



2019-2020
CASE MATERIALS & COMPETITION RULES

State of Minnesota
v.
Sam Soto

REVISED CASE – CHANGES NOTED VERSION
12/11/19

STATE OF MINNESOTA
COUNTY OF RAMSEY

DISTRICT COURT
SECOND JUDICIAL DISTRICT

State of Minnesota,
Plaintiff,
v.
Sam Soto,
Defendant.

Case Type: Criminal
Court File No. 62-CR-18-522
STIPULATIONS

The State and the Defendant have stipulated and agreed as follows:

1. The drugs ingested by Brandon Webster were tested at and by the Bureau of Criminal Apprehension and the test results are admissible in evidence. Any witness that has provided information in an affidavit about those test results may testify as to those test results.

2. The baggies and the pill bottle collected by Pat Soderberg were sent to the Bureau of Criminal Apprehension for drug testing analysis. In both baggies, the pills were determined to be timed release 40 mg dose oxycodone. In the bottle, the pills were found to be timed release 60 mg dose oxycodone and 5 mg dose acetaminophen. The drugs found at Brandon Webster's home were generic oxycodone and generic percocet, which is a combination of oxycodone and acetaminophen. Acetaminophen commonly goes by the name of Tylenol. Any witness that has provided information in an affidavit about these test results may testify to those results.

Commented [KSB1]: See changes

3. Dr. Quackenbush is out of the country and is unavailable to testify at trial. The parties do not dispute what Dr. Quackenbush said to Officer Soderberg. Officer Soderberg may testify as to Dr. Quackenbush's statements to the Officer, as well as Brandon Webster's statements to Dr. Quackenbush.

Commented [KSB2]: See changes

4. As to Exhibit 5, the message was written and posted by Brandon Webster at 2:46 a.m. on July 5, 2018. The message was posted to the public section of Defendant's Facebook "wall" where it could be seen by anyone viewing Defendant's Facebook page. Someone with control of Defendant's Facebook account deleted the message within three minutes of it being posted on Defendant's "wall."

5. Exhibit 5 and Exhibit 5A are the same document, except that certain information has been redacted from Exhibit 5A. A party may attempt to enter either Exhibit 5 or Exhibit 5A, or both, into evidence.

6. Oxycodone is a Schedule II controlled substance. It is only available by prescription from a licensed medical doctor. This holds true for generic oxycodone as well as other drugs that contain oxycodone, such as percocet.

7. The baggies and the pill bottle collected by Pat Soderberg were sent to the Bureau of Criminal Apprehension for fingerprint testing analysis. The fingerprint analysis found no usable fingerprints on the baggies. Testing did find Brandon Webster's prints on the pill bottle, and no other useable fingerprints of anyone else on the bottle. Any witness that has provided information in an affidavit about the fingerprint testing analysis results may testify to those results.

Commented [KSB3]: See changes

Dated: October 9, 2018

State of Minnesota
/s/ Jonathan Bringewatt

Defendant
/s/ Ignasi Dorca

STATE OF MINNESOTA
COUNTY OF RAMSEY

DISTRICT COURT
ECOND JUDICIAL DISTRICT

State of Minnesota,
Plaintiff,

Case Type: Criminal

v.

Court File No. 62-CR-18-522

Sam Soto,
Defendant.

JURY INSTRUCTIONS

CRIMJIG 11.39 Murder in the Third Degree—Controlled Substances—Defined

Under Minnesota law, a person proximately causing the death of another by, directly or indirectly, unlawfully selling, giving away, bartering, delivering, exchanging, distributing, or administering a Schedule I or II controlled substance, without intent to cause death, is guilty of murder in the third degree.

CRIMJIG 11.40 Murder in the Third Degree—Controlled Substances—Elements

The elements of murder in the third degree as alleged in this case are:

First, the death of Brandon Webster must be proven.

Second, the defendant proximately caused the death of Brandon Webster by, directly or indirectly, unlawfully giving away, bartering, delivering, exchanging, distributing or administering oxycodone.

“To proximately cause” means to be a substantial causal factor in causing the death. The Defendant is criminally liable for all the consequences of Defendant’s actions that occur in the ordinary and natural course of events, including those consequences brought about by one or more intervening causes, if such intervening causes were the natural result of the Defendant’s acts. The fact that other causes contribute to the death does not relieve the Defendant of criminal liability. However, the Defendant is not criminally liable if a “superseding cause” caused the death. A “superseding cause” is a cause that comes after the Defendant’s acts, alters the natural sequence of events, and produces a result that would not otherwise have occurred.

Third, the Defendant’s act took place on July 4, 2018 in Ramsey County.

The State is not required to prove that the Defendant intended to cause the death of another, nor is the State required to prove that the Defendant acted without intent to cause the death of another. The only intent the State is required to prove is that the Defendant intended to give away, deliver, exchange, distribute or administer oxycodone.

If you find that each of the elements has been proven beyond a reasonable doubt, the Defendant is guilty of this charge. If you find that any element has not been proven beyond a reasonable doubt, the Defendant is not guilty of this charge.

Commented [KSB4]:

CRIMJIG 3.03 (modified) Proof Beyond a Reasonable Doubt

The law requires the State to prove the elements of the offense beyond reasonable doubt. Proof beyond a reasonable doubt is such proof as ordinarily prudent men and women would act upon in their most important affairs. A reasonable doubt is a doubt based upon reason and common sense. It does not mean a fanciful or capricious doubt, nor does it mean beyond all possibility of doubt. You do not have reasonable doubt if your doubts are based upon speculation or irrelevant details.

CRIMJIG 3.05 Direct and Circumstantial Evidence

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A fact may be proven by either direct or circumstantial evidence, or by both. The law does not prefer one form of evidence over the other. A fact is proven by direct evidence when, for example, it is proven by witnesses who testify to what they saw, heard, or experienced, or by physical evidence of the fact itself. A fact is proven by circumstantial evidence when its existence can be reasonably inferred from other facts proven in the case.

Commented [KSB5]: New Jury Instructions added

1
2
3 **Witness Statement of Kelly Fagin**

4 My name is Kelly Fagin. I hold the position of Assistant Medical Examiner for Ramsey County, where I've
5 worked for the past eight years. My work is in forensic pathology, the investigation into cause(s) of death.
6 Under Minnesota law, a county medical examiner's office is assigned to investigate human deaths under
7 specific circumstances. One of those circumstances is whenever a person dies outside of a hospital. We must
8 conduct a preliminary investigation and, if necessary, perform an autopsy--a detailed, intrusive examination of
9 the body. Not every case will result in an autopsy. However, where it is unclear how a death occurred, or if
10 there is evidence that a death was not by natural causes, then we will almost always perform an autopsy,
11 barring an appropriate objection from the family.

12 Most people are familiar with the basic idea of an autopsy because they are depicted in crime TV shows. We
13 will make incisions into a body to open up its cavities, remove organs, and conduct a comprehensive study of
14 the body for evidence of injuries, health problems and potential causes of death. What the TV shows don't
15 usually show are all the work we do to analyze the evidence after an autopsy. Taking measurements, testing
16 samples, and evaluating peer reviewed research are important parts of the procedure. Also important is the
17 documentation we do. We take meticulous records and photographs of everything in a case, and we write
18 detailed reports of our investigation.

19
20 Some jurisdictions use coroners; others use medical examiners. There is a significant difference between the
21 two types of jobs. Only medical examiners are required to be medical doctors with board certification in
22 forensic pathology, which takes a long time and a lot of medical training, totaling approximately 13 years of
23 higher education. I started with a Bachelor of Science from the University of California-San Diego. I then
24 completed my Medical Doctorate at the University of North Carolina, in 2006. After that I completed a four-
25 year residency in Pathology at the University of Minnesota, in 2010. Finally, to become board-certified, I
26 returned to North Carolina for a one-year fellowship in Forensic Pathology at Duke University. Since 2011, I
27 have been back in Minnesota, at Ramsey County in my current position.

28
29 I have performed more than one thousand autopsies. However, you may be surprised to know that the vast
30 majority of autopsies we conduct are not criminal homicides. Most people die from natural causes, which
31 includes death from medical problems they were experiencing that came about due to genetics, age or illness.
32 Unfortunately, there are also many deaths we investigate that fall in-between, where a death is self-inflicted.
33 Suicides and accidental deaths are issues I have investigated many times.

34
35 **OPIOID OVERDOSES**

36
37 You may have heard of the opioid crisis. Since the early 2010s, the United States has experienced mounting
38 numbers of deaths from opioid drug overdoses. Hospitals and medical examiner offices are on the frontline of
39 this crisis; we help handle the consequences of this crisis nearly every day. In the last five years, I have done
40 hundreds of autopsies on people from all walks of life who have died from opioid overdoses. It has become so
41 common now that we can often recognize the signs of an opioid overdose immediately, long before we
42 conduct the autopsy, which more or less confirms what we already strongly suspect.

43
44 Opioids are powerful, highly addictive drugs. Their desired effect is pain relief. They do this by binding to the
45 opioid receptors in the central nervous system, thereby blocking pain signals to the brain. An unintended effect
46 is that they also bind with receptors that control your alertness, causing a depressant effect. With too many
47 opioids blocking these receptors, you become sleepy. Third, opioids also cause the unintended effect of
48 shutting down the brain's control of the respiratory system. With too many opioids, the lungs will stop
49 receiving signals to function, and the person will die from asphyxiation. By this point, the person has already

50 been rendered unconscious from the depressant effect and is unaware that they are no longer attempting to
51 breathe.

52
53 In the early 2000s, pharmaceutical companies began making prescription variants of these drugs available in
54 high numbers. Patients were given large amounts of opioids for pain relief. Many people began overdosing on
55 their prescribed medications. Many others became so addicted that they exhausted legal sources of opioids and
56 turned to drugs on the street or black market. We are still dealing with a massive number of addicts and
57 overdose-related deaths from the opioid crisis. At the time of writing this report in summer of 2019, I have
58 already performed 49 opioid overdose autopsies this year.

59 **PRELIMINARY INVESTIGATION OF BRANDON WEBSTER**

60
61
62 My office's involvement in the death of Brandon Webster began on July 5, 2018, the day Mr. Webster was
63 discovered by police deceased in his home. Within minutes of the body's discovery, my office was called. This
64 is common in overdose deaths. Sometimes, as in this case, it is so obvious that the person is deceased that we
65 will be called at the same time as EMS.

66
67 I was not present at this point, but as you may know from other witness testimony, the police purportedly
68 found Brandon Webster, a middle-aged male, lying down on a living room couch, fully clothed and face-up,
69 with the tell-tale sign of opioid overdose: a cone of white foam that had bubbled out of the mouth and
70 collected on the face. Graphic pictures taken at the scene confirm these facts. EMS pronounced the male
71 deceased upon the arrival of our death investigation team.

72
73 According to the pictures and reports of the police, there were open and mostly empty bottles of alcohol
74 located on a coffee table, as well as a plastic sandwich baggie with multiple 40 mg oxycodone suspected
75 medication pills inside. Additionally, a pill bottle with multiple 60 mg oxycodone + 5 mg acetaminophen pills
76 (suspected percocet) were located upstairs in the decedent's bathroom. It is noteworthy that 40 to 60 mg doses
77 of oxycodone are typically only designed for timed release, and they should not be prescribed to someone
78 unless they have prior tolerance to opioids or are experiencing very severe pain.

Commented [KSB6]: See changes

79 Pictures of items found in the house have been included as Exhibits 7 through 10. An investigation could find
80 no sign of a struggle, and no other potential occupants of the home or witnesses of the death could be found.

Commented [KSB7]: Add "items found in"

81
82
83 Because the death did not appear to be natural, our office was required to conduct an autopsy. The body was
84 transported to the Medical Examiner, where it stayed in cold storage until July 6, 2018. That morning, I led the
85 autopsy.

86 **AUTOPSY OF BRANDON WEBSTER**

87
88
89 Most of my findings are contained in Exhibit 6, the autopsy report I filed in this case. However, I can
90 summarize the salient points of that report here.

91
92 The autopsy began with an examination of the body for exterior characteristics. We looked at the skin, face,
93 and other outside areas for evidence of injuries or health problems. We also evaluated rigor mortis and livor
94 mortis.

95
96 Rigor mortis is the rigidity of limbs following a death; the muscles will lock up a few hours after death (the
97 exact time varies, usually dependent on temperature). We noted moderate rigor mortis in the arms, legs and
98 neck. We also noted livor mortis, which is a collecting and congealing of blood inside the body after the heart
99 stops pumping. The blood will pool and congeal where gravity causes it to travel after death, creating large
100 bruising patterns under the skin that are visible just by looking at the body without clothes. There was livor

101 mortis in the posterior of the body, mostly in the legs and on the backside area, meaning either immediately or
102 shortly after the death, the body had come to rest on its back and the blood pooled towards the back, consistent
103 with how the body was found on the couch.

104
105 Aside from the cone of foam on the face, we did not note evidence of injuries or other illnesses on the outside
106 of the body. The cone of bubbled foam was key. When an opioid overdose occurs, the lungs stop working, the
107 body dies, and the lungs gather fluid, called pulmonary edema, which eventually overflows into the trachea,
108 the windpipe, and out of the mouth or nose. Here, it passed through the nostrils because the mouth was closed.

109
110 The next step we did was an evaluation of the inside of the body. All of the bodily organs, including the brain,
111 were removed, examined, and weighed. We also took fluid samples from organs when it was relevant. The
112 weights of the different organs are noted in my autopsy report, but I do want to bring attention to a few
113 important pieces of data.

114
115 The lungs were both wet and heavy--about twice as heavy as usual. A normal healthy right lung weighs about
116 450 grams and a normal left lung weighs about 400 grams. This was a strong sign of an opioid overdose,
117 because of the fluid buildup that had occurred. We also found a full bladder, which was at capacity at about
118 250 milliliters. These were both strong evidence of an opioid overdose-caused death.

119
120 There were signs of other medical issues in this body. The heart was enlarged and weighed 520 grams, but a
121 normal heart weighs 475 grams. The left ventricle of the heart, a chamber inside, was slightly thickened, at 1.7
122 cm thick (normal max is 1.5). There were also changes to the kidneys, which combined with the heart
123 condition, indicated hypertension (high blood pressure). A normal kidney is perfectly smooth outside; a
124 hypertension kidney has granular kidney texture like an NFL football, from scarring of the tissues that respond
125 to the high blood pressure.

126
127 The body was slightly overweight. There was a history in medical records we obtained showing high blood
128 sugars. According to medical records, Mr. Webster had recently started oral medication to try to control his
129 diabetes. We believed he had early stages of Type II diabetes and was overweight. None of these symptoms,
130 however, were indicative of the cause of death.

131
132 **TOXICOLOGY RESULTS**

133
134 We acquired and tested blood from the femoral artery in the left leg. The femoral artery is the most reliable
135 location in the body to take samples of blood that could contain opioids. Alcohol tends to be consistent
136 through most blood in a body after death, but opioids will collect unpredictably in certain organs. Arteries
137 serve as more even and reliable sources of blood. The femoral blood tested positive for alcohol, oxycodone,
138 and acetaminophen.

139
140 When our preliminary, in-office blood tests are positive for a drug in more than trace amounts, we will send
141 samples of the blood out to a toxicology laboratory to do more detailed testing, which we did. We asked for
142 specific levels to be measured for alcohol and oxycodone. We did not request specific levels of acetaminophen
143 because the preliminary in-office test results only showed trace amounts.

144
145 The toxicology lab testing of the blood showed an alcohol concentration of 0.09 grams per decaliter of blood,
146 which is slightly above the level at which it becomes illegal to drive a car in Minnesota, 0.08. This is not a
147 lethal amount of alcohol for the vast majority of humans, and particularly not lethal for people who drink
148 regularly. However, there was also a concentration of oxycodone, 0.4 milligrams per liter of blood. This can
149 be a lethal amount of an opioid in a human, even someone who has built some tolerance through repeated
150 consumption. It is more likely to be lethal when combined with alcohol, which exacerbates the symptoms of
151 opioid overdose.

152
153 Additionally, there were trace amounts of acetaminophen, the drug found in Tylenol as well as percocet, which
154 is a brand name prescription drug that combines oxycodone with acetaminophen. However, the levels of
155 acetaminophen only came in at trace amounts from our preliminary tests, so we did not request more precise
156 numbers from the toxicology laboratory. The pills with acetaminophen, found upstairs in the decedent's
157 bathroom, contained 5 mg of acetaminophen. We expect more than trace amounts of this chemical to register
158 on the preliminary toxicology screen testing when 5 mg of the drug has been consumed within 24 hours of
159 death. We also did not note liver damage that would be expected from an acetaminophen
160 overdose. ~~acetaminophen abuse or overdose.~~

Commented [KS88]: See additional sentences.

Commented [KS89]: Replace "an acetaminophen overdose." to "acetaminophen abuse or overdose."

161
162 Where the different drugs came from was a matter of evidence found in the house, the pictures, and Exhibits.
163 There were beer bottles found on the coffee table, about five, and they were mostly empty. This indicated they
164 had been consumed. Notably, there was a baggie with pills on the coffee table as well, and it was open for easy
165 access. These pills tested positive for the chemical oxycodone. Additionally, there was an unlabeled pill bottle
166 found in the upstairs master bathroom, which had pills that tested positive for oxycodone and acetaminophen,
167 meaning they were likely percocet or a different brand of the same type of medication. Given the only trace
168 amounts of acetaminophen, and the lack of percocet found downstairs near the body, it was inconclusive
169 whether Mr. Webster had consumed any of this drug near the time of his death.

170
171 There was nothing but light-tan fluid found in the stomach, so it's impossible to know when exactly the
172 oxycodone found in the blood was consumed, but this is not unusual. In suicide cases, there are often gobs of
173 undigested oxycodone pills found in the stomach, because the user has taken an amount intentionally
174 calculated to cause death. But here, the pills had been digested, indicating a small number had been taken.
175 Only a few pills would be enough to cause the blood levels of oxycodone we found in this case.

176 CAUSE AND MANNER OF DEATH DETERMINATION

177
178 We strive to make two determinations for a death, the cause and the manner. The cause is the physical
179 mechanism(s) for how the person died. The manner is a more abstract, quasi-legal determination concerning
180 why a person died. Sometimes a cause or manner of death will be inconclusive given the evidence. Here, we
181 made both determinations to a degree of reasonable medical, scientific certainty.

182
183 I concluded the cause of death was consumption of oxycodone, possibly exacerbated by co-consumption of
184 alcohol. The manner of death was concluded to be an accidental overdose. Again, given the lack of pills found
185 in the stomach, it did not seem likely Mr. Webster had intentionally taken enough of the drug to cause death.
186 There was also no suicide note located, and the body was not arranged in a way that indicated he had planned
187 to die.

188
189 As far as the trace evidence of acetaminophen, that evidence was inconclusive. It was undetermined how much
190 acetaminophen was in the body; only that it was a very trace amount, unlikely to have been from something
191 that was recently consumed prior to death. Additionally, there was no liver damage associated with an
192 overdose of acetaminophen, so we did not conclude it was a contributor to the death. Even if acetaminophen
193 did contribute to the cause of death with the alcohol, it would not change my conclusion that oxycodone was
194 the primary cause of death.

195
196 I declare under penalty of perjury that everything I have stated in this document is true and correct.

197
198 Dated October 14, 2019

/s/ Kelly Fagin _____

Witness Statement of Pat Soderberg

I, Pat Soderberg, have been a licensed Peace Officer in the State of Minnesota since 2013 and have worked for the Guthmann police department since 2013. I am a patrol officer. Our Guthmann police force is somewhat small, so we are expected to work on everything from lost dogs to homicides. I grew up in Guthmann and I guess I always wanted to be a cop in Guthmann.

I completed a two-year AA degree in criminology at the Hibbing Community College then entered Hibbing's Minnesota Peace Officer Training Program in 2005. During that time, I took law classes, skills courses and driving courses. A dispatcher job opened in Guthmann, so I worked as a Dispatcher for the Ramsey County Sheriff's Office. I got to know a lot of first responders and paramedics and decided I would rather do that than be a cop. I trained as a First Responder and ultimately completed the paramedic course at Ridgewater College in Willmar in 2008. I am a Certified Emergency Medical Technician.

I returned to Guthmann and supported myself as a part-time dispatcher and on-call EMT. I found myself drawn back toward police work and was hired full time by the Guthmann Police Department in 2013. I maintain my EMT certification and my Peace Officer's License through regular mandatory classes. My classwork included Basic Crime Scene Processing and Basic Narcotics Investigation. I am a full-time police officer and part-time EMT. [The entire city of Guthman, including the homes of Brandon Webster and Sam Soto, is located in Ramsey County.](#)

Commented [KSB10]: See additional sentence.

On July 5, 2018, at 11:43 a.m., I was working the day shift and was walking into Legal Grounds Coffee Shop when I was dispatched to investigate a report of an unresponsive 48-year old person with an ambulance already dispatched. Guthmann police respond to all ambulance calls and are often the first person on the scene. I recognized the address as belonging to Brandon Webster. Mr. Webster was a prominent accountant, served on the Chamber of Commerce and was well-known in the community. On the way to the scene I became anxious because "unresponsive" usually translates to "found dead" and Brandon Webster dying would be a big deal in Guthmann.

Upon arrival, I was met at the door by Mr. Webster's spouse, [Skylar](#). [Skylar](#) said Brandon didn't show up for work and she went home to check on him. [Skylar](#) was weepy and kept repeating "I can't wake him up!" [Skylar](#) brought me to the living room. At first glance, the room seemed normal. The room showed no signs of a struggle and there were empty beer bottles around the room. I recognized Brandon lying on the couch, face up and fully clothed on the couch, but with a tell-tale sign of an opioid overdose, a cone of white, fine bubbly foam on the face.

Commented [KSB11]: Replace "Skylar" to "Skylar"

He was wearing jeans and a T-shirt, no shoes, one sock and would have appeared to the untrained eye to have simply fallen asleep. However, on closer look, he not only displayed the foam cone, but was also ashen grey. I put latex gloves for evidence handling, and I reached to touch his neck/face. He was cold to the touch. I also detected the odor of beer near him. I immediately radioed in for assistance from EMS and the Medical Examiner. Then I took a few pictures with my department-issued smart phone.

Guthmann Police and Fire Protocol says First Responders must attempt resuscitation. Even though I knew Mr. Webster was dead, I went through the motions and waited for the ambulance crew. The second the ambulance crew came through the door, I began a survey of the scene.

On the coffee table in front of the body was a plastic sandwich baggie with what appeared to be over a dozen pills. These pills were tested later; the laboratory positively identified them as oxycodone tablets. Something else I noted was that the baggie seemed to have some sort of tape with numbering on it. After the scene was

50 completely photographed and documented, I flipped the baggie over so I could read it. The numbering written
51 in marker on the label said “3689.”

52
53 I also counted five beer bottles around the room, all opened and empty. I quickly scanned the surfaces and
54 floor looking for any other signs of illicit narcotics use. There were none. However, under one of the beer
55 bottles found at the scene of death, I found two documents that are apparently from a place called Wayfarer
56 Recovery Residence. One of the documents is called “Exit Form,” and the other is called “Critical Incident
57 Form.” I collected both documents and placed them into evidence.

Commented [KSB12]: See additional sentences.

58
59 I visited every room in the house and, for the most part, did not find anything of note. However, I did find
60 more evidence in the deceased’s upstairs master bathroom. On a wooden shelf above the toilet was a closed
61 orange prescription bottle without a label. There were red pills inside that were later tested by the BCA and
62 found to be percocet, a type of oxycodone.

63
64 I photographed the prescription bottle, pills and baggie where I found them. I pulled an evidence baggie out of
65 my cargo pants pocket, put on some gloves, and collected each piece of evidence. Later on, I then separately
66 photographed the tablets.

67
68 The baggies were later sent to the BCA for fingerprint and drug testing analysis. First, they came back as
69 oxycodone, in a dosage unit of 40 mg per pill. Second, I learned that there were no usable prints found on the
70 baggie. That wasn’t a huge surprise. Based on my training and experience, I know that identifiable fingerprints
71 are often not found on surfaces, even if someone touched the surface. But it was worth trying to find
72 fingerprints, even though the results didn’t tell us anything.

Commented [KSB13]: See changes

73
74 In the orange pill bottle found upstairs were red tablets which I later identified as 60 mg percocet/oxycodone
75 and 5 mg acetaminophen, meaning they were likely percocet. The BCA Lab later confirmed my pill
76 identifications. The prescription was from Hydukovich’s Family Pharmacy in Hudson, Wisconsin. This
77 struck me as odd, so I called the regional drug task force and asked what to make of this. They told me that
78 addicts who doctor shop often go to Wisconsin for prescriptions because the pharmacies are not tied in with
79 the Minnesota opiate prescription data base.

Commented [KSB14]: See changes

80
81 Investigation quickly revealed that there had been a party at Sam Soto’s house the night before the death, and
82 there was some indication that painkillers had been discussed. After clearing the death scene, I went
83 immediately to Sam Soto’s house. S/He/They allowed me into the house and agreed I could search it and
84 his/her/they computer. Sam Soto was informed that s/he/they could refuse my request and I would be happy to
85 get a search warrant. Soto said, “I’m heartbroken to find out about Brandon. I want to do whatever I can to
86 help.” and invited me to “do whatever you need to do.”

87
88 The search of the house revealed the following items of note:

- 89
90 1. There was a box of fresh, new sandwich baggies in Sam Soto’s kitchen drawer that were the same
91 shape, size, and type of baggie that were found on the coffee table in front of Brandon Webster’s
92 body.
93
94 2. A Google search had been done on “oxy overdose” on the Defendant’s computer within minutes of
95 Skylar calling 911 to report the body of Brandon Webster. The search had been deleted in the last
96 twenty minutes. Defendant told me that Skylar had called, distraught, and that she explained how she
97 found her husband in the house.
98

99 3. There was evident activity on Sam Soto's Facebook ~~page within an hour of the discovery of the body.~~
100 The postings were in the message section of the page. A subpoena of Facebook records revealed the
101 message contents and its time of deletion. The message appears to be left by Brandon Webster in the
102 early morning hours of July 5, 2018, apparently after receiving a gift from Sam Soto. Coincidentally,
103 Webster is not making much coherent sense in the message, and appears to be manic and likely
104 intoxicated.

Commented [KSB15]: Strike "within an hour of the discovery of the body."

105
106
107 4. A strong box was found under the Sam Soto's bed in the master bedroom. Found inside was a
108 sandwich baggie matching the sandwich baggie found at Webster's home, with a similar scotch tape
109 label and black marker numerals, this time for the number "52891." The baggie had a noticeably
110 larger quantity of oxycodone tablets inside than the baggie found at Webster's house, but BCA testing
111 found that the pills were the same type and dose: 40 mg. Also in the strong box were two \$100 bills
112 and some personal papers.

Commented [KSB16]: See addition

113
114 As required by my police department's policy, I prepared a crime scene investigation report. That report
115 contains an explanation of some of my findings at the scene.

Commented [KSB17]: See addition

116
117 Late that day, I met with Brandon Webster's regular physician, Dr. H. C. Quackenbush in her office near the
118 coffee shop, downtown. She had treated Webster for various medical issues for several years by this point,
119 and told me that he had serious chronic back pain dating back to his military service. He had once been
120 addicted to narcotics in college, so Dr. Quackenbush purposefully kept him at a low oxycodone dosage. When
121 I mentioned finding some 60 mg percocet pills, the Doctor stated that Mr. Webster had a 60 mg percocet
122 prescription for a higher dosage a number of years ago following a car accident, but that was only for about six
123 weeks. The Doctor admitted that some pain patients kept a few old, stronger pills "just in case" they had a bad
124 day. Dr. Quackenbush repeatedly scolded Mr. Webster about drinking alcohol when on pain meds. Mr.
125 Webster always waved the doctor off and said, "I know, I know - it's a killer combo!" Dr. Quackenbush
126 added, "The drinking didn't help his diabetes either."

127
128 I declare under penalty of perjury that everything I have stated in this document is true and correct.

129
130 Dated: October 14, 2019

/s/ Pat Soderberg _____

1
2
3 **Witness Statement of Alex Kirby**

4 My name is Alex Kirby. I am thirty-five years old and I reside in Guthmann, Minnesota in Ramsey County.
5 I'm a small business owner, I primarily own and manage a local coffee shop, but I also own a bookstore here
6 in Ramsey County, Minnesota. I received a Bachelor of Arts in Business Education, and a minor in Music
7 from Augustana University. The job market wasn't great when I graduated, but I was able to start working for
8 the original owner of the coffee shop when I graduated, and I managed to impress him with some business
9 initiatives. We worked out an agreement to allow me to take over ownership of the business over several years.
10 I am now the sole owner of the "Legal Grounds" coffee shop. I was also able to convert the basement of the
11 building into a separate business and start operating a bookstore about 7 years ago. At this rate, things are
12 going very well for me financially, and I should have all my student loans paid off in another 12 or 13 years.

13 The actual day to day work for both the coffee shop and bookstore is fairly similar. Most of what I do is try to
14 keep up on the paperwork. I have to manage the schedules for all the baristas and clerks for the bookstore. I
15 have to make sure to manage inventory for both. The coffee shop constantly needs new coffee and food every
16 day, and we need to make sure we are keeping everything clean and getting rid of the old food. At least the
17 inventory for the bookstore is not as immediate, but I still have to research the popular new topics, and look
18 into the value of the occasional rare older book that comes in. On top of all that, we have to make sure all the
19 books are balanced and everyone is going to get paid at the end of the month. I have an assistant manager for
20 both businesses, but in order to make sure I'm taking home enough to pay the bills and student loans, I'm
21 typically working about 70 hours a week between the two jobs.
22

23 About 9 years ago, I was working at the coffee shop, this was before we put in the bookstore, and got involved
24 with some of the local protestors. We were part of a local group for the Rally to Restore Sanity. During one of
25 the protests, officers were going through and ticketing us for trespassing. I thought it would be funny to tell the
26 officer my last name was Soyka. That got me charged with giving a false name to a police officer. Though I
27 felt like it was a badge of honor at the time, I was convicted of a misdemeanor for providing a police officer
28 with a false name and given a weekend of community service. Since then, I've stopped with the protests and
29 started getting involved elsewhere.
30

31 I've been involved with the local Chamber of Commerce for the past 8 years. For the last five years I served
32 the local Chamber of Commerce as a member of the Board of Directors. This is how I got to know Brandon
33 Webster and Sam Soto. They are both a little older than I, and I think they decided to take me under-wing as a
34 mentee. In the first few months of knowing them, they had started regularly taking me out to lunch and talking
35 business. They always had great insight for me, from managing staff, to general business management. Both
36 of them were previous Board members and they nominated me to join the Board. Although they were no
37 longer on the Board, they still came out to a lot of the events.
38

39 Shortly after meeting them at the Chamber of Commerce, Brandon and Sam would invite me to parties; they
40 would call them "networking events," although there wasn't much networking being done. It was a large group
41 of people, but it was pretty rare to see a new face. The events would generally be attended by local business
42 owners and professionals in the community. The events would normally take place at someone's house or
43 cabin. Sam would generally host an event at his/her/their house on the 4th of July. Sam's events would
44 generally start out pretty quiet and tame in the early afternoon; just barbecuing whatever people brought. The
45 events at Sam's place were always BYOB, and it was unusual for people to get heavily intoxicated, although it
46 did happen. It would probably look like a large diverse family reunion from an outsider's perspective.
47

48 Later in the evening, most of the families would go home and it would be a smaller crowd. People would
49 normally be hanging out in smaller groups of two and three, talking about how bad business is, or how their
50 health is failing with their latest ache or pain, or the latest gossip or drama inside or outside the group. Sam

51 always had a large number of health-related issues to complain about. Sometimes it was his/her/their
52 cholesterol, or heart disease. Sometimes s/he/they was waiting on a biopsy for yet another mole that might be
53 skin cancer. But generally, there was a lot of pain. Sam seemed to have some pretty severe back pain from
54 when s/he/they served in the military. Sam also had a really good doctor. Well, I guess they might not be a
55 really good doctor, but a doctor that definitely prescribed a lot of pills. Sam wasn't stingy with the pills either.
56 I never saw him/her/they take any, but I definitely would see Sam share the pills when other friends would
57 complain about aches or pains.

58
59 One year at the Fourth of July party, I was talking to another guest and Sam was listening. I mentioned that I
60 had spent the previous day carrying boxes of books up and down the steps for the bookstore, and that morning
61 I could barely get out of bed due to my back. Later that evening, before I headed home, Sam pulled me aside
62 and handed me a little baggie with about a dozen pills in it. S/He/They told me to take one before I went to
63 bed, and one in the morning after I get to work until the pain went away. S/He/They told me not to drive for a
64 few hours after taking them. I'll admit, I took them, and I did as s/he/they suggested. The pain went away, but
65 that didn't make it ok. I've always regretted taking them. Who knows what could have happened.

66
67 Since that event, I've seen Sam handing out other baggies to guests at other events. I would normally see
68 him/her/they pull someone aside and hand something to the other person. I never said anything, and I never
69 heard anyone else say anything about it. I mean, Sam never asked for money; it wasn't like s/he/they was
70 selling drugs. I never heard anyone asking Sam for drugs either - before July 4th, 2018, I mean. S/He/They
71 was just trying to help other people out. But, I wish I had said something now.

72
73 I was at the event on July 4th, 2018. I arrived early and brought some whole bean coffee samples we had
74 gotten in earlier in the week. I brought them in baggies because I didn't have enough of any other type of
75 container. I also brought a case of hard cider. When I arrived, I opened one of the cans of cider and sat down
76 to talk to Sam as they prepared the grill. I finished my first can about the same time that the first round of
77 burgers was ready. So I made some food and grabbed another can of cider and went and talked to a few of the
78 other guests. There were a few families that I would see in the coffee shop a lot, so I sat with them while
79 eating. We were catching up on life and just making small talk while enjoying the nice day.

80
81 A couple hours in, I had just opened my third can of hard cider. That was the first time I remember seeing
82 Brandon that day. I remember him having a drink, but I'm not sure what it was. He appeared to have jumped
83 into a conversation and was starting to take over the discussion. It was clear to everyone but Brandon himself
84 that the interjection was unwelcome. People started to disengage in the conversation and drift to other groups.
85 Looking back on the interaction, I'm not sure what was up with him, but at the time I had thought that he was
86 probably drunk.

87
88 A few hours later, I think I was on my fourth drink, and Brandon came over and joined in the conversation I
89 was having with a few other guests. A few of the guests had kids looking at college applications and
90 considering retaking the SATs and ACTs. I don't have any kids, so I wasn't really listening to the
91 conversation. When Brandon showed up, I got the feeling that he had already jumped into other conversations
92 with the other guests, because the other guests peeled off pretty quick to join other conversations. This left me
93 alone talking to him. He was complaining about his latest ache or pain. I can't remember specifically what it
94 was. I tried to change the subject a few times, but he was focused on how much he hurt, and how much the
95 doctors cost, and the problems with the healthcare system. Eventually, I told him that my drink was gone and I
96 needed to go get another as a way of escaping the conversation. I liked Brandon, he was a good friend.
97 Looking back on that day, I regret ignoring him and pushing him away. I just thought he was drunk. I didn't
98 know that was the last time I was going to talk to him.

99

100 I did see him later that night talking to Sam. This was after most of the families had left and it was getting
101 pretty quiet. I had my back to them initially, but I could hear Brandon going on very loudly about his pain and
102 suffering. I heard him saying, "I know you have something, you always have something. Is it about the
103 money? I can pay." At that point I turned around and saw that he was talking to Sam. Sam seemed to be slowly
104 shaking his/her/their head; I wasn't sure what part of the conversation Sam was responding to. I remember
105 Sam saying something like "Are you sure? Are you sure you think that's the best idea?" Then Sam broke
106 away to say goodbye to some other guests.

107
108 A friend had agreed to give me a ride home, and I left about half an hour after that conversation. I was going to
109 say goodbye to Sam, but noticed that Brandon and Sam were together. It looked like Sam handed something
110 small to Brandon, then he gave Sam a hug, and it looked like they had worked out whatever their issue was. I
111 couldn't tell exactly what Sam handed to Brandon, but it looked like a baggie. That said, I couldn't tell if it
112 was a baggie that had some of the coffee ~~grounds~~ beans I'd brought or if it contained something else. That was
113 the last time I saw Brandon alive. I was too buzzed to drive home legally by that point, so I took a ride share
114 home, and I stopped by early the next morning to pick up my car, but I didn't see Sam. That was the last time I
115 was at Sam's place.

116
117 A few days later I learned of Brandon's death from some other guests that stopped into the coffee shop. There
118 was a funeral a few days later. I attended, as did Sam, but we didn't talk. Nobody really talked at the funeral.
119 There were rumors that Sam had given Brandon some pills that he had taken and overdosed.

120
121 I declare under penalty of perjury that everything I have stated in this document is true and correct.

122
123 Dated October 14, 2019

/s/ Alex Kirby

Commented [KSB18]: Replace "grounds" with "beans"

Statement of Morgan Holloway

My name is Morgan Holloway. I am 50 years old, and I live in Guthmann. I work at Divine Hospital as an addiction medicine physician. The type of work I do has never received as much attention as it has since the opioid epidemic began to get serious media attention.

I attended the University of Illinois at Urbana-Champaign, where I received a Bachelor of Science Degree, summa cum laude, in Biology. I attended medical school at the University of Minnesota; I graduated with honors.

While I was in medical school, I started to realize the importance of treating addiction as an illness rather than a character flaw. I thought about my mother's behavior as I grew up. She was an alcoholic, and the negative effects of her addiction on my family became even more obvious to me. And during my second year of medical school, just before our final exams for the spring semester, my brother passed away from an overdose of a variety of opiates. My brother was two years younger than me. Even though I continued to see him fairly often, I had no idea he was suffering from addiction. Outwardly, he was just as friendly and outgoing as he'd always been.

After he passed away, I learned his story from friends who had used with him. The guilt they felt - and their seeming inability to get away from their own addictions despite my brother's death - gave me a new mission in life.

After I graduated from medical school, I did my residency at the UCLA Teaching Hospital for Neuroscience & Human Behavior, where I learned from some of the most renowned addiction specialists in the nation. My residency was an amazing experience. I learned that people who suffer from addiction come from every race, gender, socioeconomic status, and religion. After completing my residency, I became board certified in addiction medicine, and I was hired at Divine Hospital. I've worked there ever since. I've also done some consulting work at a local residential chemical dependency treatment facility.

Because of the experience I had with my brother's overdose death, I've done a lot of studying - and even some publishing - on determining the cause and manner of death in opioid overdose cases. As this case exemplifies, determining which specific drug actually caused a person's death is often not nearly as clear as one might think.

About three years ago, a personal-injury attorney who is a good friend of mine asked me to review some documents on behalf of her client. I agreed to look at the documents and found some serious issues with how her client had been treated at a Twin Cities hospital. That experience made me realize that I enjoyed acting as an expert in court cases. It's really interesting, and of course, there's a little money to be made. Before this case, I've been retained in five other cases. All five were civil cases where I was retained by the plaintiff. This is the first time I've been retained in a criminal case.

Sam Soto's attorneys approached me and asked me to take a look at the case. I've reviewed the affidavit of Kelly Fagin, his/her/their autopsy report, and the affidavit of Pat Soderberg. I'm charging my standard rate of \$300 an hour for my time. Before coming to trial to testify, I've spent 30 hours researching, reviewing documents, writing this affidavit, and preparing for testimony.

One of the many sad realities of opioid addiction is that addicts often take more than one drug and get their drugs from more than one source, whether legitimate or illegitimate. That appears to be the case with Brandon Webster.

51 According to the documents I reviewed, when Mr. Webster was found deceased, a baggie containing pills was
52 found on the coffee table in front of him. Lab tests confirmed that the pills remaining in the baggie were
53 indeed oxycodone. I've reviewed documentation of the testing of the pills, and I have no reason to doubt the
54 results.

55
56 Mr. Webster may indeed have ingested one or more of the oxycodone pills from the baggie found on the
57 coffee table. But when you're trying to determine the cause of death in an apparent overdose, you have to
58 examine all possibilities. Despite how it might look at first glance, it's far from clear that the oxycodone in the
59 baggie found in front of him actually caused his death. There are complicating factors.

60
61 The first complicating factor is the fact that Mr. Webster had been consuming alcohol. The first police officer
62 at the scene smelled alcohol about his person. And the toxicology results showed that his blood-alcohol
63 concentration was 0.09. Blood-alcohol testing is very reliable, so I have little doubt that Mr. Webster's blood-
64 alcohol concentration was 0.09 at the time of his death.

65
66 The amount of alcohol found in his blood typically isn't enough to cause death, particularly in an adult. But
67 alcohol is a depressant. And many studies have shown that alcohol can have an additive effect when taken
68 with oxycodone. That means that the effects of alcohol and oxycodone, when taken together, can essentially
69 amplify each other. Indeed, drinking even a moderate amount of alcohol and taking one oxycodone pill could
70 cause a condition called respiratory depression. A person suffering from respiratory depression experiences
71 shallow breathing or stops breathing altogether.

72
73 It's entirely possible that if he hadn't been drinking, the oxycodone in his system would not have been fatal. I
74 can't say for sure one way or the other whether his alcohol consumption contributed to his death, but it's a
75 strong possibility.

76
77 In my opinion, however, there's an even more important question about Brandon Webster's cause of death that
78 was left unsolved by Kelly Fagin. Preliminary testing showed the results of trace amounts of acetaminophen in
79 his system. This might not seem like a big deal. Acetaminophen, by itself, is commonly known by the brand
80 name Tylenol. It's an over-the-counter painkiller. But the presence of both oxycontin and acetaminophen is
81 very important.

82
83 Percocet is the brand name of a painkiller that contains both oxycodone and acetaminophen. The oxycontin
84 pills found near Brandon Webster were not percocet pills - that is, they did not contain acetaminophen in
85 addition to oxycontin. But Pat Soderberg's affidavit notes that another prescription pill bottle was found in Mr.
86 Webster's medicine cabinet. That bottle was un-labelled, but the pills inside tested positive for both oxycodone
87 and acetaminophen - that is, percocet. It's entirely possible Mr. Webster took a substantial amount of that
88 percocet, and that percocet caused his death.

89
90 There was a way Kelly Fagin could have determined whether Brandon Webster's possible percocet use caused
91 his death. Pursuant to standard practice, Kelly Fagin asked his/her/their lab to quantitate the amount of
92 oxycodone in Mr. Webster's system. Quantitation is the process by which a lab determines the amount of a
93 substance in a person's system.

94
95 But Kelly Fagin did not ask the lab to quantitate the acetaminophen. This was a huge misstep by him/her/them.
96 Knowing how much acetaminophen was present could have provided at least a rough estimate of how much
97 percocet, if any, Brandon Webster consumed before his death.

98
99 Kelly Fagin's affidavit states that s/he/they did not order quantitation of the acetaminophen because
100 preliminary testing showed only a "trace amount." A trace amount is a very small amount, below some

101 arbitrarily-defined threshold. But preliminary tests are preliminary for a reason. They aren't nearly as reliable
102 as the more refined testing that's available in the lab.

103
104 Preliminary tests are helpful to rule out the presence of a certain drug. If something isn't present at all, there's
105 no point in trying to do additional testing for it. But if a drug is in a person's system, and there's any chance
106 that it's significant to determining cause of death, a medical examiner should order quantitation.

107
108 Kelly Fagin didn't order quantitation of the acetaminophen, so we'll never know whether percocet could have
109 played a role in Brandon Webster's death. Now it's too late. When I inquired from Kelly Fagin's office about
110 obtaining a sample for additional testing, I was told that there were no samples available.

111
112 I agree with Kelly Fagin's opinion that the manner of death was an accidental overdose. There is no evidence
113 that Brandon Webster died by the intentional act of another, by suicide, or of natural causes. I also agree with
114 Kelly Fagin that the cause of death was consumption of oxycodone, with the consumption of alcohol being a
115 contributing factor.

116
117 Unfortunately, Kelly Fagin doesn't really grapple with the question we can't answer - which oxycodone
118 caused Mr. Webster's death. I cannot state to a reasonable degree of medical certainty whether he died as a
119 result of consuming the oxycodone in the baggie near him, the percocet found in his medicine cabinet, or some
120 combination of the two. The evidence simply doesn't tell us that, and I'm afraid we will never know. I just
121 hope Sam Soto doesn't suffer as a result.

122
123 I declare under penalty of perjury that everything I have stated in this document is true and correct.

124
125 Dated October 21~~4~~, 2019

/s/ Morgan Holloway

Commented [KSB19]: Replace "14" with "21"

Statement of Sam Soto

1
2
3 My Name is Sam Soto. I am forty-eight years old. I am an accountant at Louis and Tully. I am a Certified
4 Public Accountant and have a Degree from the University of Minnesota. I graduated from the University in
5 1997. I guess I have always worked with money. I joined the Army right out of high school and somehow
6 ended up working in the finance office of the base. While I was in the Army, I got hurt pretty bad in a car
7 crash. One of my friends was driving under the influence and we both got banged up pretty bad. We both had
8 been drinking all night, but I thought he was safe to drive. I knew I wasn't in any shape to drive. He ended up
9 going to jail for a while for the accident. I have been on pretty significant pain medication and muscle relaxers
10 for my back since that injury. The doctors say I have a thoracic spine injury and it's not going to get better.
11

12 I was a few years older than most of the other guys at college, since I had spent four years in the Army. I met
13 Brandon Webster when were in college together. Brandon was always good at making friends. Before long, I
14 was hanging out with him and a pretty big group of students on a regular basis. Since Brandon and I were
15 already twenty-two when we started college, his friends usually asked us to buy alcohol for them. I know it
16 was illegal, but I liked being part of his circle of friends and it's not like I was selling drugs or anything. If I
17 didn't buy it, someone would use a fake ID or have their older sibling do it. Plus, when I bought the alcohol, I
18 made everyone at the party give me their car keys. I also cut people off if they looked too drunk. We
19 probably had the safest parties at college, because of me. I can't drink alcohol because of the pain medication
20 I take, so I usually drove people home from parties.
21

22 I stayed close with Brandon throughout college. We both took the same business and accounting courses and
23 graduated together. We both studied for the CPA exam together and passed on the first try. Of course, by that
24 time most of Brandon's friends were over twenty-one and I didn't have to buy alcohol for them anymore. I
25 still made them give me their car keys when we went partying though.
26

27 Brandon and I both got internships at Louis and Tully right out of college. It was nice to start a career with a
28 friend. We worked together for almost twenty years before he died. Unfortunately, he developed a little bit of
29 a drug problem early in his career. He always liked to party, and accounting is a pretty stressful business.
30 Sometimes, he would ask to "borrow" a muscle relaxer or painkiller after a long day at the office. Once or
31 twice, years ago, I let him have a pill or two, but I always made him promise that he wouldn't drink or drive
32 after he took it. Like I said, accounting is stressful, and Brandon deserved to unwind. I found out later that he
33 was doing more than taking an occasional pill. Maybe six years ago, he completed the Wayfarer rehabilitation
34 program for opioid addiction.
35

36 Brandon and I really worked to grow the business together. That meant a lot of social gatherings with clients
37 and potential clients. Along with the usual types of events—concerts, ball games, dinners, that kind of thing—
38 I started hosting an annual Fourth of July party. It started as a social gathering with friends, but after a few
39 years I started inviting clients too. Brandon usually came to the party. It was like old times in college. He and
40 I would make sure there was plenty of food and booze, most of which I was able to put on my expense report
41 for work since it was a networking event. Of course, I couldn't ask clients to give me their car keys, so I am
42 pretty sure some people drove home when they shouldn't have. I sort of just stopped keeping track of how
43 much people were drinking. I mean, at some point, we just have to trust adults to be adults, right?
44

45 After a few years, my Fourth of July parties became the centerpiece of my marketing efforts and the highlight
46 of my summer. Brandon and I recruited a lot of clients at those parties. Many of our clients came back year
47 after year. They weren't all business though. At times the Fourth of July party was more of a social event
48 with a little marketing mixed in; it all depended on who made it out to the house on any given night. Some of
49 my fondest memories are from those parties and a lot of those clients have since become good friends.
50

51 Over years of talking, I learned that a few of the clients who came to my Fourth of July parties had chronic
52 pain like mine. We compared notes on doctors, treatments, and medications. We talked about our

53 medications outside the Fourth of July parties too. I gave some of these people a couple of my pills
54 sometimes, just to try. These were responsible adults—some of whom I had known for years—so there wasn't
55 any harm with giving a few pills, just to try. They gave me a couple of their pills to try too. It's not like we
56 were trading drugs though. We were all responsible adults with serious pain conditions who were trying to
57 help each other. When we got something new that worked for us, we gave it to our friends to see if it would
58 help them manage their pain. Nothing really helped me though. I also made sure I was safe before taking
59 anything I got from anyone who wasn't my doctor. I Googled drug interactions overdose risks, and other
60 safety risks before trying any pills that my friends gave me. I assume they did the same; it is the responsible
61 thing to do before trying new drugs.
62

63 My back started to hurt more over the years too. I also developed a couple of other medical conditions as I got
64 older. With all the different medications I was taking, I started keeping pills in numbered plastic baggies. It
65 was just easier to organize the pills that way than try to keep the bottles straight. I put each bottles' pills in a
66 different baggie to conserve space. To prove they were my pills, I kept the stamp of the bottle in marker on the
67 baggie, just in case I was accused of hoarding pills that aren't mine. I thought that pharmacies would record the
68 specific manufacturing stamp on every bottle, but I guess they don't. And I threw out the bottles long ago, I
69 can't show anyone that they came from my bottles of prescription medication. I kept the pill baggies in the
70 medicine cabinet in my master bathroom.
71

72 Brandon always seemed interested in my conversations with our friends (and clients) about pain medication.
73 Like I said, Brandon went through rehab for opioid addiction years ago. Brandon probably got a few pills
74 from people he met at my Fourth of July parties over the years, but I never actually saw anything like that.
75 After Brandon went through rehab, he still hung around when we were talking about pain and pain
76 management, but was more reserved and never asked anyone for pills.
77

78 I hosted my usual party on July 4, 2018. Brandon and his family came to the party. I guess that shows you
79 how times have changed. When I first started hosting this party, no one had any kids and now most of the
80 people who come bring their children for at least part of the day. As usual, some of my guests and I started
81 talking about our chronic pain and the latest and greatest strategies for living with it. Brandon was really
82 weird about that conversation that night. What I mean is, he said that he had been in pain since he pulled his
83 back doing yardwork a few weeks ago. I don't remember Brandon saying anything about his back hurting
84 before July 4, 2018, but I do remember him complaining about an oxycodone prescription he got in 2016 for a
85 torn ligament. He was in a lot of pain, but was worried that he'd get addicted again. He only complained
86 about that the one time and I don't think that he had to take the oxycodone for very long that year.
87

88 Anyway, on July 4, 2018, Brandon was talking a lot about oxycodone. I heard him ask a few of my guests if
89 they had ever taken oxycodone, if they liked how it affected them, and if they ever had any side effects with
90 oxycodone. I had to tell Brandon to knock it off at one point, after one of the guests complained. After all, we
91 were all there to have fun and it was still, at least in part, a marketing event. I couldn't have him making
92 anyone uncomfortable. He was drinking pretty hard that night too. I remember it was a pretty hot day and
93 most of my guests were drinking water instead of alcohol; not Brandon though. He made at least three gin and
94 tonics that day. I wouldn't say he was drunk. He was just having a good time. His spouse was driving home,
95 so I wasn't too worried about his health or safety that night.
96

97 At some point on July 4, Brandon stopped me and asked me if I had any oxycodone. This struck me as really
98 weird. He knew I took oxycodone for my back. He also had been so careful around that kind of medication
99 since getting out of rehab. I reminded him about all his hard work in getting clean and how much he worried
100 about the oxycodone prescription in 2016. He eventually stopped asking, but told me that he had been under a
101 lot of pressure lately at work and was looking for anything to take the edge off, if just for one night. I think I
102 might have told him to have another drink or something, but I don't remember that. I remember being worried
103 that he might be falling back into bad habits.
104

105 The party wrapped up around 11:00 that night. That is pretty common with my Fourth of July parties. We
106 watch the fireworks around 10:00 and people start leaving shortly afterwards. Brandon was one of the last
107 people to leave that night. That is pretty normal too. He liked to make sure he saw all of his clients at some
108 point during the party. His spouse drove them both home. The last time I saw Brandon alive was standing on
109 my front porch as I said goodnight to him and his spouse. I had a scheduled vacation the next two days
110 (Thursday and Friday) and did not go back into the office that week at all.

111
112 Brandon's spouse, Skylar, called me the next day to tell me that he was dead. I was devastated. I knew him
113 for over twenty years. We were close friends almost our entire adult lives. Then, I found out on the news that
114 he had died of a drug overdose of some kind. It made me think about all those comments he made at the July
115 4 party about oxycodone. So, I Googled oxycodone overdose and some other things related to that. I don't
116 remember exactly what I looked up, probably some stuff about drug interactions, since I take oxycodone and
117 other medicines and I was worried that I might be in danger too.

118
119 I went to his funeral, but I don't think his family was too happy to see me. I sent flowers and signed the card
120 we passed around the office. I even made the firm hold Brandon's office open for a month before giving it out
121 to some new junior partner, which was a pretty big deal where we work. Of course, I made sure that his
122 clients were taken care of too. The work has to go on.

123
124 I know some people are saying that Brandon might have gotten the oxycodone from me. If he did, they had to
125 have been stolen from me. I didn't give him any pills on July 4. I never would've given him any kind of
126 addictive medication after everything he's been through. I never would've done anything to hurt Brandon. I
127 was thrilled when he completed rehab and completely supportive of his new, healthier, lifestyle.

128
129 I honestly have no idea where Brandon got the pills that he overdosed on. Maybe, he was connected with one
130 of the other guests at my party and convinced that person to give him some pills. Maybe, he still had some
131 pills leftover from his 2016 prescription and decided to take those. Maybe, some of his friends from their
132 "party days" had some. I don't want to believe it, but I suppose Brandon could have taken pills from my
133 bathroom too. He had been in my house several times and knew I had all kinds of pills for my back. Brandon
134 also went into my bathroom a few times on July 4. Like I said, he had several drinks that night. If he really
135 put his mind to it, I suppose he could've stolen some pills from me. I just know I didn't give ~~them~~ Brandon
136 any pills.

Commented [KSB20]: Replace "them" with "Brandon"

137
138 I can't verify that though. I actually don't know how many oxycodone pills I had on July 4. I don't wait until
139 the end of a prescription to fill the next one, because my back pain is extreme when I don't have any
140 painkillers. I know that I had all of my baggies filled when the police came to my house, but I also had a
141 bottle of oxycodone with some pills leftover from a previous prescription in it. Brandon easily could have
142 taken—stolen—some of those pills when they were in the bathroom.

143
144 In fact, I was worried that, if he stole pills out of my bathroom, other people could have taken some too. After
145 I learned that he died, I went to the hardware store, bought a small lockbox, and moved my pills to that box. I
146 paid cash for the lockbox because credit cards are just a scam and I don't ever use my bank card because
147 criminals might steal my account information. I keep the key to my new lockbox in my wallet, which is
148 always on me. Like I said, I don't know if Brandon stole oxycodone from me. If he did, however, I bought
149 that lockbox to make sure that no one else ever does it again.

150
151 I feel really bad about Brandon. We were friends for a long time. I didn't have anything to do with his death.
152 Wherever he got those pills from, it wasn't me.

153
154 I declare under penalty of perjury that everything I have stated in this document is true and correct.

155
156 Dated: October 14, 2019

/s/ Sam Soto

Witness Statement of Taylor Jennissen

1
2
3 My name is Taylor Jennissen. I'm 44 years old. I've known Brandon for ages. We first met at UCLA, and
4 we've been friends ever since. I always looked forward to seeing him when I came home for summer, even
5 though he had a way better tan than I did. Brandon went on business school and got his Master's degree, while
6 I pursued my passion for the outdoors by moving to Colorado and becoming a ski patrol.
7

8 After a while living the life of ski bum, I went back to school and went into accounting, too. I heard Brandon
9 was doing the same thing. I made a boatload of money, but I'm not exaggerating when I say that accounting is
10 the most stressful thing I've ever done. Some nights I'd just stay awake worrying about work, even though I
11 knew that not getting sleep would just make me less productive at work. Around tax time I'd be working 16-18
12 hour days, ordering food to the office, stress eating cookies. My colleagues called me the cookie monster.
13 Come May, I'd have to exercise off 15 pounds. Some of my coworkers decided driving home wasn't worth it
14 and slept under their desks. Others burned out and went back to doing whatever they did before. Others self-
15 medicated.
16

17 On top of that, I had a family at home. It's hard balancing work and spending time with kids. I feel like I'm
18 constantly disappointing everyone, never able to give anybody the time and attention I think they deserve. It
19 can really take a toll, and some nights I just unwind on the couch with a nice Japanese whisky.
20

21 A couple of years ago ~~I met someone special and~~ we moved back to Minnesota ~~to start a family~~. While I was
22 excited about moving back and being closer to my parents, I was also really excited to spend time with
23 Brandon again. So when we got back, I gave him a call and set up some time to get together; we decided on
24 watching some sports at a bar and then going to a concert. When the day finally came, he was late, which was
25 peculiar. As we sat down, I noticed that he wasn't really himself, or at least not the Brandon I thought I knew.
26 He slammed back beer after beer at the bar, and it made me uneasy. I got really uneasy when he said, "You
27 ain't seen nothing yet! Just wait 'til tonight!"
28

29 Despite the fact that Brandon drove to the bar, I decided it was probably better if he left his car so I could drive
30 to the concert. He sobered up in the car a little bit, but once we got there he quickly started mingling, moving
31 from one person to the next. I didn't really know what was going on, but when he came back it all made sense.
32 He said he'd scored some drugs and really wanted me to do them with him. I reminded him who drove and
33 said it might not be a great idea, but he popped some pills and enjoyed the concert. He was definitely a little
34 out of it, but never to the point where I was concerned.
35

36 ~~It wasn't long after that that he~~ A few months later, Brandon invited me to the last party I'd ever go to with
37 him. It was at his friend Sam Soto's house. Well, he called it a house. I'd call it more of a mansion. Gorgeous
38 place, lots of patios, on the lake. Infinity pool. Sam was an accountant. I think Sam had some success with
39 finding really big-name clients and was doing very well financially. At this point, Sam was really working for
40 fun.
41

42 Brandon started hitting the booze, as usual. He's very social, and that night he was all over the place, happy as
43 a clam. He was enjoying the shrimp cocktail, and made a joke about some sauce that spilled on his shirt. I wish
44 I had that kind of confidence. While I was talking to another guest, I saw Brandon approach Sam, and he
45 started hitting Sam up for drugs. Sam mentioned s/he/they had some, but tried to talk Brandon out of it; said it
46 wasn't a good idea, he was already kinda drunk, had sauce on his shirt, and maybe leave it alone. Sam walked
47 away and Brandon continued mingling, maybe asking for drugs, maybe not. He talked to a few more guests
48 and after talking to a guy who seemed to know Sam well, made a bee-line for the bathroom. I figured Brandon
49 was going to clean his shirt, but when he came out he still had that stain. I guess I'm not really sure what he
50 did in there.

Commented [KSB21]: Strike "I met someone special and" "to start a family."

Commented [KSB22]: Replace "It wasn't long after that he" with "A few months later, Brandon"

51
52 Later that evening I went to the same bathroom Brandon visited. I had to wash my hands and looked around
53 for some Tylenol to ease a headache I'd had. I didn't really find any, but I did see some random pills scattered
54 about on the counter. I wonder if those pills killed my friend, Brandon, almost every day.

55
56 That was the last time I saw Brandon. A couple days later I heard he was gone. I miss him and I hope that one
57 day I'll find out what happened.

58
59 I declare under penalty of perjury that everything I have stated in this document is true and correct.

60
61 Dated: October 14, 2019

/s/ Taylor Jennissen

EXHIBIT 6 (3 pages)

COUNTY MEDICAL EXAMINER'S OFFICE AUTOPSY REPORT		ME NO.: 18-0705
CASE TITLE:	MIXED ALCOHOL AND OXYCODONE TOXICITY	
DECEASED:	Brandon Webster	SEX: M AGE: 48
DATE AND HOUR OF DEATH:	Found 07-05-18; 11:51 a.m.	
DATE AND HOUR OF AUTOPSY:	07-06-18; 8:30 a.m.	
PATHOLOGIST:	Kelly Fagin, M.D.	

FINAL DIAGNOSES:

48-year-old man with reported history of opioid use found unresponsive in the basement living room of his residence; pronounced dead at the scene by responding emergency medical services.

Commented [KSB23]: Replace "basement" with "living room"

- I. Mixed alcohol and oxycodone toxicity (see also 'Toxicology,' below)
 - A. Oronasal foam cone
 - B. Pulmonary edema
 - C. Cerebral edema
 - D. Urinary retention
- II. No significant injuries identified
- III. No significant natural diseases identified
- IV. Toxicology
 - A. Blood (femoral) volatiles: ethanol 0.09 g/dL
 - B. Urine drug screen: immunoassay positive for acetaminophen and oxycodone; mass spectrometry positive for oxycodone
 - C. Blood (femoral) opiate quantitation: oxycodone 0.40 mg/L; other opiates not detected

7/09/2018

Commented [KSB24]: Replace "09" with "06"

Kelly Fagin, M.D.
Assistant Medical Examiner
/s/ Kelly Fagin, MD

EXTERNAL EXAMINATION:

The body is that of a normally developed, adequately nourished appearing, 5 foot 10-inch long, 205-pound male whose appearance is consistent with the reported age of 48 years. Lividity is posterior, dependent, and fixed in place. Rigor mortis is present in the extremities, relenting with moderate pressure. The temperature is that of the refrigeration unit.

The scalp is covered with medium length, brown hair in a normal distribution. The irides are brown, and the pupils are round and equal in diameter. There are no bulbar or palpebral conjunctival petechiae. The external auditory canals are free of blood. The ears are unremarkable. The nares are patent, and the lips are atraumatic. The nose, maxillae, and mandible are palpably stable. The teeth appear native and in good repair. Frothy white fluid emanates from the mouth and nares.

The neck is straight, and the trachea is midline. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The back, buttocks, and anus are unremarkable.

The upper and lower extremities are symmetric and free of clubbing, edema, or absence of digits. The nails of the hands are short and neatly trimmed. The nails of the toes are dirty.

CLOTHING AND PERSONAL EFFECTS:

The following clothing items are examined separate from the body at the start of postmortem examination:

- Size medium black and gray plaid pattern men's underwear
- Size 36 x 32 black denim jeans
- A blue cloth belt with white trim and a silver color buckle, threaded through the loops of the jeans
- A size large dark gray T-shirt
- A single ankle length black sock

MEDICAL INTERVENTION:

- Nasal trumpet, right nostril
- Pacer/defibrillator patches, right upper and left lateral chest

INTERNAL EXAMINATION:

HEAD: The soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1660 g brain, which has slightly widened and flattened gyri and narrowed sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK: The anterior strap muscles of the neck are homogeneous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES: The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM: The right and left lungs weigh 1040 and 950 g, respectively. The external surfaces are smooth and deep red- purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present. The pulmonary vascular tree is free of thromboemboli. The tracheobronchial tree is filled with foamy edema fluid.

CARDIOVASCULAR SYSTEM: The 520.495 g heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a left-dominant pattern. Cross sections of the vessels show no atherosclerotic stenoses and no occlusions. The myocardium is homogeneous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.0 and 0.5 cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

Commented [KSB25]: Replace "405" with "520"

LIVER AND BILIARY SYSTEM: The 1495 liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan- brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN: The 285 g spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested.

PANCREAS: The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS: The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM: The right and left kidneys weigh 165 and 150 g, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 250 cc of yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT: The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 200 cc of thick, gray-green pasty material with numerous fragments of multicolored food-like particulate matter. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES:

- Documentary photographs are taken.
- Specimens retained for toxicologic testing: vitreous fluid, femoral blood, liver, urine, and gastric contents.
- Representative tissue biopsies are retained in formalin for block only preparation.
- The dissected organs are returned to the body.

MICROSCOPIC EXAMINATION:

Tissues are submitted for block processing only. No microscopic slides are requested.