remember. I don't recall.	02:38:08
17	Q And then it says, "The patient was	02:38:13
18	told to contact Dr. Kipper or Monroe AGACNP if	02:38:15
19	there are any questions or changes to health."	02:38:20
20	Do you recall having that	02:38:22
21	conversation with Amber?	02:38:24
22	A I can't recall.	02:38:25

Transcript of Monroe Tinker  
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100

1	Q	And you recall telling Amber "to go	02:38:26
2		directly to the emergency room or dial 911	02:38:28
ICD, FSPK,3 H, IH	3	should she experience dizziness, extreme	02:38:31
4		sleepiness, breathing problems, nausea and	02:38:35
5		vomiting, confusion, difficulty walking, slurred	02:38:36
6		speech, memory loss, poor coordination, seizures	02:38:38
7		or numbness or paralysis in any part of the	02:38:41
8		body"?	02:38:44
9	A	I don't recall saying that to her but	02:38:47
10		it had -- you know, I would have given her those	02:38:49
11		instructions.	02:38:52
12	Q	You would have given her those	02:38:54
13		instructions?	02:38:55
14	A	Had I had the discussion, it's like I	02:38:56
15		would have given those instructions, yeah. I	02:38:58
16		mean, it's like if this was a visit, if this was	02:39:00
17		a telephone encounter -- a telephone -- I would	02:39:03
18		have told her that.	02:39:06
19	Q	And then there's this "Kipper" signed	02:39:07
ICD	20	there.	02:39:11
21	A	Uh-huh.	02:39:12
22	Q	What does that mean?	02:39:13



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101

ICD

1	A	To me, that looks like he read the	02:39:14
2		note and he was aware.	02:39:16
3	Q	Okay. So you would have given this	02:39:17
4		note to Dr. Kipper.	02:39:19
5	A	Uh-huh.	02:39:23
6	Q	Okay. But you wouldn't have given a	02:39:25
7		note or done anything for -- if there was a	02:39:28
8		separate meeting when Amber then would have come	02:39:32
9		into the office and said absolutely nothing.	02:39:36
10		You would do nothing.	02:39:39
11	A	I wouldn't have generated a note if	02:39:40
12		she said nothing, no.	02:39:42
13	Q	You wouldn't -- would that have	02:39:44
14		caused you any sort of concern, that she came	02:39:45
15		into the office and said nothing?	02:39:48
16	A	Not necessarily.	02:39:52
17	Q	Really?	02:39:54
18	A	Yes. A lot of times concierge	02:39:56
19		patients don't want to deal with the nurse	02:40:00
20		practitioner. They want to deal with David	02:40:02
21		directly. They feel it's a waste of time.	02:40:04
22	Q	Do you know that Amber told Erin	02:40:06



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102

1	Boerum that she went to see you?	02:40:09
2	MS. MEYERS: Objection. Lack of	02:40:12
3	foundation. Assumes facts not in evidence.	02:40:13
4	Q You can answer.	02:40:20
5	A No, I did not know that.	02:40:21
6	MR. NADELHAFT: Can we put up	02:40:25
7	attachment 10, please.	02:40:26
8	(Tinker Exhibit 7 marked for	02:40:28
9	identification and attached to the transcript.)	02:40:28
10	Q I'll represent to you that this is a	02:40:38
11	text message chain between Amber and Erin	02:40:40
12	Boerum. Do you see that?	02:40:44
13	A Yes.	02:40:46
14	Q Okay. At the bottom it says, "Hey, I	02:40:56
15	have had a headache basically for the last" --	02:40:58
16	This is Amber saying, "Hey, I have had a	02:40:59
17	headache basically for the last couple of days	02:41:01
18	and I've been taking Advil nonstop. My head is	02:41:04
19	still really bruised. I still feel a lot of	02:41:07
20	welts on it. I call Kipper's office and Lisa	02:41:08
21	said he was away until tomorrow but that Monroe	02:41:11
22	could look at me. Do you think I should go and	02:41:14

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Conducted on January 6, 2022

103

1	get checked out by him?"	02:41:17
2	"I think if you still are hurting at	02:41:18
3	this point, then it wouldn't hurt to get a full	02:41:21
4	check-up/assessment. Monroe is a really good	02:41:24
5	guy and very smart nurse practitioner." And	02:41:27
6	she's very nice to you. And then "Are the	02:41:31
7	headaches picking up when you're sleeping? Are	02:41:32
8	you okay? Did you go to the office?"	02:41:32
9	"Yes, I did. I saw Monroe and went	02:41:33
10	to the therapist's and lawyer's office today.	02:41:36
11	Just really sad."	02:41:39
12	So, I mean, she told -- Amber told	02:41:40
13	the nurse that she went to see you. Did you	02:41:41
14	talk to Erin at all?	02:41:43
15	A    No, I didn't. And why didn't Erin --	02:41:45
16	if Erin had this kind of concern, why didn't	02:41:47
17	Erin reach out to me directly, and why didn't we	02:41:50
18	bring this up, do a group conversation with	02:41:54
19	David?	02:41:57
20	Q    That's a good question. I don't know	02:41:57
21	why you didn't do that. But why -- you really	02:41:59
22	think, though, that she came to you and you	02:42:01

Transcript of Monroe Tinker  
Conducted on January 6, 2022

104

1	did -- and she said absolutely nothing to you	02:42:02
2	when you came into the office?	02:42:05
3	A I --	02:42:06
4	Q And then she reported it to Erin that	02:42:06
5	she went there too --	02:42:09
6	A Yes. And --	02:42:09
7	Q -- to your office --	02:42:09
8	A -- she did not say anything.	02:42:10
9	Q -- and that she said nothing?	02:42:12
10	A She said nothing, nothing. Uh-huh.	02:42:13
11	Q Okay. And you understood that Erin	02:42:19
12	was -- did you understand that Erin was Amber's	02:42:27
13	nurse?	02:42:31
14	A Yeah. I mean, from what I knew going	02:42:32
15	on in the office, I knew that they were being	02:42:35
16	seen by Erin, you know, Erin and Debbie Lloyd, I	02:42:38
17	guess. They were -- you know, they were there	02:42:41
18	all the time.	02:42:42
19	Q Who was there all the time?	02:42:45
20	A I believe Erin and Debra Lloyd	02:42:48
21	were -- you know, if they were -- they were	02:42:51
22	there. You mentioned them before then, you	02:42:51



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105

1	know. They were the nurses.	02:42:53
2	Q Did you think at all about calling	02:43:00
3	Erin or Debbie when Amber wouldn't respond?	02:43:02
4	A No. It was a busy practice, and I	02:43:09
5	was seeing -- you know, so I didn't think to do	02:43:11
6	it. You know, if the patient didn't complain to	02:43:11
7	me or she didn't want to talk to me, then	02:43:12
8	some -- you know, there must be a reason.	02:43:14
9	Q You said you went back to your	02:43:18
10	paperwork when Amber wouldn't talk to you.	02:43:20
11	A Uh-huh.	02:43:23
12	Q What else was happening at the office	02:43:24
13	at the time?	02:43:26
14	A Could be seeing patients. I could be	02:43:27
15	getting calls to go out into one of the hotels	02:43:29
16	and see a patient at the hotel.	02:43:33
17	Q Do you recall doing any of that when	02:43:38
18	Amber came to visit?	02:43:40
19	A I may have done it afterwards. So I	02:43:42
20	may have, you know, gone in to see Amber and	02:43:44
21	then gotten called and say, hey, you know can	02:43:46
22	you go to the Montage and see somebody. So I	02:43:49

1	don't know. I don't recall what I was doing	02:43:51
2	after I saw Amber.	02:43:53
3	MR. NADELHAFT: You can take this	02:44:02
4	down.	02:44:03
5	Q Do you have familiarity with any of	02:44:14
6	the legal issues that Dr. Kipper has had in his	02:44:15
7	practice?	02:44:15
8	A No.	02:44:15
9	Q You didn't under- -- did you	02:44:16
10	understand that he was sued by certain patients	02:44:17
11	of his?	02:44:19
12	A No.	02:44:20
13	Q Including Ozzie Os- --	02:44:23
14	A If I heard any of that stuff or	02:44:24
15	office gossip, I didn't pay attention to it.	02:44:27
16	And I didn't have a relationship like that to	02:44:29
17	know that kind of stuff for David.	02:44:32
18	Q Did you hear that Ozzie Osbourne had	02:44:34
19	sued Dr. Kipper?	02:44:37
20	A I don't know.	02:44:38
21	MS. MEYERS: Objection. Relevance.	02:44:39
22	A I don't pay attention to any of that	02:44:40

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1	stuff.	02:44:42
2	Q Did you sign any agreements with	02:44:47
3	Dr. Kipper when you left the practice?	02:44:49
4	A I don't recall.	02:44:52
5	Q Did you sign any sort of	02:44:54
6	non-disclosure agreement?	02:44:56
7	A I don't recall. No, I don't -- not	02:44:57
8	to my recollection.	02:44:59
9	Q You may have, you just don't recall?	02:45:01
10	A I may have, yeah. I don't know. I	02:45:03
11	don't -- I don't recall, yeah. But I don't	02:45:05
12	believe I did. I don't remember.	02:45:08
13	Q Did the attorney who was with	02:45:10
14	Dr. Kipper give you any documents when you were	02:45:12
15	meeting with them?	02:45:15
16	A No.	02:45:17
17	Q That, you remember?	02:45:17
18	A Well, I just remember that he was his	02:45:19
19	attorney because we had taken care of him -- I	02:45:22
20	had taken care of him. And I had mentioned to	02:45:24
21	David, I said, "Hey" -- when the attorney was	02:45:25
22	there, I was like, "It was me that coordinated	02:45:29



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1	your care at Cedars." And he said, "Really,	02:45:32
2	Monroe?" And I was like, "Yeah." I said, "I	02:45:34
3	was the guy that coordinated you to see this	02:45:36
4	surgeon and that person." And he said, "Oh,	02:45:39
5	okay."	02:45:41
6	Q Where was -- you said the meeting	02:45:42
7	with Dr. Kipper and his attorney was at	02:45:43
8	Dr. Kipper's house?	02:45:46
9	A Yeah.	02:45:47
10	Q Was it in Dr. Kipper's -- did	02:45:48
11	Dr. Kipper have, like, a home office?	02:45:50
12	A Uh-huh, yes.	02:45:53
13	Q And is that where the meeting was?	02:45:53
14	A Yes.	02:45:55
15	Q And in that meeting was Dr. Kipper,	02:45:55
16	his attorney and you?	02:45:57
17	A Yes.	02:45:59
18	Q Did you have an attorney?	02:46:00
19	A No.	02:46:01
20	Q Okay. So Dr. Kipper's attorney just	02:46:04
21	happened to be in the office with him when you	02:46:07
22	came into the office?	02:46:09

1	A	Yeah, I guess. They were -- they	02:46:10
2		were visiting.	02:46:12
3	Q	So Dr. Kipper had this conversation	02:46:14
4		about your employment, with his attorney just	02:46:16
5		there as a friend? Or was his attorney there as	02:46:20
6		Dr. Kipper's attorney?	02:46:23
7		MS. MEYERS: Objection. Form --	02:46:26
8	A	I don't know.	02:46:26
9		MS. MEYERS: -- calls for	02:46:26
10		speculation.	02:46:27
11	A	I don't know.	02:46:28
12	Q	They were talk- -- Dr. Kipper and you	02:46:28
13		were talking about your employment when	02:46:30
14		Dr. Kipper's attorney was there with him,	02:46:33
15		correct?	02:46:35
16	A	Correct.	02:46:35
17	Q	I mean, so Dr. Kipper's attorney was	02:46:36
18		there as Dr. Kipper's attorney. You had to have	02:46:41
19		known that, right?	02:46:44
20	A	No.	02:46:45
21	Q	No?	02:46:46
22	A	David had lots of friends over	02:46:46

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1 constantly. His house was always full of 02:46:48  
2 people. 02:46:50

3 Q You would have talked about your 02:46:51  
4 employment and what you were going to do after 02:46:52  
5 working with Dr. Kipper with just anyone there? 02:46:54

6 A It depends, you know. I mean, I 02:47:00  
7 guess, you know, David wanted to talk about 02:47:02  
8 renewing my job there at the time. So maybe he 02:47:05  
9 wanted him to be there, but I wouldn't have 02:47:07  
10 second-guessed it. I mean, to me, that was just 02:47:10  
11 a regular meeting. I didn't, you know -- I 02:47:12  
12 didn't think of anything, you know, like I had 02:47:15  
13 to have a lawyer there. 02:47:19

14 Q And were there any -- when you had 02:47:22  
15 started with Dr. Kipper's office, did you have 02:47:25  
16 to sign any documents regarding confidentiality? 02:47:27

17 A I may have. I would have to look. I 02:47:32  
18 don't know. I don't remember. It would have 02:47:35  
19 been sent to me by his wife. 02:47:38

20 Q Did you -- 02:47:40

21 A Or the -- 02:47:41

22 Q Did you have to sign any documents 02:47:41

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Transcript of Monroe Tinker  
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111

1	regarding confidentiality when you left	02:47:43
2	Dr. Kipper's office -- working for Dr. Kipper?	02:47:45
3	A I don't recall. I don't recall.	02:47:49
4	Q Did you receive any sort of severance	02:47:50
5	or money when you left Dr. Kipper?	02:47:52
6	MS. RYCKMAN: Objection. This is a	02:47:55
7	violation of his right to privacy.	02:47:58
8	MR. NADELHAFT: I think he needs to	02:48:01
9	answer this question. I'm not even asking him	02:48:02
10	how much.	02:48:05
11	A No, nothing.	02:48:05
12	Q So you received nothing from	02:48:08
13	Dr. Kipper?	02:48:09
14	A Nothing.	02:48:10
15	Q And you made no promises to	02:48:12
16	Dr. Kipper when you left?	02:48:14
17	A Nothing.	02:48:16
18	Q And your work now and where you work,	02:48:18
19	is it -- do you get clients through	02:48:21
20	recommendations?	02:48:23
21	A No.	02:48:25
22	Q No? Where do you work now?	02:48:26

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Transcript of Monroe Tinker  
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1	A	I work at Ronald Reagan UCLA.	02:48:31
2	Q	Okay. And where did you work after	02:48:34
3		Dr. Kipper's office again?	02:48:35
4	A	Facey Medical.	02:48:37
5	Q	And what is Facey Medical?	02:48:38
6	A	It's a primary care provider office	02:48:43
7		where I saw patients.	02:48:45
8	Q	And at Facey Medical, was that	02:48:46
9		relying on recommendations?	02:48:49
10	A	No.	02:48:51
11	Q	No?	02:48:51
12	A	They had ten, fifteen thousand	02:48:51
13		patients. The doctor's panel was huge.	02:48:55
14	Q	Okay. So recommendations from other	02:48:58
15		doctors isn't important to you?	02:49:00
16	A	No, but patient satisfaction is	02:49:02
17		because that's how my salary would be adjusted.	02:49:05
18	Q	So -- and keeping confidences of	02:49:09
19		patients is -- I assume you would want to do	02:49:13
20		that, correct?	02:49:16
21	A	Of course, yes.	02:49:17
22	Q	And would you be discreet even if the	02:49:18

1	patients were doing things that they shouldn't	02:49:22
2	be doing?	02:49:29
3	A Would I be discreet? What do you	02:49:30
4	mean?	02:49:32
5	Q I mean, if you knew that Mr. Depp had	02:49:32
6	abused Amber Heard, would you be discreet about	02:49:34
7	that?	02:49:39
O 8	MS. RYCKMAN: Objection. Calls for	02:49:40
9	speculation. Incomplete hypothetical.	02:49:43
10	MS. MEYERS: I join in that	02:49:45
11	objection.	02:49:46
12	A No.	02:49:46
13	Q No? What would --	02:49:46
14	A I would not.	02:49:46
15	Q What would you have done?	02:49:46
16	A I would not have been discreet with	02:49:46
17	that. Having been someone who has been abused,	02:49:51
18	I would have not been discreet with something	02:49:54
19	like that.	02:49:58
20	Q You have been abused?	02:49:59
21	A Uh-huh.	02:49:59
22	Q Is that what you testified to?	02:49:59



Transcript of Monroe Tinker  
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1	You've been abused?	02:50:01
2	A Uh-huh, yes.	02:50:03
R 3	Q When did that happen?	02:50:05
4	MS. RYCKMAN: Objection. That's a	02:50:07
5	violation of his right to privacy.	02:50:08
6	A Yeah, that has nothing to do with	02:50:10
R 7	today.	02:50:12
8	MR. NADELHAFT: He brought it up. He	02:50:12
9	can't --	02:50:13
10	MS. RYCKMAN: He can bring it up,	02:50:14
11	but --	02:50:15
12	MR. NADELHAFT: He opened the door.	02:50:16
13	He opened the door.	02:50:17
14	MS. RYCKMAN: No, his history of	02:50:19
15	abuse --	02:50:20
16	MR. NADELHAFT: I asked when.	02:50:20
17	MS. RYCKMAN: -- he doesn't have to	02:50:20
18	tell you.	02:50:20
19	MR. NADELHAFT: He said he was	02:50:21
20	abused. I asked when. He can answer that.	02:50:21
21	MS. RYCKMAN: His history is	02:50:21
22	irrelevant.	02:50:21

Transcript of Monroe Tinker  
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R

1	MR. NADELHAFT: He said he was	02:50:21
2	abused. I asked when.	02:50:21
3	A In my lifetime.	02:50:29
4	Q Throughout your lifetime?	02:50:33
5	A In my lifetime.	02:50:34
6	Q And did you go to doctors about your	02:50:37
7	abuse?	02:50:39
8	MS. RYCKMAN: This is completely	02:50:40
9	irrelevant and a violation of his right to	02:50:41
10	privacy. He can testify that he's been abused.	02:50:44
11	He does not have to tell you any details of it.	02:50:46
12	Q Did you go to doctors for your abuse?	02:50:50
13	Are you going to answer that question or not?	02:50:52
14	A No.	02:50:55
15	Q You did not go to doctors?	02:50:56
16	A I have seen doctors. I've talked to	02:50:58
17	physicians.	02:51:00
18	Q Okay. And when you went to the	02:51:01
19	physicians' offices, did you answer their	02:51:02
20	questions when they came into your -- when they	02:51:04
21	came into the patient room?	02:51:05
22	A Not necessarily.	02:51:09

Transcript of Monroe Tinker  
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1	MS. RYCKMAN: Same objection.	02:51:10
2	Q Not necessarily. Okay. Did it take	02:51:11
3	some prodding to get answers out of you?	02:51:13
4	A No, not necessarily.	02:51:18
5	Q No. Okay. So you -- I'm still	02:51:20
6	baffled, I've got to say, by your testimony that.	02:51:24
7	Amber walked into the office on her own, you	02:51:26
8	walked in there, and you said -- you asked her	02:51:30
9	what's wrong, she says absolutely nothing, and	02:51:34
10	that's the end of the visit? That's really your	02:51:36
11	testimony?	02:51:39
12	MS. RYCKMAN: Objection --	02:51:39
13	MS. MEYERS: Objection.	02:51:40
14	Argumentative --	02:51:40
15	MS. RYCKMAN: -- asked and answered.	02:51:41
16	MS. MEYERS: -- asked and answered.	02:51:41
17	MS. RYCKMAN: Asked and answered a	02:51:43
18	thousand times, argumentative, incomplete	02:51:44
19	hypothetical. He doesn't need to answer it	02:51:47
20	again.	02:51:49
21	MS. MEYERS: I would add also	02:51:50
22	misrepresents testimony.	02:51:52



Transcript of Monroe Tinker  
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1	MR. NADELHAFT: Misrepresents	02:51:56
2	testimony?	02:51:57
3	Q So she did speak? What was it?	02:51:57
4	A She did not speak. She did not say	02:52:03
5	anything to me.	02:52:05
6	Q And that was it. That was the end of	02:52:07
7	the visit even though --	02:52:09
8	MS. RYCKMAN: Asked and answered.	02:52:10
9	Q You had no concerns. That is just	02:52:10
10	mind blowing to me. No concerns at all? Okay.	02:52:13
11	A No.	02:52:18
12	MR. NADELHAFT: All right. Why don't	02:52:19
13	we take another break. It's about 2:50 my time.	02:52:19
14	How about noon, we'll come -- let's make it	02:52:26
15	12:10, give ourselves a little more time. I	02:52:30
16	don't think I have many more questions.	02:52:33
17	THE VIDEOGRAPHER: Off record, 2:52.	02:52:37
18	(A recess was taken.)	02:52:41
19	THE VIDEOGRAPHER: On record, 3:12.	03:12:37
20	BY MR. NADELHAFT:	03:12:39
21	Q Mr. Tinker, did you see a	03:12:43
22	psychologist or a psychiatrist for any of the	03:12:46

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1	abuse you -- that you endured?	03:12:49
2	MS. RYCKMAN: Objection. Violation	03:12:51
3	of his right to privacy, violation of HIPAA.	03:12:52
4	I'm instructing him not to answer, and I will	03:12:54
5	instruct him not to answer anything related to	03:12:57
6	the care -- related to his abuse.	03:13:02
7	Q Are you following your counsel's	03:13:04
8	instruction?	03:13:05
9	A Yes.	03:13:06
10	Q How long after the abuse did you tell	03:13:06
11	your physician or psychiatrist or --	03:13:09
12	MS. RYCKMAN: Objection --	03:13:12
13	Q -- psychologist?	03:13:12
14	MS. RYCKMAN: -- violation of his	03:13:13
15	HIPAA rights, violation of his right to privacy.	03:13:15
16	I am instructing him not to answer.	03:13:18
17	MR. NADELHAFT: The amount of time it	03:13:20
18	took between his -- when the abuse happened and	03:13:21
19	when he reported it is HIPAA?	03:13:24
20	MS. RYCKMAN: Correct. It's	03:13:27
21	completely irrelevant.	03:13:28
22	Q And you're following your attorney's	03:13:31

Transcript of Monroe Tinker  
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1	instruction?	03:13:33
2	A I am.	03:13:34
3	Q Okay. In your experience, both as a	03:13:35
4	nurse practitioner and as an EMT and as an abuse	03:13:39
5	survivor yourself, is it typical for a victim of	03:13:43
6	abuse to take time before reporting abuse?	03:13:47
7	MS. MEYERS: Objection --	03:13:54
8	MS. RYCKMAN: Objection.	03:13:54
9	MS. MEYERS: -- calls for	03:13:54
10	speculation. Calls for expert testimony.	03:13:54
11	Q You can answer that one.	03:13:57
12	A I don't know.	03:14:00
13	Q You don't know? Really? Okay.	03:14:03
14	Have you talked to -- have you spoken	03:14:07
15	to any survivors of abuse, either as a nurse	03:14:10
16	practitioner or as an EMT?	03:14:14
17	A I may have in my -- in my history.	03:14:19
18	Q You don't know one way or the other?	03:14:24
19	A I don't -- I wouldn't remember it. I	03:14:28
20	can't recall off -- off the top of my mind, no.	03:14:30
21	Q And it's your testimony that there	03:14:38
22	was no discussions about any sort of abuse by	03:14:41



1	Mr. Depp of Amber Heard in Dr. Kipper's office;	03:14:41
2	is that correct?	03:14:46
3	A On the day that I saw her, she made	03:14:48
4	no mention, no nothing.	03:14:51
5	Q How about on other days? Was there	03:14:53
6	ever any discussion of abuse of Amber Heard?	03:14:55
7	A No.	03:14:57
8	Q That's your testimony?	03:15:01
9	A Yes.	03:15:09
10	Q You have counsel today, correct?	03:15:10
11	A Yes.	03:15:12
12	Q Who is paying for your attorney?	03:15:12
13	A My malpractice insurance.	03:15:14
14	Q Your malpractice insurance, okay.	03:15:16
15	You're not being sued for	03:15:19
16	malpractice, are you?	03:15:22
17	A No.	03:15:23
18	Q Are you concerned about malpractice?	03:15:26
19	A No.	03:15:28
20	Q But your malpractice insurance is	03:15:33
21	taking care of this -- is paying for your	03:15:36
22	attorney. Is that -- that's what you're saying?	03:15:37

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1	A	Yes, because I couldn't afford to	03:15:39
2		retain an attorney.	03:15:41
3	Q	Have you spoken to anyone at all from	03:15:47
4		Dr. Kipper's office since you left working for	03:15:50
5		Dr. Kipper?	03:15:54
6	A	I can't recall.	03:15:57
7	Q	Do you know who Johnny Depp is,	03:16:04
8		outside of being a patient?	03:16:06
9	A	Yes.	03:16:12
10	Q	Have you seen -- Johnny Depp is a	03:16:14
11		movie star, correct?	03:16:16
12	A	Yes.	03:16:18
13	Q	Have you seen any of Johnny Depp's	03:16:19
14		movies?	03:16:21
15	A	Yes.	03:16:22
16	Q	Have you seen the Pirates of the	03:16:24
17		Caribbean?	03:16:25
18	A	Yes.	03:16:27
19	Q	Have you seen any of his other	03:16:30
20		movies?	03:16:32
21	A	I'm sure I have, but I can't recall	03:16:35
22		all of them.	03:16:37

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1	Q	Okay. He's been -- Mr. Depp has been	03:16:38
2		in a lot of movies over his career, correct?	03:16:40
3	A	I guess so.	03:16:45
4	Q	Did you see him when he was in	03:16:46
5		21 Jump Street?	03:16:48
6		MS. MEYERS: Objection. Relevance.	03:16:50
7	A	No, I didn't have a TV at that point	03:16:51
8		in my life.	03:16:54
9	Q	But you did start to see Mr. Depp	03:16:55
10		when he was in movies, correct?	03:16:58
11	A	I saw him when I worked for David.	03:17:01
12		That was the first time I ever saw Johnny Depp.	03:17:03
13	Q	No, I mean saw him in the mov- -- saw	03:17:06
14		him as an actor in the movies, correct?	03:17:07
15	A	Yes.	03:17:11
16	Q	Being out in Los Angeles, you would	03:17:14
17		agree that Mr. Depp is a pretty powerful person	03:17:15
18		in Hollywood, correct?	03:17:18
19		MS. MEYERS: Objection. Irrelevant.	03:17:20
20		Leading.	03:17:23
21	A	I don't know.	03:17:23
22	Q	You don't know?	03:17:24



Transcript of Monroe Tinker  
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1	A	No.	03:17:24
2	Q	Do you know anything about the movie	03:17:25
3		or television industry?	03:17:28
4	A	No.	03:17:30
5	Q	When you were with Dr. Kipper,	03:17:32
6		without saying any names, other than Amber Heard	03:17:35
7		or Mr. Depp, did you see any other patients who	03:17:38
8		were movie stars or TV stars?	03:17:41
9	A	I can't recall.	03:17:45
10	Q	You can't -- you don't recall that	03:17:46
11		either?	03:17:47
12	A	Uh-huh.	03:17:48
13	Q	And I just want to make sure we tied	03:17:57
14		the bow here. You saw -- when you were at	03:18:02
15		Dr. Kipper's, you saw -- when you worked for	03:18:08
16		Dr. Kipper, you saw Amber three times, twice	03:18:10
17		giving her an IV and once when she came to your	03:18:12
18		office in December of 2015, correct?	03:18:16
19	A	I think so. I believe so. I believe	03:18:19
20		those are the only times I saw her.	03:18:21
21	Q	Okay. And you do not remember any	03:18:23
22		sort of telephone conversation that you had with	03:18:25

1	Amber, correct?	03:18:27
2	A I don't, but it doesn't mean I didn't	03:18:30
3	have one.	03:18:32
4	Q But you don't recall it?	03:18:34
5	A Yes.	03:18:35
6	Q Okay. And I'm giving you the	03:18:36
7	opportunity now. If you recall a conversation	03:18:38
8	or you recall another meeting with Amber, now is	03:18:40
9	the time. Did you have any other meetings or	03:18:43
10	calls that you had with Amber that you can	03:18:45
11	recall?	03:18:47
12	A No, not that I can recall.	03:18:47
13	MR. NADELHAFT: Thank you. I have no	03:18:56
14	further questions at this time.	03:18:57
15	MS. MEYERS: Mr. Tinker, thank you	03:19:02
16	for your time. I'll be asking some questions,	03:19:03
17	but before I begin, I see that it's lunchtime	03:19:05
18	there. So if you would like a break, please let	03:19:08
19	me know, but if not, we can just get started.	03:19:11
20	THE WITNESS: We can get started.	03:19:14
21	MS. MEYERS: Okay.	03:19:17
22	EXAMINATION BY COUNSEL FOR THE PLAINTIFF	

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1	BY MS. MEYERS:	03:19:01
2	Q In preparing for your deposition	03:19:22
3	today, did you review any documents?	03:19:24
4	A No.	03:19:25
5	Q And I believe you already testified	03:19:31
6	to this, but other than speaking with your	03:19:33
7	attorney, you didn't speak to anyone else before	03:19:35
8	your -- about your deposition today?	03:19:37
9	A No.	03:19:39
10	Q And that includes you didn't speak	03:19:41
11	with Ms. Heard's counsel, correct?	03:19:43
12	A No.	03:19:44
13	Q How long have you been a nurse	03:19:51
14	practitioner?	03:19:52
15	A July of 2015 so approximately seven	03:19:57
16	years.	03:20:00
17	Q And before that you were a nurse,	03:20:02
18	correct?	03:20:04
19	A Yes.	03:20:05
20	Q And were you an RN?	03:20:07
21	A Yes.	03:20:09
22	Q And how long had you been a nurse	03:20:11



1	when you became a nurse practitioner?	03:20:13
2	A I graduated in 2010, went back to	03:20:17
3	school in 2015. Approximately five years, four	03:20:21
4	and a half years and change, maybe.	03:20:25
5	Q And before you were a nurse, you were	03:20:26
6	an EMT for a time; is that correct?	03:20:28
7	A Yeah, EMT paramedic.	03:20:31
8	Q And were you -- this was before you	03:20:34
9	were a nurse, or did they overlap?	03:20:35
10	A Before I was a nurse.	03:20:37
11	Q Okay. How long were you an EMT for?	03:20:39
12	A Ten years.	03:20:42
13	Q In your time as an EMT, a nurse and	03:20:46
14	then nurse practitioner, have you ever treated a	03:20:49
15	patient that you suspected was the victim of	03:20:52
16	domestic abuse?	03:20:55
O 17	MR. NADELHAFT: Objection.	03:20:58
18	A I may have.	03:20:59
19	Q Do you recall suspecting that a	03:21:04
20	patient was the victim of domestic abuse?	03:21:06
O 21	MR. NADELHAFT: Objection. Form.	03:21:10
22	A Well, I know that in New York the	03:21:11

1 police department responds to all domestic abuse 03:21:14  
2 or any kind of calls. So if I did respond to a 03:21:20  
3 call, the police went with me. So paperwork was 03:21:23  
4 always generated. Does that answer your 03:21:27  
5 question? 03:21:30

6 Q I think so. I guess my question is 03:21:31  
7 do you recall specifically thinking, oh, I 03:21:33  
8 wonder if this patient is a victim of domestic 03:21:37  
9 abuse? 03:21:41

10 A Yes. I don't -- I never thought 03:21:42  
11 that. 03:21:45

12 Q You never thought that. 03:21:46

13 A At first -- yeah. Are we speaking 03:21:49  
14 specifically about Ms. Heard or about any 03:21:50  
15 patient in general? 03:21:52

16 Q No, any patient in general. 03:21:54

17 A Oh. I can't -- I can't recall. That 03:21:56  
18 would be -- that's truthful. 03:22:03

SP 19 Q Okay. What would you do if you did 03:22:06  
20 suspect a patient was a victim of domestic 03:22:10  
21 abuse? 03:22:13

22 MR. NADELHAFT: Objection. 03:22:15



SP	1	Hypothetical.	03:22:15
	2	MS. RYCKMAN: Objection. Calls for	03:22:16
	3	speculation. You can answer, if you know.	03:22:16
	4	A Well, from an EMT paramedic	03:22:19
	5	perspective, the police department would	03:22:24
	6	respond. I would fill out some certain kind	03:22:27
	7	of -- I believe it's -- they call it a SCAM	03:22:28
	8	report, Suspected Child Abuse or Mistreatment --	03:22:33
	9	Misconduct -- Mistreatment. I can't recall	03:22:35
	10	because it's been so long. But I believe the	03:22:37
	11	protocol would be the same, if anybody shows up	03:22:39
	12	or if you suspect somebody, that you would	03:22:42
	13	generate paperwork, speak to somebody, let	03:22:45
	14	somebody know.	03:22:49
	15	Q And is there a different protocol	03:22:49
	16	when you are a nurse -- an RN, specifically?	03:22:51
	17	A As a health care provider, from the	03:22:55
	18	way I understand it and I have always understood	03:22:57
	19	it, any health care professional can sound the	03:22:59
	20	alert.	03:23:04
	21	Q Do you have a responsibility to sound	03:23:05
	22	the alert?	03:23:07



SP	1	MR. NADELHAFT: Objection.	03:23:10
	2	Speculation.	03:23:10
	3	A Yeah. I would want to, yeah. I	03:23:14
	4	would want to sound the alert if somebody was --	03:23:16
	5	was in need of help.	03:23:18
	6	Q And what do you mean by "sound the	03:23:20
	7	alert"?	03:23:22
	8	A Fill out paperwork. Let somebody	03:23:23
	9	know. Talk to somebody.	03:23:24
	10	Q And who would you talk to in that	03:23:27
	11	instance?	03:23:28
	12	MR. NADELHAFT: Objection.	03:23:30
	13	Speculation.	03:23:30
	14	MS. RYCKMAN: Incomplete	03:23:33
	15	hypothetical. You can answer, if you know.	03:23:34
	16	A I'm not certain, but if it were -- if	03:23:36
	17	I was a nurse, I would speak to my physician	03:23:39
	18	that I report to. If I was a nurse	03:23:42
	19	practitioner, the same thing, I would speak to	03:23:44
	20	my physician. Or I believe as a nurse	03:23:46
	21	practitioner, I could file paperwork separately	03:23:48
	22	on my own. But, again, I would have to speak to	03:23:51

SP	1	somebody. I would have to speak to a physician	03:23:54
	2	or let somebody know what's going on.	03:23:56
	3	Q When you say you had to, is that	03:23:58
	4	because you personally felt that way or because	03:24:01
	5	that's a professional duty that you have?	03:24:03
	6	MR. NADELHAFT: Objection.	03:24:08
	7	Speculation.	03:24:09
	8	A I believe that would be a	03:24:10
	9	professional duty.	03:24:11
L	10	Q Have you ever reported to Dr. Kipper	03:24:13
	11	that you believe one of his patients was a	03:24:15
	12	victim of domestic abuse?	03:24:18
	13	A No, never.	03:24:20
	14	Q I think you testified earlier that	03:24:28
	15	there was an LVN working at Dr. Kipper's office.	03:24:30
	16	Is that correct?	03:24:34
	17	A Yes, I believe so.	03:24:35
	18	Q What does LVN --	03:24:38
	19	A I can't recall her name.	03:24:39
	20	Licensed vocational nurse.	03:24:40
	21	Q Licensed vocational nurse. Is that	03:24:42
	22	an RN as well?	03:24:45



1	A	No. So there's a hierarchy. There	03:24:46
2		would be -- if I recall, it's EMT, then comes	03:24:53
3		paramedic, then becomes LVN, RN, then NP -- or	03:24:57
4		then PA, then NP, then MD.	03:25:03
5	Q	So if I understand you correctly, an	03:25:10
6		LVN, in the hierarchy you just described, is one	03:25:12
7		step below an RN?	03:25:13
8	A	Yeah, I mean, they can -- depending	03:25:17
9		on their certifications, they can help	03:25:20
10		administer medications, you know. They can help	03:25:23
11		the patient. They can assist the patient. But	03:25:28
12		I don't believe that they can give medications.	03:25:31
13		Like, a nurse can give a medication, "take this	03:25:33
14		medication," or give an injection. An LVN would	03:25:36
15		have to assist the patient. But, again, I'm not	03:25:40
16		certain of their job function or their job --	03:25:43
17		you know, their criteria.	03:25:45
18	Q	Can they examine a patient?	03:25:47
19	A	Yes, some can. Some can. I believe.	03:25:49
20		I don't know, again, you know. I believe that	03:25:55
21		they can write and generate a note. I've --	03:25:56
22		when I worked at Facey, it was LVNs who teed up	03:25:58



1	and put in the patient complaint, past	03:26:04
2	medical -- some past medical history, maybe	03:26:07
3	review of systems. And then I would update as	03:26:12
4	necessary. But I'm not certain, again, exactly	03:26:14
5	what they can and can't do.	03:26:16
6	Q And so you said that there was an LVN	03:26:23
7	working at Dr. Kipper's office, correct?	03:26:25
8	A Yes.	03:26:28
9	Q And was there just one or were there	03:26:28
10	multiple LVNs?	03:26:31
11	A I only -- there was a couple of LVNs.	03:26:33
12	I mean, David had a bunch of nurses that worked	03:26:37
13	for him doing different things, seeing different	03:26:40
14	patients. So there could have been, but not in	03:26:45
15	the office all the time because it was a very,	03:26:48
16	very small office and David didn't like too many	03:26:52
17	people being in the office. In fact, he	03:26:56
18	despised sharing the office with me. It was so	03:26:59
19	small.	03:27:03
20	Q Understood. So -- but it -- would	03:27:04
21	there be an LVN at the office sometimes?	03:27:07
22	A Sometimes, yes.	03:27:13

1	Q	How often, would you say?	03:27:15
2	A	Most of the time. Like, when I first	03:27:18
3		came there to work as a nurse, it was this one	03:27:20
4		woman. I can't recall her name, but she was	03:27:23
5		there most of the time. She knew, you know,	03:27:24
6		everything. She did all of the paperwork and	03:27:28
7		the triage and the vital signs for the patients.	03:27:30
8	Q	You said that you recall that it was	03:27:36
9		a woman LVN? That's the one you recall?	03:27:38
10	A	Yes, and then he had another one that	03:27:40
11		we would work with on detoxes. I believe she	03:27:42
12		was an LVN working on her RN, but I don't know	03:27:45
13		what her credentials were.	03:27:49
14	Q	Do you recall which LVN was working	03:27:51
15		for Dr. Kipper in December 2015?	03:27:54
16	A	If I had the names in front of me, I	03:27:58
17		could jog my memory, but I honestly can't	03:28:00
18		remember.	03:28:05
19	Q	But both the LVNs that you recall are	03:28:05
20		women?	03:28:08
21	A	Yes. Yeah, there weren't many males.	03:28:09
22		I think I was maybe the only one. Maybe. I	03:28:13

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1 don't know. 03:28:17

2 Q When a patient would come into 03:28:23

3 Dr. Kipper's office, how -- would you document 03:28:25

4 that in some way? 03:28:29

5 MS. RYCKMAN: Objection. Calls for 03:28:33

6 speculation, incomplete hypothetical. You can 03:28:34

7 answer, if you know. 03:28:36

8 MR. NADELHAFT: Join in the 03:28:38

9 objection. 03:28:39

10 A Not necessarily, right? Sometimes a 03:28:39

11 patient would come in to just get their meds 03:28:41

12 renewed or just get a prescription. So a 03:28:43

13 document wasn't unnecessarily generated. For 03:28:46

14 instance, if you needed a renew on your 03:28:51

15 medication for diabetes, I just would, you know, 03:28:52

16 look at what you were being prescribed and write 03:28:56

17 another prescription and you would come in. 03:28:58

18 That doesn't necessarily mean you need to get a 03:29:01

19 full exam. You just need a renewal of your 03:29:05

20 medication. 03:29:08

SP 21 Q What would you do if a patient came 03:29:09

22 in for medical treatment? 03:29:11

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SP	1	A	I would create a note, do an exam.	03:29:15
	2		When you say "medical treatment," I'm	03:29:19
	3		understanding it as, like, you come to me	03:29:21
	4		because you have a cold or the flu; is that	03:29:23
	5		right?	03:29:26
	6	Q	Absolutely --	03:29:27
	7	A	So then I would --	03:29:27
	8	Q	-- or an injury, yes.	03:29:27
	9	A	Exactly. So then I would -- you	03:29:29
	10		know, again, SOAP, subjective; objective, what	03:29:31
	11		the patient reports, what I see; what my	03:29:35
	12		assessment curtailed; and then what my plan is.	03:29:37
	13	Q	Okay. And that would -- and the	03:29:41
	14		document we saw earlier --	03:29:44
	15		MS. MEYERS: Actually, can we pull up	03:29:46
	16		Tinker Exhibit 6, please.	03:29:48
	17		Ashby, could we please pull up Tinker	03:29:52
	18		Exhibit 6.	03:29:52
	19		REMOTE TECH: Oh, yeah, sorry. I had	03:30:25
	20		to redownload. It was giving me some issues.	03:30:26
	21		Sorry, I was on mute.	03:30:26
	22		BY MS. MEYERS:	03:30:26

1	Q	Do you recall seeing this document	03:30:41
2		earlier in your deposition?	03:30:44
3	A	I do.	03:30:46
4		MS. MEYERS: Could we just scroll	03:30:46
5		through it slowly so he can just take a look at	03:30:47
6		the entire document.	03:30:50
7	A	Uh-huh?	03:30:51
8	Q	What is this document?	03:31:11
9	A	This is a SOAP note.	03:31:13
10	Q	And --	03:31:16
11	A	So you --	03:31:17
12	Q	Please, go ahead.	03:31:17
13	A	So you can see up there it will say	03:31:19
14		"Subjective Data," and it says a "Phone	03:31:22
15		Consultation." And we -- you know, we had done	03:31:25
16		phone consultations in the office. I do recall	03:31:28
17		that. So I may have, you know, done one with	03:31:31
18		her or I might not have. I don't remember.	03:31:35
19		But you can see that's the S,	03:31:38
20		subjective. And then "Objective" would be	03:31:40
21		further down, where it says "Physical Exam."	03:31:45
22		And then "Assessment," that would be further	03:31:46

1	down. And then --	03:31:58
2	Q And --	03:32:00
3	A -- "Plan," uh-huh. You can't see it	03:32:00
4	because it's not scrolled down.	03:32:02
5	Q Is this the type of document that	03:32:04
6	would be generated if a patient came in for	03:32:05
7	medical treatment?	03:32:08
8	A For me, yes.	03:32:09
9	Q And do you recall -- is this a	03:32:12
10	document that you prepared?	03:32:15
11	A I may have, yes.	03:32:19
12	Q Is there anything on here that	03:32:22
13	indicates to you that you prepared this	03:32:24
14	document?	03:32:26
15	A No, I didn't sign the note.	03:32:26
16	Q If you didn't prepare this, who -- is	03:32:32
17	there anyone else who would have prepared this	03:32:33
18	document?	03:32:35
19	A I wouldn't know.	03:32:37
20	Q Would an LVN ever prepare this	03:32:39
21	document?	03:32:42
22	A I don't know.	03:32:44



1	Q	Is this the type of document that was	03:32:52
2		prepared in the ordinary course of your duties	03:32:53
3		when you worked for Dr. Kipper?	03:32:56
4	A	Yes.	03:32:59
5	Q	And was this type of document	03:33:00
6		ordinary maintained in the office files of	03:33:02
7		Dr. Kipper?	03:33:05
8	A	That is the goal.	03:33:08
9	Q	Let's -- so the date here on this	03:33:16
10		document says, "December 17, 2015," correct?	03:33:19
11	A	Uh-huh.	03:33:25
12	Q	Okay. And is there any reason to	03:33:26
13		doubt that that date is accurate?	03:33:29
14	A	I --	03:33:40
15		MR. NADELHAFT: Objection --	03:33:42
16	A	I don't know.	03:33:42
17		MR. NADELHAFT: -- speculation.	03:33:42
18	A	I don't know. I mean, it looks -- I	03:33:42
19		mean, I don't know. It looks okay. I mean, the	03:33:42
20		date looks fine to me, but I don't know.	03:33:44
21	Q	Relative to when a patient came in,	03:33:48
22		when would this type of document have been	03:33:49

1	prepared?	03:33:52
2	A It could be the same day depending on	03:33:53
3	how busy we are, or it could be days later.	03:33:55
4	Q You said, "days later"? Multiple	03:33:58
5	days?	03:34:01
6	A Could be, could be.	03:34:01
7	Q So under Subjective Data, it says	03:34:06
8	here, "Phone Consultation: Headache," correct?	03:34:09
9	A Uh-huh. Yes.	03:34:11
10	Q So what does that indicate to you?	03:34:13
11	A The patient is reporting to me, I	03:34:18
12	have a headache.	03:34:21
13	Q And you said you don't recall having	03:34:22
14	a phone consultation with Ms. Heard on this	03:34:24
15	date, correct?	03:34:27
16	A I don't recall, yeah.	03:34:31
17	Q Is it possible that you did?	03:34:32
18	A Possible, yeah.	03:34:34
SP 19	Q Is it possible that Ms. Heard spoke	03:34:36
20	to someone else at the office?	03:34:39
21	MR. NADELHAFT: Objection.	03:34:43
22	Speculation.	03:34:44

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SP	1	A	Yeah, it is possible.	03:34:44
SP	2	Q	Could she have spoken to an LVN?	03:34:49
	3		MR. NADELHAFT: Objection.	03:34:52
	4		Speculation.	03:34:53
	5	A	I wouldn't -- I wouldn't know, but	03:34:53
	6		it's possible. Patients will speak with anybody	03:34:54
	7		who they feel comfortable with.	03:35:00
	8	Q	Okay. So dropping down here, it	03:35:03
	9		says, "HPI." What does that stand for?	03:35:05
	10	A	History of present illness.	03:35:10
	11	Q	And how would this information --	03:35:12
	12		where would this information have come from?	03:35:14
O	13		MR. NADELHAFT: Objection.	03:35:19
	14		Speculation.	03:35:19
	15	A	In my experience, it would have been	03:35:21
	16		from the patient and from the care provider as	03:35:22
	17		they speak to the patient. It's kind of like	03:35:27
	18		the synopsis. It's kind of like, what's the	03:35:30
	19		presentation.	03:35:34
	20	Q	Based on how this document is filled	03:35:36
	21		out, would you assume that this information --	03:35:38
	22		MS. MEYERS: Strike that.	03:35:43

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SP,L	1	Q	Could this information have been	03:35:45
	2		relayed during a phone consultation?	03:35:46
	3	MR. NADELHAFT:	Objection.	03:35:52
	4		Speculation.	03:35:53
	5	A	Yes, this could be relayed as a phone	03:35:54
	6		call conversation.	03:35:55
	7	Q	And this is under Subjective Data.	03:35:58
	8		So this is information that the patient relayed	03:36:01
	9		to the provider, correct?	03:36:04
O	10	MR. NADELHAFT:	Objection. Form,	03:36:07
	11		speculation.	03:36:08
	12	A	Exactly.	03:36:11
	13	Q	This isn't based off of their own	03:36:11
	14		observations?	03:36:14
	15	A	No.	03:36:14
O	16	MR. NADELHAFT:	Object to form.	03:36:16
	17		Speculation.	03:36:17
	18	Q	You said you did do phone	03:36:21
	19		consultations when you worked for Dr. Kipper,	03:36:24
	20		correct?	03:36:27
	21	A	I did.	03:36:28
SP,F	22	Q	If a patient called and reported	03:36:33

SP, F	1	having been assaulted, is that something that	03:36:35
	2	you would put in the HPI?	03:36:38
	3	MR. NADELHAFT: Objection --	03:36:41
	4	MS. RYCKMAN: Objection.	03:36:41
	5	Hypothetical --	03:36:41
	6	MR. NADELHAFT: -- hypothetical,	03:36:41
	7	speculation.	03:36:41
	8	MS. RYCKMAN: -- speculation, lack of	03:36:44
	9	foundation. You can answer.	03:36:44
	10	A Yes, I would have put it in the HPI.	03:36:50
	11	Q Dropping down to the section that	03:37:02
	12	says "Past Medical History," is this something	03:37:03
	13	that the patient would report as well?	03:37:06
	14	A Yes.	03:37:10
	15	Q So this information comes directly	03:37:13
	16	from the patient rather than Dr. Kipper's	03:37:15
	17	records, for instance?	03:37:19
	18	A Yes.	03:37:21
	19	Q Okay. When a patient reports their	03:37:23
	20	past medical history, would you cross-check that	03:37:28
	21	with their medical records at the office?	03:37:32
	22	A Yes.	03:37:35



1	Q	And why would you do that?	03:37:38
2	A	Because patients make mistakes	03:37:40
3		constantly on their past medical history and	03:37:42
4		even on their medications. There is constant	03:37:45
5		med reconciliation I do constantly. And the	03:37:48
6		patient says, "Why are you asking me this	03:37:51
7		again?" We're just making sure.	03:37:54
8	Q	And so under here it says, "Home	03:37:56
9		Medications." So this is also self-reported by	03:37:58
10		the patient?	03:38:01
11	A	Yeah. Yep.	03:38:03
12	MR. NADELHAFT:	Objection.	03:38:04
13	A	Or, you know, it could have been,	03:38:05
14		like, looking through the patient's chart.	03:38:06
15	Q	Okay. So this -- the information	03:38:09
16		under "Home Medications Active" could be	03:38:10
17		directly reported by the patient but it also	03:38:15
18		could have been pulled from the patient's	03:38:18
19		medical records that you had access to?	03:38:20
20	A	Possible, yep.	03:38:23
21	Q	And possibly a combination of the	03:38:25
22		two?	03:38:27



1 A Absolutely, yes. 03:38:28

2 MS. MEYERS: Okay. If we could 03:38:33

3 scroll down to the Objective Data Physical Exam, 03:38:35

4 please, which starts at the bottom of this page 03:38:37

5 and moves on to the next page. Okay. Great. 03:38:41

6 Q So the information under the heading 03:38:44

7 "Objective Data Physical Exam," this is 03:38:52

8 information that the medical provider personally 03:38:57

9 observes, correct? 03:39:00

10 A Yep. 03:39:03

11 Q And so this couldn't be filled in 03:39:04

12 unless the patient physically came into the 03:39:05

13 offices, correct? 03:39:08

14 A Correct. 03:39:10

AA, L, SP<sup>15</sup> Q And I think you testified to this 03:39:14

16 earlier, but just to verify, the vital sign 03:39:16

17 information, that is something that would have 03:39:19

18 been collected by the VPN -- or the -- am I 03:39:21

19 saying that right? 03:39:28

20 MR. NADELHAFT: Objection. Form, 03:39:31

21 asked and answered, speculation. 03:39:31

22 Q The LVN, excuse me. 03:39:33

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AA, L, SP1	MR. NADELHAFT: Same objections.	03:39:33
2	A Yep, it could have been.	03:39:34
3	Q When you worked at Dr. Kipper's	03:39:37
4	office, who collected this information?	03:39:39
O 5	MR. NADELHAFT: Objection.	03:39:43
6	Hypothetical, speculation, form.	03:39:44
7	A That would have been the LVN that	03:39:47
8	would have been in the office at the time.	03:39:49
9	Q Did you ever take vital signs of	03:39:51
10	patients that came into the office?	03:39:54
11	A Yep, of course I have. Yes.	03:39:55
12	MS. MEYERS: Okay. Let's drop down	03:40:08
13	here to the -- if we could go on to the second	03:40:10
14	page in full so that we can see the entire --	03:40:15
15	yeah, that's good. Thank you.	03:40:19
16	Q The information that's filled in	03:40:19
17	here, this reflects that there was a physical	03:40:33
18	exam conducted on the patient, correct?	03:40:36
19	A Correct.	03:40:39
20	Q And who would have conducted that	03:40:41
21	physical examination?	03:40:44
O 22	MS. RYCKMAN: Objection. Calls for	03:40:48

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O	1	speculation. You can answer, if you know.	03:40:49
	2	A That most likely would have been a	03:40:51
	3	physician, an NP, an RN, a paramedic, an EMT.	03:40:54
	4	Any one of those qualifications could write a	03:41:01
	5	note like this.	03:41:05
	6	Q And you don't recall conducting a	03:41:08
	7	physical exam on Ms. Heard, correct?	03:41:10
	8	A Yeah, I don't recall.	03:41:15
	9	Q Is it possible that you did and you	03:41:17
	10	don't recall?	03:41:18
	11	A Possible.	03:41:20
SP,L	12	Q Is it possible that an LVN conducted	03:41:24
	13	a physical examination of Ms. Heard?	03:41:28
	14	MR. NADELHAFT: Objection. Asked and	03:41:32
	15	answered, form, speculation.	03:41:33
	16	A It could be. I wouldn't know, but it	03:41:34
	17	could be.	03:41:40
	18	Q What type of physical exam is	03:41:44
	19	reflected here?	03:41:46
	20	A It's a reasonable physical exam that	03:41:51
	21	could be conducted, for the most part, in -- by	03:41:54
	22	someone who sees them, in a relatively short	03:41:57



1	period of time. It looks complete to me.	03:42:04
2	Q So under the heading "Skin," what --	03:42:06
3	you would have to observe the patient's skin in	03:42:10
4	order to fill this in, correct?	03:42:13
5	A Yep. I could look at your face,	03:42:15
6	"intact," or I could look at your hands,	03:42:16
7	"intact." "Normal colors" means it looks pink.	03:42:18
8	"Moisture," just by shaking your hand, if you	03:42:23
9	had a wet palm. "Hair distribution," looking at	03:42:25
10	your hair, you've a full set of hair, no balding	03:42:29
11	or anything like that. "Texture, turgor," that	03:42:33
12	would be pinching the skin. "Buccal" would be	03:42:35
13	open your mouth. "Conjunctival," just by	03:42:39
14	looking in your eyes, making sure that your	03:42:43
15	sclera isn't yellowed. "Cap refill less than	03:42:47
16	two seconds," that's pretty standard. "Nail	03:42:51
17	beds," if they look pink. "Cyanosis, mottling	03:42:54
18	and jaundice," that's something that you would	03:42:58
19	see, you know, instantaneously, looking at the	03:43:00
20	hands, again, looking at the face. It is pretty	03:43:04
21	easily discernible in my experience seeing	03:43:07
22	patients.	03:43:09

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SP	1	Q	If the patient had any bruising on	03:43:11
	2		their face, would that have been reflected in	03:43:13
	3		this note here?	03:43:16
	4	MR. NADELHAFT:	Objection. Form,	03:43:19
	5		hypothetical.	03:43:19
	6	MS. RYCKMAN:	Objection. Calls for	03:43:21
	7		speculation. You can answer.	03:43:22
	8	A	It could be, yep. It would -- it	03:43:23
	9		would most likely be.	03:43:26
L,H	10	Q	And does this note reflect that there	03:43:30
	11		is any bruising to the face? Or anywhere, I	03:43:32
	12		guess.	03:43:37
	13	A	No.	03:43:37
	14	MR. NADELHAFT:	Objection. Form.	03:43:41
	15	Q	What does HEENT stand for?	03:43:43
	16	A	Head, ears, eyes, nose and mouth.	03:43:45
	17	Q	And how -- so this reflects that the	03:43:50
	18		head, eyes, nose, mouth are all -- excuse me --	03:43:58
	19		examined by the physician or the medical	03:44:00
	20		professional?	03:44:07
	21	A	Uh-huh.	03:44:08
SP,L	22	Q	If there were injuries to the head or	03:44:14



SP, L	1	scalp, would that have been reflected in this	03:44:18
	2	note?	03:44:21
	3	MR. NADELHAFT: Objection. Form,	03:44:23
	4	speculation and hypothetical.	03:44:23
	5	A It would have been.	03:44:26
L, H	6	Q And does this note reflect that there	03:44:27
	7	are any injuries or bruising?	03:44:29
	8	MR. NADELHAFT: Objection. Form.	03:44:32
	9	A No, not by my observation.	03:44:33
	10	Q Okay. Let's go down to "Abdomen."	03:44:42
	11	How -- typically, how is the abdomen examined?	03:44:47
	12	A Well, usually you'll -- you're -- it	03:44:54
	13	just depends on the provider, but with the	03:44:58
	14	abdomen is you'll put the stethoscope to the	03:45:00
	15	abdomen and feel it. Usually, you'll put your	03:45:03
	16	hand behind the stethoscope so that you can feel	03:45:06
	17	them breathing so you can see, and also you're	03:45:10
	18	looking for any kind of, you know, pulsatile	03:45:13
	19	masses.	03:45:14
	20	So when they say that, it's like you	03:45:17
	21	put your hand there, you listen for the bowel	03:45:18
	22	sounds, you kind of like poke around with your	03:45:22



1 index finger to make sure that there's no 03:45:24  
2 rigidity and that there's no pulsing masses or 03:45:28  
3 that there's no obvious swelling. That's what 03:45:30  
4 the "organomegaly" means. 03:45:33

5 Q Now, do you use a stethoscope over 03:45:36  
6 the clothes or do you go under any clothes that 03:45:39  
7 the patient is wearing? 03:45:42

8 A It depends on a couple things, the 03:45:44  
9 comfortability of the patient, how they feel, 03:45:46  
10 like, lifting up their shirt, if they feel 03:45:50  
11 self-conscious but you can -- it's not 03:45:53  
12 considered a good practice to go over -- to go 03:45:56  
13 over clothes, but skin is the best. But it can 03:45:58  
14 be done. 03:46:04

15 Q Now, in examining someone's abdomen, 03:46:06  
16 would -- would you be able to tell if they had 03:46:11  
17 bruises on their ribs? 03:46:15

18 MR. NADELHAFT: Objection. Form, 03:46:17  
19 speculation, hypothetical. 03:46:17

20 A Can you repeat the question one more 03:46:22  
21 time? 03:46:24

22 Q In conducting an examination of a 03:46:25

1	patient's abdomen, would you be able to tell if	03:46:28
2	they had bruising on their ribs?	03:46:31
3	MR. NADELHAFT: Objection --	03:46:34
4	A On their ribs --	03:46:34
5	MR. NADELHAFT: Form, speculation,	03:46:34
6	hypothetical.	03:46:35
7	A -- not unless I exposed them. Not	03:46:36
8	unless it was exposed, if the shirt was up.	03:46:41
9	Q Okay. So that wouldn't necessarily	03:46:43
10	be the case.	03:46:45
11	A Right, exactly.	03:46:46
12	Q If there was swelling to the abdomen,	03:46:49
13	would you notice that, though?	03:46:51
14	A You may be able to by putting your	03:46:53
15	hand on it. You may be able to feel swelling.	03:46:55
16	Q Dropping down to "Extremities," how	03:47:02
17	do you examine a patient's extremities,	03:47:08
18	typically?	03:47:09
19	A I usually have them hold out their	03:47:12
20	hands. I look at the nail beds and that there's	03:47:15
21	no clubbing or cyanosis, no edema noted	03:47:18
22	bilaterally on upper and lower extremities. So,	03:47:22

1	basically, you pull the socks down, just take a	03:47:24
2	look at their ankles, you see if the socks are	03:47:27
3	causing a compression type of thing. That would	03:47:30
4	indicate swelling. The hands, it would be the	03:47:33
5	same thing. I would look up and above the	03:47:36
6	hands, look at the nail beds, press the finger	03:47:38
7	of the nail bed for a cap refill, that it fills	03:47:42
8	back up in less than two seconds.	03:47:46
9	And then strength, I just basically	03:47:47
10	ask them to grab my hands, squeeze as hard as	03:47:49
11	you can, and pull me towards you. That would be	03:47:52
12	like a simple extremity exam.	03:47:56
13	Q Would you examine a patient's	03:47:59
14	forearms at all?	03:48:01
15	MR. NADELHAFT: Objection. Form,	03:48:03
16	speculation.	03:48:04
17	A Well, it's kind of -- if they had a	03:48:05
18	T-shirt or if they had a gown on, you could kind	03:48:06
19	of see them. It would be obvious. If they had	03:48:09
20	a long shirt on, you couldn't see it, so it	03:48:12
21	could be missed.	03:48:15
22	Q Okay. And how do you perform a	03:48:17



1	neurological exam?	03:48:19
2	A I start with well-nourished at the	03:48:20
3	very top where it says, "General:	03:48:27
4	Well-nourished male, alert and oriented." I	03:48:28
5	say, "Hi, Ms. So-and-So. You're here today?"	03:48:30
6	"Yep, uh-huh." "So how are you doing? What's	03:48:33
7	going on?"	03:48:35
8	You know, I ask them, it's like, you	03:48:36
9	know, what's -- you could say things like, you	03:48:38
10	know, "Do you still like living in," yada, yada,	03:48:39
11	"Granada Hills," you know, to see if they	03:48:43
12	remember where they live, and then person,	03:48:46
13	place, time and orientation. So that's how I	03:48:49
14	would say, "At present, is awake, alert and	03:48:52
15	fully oriented."	03:48:56
16	If they are speaking completely in	03:48:57
17	full sentences, that's with the whole evidence	03:48:59
18	of cognitive and language function. With regard	03:49:02
19	to cranial nerves, if they look around the room,	03:49:05
20	pretty much their EOMs are intact, and that's	03:49:09
21	what the "extraocular movements" mean,	03:49:17
22	basically, if they can look around. You know,	03:49:20

1 sometimes you can do an assessment without 03:49:24  
2 actually making the -- putting the patient 03:49:26  
3 through it. So, for instance, if I was doing an 03:49:28  
4 ocular exam, I would say, "Follow my finger," 03:49:31  
5 like that, and if your eyes can move around in 03:49:35  
6 those fields, for the most part, that's gross 03:49:38  
7 normality. 03:49:43  
8 Q Okay. And so this reflected that -- 03:49:43  
9 this reflects that a neurological exam was 03:49:45  
10 conducted, correct? 03:49:48  
11 A Yep. It looks that way, yep. 03:49:50  
12 Q Okay. And can you tell if the 03:49:52  
13 concussion check or -- yeah, if a concussion 03:49:55  
14 check was done? 03:49:56  
15 MR. NADELHAFT: Objection. Form, 03:50:00  
16 speculation. 03:50:01  
17 A I don't -- I mean, what would be a 03:50:02  
18 concussion? I don't -- I'm not familiar with 03:50:02  
19 that. Usually, when I worked as a medic, we 03:50:09  
20 dealt with a lot of patients who got hit by cars 03:50:15  
21 or were hit in the head or had fallen. So it 03:50:18  
22 would be this type of note to my -- I have never 03:50:21



1 heard of a concussion check. 03:50:23

L, SP 2 Q So if the neurological function is 03:50:26  
3 correct, then you can safely -- then there is no 03:50:30  
4 concussion; is that fair? 03:50:34

5 MR. NADELHAFT: Objection. Form. 03:50:36

6 A Yeah, it's fair. 03:50:37

SP, L 7 Q If a patient had come in with black 03:51:06  
8 eyes, would that have been reflected in this 03:51:10  
9 physical exam portion of this report? 03:51:13

10 A Yes. 03:51:17

11 MR. NADELHAFT: Objection. 03:51:18  
12 Speculation, hypothetical, form. 03:51:19

13 MS. RYCKMAN: I'll join that. 03:51:21

SP, L 14 Q Would this report reflect if the 03:51:22  
15 patient had any bruising on their face or any 03:51:24  
16 other part of their body? 03:51:27

17 MR. NADELHAFT: Objection. 03:51:29  
18 Speculation, form, hypothetical. 03:51:29

19 A I would -- I guess so. 03:51:32

20 Q What if a patient had a broken nose? 03:51:35  
21 Would that be reflected on this report? 03:51:36

22 MR. NADELHAFT: Objection. Form, 03:51:40



SP, L	1	hypothetical, speculation.	03:51:41
	2	MS. RYCKMAN: Join.	03:51:41
	3	A I guess so.	03:51:44
	4	Q If I patient was -- had a split lip,	03:51:52
	5	would that be reflected on this report?	03:51:56
	6	MR. NADELHAFT: Objection. Form,	03:52:00
	7	hypothetical, speculation.	03:52:01
	8	MS. RYCKMAN: I join that.	03:52:03
	9	A Yes, it would be, I believe.	03:52:05
	10	Q And are any of the injuries that I	03:52:07
	11	just mentioned, are they reflected in this	03:52:09
	12	report at all?	03:52:11
	13	MR. NADELHAFT: Objection. Form.	03:52:13
	14	A Not to my review.	03:52:13
	15	Q Who is Lisa Beane?	03:52:31
	16	A She was the office manager of	03:52:34
	17	Dr. Kipper.	03:52:38
	18	Q Does she have a medical degree, to	03:52:40
	19	your knowledge?	03:52:44
	20	A No.	03:52:44
L	21	Q She is not a nurse?	03:52:46
	22	A No.	03:52:47

L	1	Q	She was just the -- a manager?	03:52:49
	2	A	She ran the day-to-day functions of	03:52:54
	3		the office as well as other things for David.	03:52:59
L, SP, H	4	Q	And I believe you testified earlier	03:53:03
	5		that you don't recall having a conversation with	03:53:05
	6		Ms. Beane about Ms. Heard's medical condition	03:53:09
	7		when she came in in December of 2015. Is that	03:53:14
	8		accurate?	03:53:18
	9	A	Yeah, it is accurate.	03:53:19
	10	Q	If Ms. Beane had told you that	03:53:24
	11		Ms. Heard was being abused, is that something	03:53:26
	12		that you think you would remember?	03:53:29
	13		MR. NADELHAFT: Objection. Form.	03:53:33
	14	A	I think I would have remembered	03:53:34
	15		something like that. However, it would have to	03:53:35
	16		be the patient that actually tells me.	03:53:41
	17	Q	So if Ms. Beane told you something	03:53:47
	18		but the patient didn't, how would you handle	03:53:50
	19		that?	03:53:53
	20		MR. NADELHAFT: Objection.	03:53:56
	21		Speculation, form, foundation.	03:53:56
	22	A	That's --	03:53:58



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1 MS. RYCKMAN: It's also an incomplete 03:54:00  
2 hypothetical. But you can answer. 03:54:04

3 A Well, I imagine I would have gone in 03:54:06  
4 the room just like I did and asked, is there 03:54:10  
5 any -- is everything okay, and if the patient 03:54:12  
6 responded to me and what their answer would be. 03:54:16

L,H 7 Q Okay. But just to be clear, you 03:54:24  
8 don't recall Ms. Beane relaying to you that 03:54:26  
9 Ms. Heard had been domestic -- had been abused? 03:54:29

10 A No, I don't recall that, and, 03:54:33  
11 honestly, if I would have heard something like 03:54:36  
12 that, to me that would be something like office 03:54:39  
13 gossip that I'm not aware of, that I'm not sure 03:54:42  
14 of, or that I don't know what's going on, you 03:54:45  
15 know. It's usually the patient that I listen 03:54:48  
16 to. 03:54:50

17 So I don't recall her ever saying 03:54:50  
18 that to me, but stuff -- you know, things like 03:54:53  
19 those, I -- you know, I listen to the patient 03:54:57  
20 first. 03:54:59

21 Q Was Ms. Beane one to engage in office 03:55:02  
22 gossip? 03:55:06



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1	A	She was aware of the day-to-day	03:55:11
2		functions of the office.	03:55:12
3	MS. RYCKMAN:	Just a delayed	03:55:15
4		objection. That may call for speculation.	03:55:16
5	Q	Do you recall working with Lisa	03:55:23
6		Beane?	03:55:26
7	A	I think you froze -- you guys froze.	03:55:31
8	Q	Can you hear me?	03:55:35
9	A	I can hear you, yes.	03:55:36
10	Q	Do you recall working with Lisa	03:55:40
11		Beane?	03:55:41
12	A	I do.	03:55:42
13	Q	And what was your impression of her?	03:55:44
14	A	She was very involved in the	03:55:50
15		day-to-day functions of the office and wanted to	03:55:52
16		make the office work and function well and make	03:55:58
17		everybody happy.	03:56:02
18	MS. MEYERS:	Can we please pull up	03:56:26
19		document B, and can we please go to the 83rd	03:56:29
20		page, which, for the record, is Exhibit 13 to	03:56:41
21		Ms. Heard's April 10th, 2019 declaration that	03:56:45
22		was submitted in this action.	03:56:48

1	Q	Now, Mr. Tinker, I'm going to ask	03:56:51
2		that we scroll through the first six pages of	03:56:56
3		this there, and I'll wait while that occurs.	03:56:59
4	A	Okay.	03:57:07
5	Q	Do you observe in these pictures a	03:57:27
6		mark on Ms. Heard's eye? I believe it is her	03:57:29
7		right eye.	03:57:32
8	A	Uh-huh.	03:57:33
9	Q	Do you recall her having that type --	03:57:35
10		MS. MEYERS: Strike that.	03:57:38
11	Q	Do you recall observing that type of	03:57:40
12		mark when Ms. Heard came into the office in	03:57:43
13		December 2015?	03:57:46
O 14		MR. NADELHAFT: Objection. Form.	03:57:48
15	A	I can't remember.	03:57:50
SP 16	Q	Is that something that you would	03:57:51
17		remember?	03:57:53
18		MR. NADELHAFT: Objection.	03:57:55
19		Speculation.	03:57:56
20	A	I believe I would have, yep.	03:57:56
21	Q	And if you observed that, would you	03:57:59
22		have documented it somehow?	03:58:02

SP	1	MR. NADELHAFT: Objection. Form,	03:58:05
	2	speculation.	03:58:05
	3	A I believe I would have.	03:58:06
	4	Q And where would you have documented	03:58:07
	5	it?	03:58:10
	6	A I would have put it in a note.	03:58:10
	7	Q Would that be the SOAP note that we	03:58:13
	8	were discussing?	03:58:16
	9	A A note, yep, absolutely.	03:58:19
	10	Q And did you see any --	03:58:28
	11	MS. MEYERS: Strike that.	03:58:30
	12	Q Is this mark on Ms. Heard's face in	03:58:36
	13	these photographs, is that documented anywhere	03:58:39
	14	in the SOAP note that we were just looking at?	03:58:42
	15	MR. NADELHAFT: Objection. Form.	03:58:45
	16	A No, I didn't see that.	03:58:47
	17	MS. MEYERS: Can we go scroll to the	03:58:48
	18	next page, which should be page 90. Thank you.	03:58:50
	19	Q Do you see any marks on Ms. Heard's	03:59:05
	20	face in this picture?	03:59:07
	21	A It looks like her left chin has a --	03:59:11
	22	like a -- it looks like a -- it looks, appears	03:59:16



1	to be like a bruise about the size of, I'd say,	03:59:17
2	a quarter.	03:59:20
3	Q And did you --	03:59:20
4	A It's a -- there's definitely	03:59:20
5	discoloration of the skin.	03:59:26
6	Q And did you observe this type of mark	03:59:28
7	when Ms. Heard came in in December 2015?	03:59:30
8	A No, I don't remember that.	03:59:33
9	Q Would you have remem- -- would you	03:59:36
10	remember if she had a mark on her face like	03:59:38
11	this?	03:59:40
12	MR. NADELHAFT: Objection. Form,	03:59:41
13	speculation.	03:59:41
14	A I believe I would have.	03:59:42
15	Q I'm sorry, can you repeat that?	03:59:44
16	A I believe I would have.	03:59:46
17	Q Okay. And before we continue, you	03:59:48
18	said you observed Ms. Heard in an examination	03:59:52
19	room at Dr. Kipper's office, correct?	03:59:56
20	A Yes.	03:59:59
21	Q And how is the lighting in that room?	03:59:59
22	A It's dim.	04:00:05

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1	Q	It's dim?	04:00:06
2	A	Yeah. There is -- I mean, he has --	04:00:08
3		it's a -- it's an office that was converted --	04:00:11
4		it was an apart- -- it looked like a -- it's --	04:00:15
5		it could be better lit, but he has adequate	04:00:20
6		lighting that you can turn on and take a look.	04:00:23
7		So he has the ample equipment, but, in general,	04:00:26
8		the lighting is dim.	04:00:29
9	Q	Did you turn on any of that lighting	04:00:30
10		when you met with Ms. Heard in December 2015?	04:00:32
11	A	Not to my recollection, no.	04:00:38
12	Q	And to your recollection, was it not	04:00:41
13		on when you entered the room?	04:00:43
14	A	To my recollection, I don't believe	04:00:45
15		so.	04:00:46
16		MS. MEYERS: If we could go down to	04:00:55
17		the next picture. Actually, keep going. This	04:00:56
18		one. Thank you.	04:01:02
19	Q	Do you observe a mark on Ms. Heard in	04:01:07
20		this picture?	04:01:10
21	A	It appears that she has a darker mark	04:01:12
22		on her -- above her left eye on her forehead.	04:01:16

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1	Q	And do you recall seeing this type of	04:01:21
2		mark when Ms. Heard came in in December 2015?	04:01:23
3	A	I don't recall that, no.	04:01:30
SP 4	Q	If you had seen it, do you think you	04:01:32
5		would remember?	04:01:34
6		MR. NADELHAFT: Objection. Form,	04:01:35
7		foundation, speculation.	04:01:36
8	A	I believe I would have.	04:01:37
9		MS. MEYERS: If we could slowly	04:01:42
10		scroll through the next two pictures, please, in	04:01:42
11		this document.	04:01:47
12	Q	Do you observe any injury to	04:01:56
13		Ms. Heard's lip in these pictures?	04:01:58
14	A	It looks like the right side of her	04:02:01
15		face, the lower lip has a small, little, red	04:02:06
16		blotch.	04:02:12
17	Q	And do you recall observing this type	04:02:13
18		of injury to Ms. Heard's lips when she came in	04:02:15
19		in December 2015?	04:02:19
20	A	I don't remember that.	04:02:23
SP 21	Q	And is this something you think you	04:02:25
22		would have noticed?	04:02:27



SP	1	MR. NADELHAFT: Objection. Form,	04:02:29
	2	foundation, speculation.	04:02:30
	3	A I think I would have noticed that.	04:02:31
SP	4	Q And if you had noticed it, do you	04:02:33
	5	think you would remember it, sitting here today?	04:02:35
	6	A I believe I would have, yep.	04:02:38
	7	MS. MEYERS: And now if we could	04:02:45
	8	just, I believe, scroll to the next photograph,	04:02:48
	9	which may be the last.	04:02:50
	10	Q Can you see some redness on a scalp	04:02:52
	11	in this picture?	04:03:04
	12	A Uh-huh.	04:03:05
	13	Q And if an examination of Ms. Heard	04:03:07
	14	had occurred -- if you had observed --	04:03:17
	15	MS. MEYERS: You know what, strike	04:03:18
	16	that.	04:03:20
	17	Q When you examine a patient's -- I	04:03:24
	18	believe you said it was head, eyes, nose and	04:03:29
	19	ears, would you examine the scalp during that	04:03:35
	20	process?	04:03:38
	21	A Yep, you could. It depends. It's a	04:03:40
	22	focused assessment. So if it warranted, yes.	04:03:44

1 Q Okay. So this isn't an injury that 04:03:48  
2 you would necessarily come across if it wasn't 04:03:52  
3 brought to your attention. 04:03:55

4 A Exactly. 04:03:56

5 Q Okay. 04:04:01

SP,L 6 When you saw Ms. Heard in December 04:04:01  
7 2015, did you suspect that she was a victim of 04:04:17  
8 domestic abuse? 04:04:22

9 MR. NADELHAFT: Objection. Form. 04:04:26

10 A No. 04:04:26

11 Q If you had suspected that her 04:04:34  
12 injuries -- 04:04:36

13 MS. MEYERS: Well, strike that. 04:04:37

SP,L 14 Q If you had suspected that Ms. Heard 04:04:38  
15 was the victim of domestic abuse, is that 04:04:41  
16 something that you would have reported? 04:04:44

17 MR. NADELHAFT: Objection. Form. 04:04:47

18 Speculation. 04:04:47

19 A Yes. 04:04:48

20 MS. RYCKMAN: Join. It's also an 04:04:49  
21 incomplete hypothetical. 04:04:51

22 Q Who would you have reported that to? 04:04:54



SP, L	1	MR. NADELHAFT: Objection. Form,	04:04:59
	2	speculation, incomplete hypothetical.	04:05:00
	3	A I guess if I would have reported it,	04:05:01
	4	I most likely would have reported it to the	04:05:02
	5	attending, Dr. Kipper.	04:05:05
	6	Q And would you have documented it	04:05:07
	7	anywhere?	04:05:09
	8	MR. NADELHAFT: Objection. Form,	04:05:11
	9	speculation, hypothetical -- incomplete	04:05:11
	10	hypothetical.	04:05:12
	11	A If there was a note being generated,	04:05:14
	12	yes, I would have.	04:05:16
L	13	Q And did you ever report to Dr. Kipper	04:05:18
	14	that you suspected Ms. Heard was the victim of	04:05:22
	15	domestic abuse?	04:05:28
	16	A Not to my recollection, no. No.	04:05:29
	17	Q To your recollection, did you ever	04:05:34
	18	report that to anyone other than Dr. Kipper?	04:05:37
	19	A No.	04:05:41
	20	MS. MEYERS: Do you mind if we take a	04:06:00
	21	break? I'm going to look over my notes and	04:06:01
	22	hopefully we can finish this up shortly.	04:06:05



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1 MR. NADELHAFT: Sure. 04:06:08

2 THE VIDEOGRAPHER: Off record, 4:06. 04:06:09

3 (A recess was taken.) 04:06:12

4 (Tinker Exhibit 8 marked for 04:06:12

5 identification and attached to the transcript.) 04:06:12

6 THE VIDEOGRAPHER: On record, 4:16. 04:16:53

7 BY MS. MEYERS: 04:16:55

L 8 Q Mr. Tinker, we were just looking at 04:17:00

9 some photographs of Ms. Heard, correct? 04:17:03

10 A Yes. 04:17:06

11 Q And I believe we marked on the record 04:17:07

12 this is Tinker Exhibit 8. And I believe you 04:17:10

13 testified that you don't recall seeing any of 04:17:16

14 those injuries on Ms. Heard when she came in in 04:17:19

15 December 2015, correct? 04:17:23

16 A Yes. 04:17:24

17 MR. NADELHAFT: Objection. Form. 04:17:27

L, AA, 18 Q And did you see -- based on the SOAP 04:17:29

H 19 report that we looked at earlier, which is 04:17:33

20 Tinker Exhibit 6, were any of those injuries 04:17:37

21 documented in that report? 04:17:40

22 MR. NADELHAFT: Objection. Asked and 04:17:44

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L,AA, 1 H	answered.	04:17:44
2	A No, I didn't see anything like that.	04:17:44
3	Q When Ms. Heard came into the office	04:17:50
4	on December 17th, 2015, had you ever met her	04:17:53
5	before?	04:17:56
6	A I may have gone to their homes to	04:17:59
7	give the IV infusion so I don't recall the dates	04:18:01
8	of when and where, but no, I don't -- I don't	04:18:05
9	recall. I guess that's the best answer.	04:18:08
10	Q Okay. So you don't recall whether	04:18:11
11	you -- the -- I recall that you mentioned that	04:18:12
12	you had given her an IV before, correct?	04:18:15
13	A Yes.	04:18:18
14	Q And you don't remember whether that	04:18:19
15	was before or after this visit in December 2015?	04:18:20
16	A No. I don't remember.	04:18:24
17	Q When she came into the office, did	04:18:28
18	you know who she was?	04:18:30
19	A Yes. I mean, I heard of her.	04:18:34
20	Q Did you know that she was an actress?	04:18:37
21	A Yes.	04:18:40
22 FSPK	Q And did you know that she was married	04:18:40



1 to Johnny Depp?

04:18:42

FSPK

2 A Most likely I remembered that, yeah,  
3 because, again, one time I went -- every time I  
4 went to see her, Johnny Depp was there, like,  
5 when I gave the IV infusion, so it was kind of  
6 understood that they were married. I don't  
7 really know if they were married or not or -- I  
8 don't know.

04:18:46

04:18:48

04:18:53

04:18:58

04:19:02

04:19:04

04:19:06

9 Q But you don't remember whether you  
10 went and gave her the IV before this visit in  
11 December of 2015?

04:19:11

04:19:13

04:19:16

12 A Yes. I don't remember that, yep.

04:19:18

13 Q So beyond that visit --

04:19:22

14 MS. MEYERS: Excuse me, strike that.

04:19:25

15 Q Beyond going to her home to provide  
FSPK 16 the IV, did you know from any other source that  
17 she was married to Johnny Depp?

04:19:26

04:19:31

04:19:37

18 A I would guess the media, TV or  
19 something. Yeah.

04:19:45

04:19:47

20 Q Okay.

04:19:49

21 A I mean, I guess I didn't know if they  
22 were really married married or living together.

04:19:50

04:19:51



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1 You know, I assumed that they were married. 04:19:57

2 Does that make sense? Because in the media 04:20:00

3 sometimes they have closed -- closed marriages 04:20:02

4 so I don't recall. 04:20:06

5 Q Okay. But your recollection is that  
FSPK, NC  
6 in December 2015 you understood she was in a  
7 relationship with Mr. Depp? 04:20:09  
04:20:11  
04:20:14

8 A Yes, yes. 04:20:15

9 Q Earlier today Mr. Nadelhaft asked you 04:20:30  
10 about Erin Boerum. Do you remember that? 04:20:32

11 A Yes. 04:20:35

12 Q And she was one of the nurses that 04:20:35  
13 worked for Dr. Kipper; is that correct? 04:20:37

14 A Yes. 04:20:39

15 Q Did you ever speak with her about 04:20:41  
16 Ms. Heard coming in on December 17th, 2015? 04:20:46

17 A I can't recall. I don't believe so. 04:20:53

18 Q So you don't recall ever speaking 04:21:05  
19 with Erin Boerum about the specific visit in 04:21:06  
20 December of 2015? 04:21:09

21 A No, I don't recall that. 04:21:10

22 MS. MEYERS: Can we pull back up 04:21:14

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1	Tinker Exhibit 6, please. And can we scroll --	04:21:17
2	go to the second page, please, and specifically	04:21:29
3	the Assessment and Plan section.	04:21:32
4	Q Directing your attention to item 4,	04:21:32
5	this says, "Dr. Kipper is aware of the medical	04:21:47
6	plan and is in agreement," correct?	04:21:52
7	A Yes.	04:21:54
8	Q And what does this reflect to you?	04:21:54
9	A So this could mean that I had spoke	04:22:00
10	to David about Ms. Heard, or the patient, and	04:22:02
11	said, you know, this is what's going on, this is	04:22:07
12	what I did, are you okay with this.	04:22:09
13	Q Do you recall speaking with David	04:22:15
14	about Ms. Heard's visit?	04:22:17
O 15	MR. NADELHAFT: Objection.	04:22:20
16	A No, I don't recall.	04:22:20
17	Q I'm sorry, can you just repeat that?	04:22:22
18	A No, I don't recall.	04:22:24
19	Q But based on this note, this note	04:22:27
20	reflects that he would have been informed; is	04:22:29
21	that accurate?	04:22:32
22	A Yes, it is.	04:22:33



H, SP	1	Q	And when would you have told	04:22:41
	2		Dr. Kipper about Ms. Heard's visit?	04:22:44
	3	A	At the end of the day, I would have	04:22:49
	4		called him just to give him an up to date. But	04:22:51
	5		it was his practice in the morning to always	04:22:54
	6		call me to see what was going on and write a	04:22:56
	7		list of things that I needed to do, or he would	04:22:59
	8		give me a list of things to do, for instance,	04:23:02
	9		call Mr. Han and discuss yada, yada; call	04:23:04
	10		Ms. Ryckman and discuss the following; take	04:23:12
	11		Mr. Smith to -- for a chest x-ray; set up a	04:23:17
	12		surgeon's visit with such-and-such.	04:23:25
	13		Like, he gave me a list of things.	04:23:27
	14		So it could have been in the morning. It could	04:23:30
	15		have been at night. It could have been whenever	04:23:31
	16		it was convenient for David.	04:23:36
	17	Q	And, in your experience, would	04:23:39
	18		Dr. Kipper usually follow up with the patient if	04:23:41
	19		he didn't see them personally?	04:23:43
	20	A	I'm sorry, say the question again?	04:23:46
	21	Q	In your experience, would Dr. Kipper	04:23:50
	22		follow up with a patient if he didn't see them	04:23:53



1	personally?	04:23:55
2	A Oh, absolutely --	04:23:57
O 3	MR. NADELHAFT: Object to form,	04:23:58
4	foundation.	04:23:59
5	A -- absolutely, especially with	04:23:59
6	concierge patients. He wanted absolute control.	04:24:01
7	Q Do you recall whether Dr. Kipper	04:24:06
8	reached out to Amber Heard after she came in in	04:24:09
9	December 2015?	04:24:14
10	A I don't know. I would be guessing.	04:24:16
11	Q What is this at the bottom here,	04:24:26
12	where it -- like, below the assessment plan that	04:24:28
13	looks like a signature?	04:24:32
14	A Yes. That's his signature. That's	04:24:33
15	David's signature.	04:24:39
16	Q And what does that reflect, the fact	04:24:42
17	that he signed this?	04:24:44
18	A That means that he reviewed the note	04:24:45
19	and signed it off, that he looked at it and, you	04:24:47
20	know, blessed it.	04:24:50
21	MS. MEYERS: Okay. I have nothing	04:24:56
22	else. Thank you for your time.	04:24:57

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1	Adam, do you have anything else?	04:24:59
2	MR. NADELHAFT: Yeah, I have a few	04:25:04
3	minutes of questions, but it won't be too long.	04:25:05
4	FURTHER EXAMINATION BY COUNSEL FOR THE DEFENDANT	
5	BY MR. NADELHAFT:	04:25:08
6	Q Mr. Tinker, you know, you just saw	04:25:09
7	Exhibit 6, the note. What type of system --	04:25:13
8	electronic system is that typed into?	04:25:17
9	A I don't know.	04:25:24
10	Q Is it -- who has access to the -- to	04:25:26
11	that note?	04:25:29
12	MS. RYCKMAN: Objection. May call	04:25:32
13	for speculation, but you can answer, if you	04:25:33
14	know.	04:25:35
15	A I don't know.	04:25:36
16	Q So when you were -- this note was	04:25:38
17	typed, correct?	04:25:41
18	A Yes.	04:25:42
19	Q Okay. When you typed your notes, did	04:25:43
20	you do it in a computer or with a typewriter?	04:25:46
21	A With a computer.	04:25:49
22	Q Okay. So -- and in the computer was	04:25:51

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1	it a -- do you know if it was a system where	04:25:53
2	other people could access the note	04:25:56
3	electronically?	04:25:58
4	A I don't know. I don't know. If	04:26:03
5	you're asking me if it's on the -- if the note	04:26:07
6	was generated on a system like Epic hospital	04:26:08
7	charting, then I would say no.	04:26:13
8	Q Okay. So it wasn't a system like	04:26:16
9	Epic, but was it a system where someone else	04:26:18
10	could go in and edit the note?	04:26:21
11	A Yeah, that's possible.	04:26:24
12	Q Do you know if -- and you don't	04:26:26
13	recall if you wrote this note or not, correct?	04:26:30
14	A No. I don't -- I mean, it looks like	04:26:33
15	a note that I could have written, but no, I	04:26:36
16	don't recall.	04:26:39
17	Q And in your experience in working	04:26:40
18	with Dr. Kipper, would someone be able to go	04:26:41
19	back and see who wrote the note?	04:26:45
20	A I guess. I don't know.	04:26:50
21	Q Would someone be able to go and see	04:26:52
22	if the note was edited?	04:26:54



1	MS. MEYERS: Objections. Calls for	04:26:56
2	speculation, lack of foundation.	04:26:57
3	A I don't know enough about computers	04:27:01
4	to say that.	04:27:02
5	Q And you said you could -- you may --	04:27:05
6	in your practice you could write the note	04:27:06
7	immediately after the visit or days after the	04:27:11
8	visit; is that right?	04:27:14
9	A Uh-huh.	04:27:15
10	Q That's a yes?	04:27:16
11	A Yes. Sorry.	04:27:18
12	Q And if you were -- when you're seeing	04:27:19
13	a patient, are you taking handwritten notes at	04:27:23
14	the time you're evaluating the patient?	04:27:26
15	A Yes.	04:27:32
16	Q And where do those handwritten notes	04:27:33
17	go? Is there a file with Dr. Kipper that you	04:27:36
18	kept your handwritten notes?	04:27:39
19	A Yeah, I believe David would have a	04:27:41
20	file of it, if there was a note.	04:27:43
21	Q Would you put handwritten notes in a	04:27:46
22	file, let's say, for Amber Heard?	04:27:48

FSPK

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1	A	I may.	04:27:52
2	Q	Was that your practice?	04:27:54
3	A	I don't recall.	04:27:58
4	Q	Did you ever sign your notes?	04:28:01
5	A	I don't recall.	04:28:04
6	Q	Would this -- I mean, Dr. Kipper	04:28:06
7		signed the note, correct? That's your	04:28:10
8		testimony? Exhibit 6?	04:28:11
9	A	It appears so.	04:28:14
10	Q	Okay. But you're pretty sure	04:28:16
11		Dr. Kipper wasn't the one who saw Amber on	04:28:18
12		December 17th, correct?	04:28:21
13	A	I don't know.	04:28:23
14	Q	Okay. If Amber was seen by anybody	04:28:24
15		else in Dr. Kipper's office other than you on	04:28:30
16		December 17th, is there a document or something	04:28:33
17		that would reflect that?	04:28:36
18	MS. RYCKMAN:	Objection. Calls for	04:28:39
19		speculation, lacks foundation, incomplete	04:28:40
20		hypothetical. But you can answer if you know.	04:28:43
21	A	I don't know.	04:28:45
22	Q	When you walked in the office to see	04:28:50

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1	Amber in December, did you shake her hand?	04:28:52
2	A I don't remember.	04:28:56
3	Q So in that assessment where you were	04:28:59
4	talking about potential clammy hands and you	04:29:02
5	said you could shake someone's hand, you don't	04:29:05
6	recall if you shook Amber's hand or not?	04:29:08
7	A No.	04:29:11
8	Q How far away were you from Amber when	04:29:13
9	you went in the office -- when you went in the	04:29:16
10	patient office?	04:29:18
11	A I'd imagine at least, I don't know,	04:29:21
12	2 to 3 feet.	04:29:24
13	Q And you said the lights were dim?	04:29:25
14	A They could. I don't remember what	04:29:27
15	the office looked like, but that it was	04:29:30
16	generally a dim room.	04:29:32
17	Q Do you recall what she was wearing?	04:29:33
18	A No, I don't.	04:29:35
19	Q Do you recall if Amber was wearing a	04:29:37
ICD, 20	hat?	04:29:39
FSPK,		
NC 21	A No, I don't.	04:29:39
22	Q Do you recall if Amber was wearing	04:29:40

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ICD, 1  
FSPK, 2  
NC

sunglasses?

04:29:42

A No, I don't.

04:29:43

3

Q Do you recall what color Amber's eyes

04:29:48

ICD, 4  
FSPK,  
NC, 5  
R

are?

04:29:50

A Well, based off the photos that you

04:29:54

just showed me, they look blue, but no, I don't

04:29:56

recall from that time.

04:29:59

8

Q Do you recall what color hair she

04:30:00

9

has?

04:30:01

10

A Based off the photos, it looks like

04:30:02

11

she's, like, blonde.

04:30:05

12

Q But without the photos, you wouldn't

04:30:06

13

recall?

04:30:08

14

A Not really, no.

04:30:09

15  
R, FSPK

Q And for concierge patients,

04:30:21

16

Dr. Kipper wanted absolute control of those

04:30:22

17

patients, correct?

04:30:26

18

A Well, because the patients didn't

04:30:29

19

like seeing a nurse practitioner. I was new to

04:30:30

20

the practice. There were other practitioners

04:30:34

21

that had come before me, and no one sur- -- no

04:30:36

22

one, you know, lasted.

04:30:43

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1 Q Is there any sort of rules on how 04:30:50  
2 medical notes are supposed to be kept? 04:30:55

3 MS. RYCKMAN: Objection. Calls for 04:30:59  
4 speculation, vague, ambiguous, calls for expert 04:31:01  
5 opinion. But you can answer from your own 04:31:05  
6 personal knowledge. 04:31:08

7 A From my own personal knowledge, I 04:31:09  
8 believe, according to the American Association 04:31:10  
9 of Nurse Practitioners, when a patient leaves or 04:31:13  
10 a doctor retires from practice, they are 04:31:17  
11 supposed to keep a note five years, paper 04:31:20  
12 records or something. Or seven years, five to 04:31:23  
13 seven, I'm not sure. 04:31:25

ICD, 14 Q And if -- would you be concerned, if 04:31:31  
IH, 15 you did see domestic abuse, that there would be 04:31:38  
SP, 16 malpractice if you did not report it? 04:31:43  
IO

17 MS. RYCKMAN: Objection. Calls for 04:31:47  
18 speculation, incomplete hypothetical. You can 04:31:49  
19 answer. 04:31:50

ICD, 20 A I guess I would be. 04:31:53  
IH,  
SP,  
IO

21 Q That would be -- that would be a 04:31:55  
22 problem and why you would have a malpractice 04:31:57

1	lawyer with you?	04:32:02
2	MS. RYCKMAN: Objection.	04:32:04
3	Attorney-client privilege, vague, ambiguous,	04:32:04
4	incomplete hypothetical. He is entitled to have	04:32:06
5	an attorney at his deposition.	04:32:10
6	MS. MEYERS: Objection.	04:32:13
7	Argumentative.	04:32:13
8	Q Are you refusing to answer the	04:32:16
9	question?	04:32:17
10	A I wouldn't be -- I would be more	04:32:20
11	afraid of the patient getting lost in the cracks	04:32:24
12	in the system than about malpractice.	04:32:27
13	Q What do you mean by that?	04:32:33
14	A I think it's self-explanatory. I	04:32:34
15	wouldn't want somebody to have been abused that	04:32:38
16	was lost in the system.	04:32:41
17	Q Lost in what system?	04:32:46
18	A In whatever system exists in	04:32:48
19	medicine, not get reported.	04:32:50
20	Q So that can be a problem, that abuse	04:32:52
21	does not get reported by the medical system? Is	04:32:55
22	that what you're saying?	04:32:57

R, FSPK, IO



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1  
R, FSPK, IO

A I'm saying it could be a problem in  
our medical system.

04:32:58

04:33:01

3 MR. NADELHAFT: All right. Thank  
4 you. I don't have anything further.

04:33:03

04:33:08

5 MS. MEYERS: I have nothing further.

04:33:10

6 THE VIDEOGRAPHER: Anything else  
7 before we close?

04:33:14

04:33:14

8 MS. MEYERS: No. Just thank you for  
9 your time.

04:33:15

04:33:16

10 THE WITNESS: Thank you.

04:33:17

11 MS. RYCKMAN: Thank you.

04:33:18

12 THE VIDEOGRAPHER: Mr. Nadelhaft?

04:33:19

13 MR. NADELHAFT: Nothing further from  
14 me, thank you.

04:33:21

04:33:22

15 THE VIDEOGRAPHER: The time is 4:33,  
16 and this concludes today's deposition of Monroe  
17 Tinker. We're off the record.

04:33:23

04:33:24

04:33:27

18

19

20

21

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ACKNOWLEDGMENT OF DEPONENT

I, MONROE TINKER, do hereby  
acknowledge that I have read and examined the  
foregoing testimony, and the same is a true,  
correct and complete transcription of the  
testimony given by me and any corrections appear  
on the attached Errata sheet signed by me.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

CERTIFICATE OF REPORTER - NOTARY PUBLIC

I, ADRIENNE MIGNANO, the officer before  
whom the foregoing deposition was taken, do hereby  
certify that the foregoing transcript is a true  
and correct record of the testimony given; that  
said testimony was taken by me and thereafter  
reduced to typewriting under my direction; that  
reading and signing was requested; and that I am  
neither counsel for, related to, nor employed by  
any of the parties to this case and have no  
interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set  
my hand and affixed my notarial seal this 8th day  
of January, 2022.

My Commission Expires: June 2022.

*Adrienne M. Mignano* 



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