



**ILLINOIS STATE  
BAR ASSOCIATION**

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# Illinois State Bar Association High School Mock Trial Invitational

## 2021 Mock Trial Case

***People of the State of Illinois***

***v.***

***Jordan Markson***

None of the characters in this case are real. Any similarity between these characters and living people is coincidental and unintentional.

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Special thanks to ISBA staff personnel, the members and associate members of the ISBA's Standing Committee on Law-Related Education for the Public, the Mock Trial Coordinator, Katy Flannagan, and Deputy Coordinator, Kelsey Chetosky for their assistance in preparing the problem.

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## AVAILABLE WITNESSES

Prosecution Witnesses	Defense Witnesses
Blake Stevens Avery Peters Dr. Alex McDonnell	Jordan Markson, Defendant Dr. Taylor Smith Drew Davis

## CASE DOCUMENTS

### Legal Documents

- |                              |                      |
|------------------------------|----------------------|
| 1. Grand Jury Indictment     | 4. Jury Instructions |
| 2. Relevant Statutes and Law | 5. Pretrial Order    |
| 3. Illinois Criminal Code    |                      |

### Exhibits

- |  |                          |
|--|--------------------------|
| 1. CV of Dr. Taylor Smith                  |                          |
| 2. CV of Dr. Alex McDonnell                | 10. Police Report        |
| 3. Lincoln County Laboratory Report        | 11. Photo of Crime Scene |
| 4. Lincoln Community Medical Center Report | 12. Photo of Crime Scene |
| 5. Call Detail Report of 911 Call          | 13. Photo of Crime Scene |
| 6. Text messages                           | 14. Photo of Crime Scene |
| 7. Pill bottle photo                       | 15. Photo of Crime Scene |
| 8. Pill bottle photo                       | 16. Photo of Crime Scene |
| 9. Copy of prescription                    | 17. Emails               |

### Statement of the Case

On June 5, 2020 Riley Russell, Blake Stevens and Jordan Markson decided to spend the night drinking, playing video games and eating pizza at Jordan's grandmother's house while she was on vacation. At some point during the night, Riley ingested prescription medication belonging to Jordan's grandmother. Riley became unconscious and was unable to be revived by paramedics. The State has charged Jordan Markson with providing the drugs that killed Riley Russell to Riley and for possessing a controlled substance. Jordan has pleaded not guilty to both charges.

The ISBA High School Mock Trial Subcommittee hopes that this year's mock trial program can emphasize the importance of not taking medications without the supervision of a doctor, and also highlight the dangers of prescription medication if it is not taken appropriately and as prescribed.

**IN THE CIRCUIT COURT OF THE TWENTY-FOURTH JUDICIAL CIRCUIT  
LINCOLN COUNTY, ILLINOIS**

THE PEOPLE OF THE STATE OF ILLINOIS,

Plaintiff,

v.

JORDAN MARKSON,

Defendant.

No.: 20 CF 1718

---

**INDICTMENT**

THE GRAND JURORS chosen, selected and sworn, in and for the County of Lincoln and State of Illinois, in the name and by the authority of the People of the State of Illinois, upon their oaths, present as follows:

**COUNT I**

That on the 5th day June, 2020, JORDAN MARKSON committed the offense of DRUG INDUCED HOMICIDE, in that the said defendant, JORDAN MARKSON, did unlawfully, and without legal justification, cause the death of Riley Russell, by unlawfully delivering to Riley Russell a Schedule II controlled substance, to wit, the narcotic drug Oxycodone, and Riley Russell thereafter died as a direct result of the ingestion of a portion of that controlled substance and not as a result of any cause unconnected with said defendant, all of said acts occurring in the County of Lincoln, State of Illinois, and all in violation of 720 ILCS 5/9-3.3, and against the peace and dignity of the same people of Illinois.

**COUNT II**

That on the 5th day June, 2020, JORDAN MARKSON committed the offense of POSSESSION OF A CONTROLLED SUBSTANCE, in that the said defendant unlawfully possessed a Schedule II controlled substance, to wit, the narcotic drug Oxycodone, without having a lawful prescription for said drug, all of said acts occurring in the County of Lincoln State of Illinois, and all in violation of 720 ILCS 570/402, and against the peace and dignity of the same people of Illinois

*Calvin B. Sampson*

Grand Jury Foreperson

**Applicable Statutes and Law**

**NATIONAL RULE OF EVIDENCE 702 - TESTIMONY BY EXPERTS**

If scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training, or education, may testify thereto in the form of an opinion or otherwise.

**NATIONAL RULE OF EVIDENCE 404 - CHARACTER EVIDENCE; CRIMES OR OTHER ACTS**

(a) Character Evidence.

(1) Prohibited Uses. Evidence of a person's character or character trait is not admissible to prove that on a particular occasion the person acted in accordance with the character or trait.

(2) Exceptions for a Defendant or Victim in a Criminal Case. The following exceptions apply in a criminal case:

(A) a defendant may offer evidence of the defendant's pertinent trait, and if the evidence is admitted, the prosecutor may offer evidence to rebut it;

(B) a defendant may offer evidence of an alleged victim's pertinent trait, and if the evidence is admitted, the prosecutor may:

(i) offer evidence to rebut it; and

(ii) offer evidence of the defendant's same trait; and

(C) in a homicide case, the prosecutor may offer evidence of the alleged victim's trait of peacefulness to rebut evidence that the victim was the first aggressor.

(3) Exceptions for a Witness. Evidence of a witness's character may be admitted under Rules 607, 608, and 609.

(b) Crimes, Wrongs, or Other Acts.

(1) Prohibited Uses. Evidence of a crime, wrong, or other act is not admissible to prove a person's character in order to show that on a particular occasion the person acted in accordance with the character.

(2) Permitted Uses. This evidence may be admissible for another purpose, such as proving motive, opportunity, intent, preparation, plan, knowledge, identity, absence of mistake, or lack of accident.

## **NATIONAL RULE OF EVIDENCE 608 – A WITNESS’S CHARACTER FOR TRUTHFULNESS OR UNTRUTHFULNESS**

(a) Reputation or Opinion Evidence. A witness’s credibility may be attacked or supported by testimony about the witness’s reputation for having a character for truthfulness or untruthfulness, or by testimony in the form of an opinion about that character. But evidence of truthful character is admissible only after the witness’s character for truthfulness has been attacked.

(b) Specific Instances of Conduct. Except for a criminal conviction under Rule 609, extrinsic evidence is not admissible to prove specific instances of a witness’s conduct in order to attack or support the witness’s character for truthfulness. But the court may, on cross-examination, allow them to be inquired into if they are probative of the character for truthfulness or untruthfulness of:

- (1) the witness; or
- (2) another witness whose character the witness being cross-examined has testified about.

By testifying on another matter, a witness does not waive any privilege against self-incrimination for testimony that relates only to the witness’s character for truthfulness.

### **ILLINOIS CRIMINAL CODE**

#### **720 ILCS 5/4-5 – Knowledge**

A person knows, or acts knowingly or with knowledge of:

- (a) The nature or attendant circumstances of his or her conduct, described by the statute defining the offense when he or she is consciously aware that his or her conduct is of that nature or that those circumstances exist. Knowledge of a material fact includes awareness of the substantial probability that the fact exists.
- (b) The result of his or her conduct, described by the statute defining the offense, when he or she is consciously aware that the result is practically certain to be caused by his conduct.

Conduct preformed knowingly or with knowledge is preformed willfully, within the meaning of a statute using the terms “willfully”, unless the statute clearly requires another meaning.

When the law provides that acting knowingly suffices to establish an element of an offense, that element is also established if a personal acts intentionally.

#### **720 ILCS 5/4-4 – Intent.**

A person intends, or acts intentionally or with intent, to accomplish a result or engage in conduct

described by the statute defining the offense, when his conscious objective or purpose is to accomplish that result or engage in that conduct.

**720 ILCS 5/9-3.3 – Drug-induced homicide.**

(a) A person commits drug-induced homicide when he or she violates Section 401 of the Illinois Controlled Substances Act or Section 55 of the Methamphetamine Control and Community Protection Act by unlawfully delivering a controlled substance to another, and any person's death is caused by the injection, inhalation, absorption, or ingestion of any amount of that controlled substance.

(a-5) A person commits drug-induced homicide when he or she violates the law of another jurisdiction, which if the violation had been committed in this State could be charged under Section 401 of the Illinois Controlled Substances Act or Section 55 of the Methamphetamine Control and Community Protection Act, by unlawfully delivering a controlled substance to another, and any person's death is caused in this State by the injection, inhalation, absorption, or ingestion of any amount of that controlled substance

**720 ILCS 570/402 – Unlawful Possession of a Controlled Substance**

Except as otherwise authorized by this Act, it is unlawful for any person knowingly to possess a controlled or counterfeit substance or controlled substance analog. A violation of this Act with respect to each of the controlled substances listed herein constitutes a single and separate violation of this Act.

## **JURY INSTRUCTIONS**

### **Definition Of Drug Induced Homicide--Delivery Of Controlled Substances**

A person commits the offense of drug induced homicide when he/she knowingly delivers to another a substance containing oxycodone, a controlled substance, and any person's death is caused by the ingestion of any amount of that controlled substance.

### **Definition Of Deliver**

The word "deliver" means to transfer possession or to attempt to transfer possession.

The word "deliver" includes a constructive transfer of possession which occurs without an actual physical transfer. When the conduct or declarations of the person who has the right to exercise control over a thing is such as to effectively relinquish the right of control to another person, so that the other person is then in constructive possession, there has been a delivery.

A delivery may occur with or without the transfer or exchange of money, or with or without the transfer or exchange of other consideration

### **Issues In Drug Induced Homicide--Delivery Of Controlled Substances**

To sustain the charge of drug induced homicide, the State must prove the following propositions:

*First Proposition:* That the defendant knowingly delivered to another a substance containing oxycodone, a controlled substance; and

*Second Proposition:* That any person ingested any amount of that controlled substance; and

*Third Proposition:* That Riley Russell's death was caused by that ingestion.

If you find from your consideration of all the evidence that each one of these propositions has been proved beyond a reasonable doubt, you should find the defendant guilty.

If you find from your consideration of all the evidence that any one of these propositions has not been proved beyond a reasonable doubt, you should find the defendant not guilty.

### **Causation In Homicide Cases Excluding Felony Murder**

In order for you to find that the acts of the defendant caused the death of Riley Russell, the State must prove beyond a reasonable doubt that defendant's act of delivering oxycodone was a contributing cause of the death and that the death did not result from a cause unconnected with the defendant. However, it is not necessary that you find the acts of the defendant were the sole and immediate cause of death.

### **Definition Of Possession Of Controlled Or Counterfeit Substance**

A person commits the offense of possession of a controlled substance when he/she knowingly possesses a substance containing a controlled substance.

### **Issues In Possession Of Controlled Substance**

To sustain the charge of possession of a controlled substance, the State must prove the following proposition:

That the defendant knowingly possessed a substance containing oxycodone, a controlled substance.

If you find from your consideration of all the evidence that this proposition has been proved beyond a reasonable doubt, you should find the defendant guilty.

If you find from your consideration of all the evidence that this proposition has not been proved beyond a reasonable doubt, you should find the defendant not guilty.

### **Possession**

[1] Possession may be actual or constructive. A person has actual possession when he has immediate and exclusive control over a thing. A person has constructive possession when he lacks actual possession of a thing but he has both the power and the intention to exercise control over a thing either directly or through another person.

[2] If two or more persons share the immediate and exclusive control or share the intention and the power to exercise control over a thing, then each person has possession.

### **Possession As Voluntary Act**

Possession is a voluntary act if the person knowingly procured or received the thing possessed, or was aware of his control of the thing for a sufficient time to have been able to terminate his possession.



**IN THE CIRCUIT COURT OF THE TWENTY-FOURTH JUDICIAL CIRCUIT  
LINCOLN COUNTY, ILLINOIS**

THE PEOPLE OF THE STATE OF ILLINOIS,

Plaintiff,

v.

JORDAN MARKSON,

Defendant.

No.: 20 CF 1718

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**PRETRIAL ORDER**

This cause having come before the Court for a pretrial conference and the Court having considered all pending pretrial motions and arguments of the parties, and the Court having been informed of various stipulations which the parties have entered into, the Court hereby enters the following PRETRIAL ORDER which shall govern the parties and their witnesses during the jury trial to be held in the above-captioned matter:

1. Jordon Markson has entered a plea of not guilty to all indicted charges and has not indicated intent to raise any affirmative defense.
2. The case has been bifurcated. This trial concerns only the guilt phase. No evidence that goes solely to the extent of the penalty faced by the Defendant may be presented by either party.
3. Jurisdiction, venue, and chain of custody of all evidence are proper and may not be challenged.
4. Both parties waive all objections and motions based on the Constitution of the United States. Both parties also waive all objections and motions based on privilege.
5. Oxycodone is a controlled substance.
6. All photos that the parties may use as evidence at trial are stipulated to be a fair and accurate representation of what is depicted in the photograph. The parties also stipulate to the following: Exhibits 11 - 16 are photographs taken of the scene. The photographs were taken after the deceased was removed from the scene. The following items were also removed from the scene (for evidentiary purposes) prior to the photographs being taken: vomit, cigarette butts, and pill bottle. Exhibits 11 - 16 otherwise accurately depict the scene at the time of Riley Russell's death.
7. DNA located on cigarette butts at the scene was tested and matched to Riley Russell.

8. Exhibit 9 is a copy of the prescription label that was obtained by Lincoln County Police Department from the Clearwater Pharmacy. It fully depicts the prescription label seen in Exhibits 6, 7, and 8.
9. All witnesses who were questioned by law enforcement were either properly advised of their Miranda rights and/or agreed to speak voluntarily to law enforcement.
10. All witnesses reviewed their affidavits and reports immediately prior to trial and were given an opportunity to revise them. None did so. All witnesses affirm the truthfulness of everything stated in their affidavits. All witness affidavits have been properly signed and notarized. A copy of any affidavit which does not bear a signature or is not notarized is to be treated as though it is signed and notarized.
11. All documents, signatures, and exhibits included in the case materials are authentic; no objections to the authenticity of any documents will be entertained. Both parties must still lay proper foundation prior to entering evidence, and both parties reserve the right to dispute any legal or factual conclusions based on these items and to make objections other than to authenticity.
12. A witness must be formally tendered to the Court in accordance with Rule 702 of the Rules of Evidence before testifying in the form of an expert opinion. A party must establish by a preponderance of the evidence that the tendered expert satisfies Rule 702. There is no definitive checklist of what must or must not be presented for admission of expert testimony. The Court will apply Rule 702 based on the totality of the circumstances presented.
13. Should Jordan Markson testify, the defense agrees that Markson will have waived his/her right against self-incrimination under the Fifth Amendment to the United States Constitution and that Markson's decision to testify may then be referred to throughout the trial.
14. The admissibility of Exhibit 3, the Laboratory Report, as a business record is stipulated but the contents of the report may be controverted or challenged by any party. However, as required by *Bullcoming v. New Mexico*, 546 U.S. 647 (2011), the prosecution may not introduce Exhibit C that reports the results of a forensic test and use Exhibit 3 as substantive evidence against the defendant unless the analyst who prepared or certified Exhibit 3 is offered as a live witness subject to cross-examination.
15. The State does not have to prove the amount of controlled substance that the decedent ingested, only that any amount of that controlled substance caused the death of the decedent.
16. The only intent necessary to support a conviction is that needed to commit the underlying felony. Neither proof of an intent to kill or to knowingly kill is required in order to sustain a conviction.

17. Although motive or lack of motive is a proper subject of argument, it is not an element which must be proved by the State.

18. National Rule of Evidence 703 provides:

An expert may base an opinion on facts or data in the case that the expert has been made aware of or personally observed. If experts in the particular field would reasonably rely on those kinds of facts or data in forming an opinion on the subject, they need not be admissible for the opinion to be admitted. But if the facts or data would otherwise be inadmissible, the proponent of the opinion may disclose them to the jury only if their probative value in helping the jury evaluate the opinion substantially outweighs their prejudicial effect.

When an expert witness testifies to underlying facts or data, not otherwise admitted into evidence for the truth of the matter, but solely to explain the expert's opinion, it must be shown that these facts or data relied upon by the expert witness must be of the type customarily relied upon by experts in the field and the data must be sufficiently trustworthy to make the reliance reasonable. If the evidence establishes that the facts or data are sufficiently trustworthy to make the reliance reasonable, an expert is permitted not only to consider the reports commonly relied upon by experts in their particular field, but also to testify to the contents of the underlying facts or data.

19. To establish a foundation for admissibility, text messages are treated like any other documentary evidence and the proponent of text message evidence must present evidence to demonstrate that the text message is what the proponent claims it to be. The proponent need only prove a rational basis upon which the fact finder may conclude that the document did in fact belong to or was authored by the party alleged. Only a *prima facie* showing of genuineness is required; the task of deciding the evidence's true authenticity and probative value is for the fact finder.

20. A person is unavailable due to either death or due to the fact that the person's attendance as a witness at trial could not be procured by reasonable means or legal process. Statements by a person who is found to be unavailable are admissible as an exception to the hearsay rule.

21. Both parties stipulate that Exhibit 4 is admissible without further authentication or foundation.

22. Prior to the completion of the investigation in this matter Jordan Markson's grandmother, Kristine Markson, moved to Tahiti with Jordan Markson's new step-grandfather. Both parties attempted to serve her with a subpoena prior to the trial, however Kristine Markson is outside of the jurisdiction of the United States, so both parties have been unable to procure her attendance at trial.

23. Both parties agree that Exhibit 17 is a true and accurate representation of an email exchange between Jordan Markson's mother, Diana Markson, and Jordan Markson's grandmother,

Kristine Markson. Like the other exhibits, it is authentic, however, subject to the rules of evidence with regard to admissibility.

24. Riley Russell was pronounced dead at 2:52 AM on June 6, 2020. A sample of Russell's blood was drawn at 2:56 AM and provided to the state crime lab for processing. Both parties stipulate to the chain of custody of this blood sample, that it did, in fact, belong to Riley Russell, and that it does accurately reflect Russell's BAC and oxycodone-hydrochloride levels at the time of Russell's death.
25. After preparing his/her Affidavit, Dr. Alex McDonnell reviewed the Affidavit of Dr. Taylor Smith and Dr. McDonnell's opinions did not change.
26. While certification pages were not provided, both sides agree that Exhibit 4 was properly certified.

ENTERED: November 2, 2020

Catherine Meyer  
Judge

**PROSECUTION WITNESS AFFIDAVIT: BLAKE STEVENS**

1 My name is Blake Stevens. I am seventeen years old. I am a senior at Clearwater High School in  
2 the Village of Clearwater, Illinois. My parents are divorced and I live with my dad and younger  
3 sister. My older brother, Seth, also lives with us when he is home from college. In school, I am  
4 second-chair oboe in the band and I am a theater techie. I wanted to be stage manager for our  
5 school's production of Little Shop of Horrors this year, but with everything that happened, I just  
6 haven't been able to focus enough for such a big responsibility.

7 I've never had a lot of close friends. I have a hard time feeling like I really "fit in" anywhere.  
8 When I am working on a play, I feel at home with the theater kids, but we don't really hang  
9 outside of school. It makes me too nervous to ask to join them when they are doing things  
10 together, like going to Denny's after a show. Sometimes I go to the local role-playing game  
11 store and play Dungeons & Dragons, Magic: The Gathering, or Settlers of Catan. That is really  
12 fun, but the people I play games with aren't people who would really want to hang out anywhere  
13 else, besides sci-fi conventions, and I can't afford to go to those.

14 On June 5, 2020, I was almost finished with my junior year and looking forward to being done  
15 with school. Finals were the next week and then I was home free for the summer. I was planning  
16 to spend Friday night relaxing at home before studying for my exams the rest of the weekend. In  
17 gym class that day, Jordan Markson, asked me about my weekend plans. I told Jordan that my  
18 brother Seth was home from college, and that I planned to hang out with him and study for  
19 finals. Jordan asked if Seth was 21, and I said that he was.

20 The next thing I knew, Jordan was inviting me to spend the night at his/her grandma's house. I  
21 wasn't super close with Jordan because Jordan was a year ahead of me in school, but Jordan was  
22 friends with a person I had a crush on. I figured if Jordan and I became friends it would give me  
23 a better chance of being around my crush over the summer. And I thought it might make me look  
24 cool to be hanging out with someone who was a year ahead of me in school. Plus, I won't lie, I  
25 heard Jordan had a "hookup" for marijuana and I was wondering if Jordan would give me some.  
26 I had heard it might help me unwind. I also overheard Jordan telling Fletcher from gym class that

27 Jordan had a “hookup” for oxy because Jordan’s grandma always left hers in the back of the  
28 cabinet above the microwave, “like she thought she was hiding it” from Jordan. While the oxy  
29 didn’t interest me, I didn’t think it would be a good move to turn down an offer to hang out with  
30 Jordan, so I said I was interested. After I told Jordan I would join, Jordan asked if my brother  
31 could get us some beer. I didn’t have a problem with that – our stage manager from The Wiz last  
32 year asked me the same thing and Seth made it happen.

33 After school that day, Jordan, Riley Russell and I went to my apartment. I had texted my brother  
34 about picking up some beer, and he was there when I got home to hook us up. My dad wasn’t  
35 home from work yet, but I knew he wouldn’t mind if I spent a night away. He was always  
36 encouraging me to stop playing video games and leave the house on the weekends.  
37 Well, I guess I didn’t stop playing video games, but at least I left the house. Jordan saw that I  
38 had *Call of Duty: Black Ops III* and asked if I could bring it with me. After gathering some  
39 things at my place, we stopped at the gas station, bought some snacks and headed over to  
40 Jordan’s grandma’s place.

41 We stayed in Jordan’s grandma’s basement basically the whole time. Jordan’s grandma wasn’t  
42 even home, it turned out. I wasn’t really sure what the deal was or why we were there instead of  
43 Jordan’s parents’ house, but it wasn’t my business. I just went with the flow. Jordan had a bunch  
44 of his/her stuff there and the basement seemed pretty homey to him/her, so I figured Jordan must  
45 spend a lot of time there. We played video games and drank beer all night. I passed out on the  
46 couch at some point. I was kind of a lightweight and had a hard time keeping up with Jordan and  
47 Riley. It was a little embarrassing.

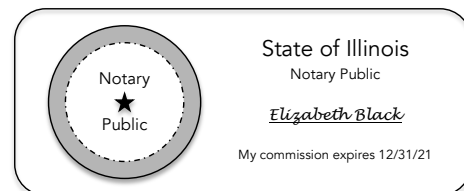
48 After passing out, I woke up at some point to go to the bathroom. Jordan and Riley were both  
49 gone when I got up and they were still gone when I got back to where I was sleeping. I was  
50 feeling a little left out, thinking they had waited to smoke weed without me. I had heard Jordan  
51 tell Riley earlier that Jordan had “something fun to try” later and at the time I thought Jordan  
52 meant weed. I was still awake when they came back to the basement about twenty minutes later.  
53 Riley seemed kind of out of it, so I assumed they “had fun” and got high without me. It kind of

54 hurt my feelings that they didn't ask me to join them. After all, I did hook them up with their  
55 beer for the night! I didn't really feel like talking to them anymore after that, so I just fell back  
56 asleep and didn't say anything.

57 Suddenly, I woke up to a cough-y, gurgly sound. I actually thought it was me at first until I came  
58 further out of sleep and realized I was fine. I looked around. The TV was still on and the room  
59 was lit up, so I could see. I saw Riley covered in vomit, choking, and struggling to breathe, and I  
60 screamed. I didn't know what to do. I saw a prescription bottle laying on the floor just a few  
61 feet from Riley (between Riley and Jordan) and realized Riley didn't just have beer and  
62 marijuana earlier that night. I later saw that the bottle had a woman's name on it – not Riley's  
63 name. Jordan kept saying "I never meant for this to happen!" Right away I knew Jordan had  
64 given Riley the pills. I am not sure if I called 911 or if it was Jordan. I was still foggy from  
65 waking up and I was still a little buzzed. I just remember Riley's lips turning blue as the choking  
66 stopped and Riley stopped moving. I kept hoping for the ambulance to get there faster. After  
67 what seemed like forever, the medical people came. They tried to help Riley breathe and even  
68 gave Riley a shot of something. It didn't work. Riley was dead.

69 It makes me so mad that Jordan gave Riley those pills. I didn't know Riley super well, but we  
70 had been in school together, so I know Riley had battled an illness his/her whole life and was a  
71 fighter. The teachers used to bring people into school to talk to us about Riley's condition,  
72 calling it something like "sixty-five roses." I couldn't spell it for the life of me, but I remember  
73 they said it affected Riley's breathing and digestion. Riley had to go to the hospital for  
74 pneumonia a lot. That night, Riley did have to take some pills before we ate pizza and had to do  
75 some kind of "therapy" that didn't look therapeutic at all but was supposed to loosen mucus or  
76 something like that. Riley complained about being in pain when she/he breathed. For Jordan to  
77 give those pills to someone in Riley's condition was just too much. I hope Jordan pays.

Blake Stevens  
Signed and sworn before me on  
November 2, 2020.  
Elizabeth Black



**PROSECUTION WITNESS AFFIDAVIT: AVERY PETERS**

1 My name is Avery Peters. I am 31 years old and a licensed Emergency Medical Technician –  
2 Paramedic (EMT-Paramedic) with the State of Illinois. I have volunteered with the Lincoln  
3 County Fire Department part-time for six years.

4 My usual full-time job is a teller at Clearwater Community bank. I wish that Lincoln was a  
5 larger community with paid EMT positions. If I didn't love Lincoln County so much, I would  
6 move to do my EMT work full-time and make good use of my license.

7 I love working as an EMT, it is never dull. I respond to calls for chest pain, car accidents, fire  
8 calls, etc. I have a pager that I wear while I am on call that alerts me to come in for a call. You  
9 never know until you get in what you are going to respond to. I wish working as a teller was half  
10 as exciting, but realistically the only time it would be exciting is if the bank was robbed!

11 I am a bit of an adrenaline junkie: skydiving, base jumping, and scuba diving with sharks are all  
12 some of my favorite activities. I even have a trip to Spain planned next year to run with the  
13 bulls!

14 I was on call for the whole weekend Friday, June 5 through Sunday, June 7, 2020. The early  
15 morning of June 6, 2020, I received a page just before 1:00 AM. I was asleep when the page first  
16 came in, so it took me a little longer than usual to get in to the station. I had to stop for a coffee  
17 on the way in because I was so tired.

18 Once I arrived at the station, I was dispatched to a residence at 340 Maple Road, Village of  
19 Clearwater, Illinois for a potential drug overdose with fellow EMT-Paramedic Doug Jones. We  
20 were the first responders on the scene. Upon arrival we were contacted by the defendant, Jordan  
21 Markson, and another young person, Blake Stevens, who led us down into the basement. As we  
22 headed down to the basement, I heard Jordan Markson mumble "I never should have given Riley  
23 those pills. . ."



24 Both Jordan Markson and Blake Stevens appeared anxious, jittery and slightly intoxicated.  
25 Blake Stevens said a few times that they “had so much to drink tonight.”

26 Once we were in the basement I found the victim, Riley Russell, laying on the floor  
27 unresponsive and surrounded by multiple cigarette butts. There was vomit on the floor next to  
28 Riley Russell, whose lips were bluish-black. This indicated to me Russell hadn’t been breathing  
29 for a significant amount of time.

30 I asked the defendant, Jordan Markson, what had happened and s/he said they had been drinking  
31 that night. S/he said Riley had also been smoking a lot of cigarettes. Jordan Markson awoke to  
32 Riley Russell making choking and gurgling sounds. Jordan also found a prescription pill bottle  
33 next to the body, but was unsure if Riley had taken any pills.

34 While I began to assess Riley Russell, Jordan Markson continued to talk rapidly about being “so  
35 sorry” and “I can’t believe this happened.” Jordan Markson continued to scream throughout my  
36 attempts to revive Riley Russell. He/She said multiple times “I never meant for this to happen.”  
37 Riley Russell was unresponsive; having observed that the prescription bottle was an opiate, I  
38 immediately suspected a potential overdose. I administered a Narcan shot (Naloxone), but Riley  
39 Russell had no measurable or visible response.

40 I checked Riley Russell’s vital signs and did not find a pulse. Russell was not breathing. I did not  
41 observe any external injuries. I inspected Riley’s airway and found no obstructions so I  
42 attempted intubation. This was not successful.

43 I attempted CPR. Unfortunately Riley Russell did not resume breathing and I still did not detect  
44 a pulse. I ceased further efforts at 2:52 AM. What a shame for such a young life to end so  
45 tragically.

46 While I was attempting CPR, the police arrived and spoke with Jordan Markson and Blake  
47 Stevens, so I was unable to get any further information from them about what Riley Russell may

48 have ingested. Unfortunately it was too late for me to do anything to prevent this tragic death  
49 anyway. At the request of the police officers on scene, I did draw a vial of blood from Riley  
50 Russell at 2:56 AM, which I turned over to the custody of the police.

51 After I realized there was nothing more I could do for Riley Russell, I inspected the prescription  
52 pill bottle further. The prescription was for a “Kristine Markson.” The date of the prescription  
53 was May 15, 2020 for 60 pills.

54 I did overhear Jordan Markson mention something about grandma’s “stash” usually kept in the  
55 back of the cabinet above the microwave. So while things were wrapping up, I took it upon  
56 myself to check the cabinet and found another prescription pill bottle and marijuana. I turned  
57 these items over to the police officers as well.

Avery Peters

Signed and sworn before me on  
November 2, 2020.

Elizabeth Black



**PROSECUTION WITNESS AFFIDAVIT: DR. ALEX MCDONNELL**

1 I am an adult resident of the state of Illinois, and I make this affidavit based on personal  
2 knowledge and medical expertise. I am the Chief Medical Examiner for the Village of  
3 Clearwater, Lincoln County, Illinois. I have held this position for thirteen years. I graduated  
4 from the Southern Illinois University School of Medicine in 1993. I did my internship in internal  
5 medicine, but soon realized that I was more interested in dead patients than living ones, so I  
6 changed my focus to forensic pathology.

7 After my residency, I worked for the World Health Organization in Nigeria, where I lived in a  
8 small village and helped identify communicable diseases contracted by the recently deceased. I  
9 was part of a team that worked to contain deadly diseases from spreading. After two years, I  
10 returned to SIU where I pursued a Masters degree in Epidemiology and taught courses in disease  
11 containment.

12 During my time at SIU, I became very interested in the drug epidemic amongst young people in  
13 Illinois. I viewed the proliferation of illegal narcotics and prescription painkillers just as I  
14 viewed highly contagious diseases in Africa: drug abuse left unchecked spreads like wildfire and  
15 destroys families and communities, particularly when children and teenagers are the ones abusing  
16 drugs.

17 I wrote my Masters thesis on containment of abuse of prescription narcotic painkillers. I  
18 researched what communities were doing to successfully curtail drug abuse, and wrote guidelines  
19 for communities to follow in order to implement plans of containment. The plan generally  
20 included a combination of education, prescription drug take-back campaigns, working with the  
21 medical and dental community to stop over-prescribing, keeping track of death-toll statistics and  
22 providing those to the public as a deterrent, and providing drug-free community events for teens.

23 Except for my time in medical school, my internship, and examination of dying patients in  
24 Nigeria, I have never treated live persons. I have never treated a patient with cystic fibrosis,  
25 although I have performed a few autopsies on patients afflicted with the disease.

26 I was asked by the State of Illinois to review the case materials in this matter and provide my

27 expert opinion regarding the cause of Riley Russell's death. In doing so, I reviewed all of the  
28 affidavits, police reports, lab reports and medical records in this matter, including Exhibits 3-17.  
29 What follows is a discussion of my opinions and a summary of the facts upon which those  
30 opinions are based.

31 Riley V. Russell arrived at the ME's office on June 6, 2020. Russell had died about 14 hours  
32 previous of a suspected overdose of the prescription narcotic Oxycodone. It was also reported  
33 that Russell had consumed alcohol and smoked cigarettes the night of June 5, 2020. Russell was  
34 afflicted with cystic fibrosis, and had been for ten years. The autopsy was unremarkable except  
35 for the clear presence of the effects of cystic fibrosis. Thick mucus can obstruct airways in  
36 people with the disease, but I found no such obstruction. I would expect that Russell could have  
37 lived at least ten more years, if not more. With proper treatment, exercise, and nutrition, Russell  
38 could have lived much longer. I found no indication that cystic fibrosis itself could cause sudden  
39 death in Russell, even with the presence of cigarettes and alcohol.

40 Oxycodone can cause severe illness or death by itself, but so can the combination of drugs and  
41 alcohol in the decedent's system. However, in this case, I believe that without the oxycodone,  
42 Riley Russell would not have died. While nobody can ever be 100% certain in these cases  
43 involving multiple substances what ultimately caused the death, I can say to a reasonable degree  
44 of medical certainty that Russell died because of the oxycodone. There are a few things that lead  
45 me to this conclusion:

46 First, the timing. Based upon a text message sent to Drew Davis, it appears that Russell  
47 had obtained the oxycodone by 11:36 pm. The first observed signs of medical complications  
48 occurred around 12:45 am, shortly before Markson and Stevens called for emergency assistance.

49 I confirmed through toxicology that Russell had orally ingested 40 mg of oxycodone-  
50 hydrochloride, in an extended release form. While I cannot be certain when Russell ingested the  
51 oxycodone, based on the timing of the text message, which is not inconsistent with the  
52 recollections of Markson and Stevens, it appears that Russell took the pill approximately one  
53 hour prior to the severe respiratory distress that led to death. The quick death is consistent with  
54 death by oxycodone.

55 Second, Russell was observed with severe respiratory distress. Oxycodone and other opiates  
56 typically cause death by respiratory depression. The patient then goes into a coma, has anoxic  
57 brain injury due to lack of oxygen to the brain, then dies. Lack of oxygen caused Russell to fall  
58 into a coma, then die a few hours later. This cause of death is consistent with death by opiates.

59 Third, the amount of opiates in Russell's system has been known to cause death. We know from  
60 the prescription bottle that the pills were 40 mg, extended release. 40 mg is typically a safe,  
61 therapeutic dose for a full-grown adult *who has a history of taking the medication*. In prescribing  
62 opiates, doctors typically start with lower doses, usually 10 or 20 mg. For those taking the  
63 medication long term, such as the grandmother, 40 mg is a safe dose because she was an adult  
64 who had developed a tolerance for the drug. However, Russell was not a full-grown adult.  
65 Russell's medical records did not indicate that s/he had ever been prescribed opiates, so it is very  
66 unlikely that s/he would have had a tolerance. I do not know if Russell took opiates without a  
67 prescription. Without a tolerance for the drug, it is more dangerous in higher doses.

68 The safe amount of opiate drugs really depends upon the person. What is safe for one person  
69 may not be safe for another. That is why it is always dangerous to take someone else's  
70 prescription drugs. I have seen overdose deaths in teenagers when only 40 mg were taken. It's  
71 rare, but taking one pill can kill.

72 These findings are consistent with death caused by an overdose of narcotic painkillers. I also  
73 considered a few items of evidence that were not consistent with death by opiates. First, Russell  
74 was gasping for air and appeared to be choking. S/he had vomited. Vomiting and choking are  
75 more consistent with alcohol poisoning. However, during the autopsy, I inspected Russell's  
76 esophagus and throat. I did not see any obstruction, which leads me to believe that respiratory  
77 distress and low oxygen to the brain was not caused by choking on vomit. Inebriated people may  
78 also choke on their tongues. I did not see any signs of this. Although Russell's blood alcohol  
79 concentration was high for someone Russell's size--it was 0.16, Russell had a history of drinking  
80 alcohol, which means s/he would have a tolerance to it. Also, .16 BAC is typically not enough,  
81 on its own, to cause death. In the several thousand autopsies I have conducted, I have only seen  
82 three people who died as a result of alcohol poisoning with a BAC below .2. All of them were  
83 teenagers.

84 In this case, it is my professional opinion to a reasonable degree of medical certainty that Russell  
85 did not die as a result of alcohol poisoning.

86 I also considered that I found no foaming around the mouth or in the lungs. Very often, overdose  
87 victims have white, frothy foam in their mouths, lungs, and trachea. This is typically seen in  
88 decedents who have trouble breathing. Opiates slow the heart. When the heart is not functioning  
89 well, the lungs fill with fluid. When one tries to breath with fluid in the lungs, a foamy substance  
90 is created. Russell's lungs were very full of fluid. They were also scarred and full of mucus,  
91 which would be a result of the cystic fibrosis. Lack of foaming at the mouth did not change my  
92 opinion that the death was respiratory depression caused by opiates, because the lungs were full  
93 of fluid and my examination of Russell concluded that his/her heart had not been functioning  
94 properly in the hours before death. About 80-90% of people who die of opiate overdose have  
95 foaming at the mouth.

96 From the investigating officer on the scene, I received a blood sample drawn from Riley Russell,  
97 and I provided it to the state crime lab for processing. That sample was drawn at 2:56 AM, and as  
98 such is, in my opinion, an accurate indicator of Russell's BAC and Oxycodone levels at the time  
99 of his death. I received the results within two weeks. The toxicology revealed Oxycodone and  
100 alcohol in Russell's blood. Russell's Blood Alcohol Content (BAC) at the time of death was .16.  
101 While this BAC is high for a person of Russell' age and size, in my medical opinion that amount  
102 of alcohol alone would not be enough to cause alcohol poisoning or death.

103 The toxicology report indicated the presence of Oxycodone in Russell's blood was .49 mg/L  
104 (milligrams per liter). While this is on the relatively low side, I have personally performed  
105 several autopsies on teenagers who died from a drug overdose who had the same amount or less  
106 of the drug in their blood.

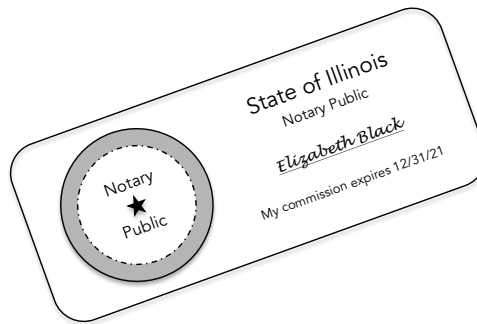
107 I can say to a reasonable degree of medical certainty that Oxycodone caused Russell's death;  
108 without it, he would have lived. I also believe, to a reasonable degree of medical certainty, that  
109 the combination of alcohol with Oxycodone was not a significant factor in Russell' death. It was  
110 the Oxycodone alone. That drug is just that powerful and dangerous.

111 I have seen so many young people taken way too soon because of Oxycodone and other similar  
112 prescription drugs. The teenagers, teachers, parents, and the medical community need to know  
113 how lethal prescription drugs can be. Too many people think that because a drug came from a  
114 doctor's office, that means its safe and anyone can take it. That's just not true.

Dr. Alex McDonnell

Signed and sworn before me on  
November 2, 2020.

Elizabeth Black



**DEFENSE WITNESS AFFIDAVIT: JORDAN MARKSON**

1 My name is Jordan Markson. I am now eighteen years old. I was eighteen when Riley Russell  
2 died. I still feel like I am in shock. It has been really hard. Not only have I lost one of my  
3 closest friends, but I also feel like I have lost my life too. Before this happened, I was  
4 admitted to attend Clearwater State. I even got a small scholarship. I was so excited to start  
5 college, but this has all put an end to that, at least for now. I hope just for now.

6 Riley and I really only became friends senior year. We just didn't really cross paths until  
7 then. Senior year, we were in the same math class, and we immediately hit it off. Riley was  
8 funny, opinionated, and liked to have a good time. I know Riley had what my mom said was a  
9 "really serious" disease, but honestly Riley never seemed that sick to me. Riley also never talked  
10 about it. Maybe Riley just didn't want to think about it.

11 June 5<sup>th</sup> was a Friday. My friend Blake Stevens and I talked in gym class about hanging out  
12 that night. Blake mentioned that his/her brother was old enough to buy us alcohol and was  
13 home from college. I asked Blake if he/she would want to come over at my grandmother's  
14 place. I thought it was a good idea because she's got a pretty nice basement. She also never goes  
15 into the basement because she says walking down the stairs hurts her knees and hips, so I never  
16 would have to worry there that I was being spied on. Honestly, I had a pretty good set-up in  
17 her basement. There's not a bed down there, but there is a couch and a bathroom. I would stay  
18 over there a lot senior year. I was getting into a lot of fights with my parents, and they were  
19 getting into a lot of fights with each other, and so it was nice to have a place to go and escape.

20 During lunch, I told Riley about my plan with Blake and Riley said he/she wanted to join.  
21 Riley was always up for things like that.

22 After talking with Blake and Riley, I called my grandma and asked her if it was cool for me to  
23 stay there that night. My mom later showed me the email exchange between her and my  
24 grandma about me saying my parents were fighting. To be honest, I did lie and told her that my  
25 parents just had a really big fight. She said she was going to be gone for the weekend— my  
26 uncle was taking her on "weekend getaway" as she put it—but she said I was welcome to stay  
27 there. I didn't tell her I'd be bringing friends over. I know that isn't very nice, especially



28 because she had been feeling sick for a while and wasn't thrilled at too many people in her  
29 house. Riley had been over there before, I think only once though.

30 After school, Riley, Blake and I all walked to Blake's house to get the beer from Blake's  
31 brother. We grabbed a video game from Blake's, and a frozen pizza and chips from a gas  
32 station and went to my grandma's house. We spent the entire night in the basement, eating,  
33 drinking, talking, and playing games. We were having a great time. I still can't believe how the  
34 night ended.

35 At one point, after we had all had a few beers, Riley asked me whether my grandma had  
36 anything fun in the house. I asked Riley what he/she meant, and Riley said "pills." I said that I  
37 knew my grandma took prescription pills, but I didn't know what they were or where they were.  
38 I would just see her taking them with meals. Riley didn't ask any other questions and we did not  
39 talk about my grandma's medications other than that. I thought it was a little funny that Riley  
40 was asking, since I had never really thought that Riley would be interested in anything like that.  
41 Honestly, I just thought Riley was just trying to seem cool or tough or whatever because we  
42 were all drunk.

43 I had no idea that Riley would go find and take the pills. It's crazy for people to think that I  
44 would have given those pills to Riley. I've seen the commercials. I know that taking  
45 prescription pills like that can kill you. Plus, I made sure we all stayed in the basement so we  
46 wouldn't make a mess of the upstairs of my grandma's house. Once we hit the basement, I  
47 didn't go upstairs the whole rest of the night—well, at least, not until the EMT and police  
48 arrived. I've never taken prescription pills other than when I got sick as a kid and was given pills  
49 by a doctor. Other than alcohol, the only thing else I've tried is weed. If I was smoking, I'd  
50 share it with friends, but I never sold weed. I've never sold any drugs, and never given  
51 anyone any drugs other than weed.

52 At some point that night, I passed out on the couch. I'm not sure exactly when it was. The next  
53 thing I remember, I woke up to what sounded like choking and gargling sounds. I looked  
54 down on the floor, where Riley and Blake were laying, and saw Riley. Riley's whole body was  
55 shaking, and it sounded like s/he couldn't breathe. It looked like Riley had puked all over

56 himself/herself.

57 I rushed over to Riley. Though Riley was moving, s/he did not appear to be awake. It was really  
58 scary. When I kneeled down next to Riley, I saw by Riley's pillow a prescription pill bottle with  
59 my grandma's name on it. I have no idea when, how, or where Riley got it. S/he must have  
60 gone looking after I passed out. I freaked out when I saw the bottle and immediately called  
61 911. Blake woke up and started screaming too.

62 It seemed like it took forever for the EMT to get there. When s/he did, s/he asked  
63 what happened. I said we had been drinking, and that I found a pill bottle next to Riley. I said  
64 I didn't know whether Riley had taken any of the pills. I was freaking out and screaming. I said  
65 that I never meant for this to happen. I felt so guilty that I had told Riley that my grandma had  
66 pills in the house.

67 I know that the EMT has since said that I said that I never should have *given* Riley pills.  
68 That's not true. I was just freaking out and kept saying "I never meant for this to happen." It was  
69 all so scary. But I am 100% sure I never said that I *gave* Riley pills. Why would I say that? It's  
70 not true.

71 The EMT gave Riley some sort of shot, but it did not seem to help. Riley's lips were blue. I'll  
72 never forget that. I kept asking the EMT whether Riley would be okay, but the EMT did not say  
73 anything.

74 A little while after the EMT arrived, police arrived. The officer took Blake and I upstairs and  
75 talked with us. He talked with me first and had Blake sit in the next room. I told him that we  
76 were in my grandma's house, and that I was there because of fights I was having with my  
77 parents. I told him that I knew my grandma took pills but I didn't know what or where they were.  
78 I was honest with him and told him that I had told Riley that my grandma had pills in the house,  
79 but that I did not give Riley the pills and that I didn't even know that Riley had taken them.

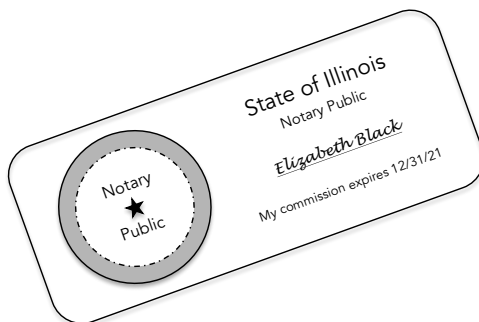
80 When I found out that Riley was dead, I could not believe it. I kept crying and saying that it  
81 could not be true. I just wanted to have a fun night with my friends. I still feel bad that I told

82 Riley that my grandma had pills in the house. I still feel like it's my fault.

Jordan Markson

Signed and sworn before me on  
November 2, 2020.

Elizabeth Black



**DEFENSE WITNESS AFFIDAVIT: DR. TAYLOR SMITH**

1 My name is Dr. Taylor Smith. I am fifty-five years old and have been practicing medicine for  
2 thirty years. I am Board Certified in Internal Medicine and Pulmonary Disease. My  
3 qualifications are more fully detailed in the attached CV. I have a particular interest and  
4 specialty in the diagnosis and treatment of cystic fibrosis due to the death of my younger brother,  
5 Victor, from the disease. As listed on my CV, I have written several publications and lectured  
6 frequently on the care and treatment of cystic fibrosis. I like to think that I am a nationally  
7 known expert on cystic fibrosis.

8 I was retained by the attorneys for Jordan Markson on August 3, 2020. Since that time, I have  
9 reviewed all of the witness affidavits, police reports, State Laboratory reports, the affidavit of Dr.  
10 Alex McDonnell, all pictures taken in this case, the text message exchange between Riley Russell  
11 and Drew Davis, the email exchange between Kristine Markson and Diana Markson, the  
12 toxicology reports, and the medical records for Riley V. Russell. Based upon my review of all of  
13 the evidence, it is my opinion to a reasonable degree of medical certainty that any Oxycodone  
14 ingested by Riley Russell on June 5 or 6, 2020, was not a substantial factor in Riley Russell's  
15 death.

16 Cystic fibrosis is a disease that causes severe damage to the lungs and also to the digestive  
17 system. Specifically, it affects cells that produce mucus, sweat, and digestive juices. Normally  
18 these bodily secretions are thin and slippery, and act like a lubricant. In people with cystic  
19 fibrosis, however, they become thick and sticky. In the lungs, this can cause breathing issues  
20 because the thicker and stickier mucus clogs the bronchial tubes that carry air in and out of the  
21 lungs. The respiratory symptoms associated with this are a persistent cough with thick sputum,  
22 wheezing, breathlessness, intolerance to exercise, more frequent lung infections, and inflamed  
23 nasal passages.

24 With proper treatment today, people with cystic fibrosis can live into their twenties and thirties.  
25 Some even live longer. However, it is not a disease that can be ignored. There are numerous  
26 potential respiratory and digestive complications. It can also lead to osteoporosis, electrolyte  
27 imbalances, and dehydration. Thus, it is extremely important for a cystic fibrosis patient to be

28 regularly seen by a doctor, take his/her medications, and engage in appropriate therapy.

29 Riley Russell was diagnosed with cystic fibrosis when s/he was seven years old. From a review  
30 of the medical records, in the last three to four years prior to his/her death, his/her lung function  
31 test results had shown a steady decrease. For example, one of the lung function flow rates,  
32 his/her FEV1 levels, had decreased from 70% of normal to 45% of normal. More recently, Riley  
33 was diagnosed with bronchiectasis, which is damage and scarring to the airways, making it even  
34 more difficult to breathe. Both the decreased lung function and the bronchiectasis are not at all  
35 uncommon in cystic fibrosis patients, but it means that s/he should have been even more careful  
36 about his/her health and environment. Riley should have been engaged in exercise training, strict  
37 nutritional guidelines, and pulmonary therapy.

38 In the most recent medical record, Riley's doctor again recommended that Riley engage in daily  
39 physical chest therapy. Often, a caregiver will perform various therapy modalities using their  
40 hands in either a percussive effect and/or vibration to loosen the mucus in the lungs. Since Riley  
41 was getting older and needed to be able to perform therapy himself/herself, Riley's doctor  
42 recommended purchasing equipment that Riley could use himself/herself. There are many  
43 different types of electrical or non-electrical palm percussors and vibrators available at a medical  
44 supply store. It's not clear from the record, but Riley's insurance probably would have covered  
45 the cost.

46 Unfortunately, from the medical records, it does not appear that Riley was faithfully engaging in  
47 the recommended physical therapy. This was then exacerbated by Riley's lifestyle. Smoking  
48 and drinking are among the worst possible things that s/he could have been doing.

49 Being a cystic fibrosis patient can be quite difficult, frustrating, and stressful. This can be  
50 especially so for teenagers because most teenagers want to fit in with a group. It is difficult for  
51 someone with CF to engage in activities that other teens are engaged in. Thus, a significant  
52 number of my teenage patients also suffer from depression. I have seen a number of patients, like  
53 Riley, who engage in behavior that has negative health consequences for them. Fortunately, most  
54 of them get through this phase and live longer lives (albeit shorter than an average person of  
55 good health). Unfortunately, however, some like Riley do not make it through this negative

56 phase in their lives and they live much shorter lives—some even commit suicide.

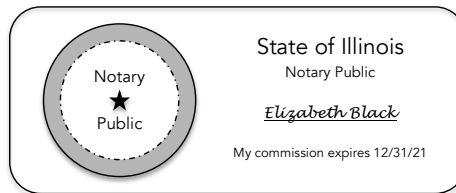
57 It is my opinion to a reasonable degree of medical certainty that Riley Russell’s heavy drinking  
58 and smoking caused his/her death. S/He already had a diminished lung capacity. Smoking and  
59 being in an environment where others were smoking overwhelmed his/her lungs and led to  
60 respiratory failure. This was the cause of the “choking” sounds that his/her friends reported.

61 I acknowledge that Riley did have Oxycodone-hydrochloride in his/her system. While the  
62 ingestion of Oxycodone did not help his/her condition, the levels present in his/her blood would  
63 not have been enough to cause an overdose and death. According to the ME, s/he only took one  
64 40 mg tablet. This is within the normal therapeutic dosage, although on the upper end for an  
65 adult. Granted, Riley was only a teenager and as a non-user the dosage could have had a stronger  
66 effect, but s/he was not far from being an adult with a similar size as an adult. 40 mg just should  
67 not have caused an irreversible overdose. Even with the CF, if Riley had not been drinking and  
68 smoking, s/he could have survived an overdose at those levels. The EMT’s administration of  
69 Narcan did not have the desired effect, because Riley’s lungs had shut down. Oxycodone or no  
70 Oxycodone that night, Riley would have died due to the drinking and smoking. Therefore, it is  
71 my opinion that the Oxycodone was not a substantial factor in Riley’s death.

*Dr. Taylor Smith*

Signed and sworn before me on  
November 2, 2020.

*Elizabeth Black*



**DEFENSE WITNESS AFFIDAVIT: DREW DAVIS**

1 My name is Drew Davis. I graduated from Clearwater High on June 22, 2020. I was the  
2 valedictorian of my class, and now I attend University of Illinois Springfield. I even got the  
3 Lincoln Merit Award Academic Scholarship for being valedictorian, which helps with the tuition  
4 costs. I just love being a Prairie Star. I'm hoping to be in the Capitol Scholar Honors Program  
5 once I get a little further along in college—I heard that Capitol Scholars can get room and board  
6 for free!

7 One thing I'd like to do once I graduate and get a job is start some kind of scholarship fund for  
8 my friend Riley Russell. Riley's death was a horrible tragedy. To be honest, I still haven't  
9 recovered, and I'm not sure I ever will. Riley and I were friends since we were three. Our moms  
10 got to know each other in some kind of jazzercise class or something and they became fast  
11 friends, and after that Riley and I were always hanging out together, whenever our moms wanted  
12 to get together to go shopping or have coffee. Our families became really good friends. Riley had  
13 two little brothers the same age as my little brothers, so our families would get together a lot.  
14 Some of my best memories as a kid were with Riley, exploring the woods and building sand  
15 castles on the beach during our annual camping trips.

16 As we got older, we started hanging out in separate circles at school. We were still good friends,  
17 and we still hung out very regularly, but we sort of went our separate ways at school. I became  
18 very focused on my schoolwork and my extra-curricular activities: Mock Trial, Student Council,  
19 Robotics Club, Academic Decathlon, Peer Helpers, Marching Band, Jazz Band, Debate,  
20 Forensics, Key Club, German Club, and Prairie Star Boys/Girls State. Mock Trial was of course  
21 my favorite of all of my activities. I also met regularly with my teachers to make sure I was  
22 understanding the class materials and preparing adequately for my tests, papers, and course  
23 projects.

24 Riley, on the other hand, started to hang with a group of people that enjoyed a different type of  
25 extra-curriculars. Jordan Markson, for example, was one of Riley's good school friends senior  
26 year. Jordan was kind of a popular person in our high school. S/he was good-looking, and always  
27 knew what to say in social situations. But, everyone in school knew Jordan had a bit of a

28 reputation. I heard that Jordan could throw some epic parties, and could always get everyone's  
29 older siblings to get beer and liquor for the parties. I also heard a rumor that Jordan was into  
30 more than just alcohol and weed. I tried not to pay too much attention to those rumors because I  
31 wasn't into that stuff—I was always worried it would distract from my studies. But, even though  
32 I didn't drink or do drugs, Jordan was always really nice to me senior year because of my  
33 friendship with Riley. I was always worried people wouldn't like me very much because of how  
34 committed I was to my studies and my extracurriculars, but people always treated me really well  
35 in school and I think that was because of Riley. Popular kids sometimes have that kind of  
36 influence over people.

37 Even though I like Jordan, I was a little bit worried about Riley hanging out with Jordan so much  
38 senior year. I never wanted to be Riley's babysitter, but Riley was supposed to be extra-cautious  
39 because of his/her cystic fibrosis. I still remember when Riley was diagnosed. We were seven,  
40 but Riley's eighth birthday was just around the corner. Riley was always coughing, and  
41 sometimes s/he would cough up blood, which was really scary. Riley had a hard time breathing,  
42 and if s/he would try to run around playing capture the flag s/he would always wind up wheezing  
43 and unable to catch his/her breath. Riley was always sick, and seemed to have constant sinus  
44 infections, bronchitis, and even pneumonia when we were just little kids. Riley was also always  
45 really really skinny.

46 I remember Riley telling me how s/he was going in for testing. S/he said the doctors were testing  
47 for lots of things, and s/he had to get x-rays and blood tests, and some kind of breathing test. I  
48 still remember when my parents brought all three of us kids into their bedroom to sit us down  
49 and tell us about Riley's diagnosis. At seven, I don't think I really comprehended the seriousness  
50 of it, but I started to understand as Riley and I got older. Riley was always in and out of the  
51 hospital, and the symptoms s/he had as a kid continued. What really hit home though was when  
52 we were about 12 and Riley told me that a lot of people with cystic fibrosis only live until they  
53 are in their 20s or 30s.

54 At that point I started doing all of the research I could about cystic fibrosis. I tried to attack it the  
55 same way I attack my school studies. I learned that with therapy, training, and some



56 dietary/nutritional guidelines, some people with CF are living into their 40s and even 50s! I also  
57 knew that if Riley was going to be smoking and drinking (or worse) with Jordan Markson, it  
58 would do a lot more damage to Riley than to someone without CF. So, Riley and I sometimes got  
59 into arguments about the way s/he was taking care of himself/herself. Riley knew it was only  
60 because I cared about him/her, and our friendship stayed strong despite our disagreements.

61 In high school was when Riley really stopped taking care of himself/herself. When I would catch  
62 Riley smoking a cigarette, I would usually bicker with him/her, but Riley would usually respond  
63 something to the effect of, "I've got a short life to live; nothing's gonna stop me from living it to  
64 the fullest!" I think the reality of Riley's diagnosis of CF really got to Riley. I always had a hard  
65 time responding, because I know I can't even imagine what a diagnosis like CF must have felt  
66 like to him/her from an emotional standpoint. I probably saw Riley smoking cigarettes ten times  
67 total during high school, starting around freshman year and spread out up until a month or so  
68 before Riley's death—Riley told me s/he didn't smoke all the time, just occasionally.

69 I assume that Riley was drinking, too, at least during senior year, based on the fact that Jordan's  
70 reputation is that s/he likes to hold parties, and Riley and Jordan were very close senior year. I  
71 never actually saw Riley drinking, because I never wanted to go to a party and get peer-pressured  
72 into drinking. I did have one conversation with Riley about drinking, where I said, "You know,  
73 Riley, you shouldn't be drinking—that's not the way to take care of yourself." Riley laughed and  
74 responded, "You need to quit worrying about me, Drew, it's not good for YOUR health to be  
75 constantly worrying about me."

76 I do also know that Riley was doing a lot of therapy right after s/he was diagnosed. On our  
77 camping trips and when we were at Riley's home, Riley's mom would have Riley lay down on  
78 his/her side. Riley's mom would then do what looked like patting or clapping him/her along the  
79 side, and Riley would usually cough up a bunch of mucus. I know Riley was embarrassed about  
80 that, especially as we got older; I think I'm the only friend who was allowed in the same room  
81 when that was happening—usually we'd just be watching a movie during the therapy.

82 During high school, I didn't really see Riley's mom doing the therapy with Riley, but I also  
83 wasn't at his house as much at bedtime and in the morning, which is when it happened when we  
84 were younger. One time in high school, Riley and I were hanging out after school until around  
85 5:00 pm, when we went back to Riley's house for dinner. Riley's parents asked how his physical  
86 therapy had gone after school that day, and Riley responded, "It went great." I knew Riley was  
87 lying to his parents, because I had been with Riley the whole time after school and s/he didn't go  
88 to physical therapy. But, I didn't say anything to his parents, because I didn't want to be a snitch  
89 and I figured maybe Riley had just skipped that one session. Riley's mom also asked whether  
90 Riley had "used the vest" that morning, whatever that means, and Riley said that s/he had. I  
91 wasn't with Riley in the morning, so I'm not sure whether or not s/he was telling the truth on that.

92 I do think Riley started looking worse and worse in high school; s/he was very very skinny and  
93 just didn't look that healthy. I also noticed that Riley's breathing was getting worse. S/he had a  
94 hard time breathing just in everyday activities, not just during gym class or after walking up a  
95 flight of stairs.

96 On June 5, 2020, I had decided to stay in and study, because finals were just around the corner,  
97 and I wanted to make sure I would maintain my high GPA and status as first in my class. I  
98 wound up going to bed around 11:00 pm that night. The next morning, I saw that I had received a  
99 text message on my phone from Riley the night before, at 11:36 pm. The text was a picture of a  
100 pill bottle. When I made the image bigger on my phone, I could tell it was for a prescription that  
101 was not Riley's, and I could see it was for "Oxycodone HCL" and then something that looked  
102 like "Extend," but I couldn't read the rest of it because of the angle. Riley also had sent a  
103 message saying "Hey... check out what I scored tonight" along with a sunglasses-face emoticon.  
104 A day or two later I took a screenshot of the text message I had received and turned it over to the  
105 police. In the screenshot you can see part of an earlier text message exchange between Riley and  
106 me, but that was from a week or two before Riley passed.

107 I am so upset that I didn't see the text message until after Riley had already passed away. I just  
108 wish I had seen that message; I sort of feel like Riley texted me because s/he was calling for  
109 help—s/he knew that if I saw it I would have replied and told Riley not to take it! Maybe I even

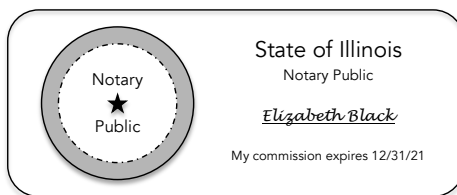
110 could have called Riley's parents and told them about it. While I know Riley would have been  
111 upset with me if I had done that, maybe it would have saved his/her life!

112 After everything that has happened, I really wish I had spoken up to Riley's parents about the  
113 way s/he was taking care of himself. If only I had brought up to his parents when s/he lied about  
114 going to therapy that one time, maybe that would have opened up the conversation to talking  
115 about how s/he was treating his body when they weren't watching. Riley was like a brother/sister  
116 to me, and I can't help but feeling like I let him/her down by not taking better care of him/her  
117 while s/he was still here.

Drew Davis

Signed and sworn before me on  
November 2, 2020.

Elizabeth Black



# CURRICULUM VITAE OF TAYLOR SMITH, M.D.

**1060 West Addison Street, Chicago, IL 60613**  
**(312) 214-1970**

## Education

- Johns Hopkins University, Baltimore, MD
  - Post-graduate fellowship, 1985-87, Pulmonology
  - Residency, 1984-87
- University of Chicago, Chicago, IL
  - M.D., May, 1984
  - B.S., May, 1981

## Certifications

- Board Certified in Internal Medicine, 1990
- Board Certified in Pulmonary Disease, 1991

## Professional Experience

- University of Chicago Pritzker School of Medicine
  - Professor, Pulmonary Diseases, 2007-Present
  - Assistant Professor, Internal Medicine, 2003-2007
  - Lecturer in various areas, 1995-2003
- Chicago Institute of Pulmonary Medicine
  - Partner, 2005-Present
  - Associate, 1995-2005
- Tinker, Evers, Chance, S.C., 1987-95
  - Internal Medicine and Pulmonary Care Physician

## Community Activities

- Chicago Cystic Fibrosis Society
  - Chair, 2009-11
  - Board, 1999-11
  - Volunteer, 1987-Present
- Boys and Girls Club, Board Member and Volunteer, 1995-Present
- Mayor's Committee on Pulmonary Health of City Residents, 2007-10
- Cubs Booster Club, 1987-Present

## Publications

“Incidence of Mesothelioma among Sparrows Point Shipbuilders during WWII,” *Literature and Medicine*, June 1989.

“Pulmonary Disease in Urban Centers in America,” *New England Journal of Medicine*, November, 1992.

“An Epidemiological Analysis of Cystic Fibrosis in the Midwest,” *American Journal of Respiratory and Critical Care Medicine*, April, 1999.

“Care and Treatment of Cystic Fibrosis in Teenagers,” *Journal of American Medical*

*Association*, September, 1999.

“Cystic Fibrosis Treatment can extend Life Spans,” *New England Journal of Medicine*, January, 2005.

“Bronchiolitis obliterans in former workers of a microwave popcorn plant in Jasper, Missouri,” *The Lancet Respiratory Medicine*, March, 2008.

“Is this the Year?” *Curse of the Goat*, May, 2010.

“A Shocking Comparison of Respiratory Health of Inner City Children in American Cities with Children in Undeveloped Countries,” *Stanford Journal of Global Health & Development*, July, 2012.

“A Call to Arms: the Medical Crisis in Syria,” *International Journal of Medical Sciences*, August, 2017.

“Maybe This Year, Finally?” *Curse of the Goat*, April, 2019.

# CURRICULUM VITAE

## Alex McDonnell, M.D.

### Licensed to Practice Medicine in: Illinois

#### Professional Experience

- Chief Medical Examiner, Office of the Chief Medical Examiner, Lincoln County, IL, 2003 – present
- World Health Organization, Nigeria

#### Education

- MD, 1993, Southern Illinois University School of Medicine
- MS, Epidemiology, 1999, Southern Illinois University School of Public Health

#### Professional Training

- Village of Clearwater, Office of the Chief Medical Examiner, Lincoln County, Illinois, 2003-Present
- Fellowship in Forensic Pathology, 2003-2003
- Forensic Fellowship Program, 2000-2001
  - Lincoln County Medical Examiner's Office, in conjunction with Southern Illinois University School of Medicine
- Residency in Pathology and Laboratory Medicine 1995-1997
  - Southern Illinois University School of Public Health
- Internship, Internal Medicine, 1994
  - Southern Illinois University School of Medicine

#### Board Certification

- Diplomate of the American Board of Pathology in Anatomic and Forensic Pathology

#### Professional Memberships

- National Association of Medical Examiners
  - Member: Forensic Toxicology Committee
- Illinois Coroner and Medical Examiner's Association
- Illinois Association of Homicide Investigators
  - Member of Board of Directors, 2011 – 2014
- American Society for Clinical Pathology
- Association for Molecular Pathology

## LINCOLN COUNTY CRIME LABORATORY REPORT

**Submitting Agency:**

Chief Medical Examiner Dr. Alex McDonnell  
 Village of Clearwater Medical Examiner's Office  
 Lincoln County, Illinois

Case Name: Russell, Riley  
 Case No.: R20-864  
 Agency No.: 20-798753

**Laboratory Analyst:** Eddie Lacy, Toxicologist

**EVIDENCE:**

Item A1(blood), reportedly recovered from Riley Russell on June 6, 2020 at 2:56 hours, was received at the State Crime Laboratory on June 8, 2020, delivered by Avery Peters.

Item A1(blood)

Toxicologist	Drug	Result	Uncertainty (99.73% coverage probability)
<i>Volatiles Analysis by Headspace Gas Chromatography</i>			
Eddie Lacy	Oxycodone-hydrochloride	0.491 ng/L	#0.009 mg/L
Eddie Lacy	Ethanol	0.160 g/100mL	#0.009 g/100mL

Toxicology analysis of the above item(s) is complete. Upon the completion of all requested analyses, the item(s) will be returned to the submitting agency.

I do hereby certify this document, consisting of 1 page(s), to be a true and correct report of the findings of the Lincoln County Crime Laboratory on the items, examined as shown by this report. This report contains the conclusions of the above signed analyst.

*Eddie Lacy*

Date: October 13, 2020

COPYING AND DISTRIBUTION OF THIS REPORT IS THE RESPONSIBILITY OF THE SUBMITTING AGENCY  
 The laboratory reserves the right to choose the items which will be tested and the methods which will be used to test them.

## -----LINCOLN COMMUNITY MEDICAL CENTER-----

Date: May 1, 2019  
Patient: Riley Russell  
DOB: 05/04/2001  
Soc Sec No.: XXX-XX-3333  
Physician: Dr. Stanley Owsley, M.D.

**History:** Riley Russell has been treated for cystic fibrosis for approximately ten years. Generally Riley's cystic fibrosis manifested itself in the lungs with extremely minimal affectations in the digestive system. I first began treating the patient about five years ago. At that time the patient's cystic fibrosis was being managed adequately with minimally aggressive therapy. Riley's caretakers were Riley's parents, with his/her mother performing more of the therapy since to my understanding she stayed at home. This office provided literature and videos on performing respiratory therapy, such as clapping and vibration therapy by hand. In 2011, although Riley's lung function was slightly reduced as would be expected for a cystic fibrosis patient, Riley's FEV1 rates were still close to the normal range at 77%. The occasional infections were treated successfully with normal antibiotics. In 2014, FEV1 had dropped to 70%, below normal range but still not seriously low. Nevertheless, we started to monitor Riley more frequently and discuss alternative respiratory therapy with the patient's parents. The trend, however, became more concerning. In 2015, FEV1 readings ranged from 60-65% of normal. In 2016, the readings were 55-60%. A vibrating vest was recommended to help break up the mucus more than just manual physical therapy. My understanding is that they purchased such and it was covered by insurance, but as Riley got older he started to balk at all of the "abnormal" measures. Infections also started to increase and x-rays showed increased scarring and mucus. In 2017, testing became more serious. FEV1 was down to 50% and x-ray showed scarring in 50% of the lungs.

**Current Testing:** FEV1 is reduced at 45% of normal. Total Lung Capacity (TLC) was slightly increased at 110% due to air trapping. X-rays show lung scarring in 60% of the lungs and shadowing indicating large amounts of mucus.

**Examination:** Examination shows a generally well-formed teenage patient, but with a borderline sickly pallor. Patient is underweight. Lungs have diminished breath sounds in lower lungs, rasps, and a clear difficulty breathing. Fingernails have mild cyanosis indicating lack of oxygenation of the blood. There also appears to be the beginnings of clubbing in the fingers indicating the same.

**Discussion:** Patient is now 17 and here without parent. We had a frank discussion about patient's condition. Patient admits to smoking cigarettes occasionally, which I in the strongest possible way recommended against. Given patient's current lung functioning and disease, cigarettes by themselves could lead to an early death. Patient expressed "but all my friends smoke." I responded that it was not healthy for them, but could be deadly for patient due to condition. Patient's lungs are currently borderline and I explained that the additional strain from cigarette smoking (or indeed any environmental contaminant) could pose serious problems for patient. This includes second-hand smoke. Patient appears to be suffering from depression in addition to



normal teen-age angst. I prescribed 5 mg Escitalopram to start and referred patient to the Psychiatry department for follow up and treatment.

I also discussed with patient the physical respiratory therapy. Patient has not been engaging in therapy on a consistent basis. As noted above, when younger patient's mother performed therapy daily. As patient has aged, s/he has balked at mother performing the therapy but patient admits that s/he does not do the therapy on a daily basis. Indeed, Riley admitted that in a week s/he only does the therapy three or four times. Riley said it was not that bad when younger, most of the kids were nice to him/her. Now that patient is older s/he expresses frustration not being able to take part in most of the normal teenage activities. I tried to express sympathy, but it is always easier said. I again stressed that patient make use of the vibrating vest purchased a couple of years ago. It will help break up the mucus and hopefully at the very least stabilize lung functions. Without it, I'm very concerned that patient will end up hospitalized. Although patient acknowledged the need and seemed to indicate assent, I am skeptical that patient will follow through. A light aerobic exercise program is also helpful.

Recommendations:

- F/u with psychiatry.
- Re-engage in respiratory therapy, including using vibrating vest daily.
- Begin light aerobic exercise, such as moderate walking on treadmill. Gave referral to our physical therapy department.
- Cease smoking and being around anyone smoking.
- Healthy diet. Literature and referral to nutritionist given.
- Prescription for inhaler to use as needed.
- Return visit in two months.

Dr. Stanley Dwsley, M.D  
Signed 5/1/2019



Incident No.: 20-881873

Date: 06-06-2020 Time: 00:54 hours

**Dispatch:** "911. What is the address of your emergency?"

**Caller 1:** "It's my grandma's house! It's on Maple Road. Umm 340 Maple Road."

**Dispatch:** "What's going on there?"

**Caller 1:** "There was an accident. Riley isn't breathing!"

**Dispatch:** "Why is Riley not breathing? Did something happen to Riley?"

**Caller 1:** "I don't know. I woke up and Riley wasn't breathing."

**Dispatch:** "What's your name?"

**Caller 1:** "Jordan."

**Dispatch:** "Okay. Give me a minute to get help on the way."

**Dispatch:** "Lincoln County Fire Department Ambulance 1. You're due for an unconscious person, not breathing at 340 Maple Road, Clearwater. Cause of injury is unknown at this time."

**Dispatch:** "Lincoln County PD unit K78, you're due an unconscious person at 340 Maple Road."

**LCPD K78:** "Copy. I'm in route."

**AMB 1 AP:** "Dispatch this is Avery Peters. I copy for Ambulance 1 and I am on the way to the station to be in route."

**Dispatch:** "Okay, I've dispatched police and EMS to you."

**Caller 1:** "Oh god. Riley took my grandma's pills. Riley only knew they were there because of me."

**Dispatch:** "Jordan, what kind of pills were they? Jordan...."

\*\*\*\*\* CALL ENDS \*\*\*\*\*

Exhibit 6

⬅ Back

Riley Russell

Contact

Mon, Jun 1, 2:38 PM

Sorry they are making me go... 😞 🙄

No worries! Next time for sure.



Fri, Jun 5, 11:44 PM

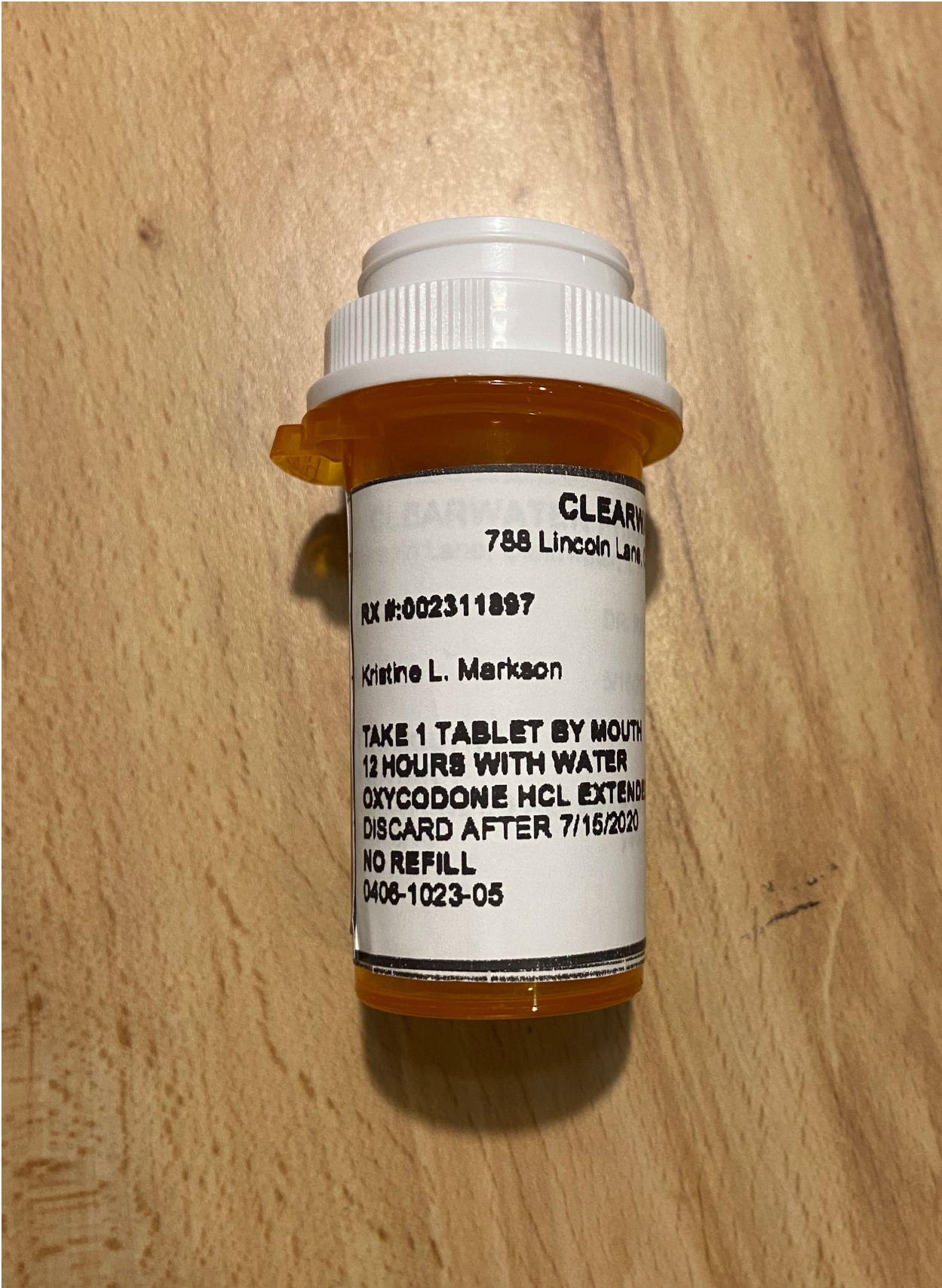
Hey.....Check out what I scored!!! 😎



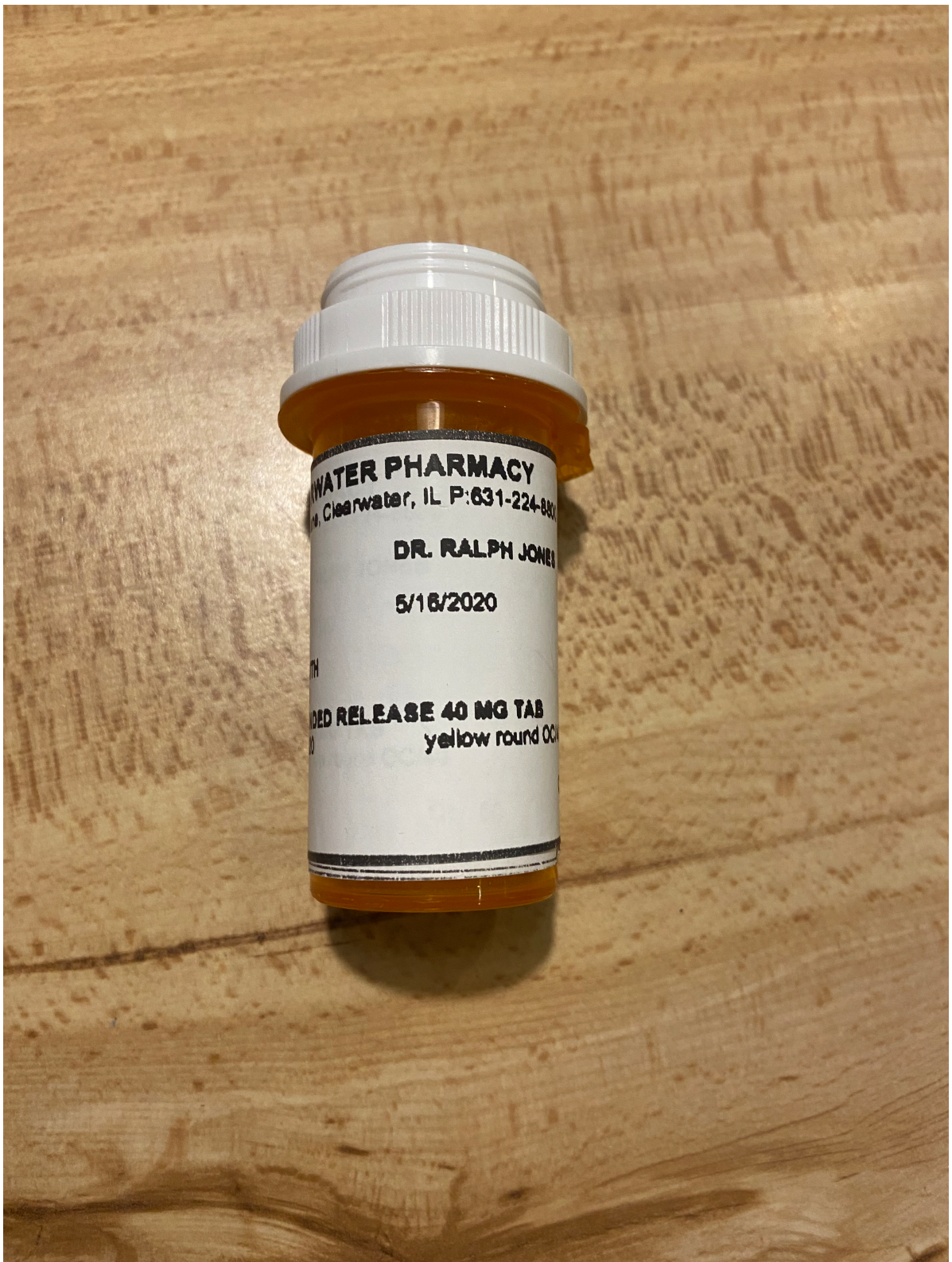
iMessage

Send









**CLEARWATER PHARMACY**

788 Lincoln Lane, Clearwater, IL P:631-224-8800

**RX #:002311897**

**DR. RALPH JONES**

Kristine L. Markson

5/16/2020

**TAKE 1 TABLET BY MOUTH  
12 HOURS WITH WATER**

**OXYCODONE HCL EXTENDED RELEASE 40 MG TAB**

DISCARD AFTER 7/15/2020

yellow round OC/40

**NO REFILL**

0406-1023-05

Qty: 60





**Lincoln County Police Department  
Incident Report**

Incident: <b>Undetermined Death (Drug Overdose)</b>		
Incident Report No. <b>2020-116233</b>	Incident Date: <b>6/5/2020</b>	Incident Time: <b>1:05 AM</b>
Reporting Officer: <b>Rogers, Sam</b>		Report Date: <b>6/9/2020</b>
Incident Location: <b>340 Maple Road, Village of Clearwater, Illinois</b>		
Individual's Name: <b>Riley Russell</b>	DOB: <b>05/04/2001</b>	
Individual's Address: <b>340 Maple Road, Village of Clearwater, Illinois</b>	Phone: <b>N/A</b>	
Employer: <b>N/A</b>	Work Phone: <b>N/A</b>	
Employer Address: <b>N/A</b>		

**Narrative:**  
On June 6, 2020, at 1:05, I, Officer Sam Smith, was on foot patrol in Lincoln Park when I received a dispatch call to 340 Maple Road, Village of Clearwater, Illinois. Jordan MARKSON reported a individual was nonresponsive in the basement of the 340 Maple Road residence. When I arrived at the scene, I was met at the door by EMT-Paramedic Doug JONES and was led down into the basement.

The basement was disorderly and had an unpleasant odor. MARKSON and Blake STEVENS appeared anxious, jittery and slightly intoxicated.

Riley RUSSELL, the individual that was unconscious, was laying on the floor surrounded by many cigarette butts. There was vomit next to RUSSELL'S lips. RUSSELL'S cheeks and lips were bluish-black. RUSSELL was not making any movements. According to EMT-Paramedic Avery PETERS, MARKSON indicated that RUSSELL may have overdosed, and accordingly, PETERS administered a Narcan shot (Naloxone). RUSSELL had no visible response. PETERS conducted CPR until 2:52 AM, in accordance with standard procedures. The CPR efforts were unsuccessful. RUSSELL did not have a pulse at this time, and s/he was not breathing. Upon examination of RUSSELL's body, there did not appear to be any external injuries.

At 2:56 AM, PETERS drew a vial of blood from RUSSELL, according to standard procedures. PETERS turned this vial of blood over to us at the scene.

While examination of RUSSELL'S body was ongoing, we spoke with MARKSON and STEVENS who both indicated that they were drinking alcohol, but had not given any pain killers or pills to RUSSELL. They indicated that they were unaware that pills were being used by RUSSELL that night, and stated that neither of them partook in any kind of activity.

PETERS found a prescription pill bottle and marijuana prescribed for "Kristine Markson" in the kitchen upstairs, and turned this evidence over to us at the scene.

<b>Reporting Officer:</b> <i>Sam Rogers</i> 48	<b>Supervisor:</b> <i>Sgt. Sherry Jacobs</i>
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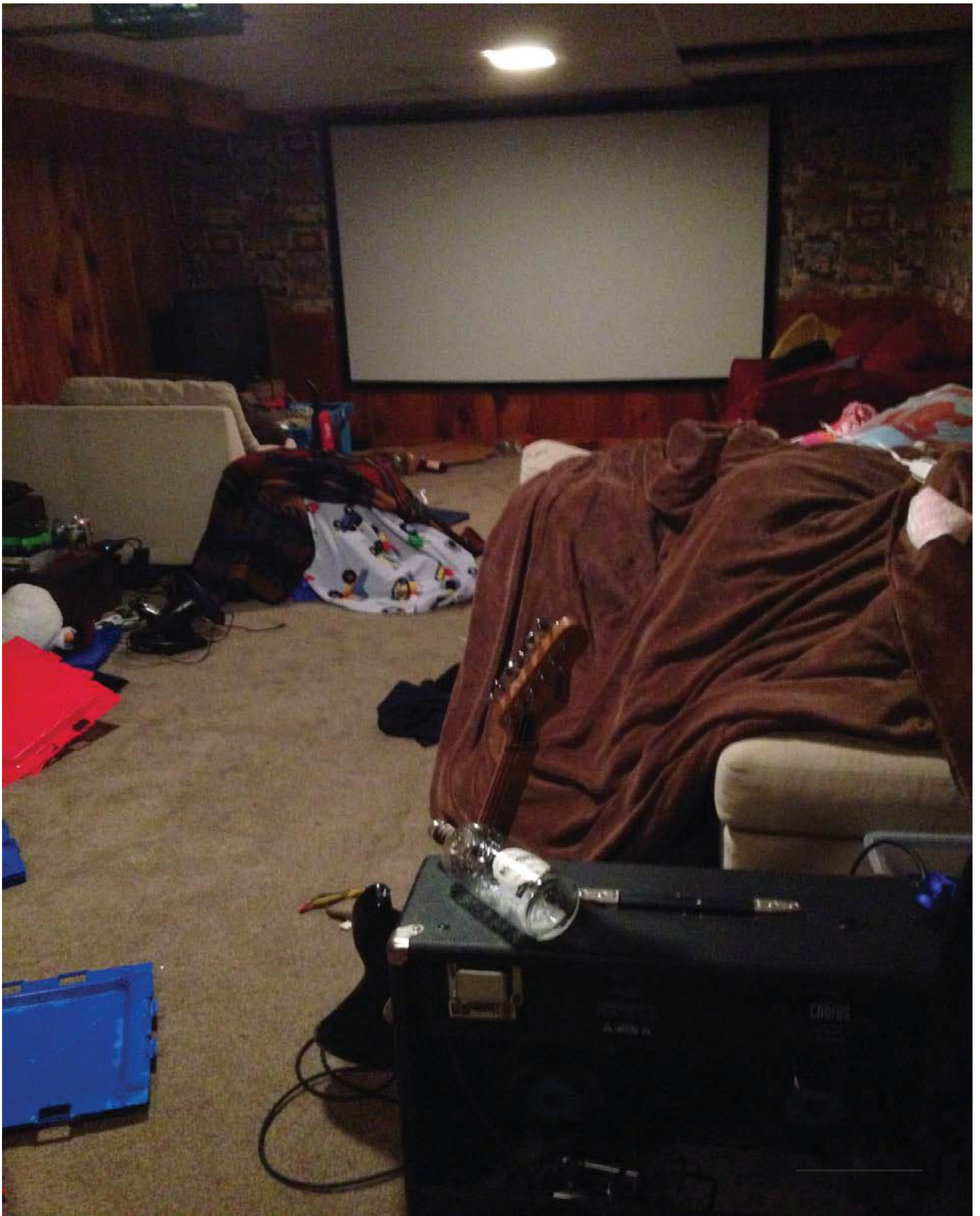


Exhibit 11

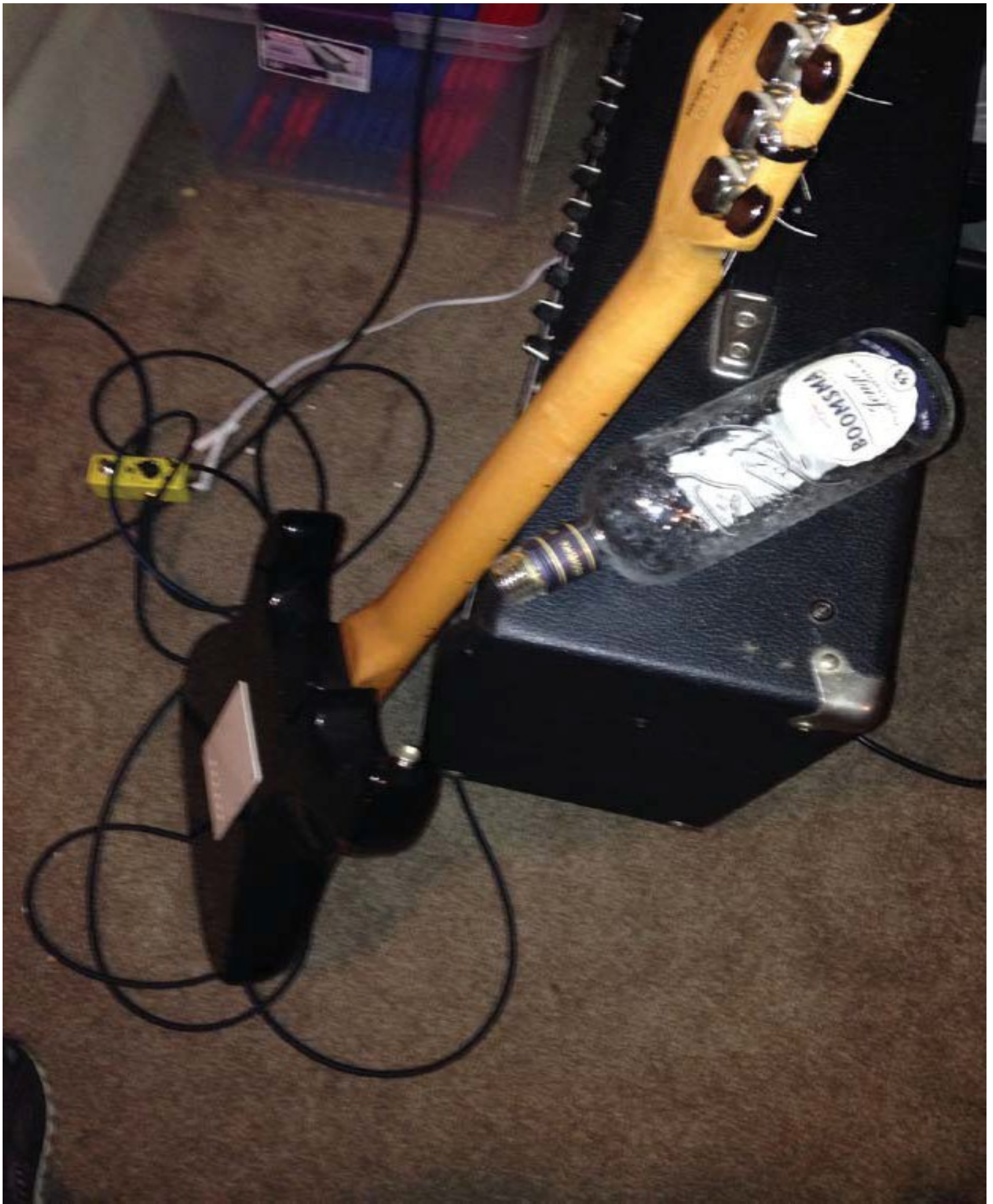


**Exhibit 12**

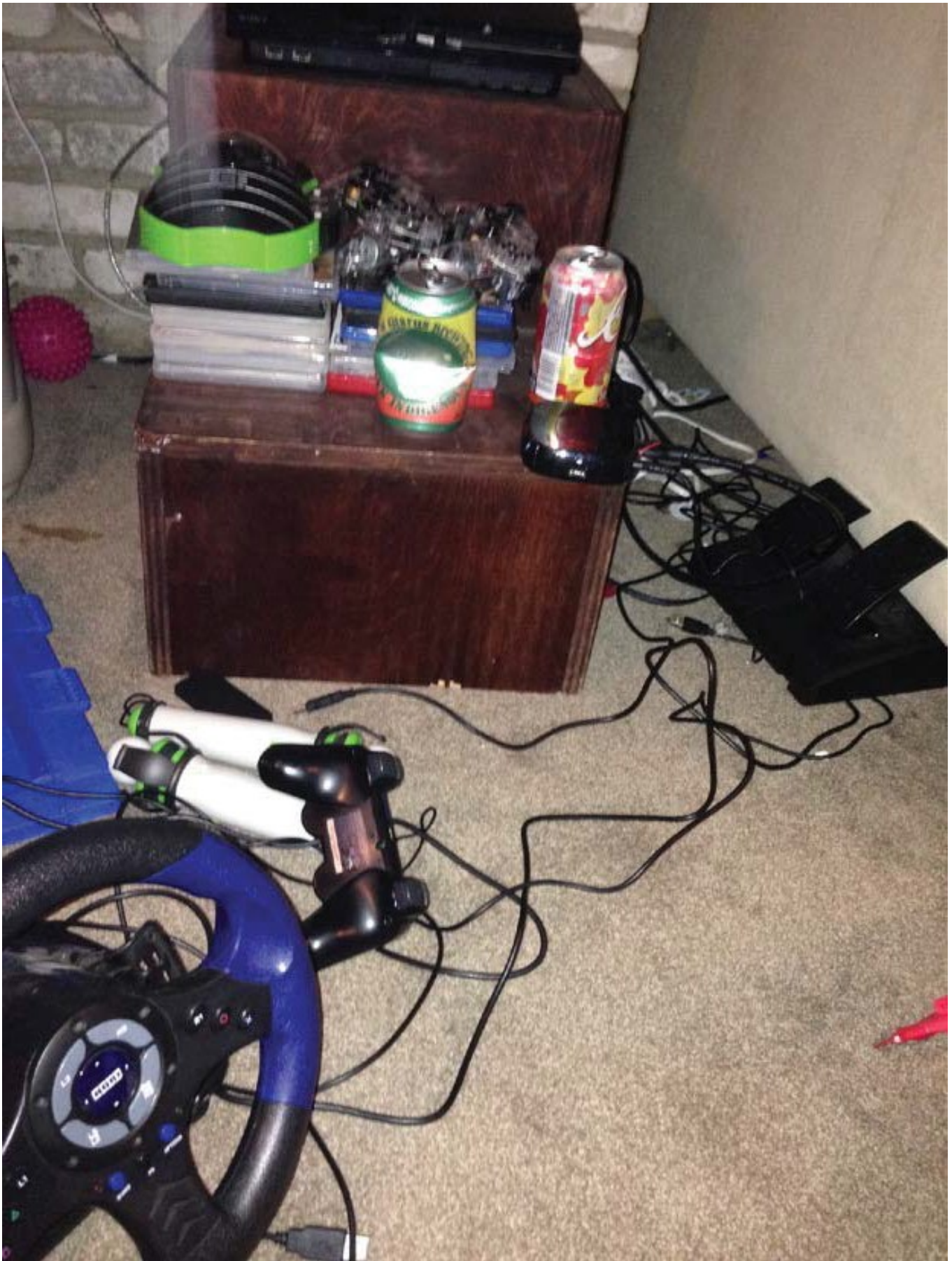




Exhibit 13













kristine.l.marks@gmail.com

**this weekend**

2 messages

**Diana Marks** <dianamarks40@gmail.com>  
To: kristine.l.marks@gmail.com

Sat, June 4, 2016 at 2:25 PM

Kris-

We tried calling, but Eric said your phone was being worked on and that you were talking with some detective who was asking questions. What happened this weekend? I didn't even know Jordan was staying with you. I thought you were on your weekend getaway? I can only get bits and pieces out of Jordan and I'm just trying to get some answers. People have said something about oxycodone and that it was yours, but Dr. Jones said you were supposed to be taking it every 12 hours – didn't you bring it with you for the weekend? If it was yours, are you missing some? John and I are going to come over for dinner on wed like usual but if you do get this before then, maybe you could come over or we could talk???

Diana

**Kristine Marks** <kristine.l.marks@gmail.com>  
To: **Diana Marks** <dianamarks40@gmail.com>

Sun, June 5, 2016 at 12:32 AM

Diana ~

Sorry to be responding so late! Its been a long day! As you know we came home early when we found out what happened! I've been talking with the police me and trying to make sense of it all! Yes, it looks like that poor child took my medicine! I can't even believe it! Had I known, I would have taken all of it with me! I just the pill organizer Johnny picked up for me after he took me to that last appointment and left the rest at home in the bottle! It looks like I am missing 2 of the pills but I don't know if they were both missing from this weekend or if it could have been before that! I thought Jordan told you that s/he was staying with me! Jordan said you and Johnny were fighting again – is that true?? Are you and Johnny okay?

P.S. Dinner on Wednesday sounds great with you and Johnny. I'm making casserole so don't bring anything!

Kris.