

In The Fifteenth Judicial Circuit Court In
and For Palm Beach County, Florida

Criminal Division

Case No. 98-010622 CF A02

STATE OF FLORIDA,

vs.

JOHN CHESTER KING,

Defendant.

DEPOSITION OF RICK SWOPE

Taken before Lori Ann Ayaz, Notary Public in
and for the State of Florida at Large, pursuant to
notice of taking deposition filed by the State in the
above cause.

ORIGINAL

Tuesday, April 6, 1999
State Attorney's Office
West Palm Beach, Florida 33401
9:02 a.m. - 9:43 a.m.



ESQUIRETM
DEPOSITION SERVICES

1 APPEARANCES:

2

3 On behalf of the State:

4 BARRY E. KRISCHER, STATE ATTORNEY

5 401 North Dixie Highway

6 West Palm Beach, Florida 33401

7 By: DALIAH HANDEL WEISS, ESQUIRE

8 Assistant State Attorney

9

10 On behalf of the Defendant:

11 RICHARD L. JORDANBY, PUBLIC DEFENDER

12 421 3rd Street

13 West Palm Beach, Florida 33401

14 By: RICHARD JAROLEM, ESQUIRE

15 Assistant Public Defender

16

17 - - -

18 I N D E X

19 - - -

20

21 WITNESS: DIRECT CROSS REDIRECT RECROSS

22 RICK SWOPE

23 BY MRS. WEISS 3

24 BY MR. JAROLEM 30

25

P R O C E E D I N G S

- - -

1
2
3 Thereupon,

4 RICK SWOPE,

5 being by the undersigned Notary Public first duly
6 sworn, was examined and testified as follows:

7 THE WITNESS: I do.

8 DIRECT (RICK SWOPE)

9 BY MRS. WEISS:

10 Q. Could you please state your name for the
11 record?

12 A. Rick Swope, S-W-O-P-E.

13 Q. Where are you employed?

14 A. Employed by Swope Reconstruction, 8211
15 S.W. 28th Street in Davie, Florida and I also have an
16 Atlanta address; 1355 N.E. Peach Tree Street, Suite
17 150, Atlanta.

18 Q. Where are you based out of?

19 A. Well, mainly, Fort Lauderdale, although, I
20 go to Atlanta quite frequently.

21 Q. What, primarily, is your concentration of
22 work?

23 A. It's about 90 percent accident
24 reconstruction and it's about 10 percent breath or
25 field sobriety cases.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Q. Tell me a little bit about your background and training.

A. You don't know that by that now?

Q. It's been a while. I think I dealt with you once a few years ago.

A. I was a police officer for 15 years. The last six years I was with the Broward County Sheriff's Office. Four of those six years I was the administrative coordinator of the DUI Task Force, Traffic Homicide Unit. I began breath testing, or being involved in breath testing in 1974. I am still currently involved in breath testing. When I was at the sheriff's office, I did the budgeting, also, worked on the machines that were present at the sheriff's office, I think we had four at that time or six, I am not sure.

The first couple years I was in Florida we used different types of machines, so the actual 5,000 Series did not come in to Florida until -- I think we got it in '85, but really didn't start using it for testing until '86, which was the 64 Series, then in '87, the 66 Series came in. I worked with that series up until I left the sheriff's office, as far as a police officer goes.

After I left the sheriff's office, then I

1 maintained machines for private industry. I also work
2 with Florida International University with Dr. Rose
3 (phonetic), they have a federal grant to work on
4 experimentation with the intoxalyzer. I don't know
5 what the grant is for, I just maintain the machine.

6 I've written articles involving the
7 intoxalyzer. I've done various experiments; blood and
8 breath correlations, either with the police department
9 or since I've been in private practice. I do
10 maintenance several times a month on machines owned by
11 private law firms. I do seminars. I work with others
12 in the field of breath testing. And that's really
13 kind of it in a nut shell, I guess.

14 Q. When did you leave the sheriff's office?

15 A. July of 1990.

16 Q. And why did you leave the sheriff's office?

17 A. To go into private practice.

18 Q. What was your position at the time you left
19 the sheriff's office?

20 A. I was a deputy sheriff with the Traffic
21 Homicide Unit?,

22 Q. What kinds of articles have you written on
23 the intoxalyzer?

24 A. Well, ones I've written myself involved,
25 basically, the Slope Detector.

1 Q. What's that?

2 A. That's a mouth alcohol detector that's on
3 the machine and, also, just the basic operation of the
4 machine. That's what the articles dealt with. I've
5 also done various amounts of research and given that
6 to either Dave Fries (phonetic), or Dr. Jensen in
7 classes and training; in other words, a lot of the
8 people who write articles on intoxalyzer, Wayne Morris
9 is one out of Orlando, basically, what happens, they
10 ask me, or they ask others, to do certain parts of the
11 machine, I do that, send them the test cards, then
12 they incorporate it in their article, so I just do a
13 small amount of testing on the machine and then that
14 goes to them for their incorporation in articles, if
15 they wish.

16 Q. Tell me about your educational background.

17 A. Well, besides police training, I was a
18 breath test operator in the state of Florida from 1985
19 until 1994; my certification was good during that
20 period. I had the initial 40 hours of intoxalyzer
21 that the State, required.

22 Q. When was that?

23 A. That was either '85 or '86, I don't recall.
24 I was certified in '85 on the 4011 and the 900 Series,
25 but I don't require -- don't recall when the first

1 requirement for the intoxalyzer was. We, actually,
2 were using the machine before we had certification,
3 because the State was in the process of adopting it at
4 that time.

5 Q. So you were permitted to use the machine?

6 A. Well, I don't recall if we were using it in
7 criminal prosecutions, but we were using the machine
8 as an experimentation. We were giving people two
9 different samples. And I don't recall if the State
10 was using it at that time. I don't recall.

11 I have -- I took all the required recalls.
12 I took a maintenance course; although, at that time,
13 in 1985, maintenance was not a specific course, they
14 gave you that and if you were a breath tech., you were
15 allowed to do maintenance. In other words, anybody
16 who had a card could do maintenance, you didn't have
17 to have a specific card, which I understand now they
18 do. And that course was put on, I believe, by the
19 factory representative. I visited the factory when it
20 was in Colorado.

21 I have a bachelor's degree in Criminal
22 Justice. I have a Master's of Science Degree --

23 Q. Where did you go to school?

24 A. I finished my bachelor's at Saint Thomas
25 University in Miami. I completed my Master's Degree

1 in Science, which is technology and engineering, at
2 the University of Miami.

3 Q. What kind of technology and engineering is
4 that?

5 A. It's a course, a two years course, that
6 deals with the technological aspects of engineering
7 and also industrial engineering, mainly statistical
8 analysis and those types of things, which is what I
9 do.

10 Q. Is that the Slope Detector?

11 A. No, not specifically. There are no classes
12 for breath testing --

13 Q. Right.

14 A. -- except what the State gives, but you take
15 classes that you can use to help you, like statistical
16 analysis, like when you do the intoxalyzer, you can
17 learn about out of a thousand breath tests, how many
18 are going to be this. You work on certain aspects.
19 And that's, basically, what I took that for, plus it
20 gives you some kind of analytical background in
21 different types of engineering is what it's for.

22 Q. You've been listed as a defense witness in
23 this case, State versus John Chester King.

24 A. Right.

25 Q. Have you had a chance to review the file?

1 A. Yes.

2 Q. And what, if any, involvement would you have
3 in this case?

4 A. Well, I would assume, the defense attorney
5 hasn't asked me specifically, but I assume I am going
6 to be dealing with the breath card, if I am permitted
7 and I'll also be dealing with the video, if I am
8 permitted, as far as what I saw and didn't see.

9 Q. Tell me about the breath card and the breath
10 test.

11 A. I was given discovery on the case of John
12 King. And I noted that a breath card from machine
13 2261 had indicated that two tests were given to
14 Mr. King on September 1st, of '98. One test indicated
15 interference subtracted and a second test did not
16 indicate interference subtracted, I assume that's what
17 my testimony will be related to.

18 Q. Tell me about interference subtracted, what
19 do you now about that? What does that mean?

20 A. What it means is, is that primarily some
21 chemical, could be acetone, could be toluene, could be
22 acetaldehyde -- I can't spell those by the way -- was
23 placed in the chamber or into the machine by the
24 subject during the test period. Those chemicals are
25 on the same wavelength as alcohol or ethanol. And the

1 machine detected it during the first blow and the
2 machine indicated that whatever the interferent was
3 that it was subtracted. It was not present on the
4 second blow, which cannot be the case, can't happen.
5 So either the machine was wrong the first time or
6 there was something internally wrong with the machine,
7 possibly that the machine picked up a chemical in the
8 room. In other words, I noticed when I walked in your
9 office today, I could smell paint, fresh paint, if you
10 had the intoxalyzer in a room smaller than this, if it
11 was in a room like this and paint fumes were present,
12 you might also get the same reading, but you would get
13 it, of course, during the air blank phase because the
14 machine would be sucking an interferent.

15 Q. What's usually the interferent?

16 A. It's hard to say. Usually, the interferent
17 is toluene, which painters sometimes have that in
18 their system because they breath paint fumes all day,
19 that usual is an interferent, or acetone, someone who
20 is diabetic.

21 Although, the old machines, the 4011 Series,
22 which basically used the same premiss as the 5,000
23 Series to give a test result, when an interferent;
24 such as, acetone would be present, a red light came
25 on. It was our policies, at that time, that if an

1 Q. What does it mean, the instrument is out of
2 adjustment?

3 A. To me, it would mean it's out of
4 calibration. I mean, that doesn't mean -- I am only
5 talking about the calibration of the machine, not
6 anything else. So, out of adjustment could mean -- to
7 other people it could mean, such as, the direct
8 voltage could be out of adjustment, it could be that
9 LAU display is out of adjustment, the date and time
10 are out of adjustment. It could be a variety of
11 things. It doesn't necessarily mean the machine is
12 not working. It just could mean that it's reading
13 different times and dates.

14 Q. And now back to the interference subtracted,
15 is the instrument designed to subtract interference?

16 A. Yes, it is. Although, let me rephrase that,
17 the machine is designed to subtract that, we don't
18 know if it does subtract it, because the way the State
19 does the testing.

20 Q. What do you mean by that?

21 A. What I mean by that, this is a good example,
22 during the monthly maintenance -- I shouldn't say your
23 operators, but the maintenance operators of the police
24 department are told by FDLE they use an ethanol free
25 sample, so anyone who has any math background knows

1 when you subtract zero from zero, you always get zero.
2 We don't know that this machines subtracts from
3 alcohol base, we don't know that. We know it
4 subtracts from zero. The State changed their testing
5 procedures a year or two ago and decided go with an
6 alcohol free sample, so we know it subtracts from
7 zero. We don't know if it subtracts from alcohol or
8 not. In other words, assuming that there was an
9 interferent present in this person's breath and
10 assuming there was alcohol present, we don't know if
11 it subtracted properly or not, because we only
12 subtracted alcohol free samples. Now, don't ask me
13 why they do that, because they never did that until, I
14 guess, a year or year and a half ago, but before that,
15 they always did it properly and I don't know why they
16 changed it.

17 Q. You disagree with that procedure?

18 A. Of course, because, obviously, zero from
19 zero -- they're going to get the same result every
20 time. They know before they do this test what the
21 result is going to be. And I am assuming that most
22 people that are brought in for DUI have alcohol in
23 their system, so why would you not subtract from an
24 alcohol sample rather than a zero sample? If you are
25 bringing in people all the time that are not impaired,

1 been asked to testify. I don't expect I will be, at
2 this point. I can do it if I need to.

3 Q. Let me give you some information. What
4 would you need? What information would you need in
5 order to plug into your formula?

6 A. Well, to used the formula I'd like to know
7 the person's weight.

8 Q. Let's say, 145 pounds.

9 A. I'd like to know the time he started and
10 stopped drinking.

11 Q. Let's say, the first drink is six or 6:30,
12 last drink, 9 p.m.

13 A. I'd also like to know what he was drinking.

14 Q. Beer.

15 A. I assume 12-ounce beers or do you have a
16 certain type of beer?

17 Q. I don't think I know specifics. No.

18 A. He's a male I take it.

19 Q. White male.

20 A. Now the question is -- what is your
21 question? I mean, that information I have, do you
22 want to know --

23 Q. Well --

24 A. And how many drinks did he have? Or do you
25 want me to go by the reading backwards?

1 Q. He had -- let's say he had three or four or
2 five drinks. This is what --

3 A. How about four, we'll round it off.

4 Q. Is that what you would do?

5 A. I would round it off. Unless you want me to
6 give you a low and a high figure?

7 Q. Do the low and the high. Give him the
8 benefit of the doubt and then go the other way.

9 A. You want to know -- now, what else is the
10 question?

11 Q. Well, you said you can do the burn-off rate
12 and you can also tell what this person would have
13 blown. What do you generally use this theory for or
14 this formula for?

15 A. I can tell you what I normally would do. I
16 understand, from you, that at 6:30 he began drinking
17 and by 9 o'clock he was completed his drinking. So,
18 normally, the question would be either he had three
19 drinks or five drinks between that period of time,
20 which is two and a half hours. He blew at 11:25. So
21 I don't know when he was driving. Normally, the
22 question that you would ask that would be what time
23 was he arrested, do you recall?

24 Q. I can tell you. 10:30.

25 A. 10:30 he was arrested. So, normally, the

1 question would be that I get would be, well, what was
2 he at 10:30; in other words, what would he be at
3 10:30 --

4 Q. Okay.

5 A. -- and then whatever that number would be,
6 obviously, you know, where he was according to the
7 card at 11:30 --

8 Q. Which is when he was on video.

9 A. So whatever you want to ask on that.

10 Q. Let's start at what would he have been at
11 10:30.

12 A. Okay.

13 Q. When you are done just explain what you did.

14 A. Okay. Basically, what I did is just used
15 the normal -- I used the Widmark Formula, which
16 accounts for one pound is 454 grams, which is pretty
17 simple. Then I used the fact that each number of
18 drinks you gave me I considered one ounce of alcohol.
19 And I just used .40 alcohol, which is the proof and
20 what I did was I anticipated that from 6:30 to nine,
21 that he consumed three drinks. His maximum blood
22 alcohol level; in other words, if he consumed the
23 drinks during that period, the maximum he would have
24 been is about a .075, although, that's a little high
25 because he would have had a little bit of a burn-off

1 rate. I am assuming he had just a small amount of
2 food during that time, like, pretzels or chips,
3 although -- that's what I am assuming. At 10:30, when
4 he was driving, he would be approximately at .040,
5 that would be about an hour and a half after his last
6 drink.

7 Q. .040?

8 A. Right.

9 Q. How did you come to that number?

10 A. Again, that's using the elimination rate of
11 .015 percent. I also anticipated that he had his last
12 drink right up until nine, it's going to take 30
13 minutes to absorb and another hour to get into his
14 system, so it's not going to be a lot of burn off at
15 that time.

16 Now, using five drinks, assuming he had five
17 drinks during that period of time, his BAC would be
18 approximately .125 and then using the same
19 information, at the time of driving or at the time of
20 the stop, which is 10:30, he would be a .101, roughly.

21 Q. At 10:30 he would have been?

22 A. .101, at the five drink scenario. He would
23 have been over the limit on both occasions.

24 Q. Okay. What would he have been -- what time
25 was the video, 11:30?

1 A. The video was 11:21 was the video.

2 Q. What would he have been there?

3 A. Assuming -- obviously, he would still be
4 going down, on the three drink scenario, he'd be a
5 .025. And on the second scenario, five drinks, he
6 would be approximately .086.

7 Q. .086?

8 A. Right.

9 Q. Let's talk about how many drinks would this
10 person have to consume in an hour sitting down to get
11 to a .18?

12 A. In an hour, probably eight or nine, I
13 suppose, at least.

14 Q. How about in two hours?

15 A. Probably about seven to eight. It's not
16 going to have that much burn off.

17 Q. Without burning off anything?

18 A. Right. He's going to have very little burn
19 off in that time.

20 Q. What about if this person is an alcoholic,
21 does that factor in?

22 A. That's not really going to affect the blood
23 alcohol level. It may affect how he looks; in other
24 words, he may be able to not show as many signs of
25 impairment if he's what is called a "seasoned drinker"

1 as someone else.

2 Q. Any other ways that this person would be
3 affected if they are an alcoholic?

4 A. Well, I don't understand what you mean by
5 affected.

6 Q. Say this person, you know, has been drinking
7 a certain amount everyday for however many years,
8 would it take them more or less alcohol? Would it
9 affect the breath reading at all?

10 A. It wouldn't affect the breath reading at
11 all, but it would affect their performance. In other
12 words, you probably, with your weight, would not be
13 able to carry eight or nine drinks and be able to
14 function as you are now. A "seasoned drinker" may be
15 able to function better. You would still see certain
16 signs of impairment, but he would be able to certainly
17 function, probably talk, make some decisions, shows
18 those types of things.

19 Q. What types of impairment would you still
20 see?

21 A. Bloodshot-watery eyes, probably their
22 movement, thick tongue; a lot of times their speech is
23 still affected, movements; walking in some cases would
24 be affected, obviously, breath; you would smell the
25 odor on the breath, those types of things you would

1 still see.

2 Q. What else would you be testifying to in this
3 case? Have you reviewed the maintenance documents?

4 A. No, but if -- I believe Fogelman (phonetic)
5 did them?

6 Q. I believe so.

7 A. If he did them, he does a very good job. I
8 have no problem with him. I know he follows the
9 rules.

10 MRS. WEISS: Do you have a copy?

11 MR. JAROLEM: I brought over a copy, the one
12 that was faxed over to me.

13 THE WITNESS: I, generally, have no problem
14 with his maintenance procedures.

15 MRS. WEISS: You need to make a copy. I
16 don't know what they did with my copy.

17 THE WITNESS: I probably would ask to see
18 who the -- I can't read the signature of the
19 inspector, the State inspector.

20 BY MRS. WEISS:

21 Q. What, else?

22 A. The only other thing -- the only other thing
23 I'd probably testify about, I think I told you, the
24 procedure they use on the acetone check.

25 Q. You don't agree with those procedures?

1 A. No. I think I told you why I don't agree
2 with them, but, obviously, that's not the rules, I
3 don't make the rules. I am just telling you what I
4 would do. That's it, as far as I know, unless he has
5 something else he wants me to testify about.

6 Q. Have you discussed the field sobriety
7 exercises at all with Mr. Jarolem?

8 A. No.

9 Q. Have you had a chance to review these field
10 sobriety exercises?

11 A. No.

12 MRS. WEISS: Is there something that --

13 MR. JAROLEM: I don't anticipate having him
14 testify on field sobriety.

15 BY MRS. WEISS:

16 Q. Back to this interference subtracted and
17 then that's really all the questions I am going to
18 have.

19 A. Okay.

20 Q. Are you saying here today that since it was
21 detected and it printed up on the breath card on the
22 first reading that the second one has to be invalid?

23 A. Yes, because without knowing what caused the
24 interferent the answer to that would be yes. In other
25 words -- I gave you one example already, but

1 assuming -- let's assume for a minute that the
2 intoxalyzer has, as you are aware of, a list of
3 warnings that let the operator know, this was a
4 warning that let the operator know that something
5 unusual occurred. It would be the same thing as if I
6 plugged the machine in here for you now and we got a
7 radio frequency interference on the first test, the
8 question would be, where did it come from? Maybe I'll
9 find out you were on the phone at the time or you were
10 on a car phone or something unusual occurred during
11 that time, at least I have to know what it is before I
12 give a subsequent test.

13 In this case it's very simple, the operator
14 was advised there was an interferent and the machine
15 told them it subtracted it, now, the question is, what
16 interferent is it? Where did it come from? Did the
17 guy put something in his mouth? Was there something
18 unusual that happened? Now, you have to recycle, wait
19 the 20 minutes, either take him to the hospital, take
20 a blood sample or do another test, because the machine
21 warned him something was wrong. We don't know what
22 the interferent was, but it can't occur on one test
23 and not the other. It can't do it. Something
24 happened. I can't tell you, obviously, what it was,
25 but something happened. And anyone that would tell

1 you that it can happen on the first test and it's okay
2 on the second, obviously, has no idea what's going on
3 with this machine. It can't happen that way. You
4 can't have something in your lungs the first breath
5 and not be there on the second breath, because, as you
6 recall, that's why they wanted to do a deep-lung
7 sample. It just can't disappear miraculously.

8 Q. It couldn't just mean that it gave a valid
9 sample?

10 A. If you're asking me if the second sample is
11 okay, that's probably a -- it can be answered either
12 way, yes or no. In other words, is the second sample
13 valid according to the machine, yes, it is, but the
14 state of Florida requires two valid samples, that's
15 what it requires. We don't know what happened on the
16 first sample and that's why -- it would be very
17 simple. All the operator had to have done is stuck
18 another card in there and run two more test samples to
19 see, well, what was it that caused an interferent?
20 I'd want to know.

21 They would look pretty stupid if this guy
22 would have keeled over and dropped dead 20 minutes
23 later. That's what can happen if you have a high
24 acetone read. I don't have any idea if this guy is a
25 diabetic or not, I can't tell you, but they would look