SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK - CIVIL TERM - PART 17

- -X

DARIUS D. JONES,

Plaintiff,

- against -

BSREP UA PARKER LLC,

Defendant.

- -X

INDEX NUMBER: 152722/2019

JURY TRIAL

80 Centre Street
New York, NY 10013
November 13, 2026

B E F O R E :

HONORABLE LISA A. HEADLEY,

JUSTICE OF THE SUPREME COURT

A P P E A R A N C E S :

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BY: THOMAS F. MAHER, ESQ.

GAREN FERSTANDIG
SENIOR COURT REPORTER

THE COURT OFFICER: All rise, jury entering.

(Jury In.)

THE COURT: Good morning, you may be seated.

Ready for your first witness, counsel?

MR. HUTTNER: Yes, Your Honor.

THE COURT: Please proceed.

MR. HUTTNER: At this time, Plaintiff calls Maria Sanmartin.

THE COURT OFFICER: Raise your right hand. Do you swear or affirm, the testimony you are about to give will be the truth, the whole truth, and nothing but the truth?

THE WITNESS: I do.

THE COURT OFFICER: Please state your name with spelling for the record.

THE WITNESS: Maria Sanmartin. M-A-R-I-A S-A-N-M-A-R-T-I-N.

THE COURT OFFICER: And your address.

THE WITNESS: 167 Kent Street, Hackensack, New Jersey 07610.

THE COURT OFFICER: Thank you. The witness is sworn in.

THE COURT: Thank you.

You may proceed, counselor.

MR. HUTTNER: Thank you, Your Honor.

DIRECT EXAMINATION

BY MR. HUTTNER:

Q Good morning. What do you currently do for a living?

A Good morning. I am an assistant professor in the school of medicine at Hofstra Northwell and I'm also the director of operation research.

Q What research?

A Operation research.

Q Can you give us your educational background?

A Sure. I got my bachelors degree in economics in Uruguay and then I pursue my masters degree in economics in Spain and I finally get my PhD in economics at Stony Brook University.

Q And did you grow up in Uruguay?

A Yes.

Q Tell us about your work background after you got out of school?

A Sure. So, once I graduated, I start working as an assistant professor in the masters of health administration at Hofstra. While I was there, I was teaching economic courses to the students that were in the masters of health administration. I was mentoring students and I was also writing grants and scientific papers. I spent there four and a half years and then I transitioned to the private sector. I started working in the research economic research department at Siemens Healthineers, I spent there one year and a half and I transitioned to my current

role, which is the one that I stated before, an assistant professor and director of operation research.

Q And other than that assistant professor job, currently, do you do anything else?

A Yes. So, let me explain what I do on a daily basis. I am part of the health effectiveness and economics program where we teach the foundations in economic research to the med students. In this program, students not only are going to have courses in health economics, but also they are going to do a research project where a PhD and an M.D. is going to mentor them. And I am one of the mentors in this program. The idea is that once they graduated, they can publish a paper where they are going to study one of our cohorts. We say "cohorts" in Northwell, our patient group. So, as you can see, the students are going to have an idea what is going on to a cohort of patients, 50,000 patients, 60,000 patients. And also they are going to be trained as M.D.s.

Q Do you do any other kind of work?

A Yes. So, as director operation research, I oversight all the research that is done doing economic -- using economic methodologies. That's what I do.

Q Do you do any kind of work in the field of litigation?

A Yes.

Q What do you do there?

A So, in this type of work, what I do is I am going to

receive certain materials and I am going to produce an economic report. So, for instance, in this particular case, I am going to produce a future healthcare analysis where I am going to project into the future prices.

Q Okay. And have you testified in court before?

A Yes.

Q Do you more often testify for plaintiffs, defendants?

A Most of the time for plaintiffs.

Q And have I ever called you to testify before?

A No.

Q And you're being compensated for your time with us today?

A Yes.

Q And what is your fee?

A $5,000 flat rate.

Q And were you paid to render a report in this case?

A Yes.

Q And what was your fee for that?

A Around $3,000.

Q Can you tell us what a growth rate is?

A Sure. So, a growth rate is the rate at which prices go up over time. Now, why in my analysis I need to use growth rate? I am going to say -- I'm going to an exercise with you. Imagine that you go to the supermarket six years ago before the COVID pandemic and imagine that your household looks exactly the

same. If at the time you were living with your spouse and you were buying groceries for both of you, how much money did you spend per week? Now I would like you to do the same exercise right now. Imagine that your household looks the same way, how much money are you spending now? Probably its going to be a higher number, right? So, with this growth rates, what we are trying to capture is how prices as time goes by are going up. The U.S. Bureau of Labor Statistics collects information about prices and produces what is called the Consumer Price Index or C.P.I. To produce the Consumer Price Index, they collect information about prices of goods and services of a typical household in the United States. While they are collecting these prices, one of the categories is medical prices. Medical prices have increased an average of 3.3 percent in the last 25 years. And what does it mean an average of 3.3 percent? It means that some prices are higher than 3.3 and other prices are going to be lower than 3.3 percent. For this particular case, what its going to be my job is making sure that Mr. Jones can afford the healthcare expenses.

MR. MAHER: Objection.

THE COURT: What is the basis?

MR. MAHER: Its her job to make sure he can afford? She's an economist here to project costs, not to make sure that Mr. Jones can afford future healthcare. So, I request that that be stricken from the record.

THE COURT: Do you need to be heard, counselor?

MR. HUTTNER: No, Your Honor.

THE COURT: So, that objection is sustained. That last line shall be stricken from the record.

Q So, just tell us what you did with numbers?

A Sure. So, I am provided with a life care plan that I am provided with a life care plan that is going to give me type of services, frequency, duration and cost in current dollars. As there is uncertainty of what is going to happen with prices into the future, I am going to project those prices into the future using the information that is available in the U.S. Bureau of Labor Statistics. In particular, what is going to be my job is to match the categories of care that are in the U.S. Bureau of Labor Statistics with the one that I am provided in the life care plan.

Q So, just so we can be clear, you don't make any determinations as to whether the care set forth in the life care plan is necessary or not, correct?

A That is correct. I am not a medical doctor.

Q Okay. So, you just take the what someone else projected and you just do the economics?

A That is correct.

Q Okay. And did you review the life care plan in this case?

A Yes.

Q And do you have a recollection or in your notes as to who wrote the life care plan?

A Yes, Dr. Bialsky.

MR. MAHER: Your Honor, he's not a doctor.

MR. HUTTNER: He is a doctor of chiropractic without a current license to practice chiropractic. He still has his doctorate in the field.

MR. MAHER: I think we established in the testimony that he's not a medical doctor. To say he's a doctor is disingenuous.

THE COURT: I think the objection is you referring to him as a doctor. I don't know what his correct title is. If that's not his title, don't use the word "doctor."

Q And you have your doctorate, correct?

A Yes, I do.

Q So we can call you "doctor"?

A Yes.

Q You went over the plan and then you took what was recommended and projected them into the future?

A That is correct.

Q I'm not going to go over every single item twice. So, when we put up your chart, we will talk about what items those are.

A Perfect.

Q Now, in the course of preparing your report in this

case, did you produce a chart showing a breakdown of healthcare costs?

A Yes.

MR. MAHER: For the record, Your Honor, I wanna object to the witness' testimony regarding the contents of the life care plan as we had objected to the foundation for Mr. Bialsky's testimony in the first instance. I want the record to reflect that.

THE COURT: That's fine. The Court previously made a ruling in its motion in limine that the two of them were able to testify. So, thank you, objection noted.

MR. HUTTNER: Your Honor, with your permission, may I show the chart?

THE COURT: Yes.

MR. HUTTNER: For assistance, I'm not putting it into evidence.

THE COURT: That's fine.

Q Is this -- and again, I'm going to sit because I keep getting in people's way. Is this the chart that was prepared?

A Yes.

Q That you had spoken of?

A Yes.

Q Again, I'm sure the jury can't see everything that's on there, but your testimony is going to reflect what is on there?

A Do you mind if I step up and I go there?

MR. HUTTNER: With the Court's permission, whatever works for you.

THE COURT: Sure.

Q I see you started this in 2027. That's because we are towards the end of 2026?

A So, the first time that we did the report, we started the cost on February of 2026 as the past is known and we just want to focus in the future. Now, the future is going to start on January 2027.

Q And where it says -- there's three categories: Orthopedic surgeon, CT, MRIs, X-rays and physical therapy, correct?

A That is correct.

Q So, you combined all of the diagnostic testing that was in the report, the CAT scans, MRIs and X-ray?

A That is correct. All diagnostic testing, its going to be in the second category.

Q And where it says the rates, can you explain what that means?

A Sure. So, as I was explaining, one of the assumptions -- I am going to have to do two type of assumptions. The first one is which growth rate I am going to use for each particular category of care. And as I was explaining before, my role is going to be to match the categories that are provided in the life care plan with the categories that are provided in the U.S.

Bureau of Labor Statistics. And for this, I am going to use as a basis, the average of the last 25 years. And why I am using the average of prices, the growth rate in the last 25 years? Because I would like to capture what is going on in the economy when the economy is doing really well and when the economy is not doing really well. Because then we are going to have a very good idea of what happens during 25-year period.

The second assumption that I need to do -- and I am going to start explaining each category in a minute -- is how many years we are going to assume that Mr. Jones is going to live. For this, I am using a concept that is life expectancy. Life expectancy is published by the Center for Disease Control and Prevention or C.D.C. They publish what is called "life tables." Based on the year that a person is born and gender, we know how many years that person is going to live. In this particular case, I may ask you to scroll down if you don't mind.

Q Sure.

A We are assuming that Mr. Jones is going to live until the year 2068 when he will be 76.5 years old, right? And that's based on the C.D.C. data. So, those are the two assumptions that I need to do. Now, when I am provided with the life care plan from life care planner Bialsky, one of the items that is there is orthopedic surgeon. Orthopedic surgeon falls under the category of professional services. And the growth rate that we are going to use is 2.8 percent. Now, in this case, he provides

a confidence interval. And what is that? This says well, this cost is going to oscillate between $396 and $918. So, what I do when he provides a range of prices, I use the middle point. In this particular case, as the cost before we assume that it start in 2026 and now we are starting in 2027, I use the middle point and the growth rate of 1.028. Now, this growth rate, I am going to use it every year. So, we will see that in the year 2028, this is going to be a little bit higher using the 2.8 percent growth rate and so forth every year until we reach the year 2069. The total lifetime cost for this category of care is $51,738.

Q Okay. And what is the -- going into the CT, MRIs, X-rays.

A So, over here he provides that Mr. Jones is going to need CT's, MRIs and X-rays for several parts of the body: Cervical spine, left shoulder, left ankle. And so what I did there is I combined all the costs and per year is going to be $2,830. I am using a growth rate of 2.8 percent assuming that he will need to visit once he gets the MRI or the X-ray, he will need to visit an office to get the results. Now, this growth rate, I am going to use it every year until the year 2069 and its going to be $216,813.

Q Let me interrupt you one second, I have one question.

A Sure. The last year, the number its a little bit lower.

Q Why is that?

A Why is that? Because we are assuming that he's going to live 76.5 years. So, he's going to live just half a year. And as you can see, this is going to be half of the number that we had before.

Q And of course he can live longer or shorter, who knows?

A Correct. This is one of the assumptions that we need to do.

Q Now, going on to the final category of physical therapy. Why is that a lower growth rate?

A So, life care planner Bialsky recommends that Mr. Jones will need physical therapy. And in this particular case, physical therapy is going to fall under other professional services. And again, using as the basis the last 25 years, we have that we will get a growth rate of 2.2 percent. If you remember what I said before what was the average of the last 25 years growth rate, I said that it was around 3.3 percent. So, this means that for this particular life care plan, we are using lower growth rates that even the average. If for instance, Mr. Jones would have need other sort of services, surgery, we would have used a 4.2 percent. That's something that didn't happen, but I would like to give you an idea of what other growth rates we might have used. Using the same methodology, we calculated here what was the annual cost of physical therapy, $6,163. Using every year a growth rate of 2.2

percent, we are going to have the total is $410,861.

Q And again, you only did half a year?

A Yes, for all the categories the last year is just half of the cost.

Q Okay. The total then would be?

A The total is $679,413.

Q Anything else you need to show us on the chart?

A Not really.

Q Okay then, you can have a seat. Just to be clear, the original cost set forth those are not your numbers, that was from the life care plan and then your numbers were projections from those?

A Correct. So, the current cost is from the life care plan. And why you might say, okay, why didn't I use any other number? Well, because its the doctor the one that has --

MR. MAHER: Objection. Again, not a doctor.

THE COURT: Sustained. Just use his name.

A Sorry, the life care planner Bialsky is the expert. So, for instance --

MR. MAHER: Objection. She's testifying as to whether he's an expert or not.

MR. HUTTNER: He was brought in as an expert, I think there is there's an assumption.

THE COURT: Overruled. You can proceed.

A He's the life care planner and he is the one that is

saying what type of services Mr. Jones will need.

Q And would you consider your projections to be conservative or not conservative?

A They are super conservative.

Q And why do you say that?

A Well, one of the reasons is the one I have just said. When we combine all medical services, we have a growth rate of 3.3 percent. So, everything that's below that, its being conservative, right? We might have growth rates that could be much higher. If we think about pharmaceutical surgeries that the growth rate over time is much higher.

Q And in your review and doing the report, do you consider at all Mr. Jones' personal economic situation?

A No. We just use the life care plan, date of birth and the assumptions that we do. Because this is all about the future, the past is known. So, there could be several reasons why the medical care services in the past might be different from the ones that he needs in the future. For instance, he might not even be able to afford it.

MR. MAHER: Objection.

THE COURT: Sustained.

Q And finally, all of your projections, all the numbers you have given us, are those within a reasonable degree of economic certainty?

A Yes.

MR. HUTTNER: Thank you, that's all I have.

THE COURT: Thank you.

Any cross?

MR. MAHER: Yes, Your Honor.

THE COURT: Okay, you may proceed.

CROSS-EXAMINATION

BY MR. MAHER:

Q Good morning, Ms. Sanmartin.

A Good morning.

Q Can you hear me?

A Yes, I can hear you well.

Q Great. Just to be clear, you weren't subpoenaed to come here to court today, correct?

A Yes. I don't know what -- If you don't mind if you can rephrase.

Q You came here voluntarily at the request of Plaintiff's counsel?

A Yes, sure.

Q And I believe you testified earlier that you are being paid $5,000 for your appearance here this morning?

A Sure.

Q And is this the first time that you have testified in court?

A No.

Q How many times have you testified in court?

A Around 25 times since 2021.

Q And when you're called to court as you are today, do you come at the request of plaintiff's personal injury attorneys?

A Most of the time I do.

Q Could you estimate for me approximately what percentage of your court appearances are at the request of plaintiff's personal injury attorneys?

A As of now, most of the time in my case.

Q Close to 100%?

A Yes.

Q And you also worked in your current role with a Dr. Debra Dwyer, correct?

A Yes.

Q And she also a frequent court testifier?

MR. HUTTNER: Objection as to the term "frequent."

THE COURT: Sustained.

MR. MAHER: I will withdraw the question.

Q Dr. Dwyer is a colleague of yours in the business that you're involved in?

A So, its her business, I work as an employee for her.

Q Would it be fair to say that she also comes to court to testify on behalf of plaintiff's personal injury attorneys?

A No, she does both actually.

Q Okay. Does she frequently testify in personal injury

lawsuits, Dr. Dwyer?

MR. HUTTNER: Objection to "frequently."

THE COURT: Sustained.

Q So, approximately how many times a year would you say, Dr. Sanmartin, that you come to testify?

A Its going to be around five, seven times, yes.

Q And in addition to physically coming to court to testify, do you prepare reports at the request of plaintiff's personal injury attorneys?

A Yes.

Q And approximately how many times a year do you and Dr. Dwyer collaborate to prepare such reports?

A I can talk about myself. The ones that I do is around 50 per year.

Q And when you prepare such reports, is there a fee associated for that?

A Yes.

Q And what is that fee?

A It depends on the type of report that we do. So, in this particular case I charge $3,000.

Q And what is the range of costs associated with the preparation with such reports at the request of plaintiff's personal injury attorneys?

A What is the range of the cost of the different reports that I do?

Q Yes. You testified that you prepared reports, that this one was $3,000 I believe you just said?

A Yes.

Q But there could be different costs?

A Correct.

Q So, what I'm asking you is there a range you can tell the jury?

A It could be $500 to $4,000.

Q And if I were to categorize the preparation of the reports and your work of coming to testify in court as "litigation-related activities," could you estimate for me what percentage of your income is derived from performing litigation-related activities?

A Like 30 percent.

Q Now, Dr. Sanmartin, while you have a doctorate degree, is it fair to say that you are not a medical doctor?

A That is correct.

Q And you have no medical training?

A That is correct.

Q And so, you have no expertise that would permit you to offer an opinion as to what type of medical treatment, if any, Mr. Jones may need in the future?

A That is correct.

Q Did you review Mr. Jones' medical records?

A No, I just reviewed the life care plan.

Q So, hypothetically, if the emergency room records from the date of Mr. Jones' accident in August of 2018 show that he only made complaints of left ankle pain, you don't know anything about that; would that be fair to say?

MR. HUTTNER: Objection.

THE COURT: She can answer that. Overruled.

A So, the main idea why I don't review is because I don't have the expertise to analyze them as I am not a doctor. So, the only thing that I review for today was the life care plan, not any other medical records.

Q So, you base your testimony today upon a report prepared by someone who is not a medical doctor, but you did not review the reports of medical doctors who treated Mr. Jones?

A So, I always need to review a life care plan or a narrative report that includes type of services, frequency, duration and cost in current dollars. And there are other narrative reports that don't provide this information, then I don't have to review them because they don't provide the information that I need to perform my analysis.

Q Would it be fair to say that if you did not review the life care plan of Mr. Bialsky, you would have absolutely no foundation for your testimony today regarding projected future medical costs?

A Could you please repeat that question again?

Q Well, you didn't review the medical records, you're not

a medical doctor, right? So, if you did not review Mr. Bialsky's life care plan, there would be no foundation for you giving testimony regarding Mr. Jones' projected future medical care as you just testified to?

A I need a life care plan to perform my analysis. That's the only information that I need.

Q Are you aware that Mr. Jones is not currently receiving any medical care for his claimed injuries?

MR. HUTTNER: Objection, Your Honor. I wasn't allowed to go into his economic situation.

THE COURT: Sustained.

Q Do you know when Mr. Jones last received medical care?

MR. HUTTNER: Objection, Your Honor. Again, it goes to his ability to pay for it. That's why we are here seeking those damages, so he can pay for it.

THE COURT: Sustained.

Q Do you know whether Mr. Jones has health insurance?

A That's irrelevant for me.

Q But you don't know?

A Its information that I don't need to perform my analysis.

Q But its fair to say you don't know that one way or the other?

A There are a lot of things that I don't know.

Q Now, Mr. Bialsky, would you agree with me that he's not

a medical doctor?

MR. HUTTNER: Objection.

THE COURT: Sustained.

Q Did Mr. Bialsky, when you reviewed his report, did he indicate that he conducted a physical exam of Mr. Jones?

MR. HUTTNER: Objection. These are all questions for Mr. Bialsky.

THE COURT: Sustained. Counselor, move on, please.

Q The life care plan that Mr. Bialsky performed, did he cite to any medical records which contained a recommendation for future medical care?

MR. HUTTNER: Objection, Your Honor. These are questions for Mr. Bialsky.

THE COURT: Sustained.

MR. HUTTNER: If counsel wants to put Bialsky's report into evidence, I would be happy to and the jury could see what it has and doesn't have.

THE COURT: Sustained. Move on, counselor.

Q Have you ever heard of the term "maximum medical improvement"?

MR. HUTTNER: Objection.

THE COURT: Sustained.

Q Would it be fair to say, Dr. Sanmartin, that you are not offering an opinion as to whether or not the medical services listed on this chart are medically necessary for Mr.

Jones?

A I am basing all my analysis on a particular life care plan. And the life care planner assume that Mr. Jones will need certain type of services. I am using that information for my analysis and then projecting prices into the future.

Q Okay. And I heard you say a few times, you say the past is known, correct? Do you remember saying that?

A That is correct.

Q But having said that the past is known, there's a lot of things that you did not consider regarding Mr. Jones' past in coming to your calculations?

A I am not qualified to account for those things in my analysis because I'm not a medical doctor.

Q So, would it be fair to say that your role here is you're essentially performing math; would that be fair to say?

A Its a little bit more than math, but yes, one of the methodologies that I use is calculations.

Q You take government statistics and you apply that to numbers that are provided by somebody else?

A I use information from a life care planner and then I have to make assumptions using certain information that its going to be -- yes, information from the U.S. Bureau Labor of Statistics and from the C.D.C. as well.

Q And the report that was prepared by Mr. Bialsky, it gave a range, correct?

A Yes.

Q And your chart relates to the midpoint, correct?

A That is correct.

Q Did you calculate the low end as to the frequency of the care or the cost of the care, did you do that?

A No, I always use the midpoint.

Q So, if we are looking at Mr. Bialsky's report, he talks about certain types of diagnostic testing being done, either one to three times as to frequency cost, might be X or it might be Y, right? And so, if you had a lower frequency and the lower cost, the numbers that you projected up there might actually be lower; is that correct?

A Well, if the life care planner decides that the type of treatment, its a different one, I can always update my chart and produce different numbers.

Q Because, again, you are basically plugging in math, you're using a growth rate, you are applying it to charges that are just in this life care plan report and then you are adding it up and you're giving a number, correct?

A Well, its a little bit more than that, but that's part of the analysis that I do.

Q Okay. So, I just for example for illustration in other words, if I'm looking at the recommendation for X-rays of the cervical spine?

A Okay.

Q And his report references frequency, one time every one to two years. And then he lists a charge per year, $133.50 to $267, right?

A That is correct.

Q So, if he only went one time and the charge was $133, that would be -- that would come out to a lower number, baseline number than what you use in your projections?

A Yes. And if we use the upper bound of the confidence interval, its going to be higher. So, that's why we want to take a conservative approach using the mid point. Its not the highest number and its not the lowest number, its something in between and we use the midpoint.

Q So, even just assuming that these numbers in the life care plan are for medically necessary treatment, there's some speculation, wouldn't you agree, as to what the actual costs in the future may be?

A Do you mind to repeat the question?

Q What I'm trying to point out is that if you would agree with me that there's some speculation on your part as to what the final numbers would be because we don't actually know, even just assuming what is in this life care plan is accurate, whether he will go on the high end or whether he will be charged on the high end or the low end. And so, there's a bit of speculation going on as to what these numbers are?

A I wouldn't use "speculation." What I would say is the

future, it is true that the future is unknown, so we want to use assumptions with a reasonable degree of economic certainty of what is going to happen in the future. And for doing that, I am using conservative numbers so that we have, as I said, with a reasonable degree of economic certainty what would be the total future cost.

Q And just again, you don't know whether he needs future diagnostic testing imaging, you're basing it upon what Mr. Bialsky is saying?

A The whole report is based on the life care planner.

Q And that would also be true for physical therapy? You don't know whether this gentleman needs physical therapy for the rest of his life, correct?

A I am not qualified to assess what type of physical therapy he needs, the diagnostic that he needs because I am an economist. So, all the analysis is based on the life care plan.

MR. MAHER: Thank you, I have no further questions.

THE COURT: Any redirect?

MR. HUTTNER: Very briefly, Your Honor.

REDIRECT EXAMINATION

BY MR. HUTTNER:

Q Dr. Sanmartin, counsel pointed out that you didn't use the low end. Did you use the high end?

A No.

Q Counsel also asked you what if for instance -- and I'm

paraphrasing because I don't remember the exact words -- what if for instance it said he needs some kind of medical visit five times and use that in your report and he asked you what if he only needs one time, it would be lower, correct?

A Correct.

Q And what if he actually needs 10 times?

A It would be higher.

MR. HUTTNER: That's all I have, thank you.

THE COURT: Thank you.

Anything else?

MR. MAHER: Nothing further, Your Honor.

THE COURT: Thank you, you may step down.

Counsel, step in the back for a minute.

(Whereupon, a discussion was held off the record.)

(CONTINUED ON THE FOLLOWING PAGE TO INCLUDE JURAT.)

THE COURT: Plaintiff?

MR. HUTTNER: At this time, Plaintiff has presented all of its evidence and therefore rests.

THE COURT: So, at this time the Plaintiff has rested.

Jurors, we are going to release you for the day, enjoy your weekend, we will see you on Tuesday because on Monday we have to take care of some things that are out of the jury, so we won't need you to show up and sit around all day. We will see you Tuesday at 9:30. Thank you.

THE COURT OFFICER: All rise, jury exiting.

(Jury out.)

(Whereupon, the trial was adjourned to Monday, November 16, 2026 at 9:30 a.m.)

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$133 [1] - 383:5
$133.50 [1] - 383:2
$2,830 [1] - 370:18
$216,813 [1] - 370:22
$267 [1] - 383:3
$3,000 [3] - 363:19, 376:20, 377:2
$396 [1] - 370:2
$4,000 [1] - 377:8
$410,861 [1] - 372:1
$5,000 [2] - 363:15, 374:20
$500 [1] - 377:8
$51,738 [1] - 370:11
$6,163 [1] - 371:25
$679,413 [1] - 372:6
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