



2025-2026 High School Mock Trial Case*

State of Connecticut
v.
Nic/Niki VanSteenburg

Mock Trial Committee

Hon. Joyce Krutick Craig
Attorney Jeanine Dumont
Hon. Hope C. Seeley
Attorney Jonathan Weiner
Attorney Mark K. Youssef

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*This case originated from the State of New Mexico's Center for Civic Values and was used as the 2024 New Mexico High School Mock Trial Competition case. The CBA's Mock Trial Committee is grateful to the Center for Civic Values for granting us permission to use the case. The Mock Trial Committee adapted the case to Connecticut and made changes to the content contained in the case problem used in the prior competition in New Mexico.

Table of Contents

Message from the Mock Trial Committee.....	1
Case Summary	3
Pleadings	4
Pretrial Order.....	5
Stipulations	7
Jury Instructions.....	9
List of Witnesses	15
Pronunciation Guide.....	16
WITNESS STATEMENTS	17
Statement of Kenny/Keni Rodriguez, M.D.....	18
Statement of Kris Seeley	24
Statement of Emil/Amaya Espanol	28
Statement of Brian/Brianna Arenales	32
Statement of Nic/Niki VanSteenburg.....	36
Statement of Taylor Williams.....	41
Exhibit List.....	44
Exhibit 1	45
Exhibit 2.....	46
Exhibit 3.....	47
Exhibit 4.....	48
Exhibit 5.....	50
Exhibit 5A	51
Exhibit 6.....	52
Exhibit 7.....	56
Exhibit 8.....	57
Exhibit 9.....	58
Exhibit 10.....	59

Message from the Mock Trial Committee

The Connecticut High School Mock Trial Competition is, first and foremost, an educational program designed to encourage a deeper understanding and appreciation of the American legal system by providing students with an opportunity to participate actively in the legal process. Mock trials help students gain appreciation for the rule of law, legal issues and courtroom procedure. Moreover, while obtaining this knowledge, students develop oral advocacy skills, including proficiency in asking questions, listening, reasoning and thinking on their feet. Additional objectives include providing an opportunity to compete in an academic setting while promoting effective communication and cooperation between team members.

Equally important, is that participation in mock trial will teach the students professionalism. Students learn ethics, civility and how to be ardent, but courteous advocates for their clients. Good sportsmanship and respect for all participants are central to the competition. We thank the teachers, coaches, advisors and judges, not only for the skills that they teach, but for the example of professionalism and good sportsmanship that they model for the students throughout the tournament. The reality of the adversary system is that one party wins and the other loses, and therefore, participants need to be prepared to accept defeat and success with dignity and restraint.

We also thank the hundreds of volunteers from Connecticut's bar and bench who annually give their valuable time as coaches and judges throughout the mock trial season. Without their assistance, this competition would not be the tremendous success that it is each year. Finally, we give our special thanks to the students who devote their time and energy preparing for the tournament. Every year, we are amazed at the level of skill and talent the students bring to the courtroom.

This year's case, *State of Connecticut v. Nic/Niki VanSteenburg*, brings us to the fictitious community of Casa Amor Island, which is a section of New Haven, to learn about the dangers of opioid use. That community, which is connected to New Haven by a causeway, has a vibrant art and music scene, and we are sorry to tarnish it by having a death occur there. Casa Amor Island, although a fictitious place, is real to us. All characters in this case are fictitious and any similarity to any actual person is strictly coincidental.

This year's case highlights the devastating effects of the opioid crisis, both nationally and here in Connecticut. According to the Connecticut State Department of Public Health (DPH), "[t]he misuse of prescription medication and opioid-based drugs has increased significantly over the years to become a public health concern in Connecticut. This misuse or abuse includes taking these medications in higher doses than prescribed, for a purpose other than that for which it was prescribed, or

taking a medication that was prescribed for another person or obtained off the streets. Opioid overdose is often characterized by a decrease in breathing rate which if not quickly addressed leads to death." The DPH further reports that, "[i]n Connecticut, residents are more likely to die from unintentional drug overdose than a motor vehicle crash. The majority of these deaths are linked to overdose of illicit opioids."

There were 1,328 unintentional drug overdose deaths in Connecticut in 2023, 92% of which were caused by an opioid (including illicit and prescription opioids). According to Governor Ned Lamont, the state's efforts to expand access and availability of the life-saving medication naloxone, in addition to public education and harm reduction efforts, have been essential in addressing the opioid and overdose epidemic. Governor Ned Lamont announced earlier this year preliminary figures from the DPH showing a 26% decline in overdose deaths in 2024 compared to those in 2023.

In a press release issued by Governor Lamont's office in early 2025, he said: "Let there be no doubt, the opioid crisis remains a very serious public health issue. The 990 individuals we lost in 2024 to overdose is far too many of our family, friends, and loved ones to take a victory lap or celebrate when there is still so much more work to do. But, we can be heartened that the data is moving in the right direction, with three consecutive years of fewer deaths due to the robust efforts taken to saturate the state with naloxone and train the community on its lifesaving administration, as well as enhance public awareness of the risks associated drugs like fentanyl. We are at a critical inflection point in this crisis and I have confidence that the investments being made by [the State of Connecticut] will continue to reduce deaths and provide a path to treatment and recovery supports."

For further information and additional resources about the misuse of prescription medication and opioid-based drugs, please visit the DPH's website ([Opioids and Drug Overdose Prevention Program](#)).

We wish you the best of luck in this year's competition!

CBA Civics Education Committee/Mock Trial Subcommittee

Hon. Joyce Krutick Craig
Attorney Jeanine Dumont
Hon. Hope C. Seeley
Attorney Jonathan Weiner
Attorney Mark K. Youssef

Case Summary

This case involves an apparent accidental overdose involving an opioid. On July 5, 2024, Huda Mustiffa, a prominent accountant, was found unresponsive in her home. The responding officer quickly determined that she was deceased. Nic/Niki VanSteenburg is an accountant who hosts a large party for clients and their families every Fourth of July. Nic/Niki VanSteenburg is accused of providing Huda Mustiffa with drugs that caused Mustiffa's death, and VanSteenburg has been charged with manslaughter in the second degree.

The witnesses for the State are:

- *Kenny/Keni Rodriguez*, the Deputy Medical Examiner who performed the autopsy on Huda Mustiffa and determined the cause and manner of Huda Mustiffa's death.
- *Kris Seeley*, a first responder to the scene of Huda Mustiffa's death, who investigated the circumstances surrounding Huda Mustiffa's death.
- *Emil/Amaya Espanol*, a small business owner and friend of both Nic/Niki VanSteenburg and Huda Mustiffa, who attended the party where Huda Mustiffa was last seen alive and saw interactions between Nic/Niki VanSteenburg and Huda Mustiffa.

The witnesses for the Defense are:

- *Brian/Brianna Arenales*, a physician who has reviewed relevant documents in this case, disagrees with some of the methods used by Kenny/Keni Rodriguez, and believes Dr. Rodriguez did not test for important forensic evidence.
- *Taylor Williams*, a friend of Huda Mustiffa who attended Nic/Niki VanSteenburg's party on July 4, 2024, observed Nic/Niki VanSteenburg and Huda Mustiffa interacting at the party, and noticed pills scattered in Nic/Niki VanSteenburg's bathroom.
- *Nic/Niki VanSteenburg*, the defendant.

Pleadings

SUPERIOR COURT OF THE STATE OF CONNECTICUT

DOCKET NO.: NNH-CR-24-6008284S	SUPERIOR COURT
STATE OF CONNECTICUT	JUDICIAL DISTRICT OF NEW HAVEN
v.	
NIC/NIKI VANSTEENBURG	OCTOBER 15, 2024

LONG FORM INFORMATION

Assistant State's Attorney Andy Cohen for the Judicial District of New Haven accuses **NIC/NIKI VANSTEENBURG** of **MANSLAUGHTER IN THE SECOND DEGREE** and charges that in the County of New Haven, at the City of New Haven, on or about the 4th day of July, 2024, at or near the area of Casa Amor Island within said City, NIC/NIKI VANSTEENBURG recklessly caused the death of HUDA MUSTIFFA by providing her with opioid-based narcotics, in violation of Connecticut General Statutes § 53a-56.

/s/ Andy Cohen
Assistant State's Attorney

DOCKET NO.: NNH-CR-24-6008284S	SUPERIOR COURT
STATE OF CONNECTICUT	JUDICIAL DISTRICT OF NEW HAVEN
v.	
NIC/NIKI VANSTEENBURG	SEPTEMBER 2, 2025

Pretrial Order

This matter was heard by the Court upon the defendant's motion in limine to prevent the state from offering into evidence photographs taken of the decedent on July 5, 2024. The defendant seeks an order precluding photographs of the decedent's body from being admitted into evidence at trial. The defendant asserts that the photographs should be excluded from evidence under Rule 403 of the High School Mock Trial Rules of Evidence. Rule 403, in its entirety, states:

The court may exclude relevant evidence if its probative value is substantially outweighed by a danger of one or more of the following: unfair prejudice, confusing the issues, misleading the jury, undue delay, wasting time, or needlessly presenting cumulative evidence.

The defendant argues that the photographs are of limited probative value and whatever probative value they may have is substantially outweighed by the danger of unfair prejudice. The state argues that the photographs are important to show the manner of death and to corroborate and support of the testimony of witnesses, including the Deputy Medical Examiner and the police officer who was at the scene. Both sides agree that the photographs have some relevance to the case. The issue is whether they should nonetheless be excluded because the danger of unfair prejudice substantially outweighs the probative value.

In order to decide the legal issue presented, the Court must determine the probative value of the photographs and compare that value to the danger of unfair prejudice to the defendant if the jury sees the photographs. See *State v. Osbourne*, 162 Conn. App. 364, 373, 131 A.3d 277 (2016) ("[W]e adhere to the general rule that photographs which have a reasonable tendency to prove or disprove a material fact in issue or shed some light upon some material inquiry are not rendered inadmissible simply because they may be characterized as gruesome. . . . When, however, an initial determination is made by the trial court that such photographs may have the tendency to prejudice or inflame the jury, the admissibility of such evidence is dependent upon the trial court's determination as to whether their value as evidence outweighs their possible prejudicial effect"). Evidence that "has any tendency" to make any fact "more or less probable" than it would be without the evidence is relevant evidence and is considered to have probative value. See, e.g., *State v. Priloleau*, 235 Conn. 274, 305, 664 A.2d 743

(1995). Relevant evidence is excludable only if it is "unfairly prejudicial." As our Supreme Court recently observed: "[R]elevant . . . evidence may be excluded by the trial court if the court determines that the prejudicial effect of the evidence outweighs its probative value. . . . Of course, [a]ll adverse evidence is damaging to one's case, but it is inadmissible only if it creates undue prejudice so that it threatens an injustice were it to be admitted. . . ."

In this case, the probative value of the photographs of the decedent is of limited value. The manner of death was an overdose of opioids, and the photographs add little value to establishing the manner of death. Moreover, the allegations in this case as to the defendant's actions leading to the decedent's death do not have a direct connection to anything shown in the photographs. A jury viewing the photographs, however, may find them disturbing and may feel compelled to reach a guilty verdict. There is a real danger of unfair prejudice to the defendant if the photographs are shown to the jury.

The Court finds, therefore, that the limited probative value of the photographs is substantially outweighed by the danger of unfair prejudice to the defendant. Accordingly, the defendant's motion in limine to exclude the photographs is granted. However, the State may present pictures of the crime scene that do not depict the decedent if those photographs meet the requirements of Rule 401 and other rules of evidence.

BY THE COURT:

/s/ Ian Sterling

Judge

DOCKET NO.: NNH-CR-24-6008284S	SUPERIOR COURT
STATE OF CONNECTICUT	JUDICIAL DISTRICT OF NEW HAVEN
v.	
NIC/NIKI VANSTEENBURG	OCTOBER 15, 2025

Stipulations

1. All documents, signatures, and exhibits, including pre-markings, included in the case materials are authentic and accurate in all respects; no objections to the authenticity of the documents will be entertained. The parties reserve the right to dispute any legal or factual conclusions based on these items and to make objections other than to authenticity.
2. Jurisdiction, venue, and chain of custody of the evidence are proper and may not be challenged.
3. All statements were notarized on the day on which they were signed.
4. All evidence was constitutionally recovered and all statements were constitutionally obtained. No objection will be entertained to the constitutionality of any evidence, nor will any motions to suppress on constitutional grounds be permitted.
5. Defendant Nic/Niki VanSteenburg has waived her/his/their right against self-incrimination under the Fifth Amendment to the United States Constitution, and either party may refer to VanSteenburg's decision to testify in opening.
6. The drugs ingested by Huda Mustiffa were tested at and by the Connecticut State Forensic Laboratory. Any witness who has provided information in an affidavit about those test results may testify as to those test results.
7. The baggies and the pill bottle collected by Officer Kris Seeley were sent to the Connecticut State Forensic Laboratory for drug testing analysis. In both baggies, the pills were determined to be timed release 40 mg dose oxycodone. The pills in the pill bottle were found to be timed release 60 mg dose oxycodone and 5 mg dose acetaminophen. Acetaminophen commonly goes by the name of Tylenol. Any witness who has provided information in an affidavit about these test results may testify to those results.

8. Dr. Olandria is out of the country and is unavailable to testify at trial. The parties do not dispute what Dr. Olandria said to Officer Seeley.
9. Exhibit 5 is a true and correct copy of a message posted by Huda Mustiffa at 2:46 a.m. on July 5, 2024, to the public section of the defendant's Facebook "wall" where it could be seen by anyone viewing the defendant's Facebook page. Someone with control of the defendant's Facebook account deleted the message within three minutes of it being posted on the defendant's "wall."
10. 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.
11. Oxycodone is a Schedule II controlled substance, and Percocet contains oxycodone. A person may have oxycodone or Percocet in their possession only when it has been obtained pursuant to a valid prescription of a licensed medical doctor or other person licensed or certified to prescribe and administer drugs that are subject to the Controlled Substances Act.
12. The baggies and the pill bottle collected by Officer Seeley were sent to the Connecticut State Forensic Laboratory for fingerprint testing analysis. The fingerprint analysis found no usable fingerprints on the baggies. Testing did find Huda Mustiffa's prints on the pill bottle, and no other usable fingerprints of anyone else on the bottle. Any witness who has provided information in an affidavit about these test results may testify to those results.

/s/ Andy Cohen
Assistant State's Attorney

/s/ Ariana Maddox
Defendant's Attorney

Jury Instructions

At the conclusion of a jury trial, the judge will instruct the jury how to apply the law to the evidence. Hypothetically, if the judge in your mock trial case were to provide instructions to the jury, the judge would read these instructions to the jury and provide a copy to the jury for its use during deliberations.

[Please note: A copy of these instructions may not be used as an exhibit during the mock trial competition; however, students may use these concepts in fashioning their case and making arguments to the jury.]

1. Role of Jury.

Members of the jury, you have seen and heard all the evidence and the arguments of the lawyers. Now I will instruct you on the law.

You have two duties as a jury. Your first duty is to decide the facts from the evidence that you have heard and seen in court during this trial. That is your job and yours alone. I play no part in finding the facts. You should not take anything I may have said or done during the trial as indicating what I think of the evidence or what I think about what your verdict should be.

Your second duty is to apply the law that I give you to the facts. My role now is to explain to you the legal principles that must guide you in your decisions. You must follow my instructions carefully. Each of the instructions is important, and you must apply all of them. You must not substitute or follow your own notion or opinion about what the law is or ought to be. You must apply the law that I have given to you, whether you agree with it or not.

Whatever your verdict, it will have to be unanimous. All of you will have to agree on it or there will be no verdict. In the jury room you will discuss the case among yourselves, but ultimately each of you will have to make up his or her own mind. This is a responsibility that each of you has and that you cannot avoid.

Perform these duties fairly and impartially. Do not allow sympathy, prejudice, fear, or public opinion to influence you. You should also not be influenced by any person's race, color, religion, national ancestry, or gender.

2. Jury sole judge of facts; sympathy or prejudice not to influence verdict.

You are the sole judges of the facts in this case. It is your duty to determine the facts from the evidence produced here in court. Your verdict should not be based on speculation, guess, or conjecture. Neither sympathy nor prejudice should influence

your verdict. You are to apply the law as stated in these instructions to the facts as you find them, and in this way decide the case.

Although the lawyers may have called your attention to certain facts or factual conclusions that they thought were important, what the lawyers said is not evidence and is not binding on you. It is your own recollection and interpretation of the evidence that controls your decision in this case.

Also, do not assume from anything I may have done or said during the trial that I have any opinion about any of the issues in this case or about what your verdict should be.

3. Presumption of innocence; reasonable doubt; burden of proof.

The defendant, Nic/Niki VanSteenburg, pleaded not guilty to the offense charged. The Defendant is presumed to be innocent, and that presumption of innocence stays with Nic/Niki VanSteenburg unless and until the State has presented evidence that overcomes that presumption by convincing you that Nic/Niki VanSteenburg is guilty of the offense charged beyond a reasonable doubt. The presumption of innocence requires that you find Nic/Niki VanSteenburg not guilty, unless you are satisfied that the State has proved guilt beyond a reasonable doubt.

The presumption of innocence means that Nic/Niki VanSteenburg has no burden or obligation to present any evidence at all or to prove that they are not guilty. The burden or obligation of proof is on the State to prove that Nic/Niki VanSteenburg is guilty, and this burden stays with the State throughout the trial.

In order for you to find Nic/Niki VanSteenburg guilty of the offense charged, the State must prove each and every element of the offense charged beyond a reasonable doubt. A defendant may not be convicted based on suspicion or conjecture, but only on evidence proving guilt beyond a reasonable doubt.

The meaning of reasonable doubt can be arrived at by emphasizing the word reasonable. It is not a surmise, a guess or mere conjecture. It is not a doubt raised by anyone simply for the sake of raising a doubt. It is such a doubt as, in serious affairs that concern you, you would heed; that is, such a doubt as would cause reasonable men and women to hesitate to act upon it in matters of importance. It is not hesitation springing from any feelings of pity or sympathy for the accused or any other person who might be affected by your decision. It is, in other words, a real doubt, an honest doubt, a doubt that has its foundation in the evidence or lack of evidence. It is a doubt that is honestly entertained and is reasonable in light of the evidence after a fair comparison and careful examination of the entire evidence.

Proof beyond a reasonable doubt does not mean proof beyond all doubt; the law does not require absolute certainty on the part of the jury before it returns a verdict of guilty. The law requires that, after hearing all the evidence, if there is something in the evidence or lack of evidence that leaves in your minds, as reasonable men and women, a reasonable doubt as to the guilt of the accused, then the accused must be given the benefit of that doubt and acquitted. Proof beyond a reasonable doubt is proof that precludes every reasonable hypothesis except guilt and is inconsistent with any other rational conclusion.

4. Direct and Circumstantial Evidence

There are two types of evidence. One is direct evidence, such as the testimony of an eyewitness, which directly proves a fact. The other is circumstantial evidence. Circumstantial evidence means evidence that proves a fact from which you may infer the existence of another fact.

As a general rule, the law makes no distinction between direct and circumstantial evidence, but simply requires that, before convicting a defendant, the jury be satisfied of the defendant's guilt beyond a reasonable doubt from all the evidence in the case.

5. Credibility

In deciding what the facts are, you must consider all the evidence. In doing this, you must decide which testimony to believe and which testimony not to believe. You may believe all, none or any part of any witness's testimony. In making that

decision, you may take into account a number of factors including the following: 1) was the witness able to see, or hear, or know the things about which that witness testified? 2) how well was the witness able to recall and describe those things? 3) what was the witness's manner while testifying? 4) did the witness have an interest in the outcome of this case or any bias or prejudice concerning any party or any matter involved in the case? 5) how reasonable was the witness's testimony considered in light of all the evidence in the case? and 6) was the witness's testimony contradicted by what that witness has said or done at another time, or by the testimony of other witnesses, or by other evidence?

If you think that a witness has deliberately testified falsely in some respect, you should carefully consider whether you should rely upon any of that witness's testimony. In deciding whether or not to believe a witness, keep in mind that people sometimes forget things. You need to consider, therefore, whether a contradiction is an innocent lapse of memory or an intentional falsehood, and that may depend on whether the contradiction has to do with an important fact or with only a small detail. These are some of the factors you may consider in deciding whether to

believe testimony. The weight of the evidence presented does not depend on the number of witnesses. It is the quality of the evidence, not the quantity of the evidence, that you must consider.

6. Defendant's Testimony

In this case, the defendant testified. An accused person, having testified, stands before you just like any other witness. (He/she) is entitled to the same considerations and must have (his/her) testimony tested and measured by you by the same factors and standards as you would judge the testimony of any other witness. You have no right to disregard the defendant's testimony or to disbelieve the defendant's testimony merely because (he/she) is accused of a crime. Consider my earlier instructions on the general subject matter of credibility and apply them to the defendant's testimony.

7. Expert Testimony

In this case certain witnesses have taken the stand, given their qualifications and testified as expert witnesses. A person is qualified to testify as an expert if he or she has special knowledge, skill, experience, training or education sufficient to qualify him or her as an expert on the subject to which the testimony relates. An expert is permitted not only to testify to facts that he or she personally observed but also to state an opinion about certain circumstances. This is allowed because an expert, from experience, research and study, generally has a particular knowledge of the subject of the inquiry and is more capable than a lay person of drawing conclusions from facts and basing an opinion upon them.

Allowing someone to give expert testimony is in no way an endorsement by the court of the testimony or the credentials of the witness. Such testimony is presented to you to assist you in your deliberations. No such testimony is binding upon you, and you may disregard the testimony either in whole or in part. It is for you to consider the testimony with the other circumstances in the case, and, using your best judgment, determine whether you will give any weight to it, and, if so, what weight you will give to it. The testimony is entitled to such weight as you find the expert's qualifications in his or her field entitle it to receive, and it must be considered by you, but it is not controlling upon your judgment. You are also to consider his or her general credibility in accordance with the instruction on credibility applicable to all witnesses.

8. Testimony of Police Officials

A police officer testified in this case. You must determine the credibility of a police officer in the same way and by the same standards as you would evaluate the testimony of any other witness. The testimony of a police officer is entitled to no

special or exclusive weight merely because it comes from a police officer. You should recall (his/her/their) demeanor on the stand and manner of testifying, and weigh and balance it just as carefully as you would the testimony of any other witness. You should neither believe nor disbelieve the testimony of a police officer just because (he/she/they) is/are a police officer.

9. Nature of the Information

As you know the Defendant, Nic/Niki VanSteenburg, is charged in the information with violation of state law, specifically manslaughter in the second degree. The information is just the formal way of specifying the exact crime the defendant is accused of committing. As the information is simply a description of the charge against the defendant, it is an accusation only. The information is not evidence of anything, and you should not give any weight to the fact that Nic/Niki VanSteenburg has been charged in making your decision.

Manslaughter in the second degree

The defendant is charged with manslaughter in the second degree. The statute defining this offense reads in pertinent part as follows: a person is guilty of manslaughter in the second degree when (he/she/they) recklessly causes the death of another person. For you to find the defendant guilty of this charge, the state must prove the following elements beyond a reasonable doubt:

Element 1—Caused death

The first element is that the state must prove beyond a reasonable doubt is that the defendant caused the death of Huda Mustiffa. This means that the defendant's conduct was the proximate cause of the decedent's death. You must find it proved beyond a reasonable doubt that Huda Mustiffa died as a result of the actions of the defendant.

Proximate cause does not necessarily mean the last act or cause, or the act in point of time nearest to the death of Huda Mustiffa. The concept of proximate cause incorporates the principle that an accused may be charged with a criminal offense even though (his/her/their) acts were not the immediate cause of the death. An act is a proximate cause of the death when it substantially and materially contributes, to the death. It is a cause without which the death would not have occurred. It is a predominating cause, a substantial factor from which the death follows as a natural, direct and immediate consequence. It does not matter whether the particular kind of harm that results from the defendant's act be intended by the defendant.

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 an "intervening

cause” caused the death. The doctrine of intervening cause applies in a situation in which the defendant's conduct is a cause and factor of the death, that is Huda Mustiffa, would not have died but for the defendant's conduct, but nonetheless something else subsequently occurs – which may be an act of the decedent, the act of some other person, or some nonhuman force – that does more than supply a concurring or contributing cause of the injury. An intervening cause is unforeseeable and sufficiently powerful in its effect that it serves to relieve the defendant of criminal responsibility for his/her/their conduct. In such a case, the defendant's conduct is not the proximate cause of the decedent's death. An “intervening 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.

Element 2--Recklessness

The second element is that the defendant’s actions that resulted in the death of Huda Mustiffa were reckless. A person acts “recklessly” with respect to a result or circumstances when (he/she/they) is aware of and consciously disregards a substantial and unjustifiable risk that such result will occur or that such circumstances exist.

A person acts “recklessly” with respect to a result or to a circumstance when the defendant is aware of and consciously disregards a substantial and unjustifiable risk that such result will occur or that such circumstance exists. The risk must be of such nature and degree that disregarding it constitutes a gross deviation from the standard of conduct that a reasonable person would observe in the situation. A gross deviation is a great or substantial deviation, not just a slight or moderate deviation. There must be a great or substantial difference between, on the one hand, the defendant’s conduct in disregarding a substantial and unjustifiable risk, and, on the other hand, what a reasonable person would have done under the circumstances. Whether a risk is substantial and unjustifiable is a question of fact for you to determine under all of the circumstances.

Conclusion

In summary, the state must prove beyond a reasonable doubt that 1) the defendant caused the death of Huda Mustiffa, and 2) the defendant’s actions that resulted in the death were reckless. If you unanimously find that the state has proved beyond a reasonable doubt each of the elements of the crime of manslaughter in the second degree, then you shall find the defendant guilty. On the other hand, if you unanimously find that the state has failed to prove beyond a reasonable doubt any of the elements, you shall then find the defendant not guilty.

List of Witnesses

The State (prosecution) and the Defendant must call each of their respective witnesses.

For the State of Connecticut:

- **Kenny/Keni Rodriguez:** Deputy Medical Examiner who performed the autopsy on Huda Mustiffa and determined the cause and manner of Huda Mustiffa's death
- **Kris Seeley:** a first responder to the scene of Huda Mustiffa's death
- **Emil/Amaya Espanol:** a small business owner and friend of both Nic/Niki VanSteenburg and Huda Mustiffa

For the Defendant, Nic/Niki VanSteenburg:

- **Nic/Niki VanSteenburg:** The defendant
- **Brian/Brianna Arenales:** a physician
- **Taylor Williams:** a friend of Huda Mustiffa who attended Nic/Niki VanSteenburg's party on July 4, 2024

Pronunciation Guide

- acetaminophen (uh ·see tuh **mi** nuh fn)
- asphyxiation (uhs fik ·see **ay** ·shn)
- oxycodone (aak-see-**kow**-down)
- pulmonary edema (**puhl** ·muh neh ree uh **dee** ·muh)
- Percocet (**purr** ·kuh ·suht)
- rigor mortis (**ri** ·gr **mor** tuhs)

WITNESS STATEMENTS

Statement of Kenny/Keni Rodriguez, M.D.

1 My name is Kenny/Keni Rodriguez. I have served as a deputy medical examiner for
2 eight years for the State of Connecticut. My work is in forensic pathology, the
3 investigation into cause(s) of death. Under Connecticut law, the State Medical
4 Examiner appoints deputy medical examiners, like me, to investigate human
5 deaths. We must conduct a preliminary investigation and, if necessary, perform
6 an autopsy, which is an intrusive examination of the body. Not every case will result
7 in an autopsy. However, where it is unclear how a death occurred, or if there is
8 evidence that a death was not by natural causes, then we will almost always
9 perform an autopsy, barring an appropriate objection from the family.

10
11 Most people are familiar with the basic idea of an autopsy because they are depicted
12 in crime TV shows. During an autopsy, we make incisions into a body to open up its
13 cavities, remove organs, and conduct a comprehensive study of the body for
14 evidence of injuries, health problems and potential causes of death. What the TV
15 shows don't usually show are all the work we do to analyze the evidence after an
16 autopsy. Taking measurements, testing samples, and evaluating peer reviewed
17 research are important parts of the procedure. Also important is the
18 documentation we do. We take meticulous notes and photographs of everything in
19 a case, and we write detailed reports relating to our investigation.

20
21 Some jurisdictions use coroners; others use medical examiners. There is a significant
22 difference between the two types of jobs. Only medical examiners are required to be
23 medical doctors with board certification in forensic pathology, which takes a long
24 time and a lot of medical training, totaling approximately thirteen years of higher
25 education. I first earned my Bachelor of Science degree from UCONN and then I
26 obtained my medical degree at the UCONN School of Medicine in 2011, and
27 subsequently completed a four-year residency in pathology at Hartford Hospital in
28 2015, followed by a one-year fellowship in Forensic Pathology in 2016, after
29 which I was hired as a deputy medical examiner in the Office of the Medical
30 Examiner for the State of Connecticut.

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

39
40 You may have heard of the opioid crisis. Since the early 2010s, the United States
41 has experienced mounting numbers of deaths from opioid drug overdoses. There
42 were 1,328 unintentional drug overdose deaths in Connecticut in 2023, of which
43 92% of the unintentional overdose deaths were caused by an opioid (including illicit

and prescription opioids). Hospitals and Medical Examiner offices are on the front line of this crisis. In the last five years, I have done hundreds of autopsies on people from all walks of life who have died from opioid overdoses. It has become so common now that we can often recognize the signs of an opioid overdose immediately, long before we conduct the autopsy, which more or less confirms what we already strongly suspect.

Unfortunately, the misuse of prescription medication and opioid-based drugs has increased significantly over the years to become a public health concern in Connecticut. This misuse includes taking these medications in higher doses than prescribed, for a purpose other than that for which it was prescribed, or taking a medication that was prescribed for another person or obtained off the streets. Opioids are powerful, highly addictive drugs intended to relieve pain. They bind to the opioid receptors in the central nervous system, thereby blocking pain signals to the brain. An unintended effect is that they also bind with receptors that control your alertness, causing a depressant effect. When too many opioids block these receptors, a person becomes sleepy.

Opioids also cause the unintended effect of shutting down the brain's control of the respiratory system. With too many opioids, the lungs will stop receiving signals to function, and the person will die from asphyxiation. By this point, the person has already been rendered unconscious from the depressant effect and is unaware that they are no longer attempting to breathe.

In the early 2000s, pharmaceutical companies began making prescription variants of these drugs available in high numbers. Patients were given large amounts of opioids for pain relief. Many people began overdosing on their prescribed medications. Many others became so addicted that they exhausted legal sources of opioids and turned to drugs on the street or black market. We are still dealing with a massive number of addicts and overdose-related deaths from the opioid crisis. At the time of writing this report in summer of 2025, I have already performed 49 opioid overdose autopsies this year.

My office's involvement in the death of Huda Mustiffa began on July 5, 2024, the day Ms. Mustiffa was discovered by police deceased in her home. Within minutes of the body's discovery, my office was called. This is common in overdose deaths. Sometimes, as in this case, it is so obvious that the person is deceased that we will be called at the same time as EMS.

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

89
90 According to the pictures and reports of the police, there were open and mostly
91 empty bottles of alcohol located on a coffee table, as well as a plastic sandwich
92 baggie with multiple 40 mg oxycodone pills inside. Additionally, a pill bottle
93 with multiple 60 mg oxycodone + 5 mg acetaminophen pills (suspected Percocet)
94 were located upstairs in the decedent's bathroom. It is noteworthy that 40 to 60 mg
95 doses of oxycodone are typically only designed for timed release, and they should not
96 be prescribed to someone unless they have prior tolerance to opioids or are
97 experiencing very severe pain.

98
99 Pictures of items found in the house have been included as Exhibits 7 through 10. An
100 investigation could find no sign of a struggle, and no other potential occupants of
101 the home or witnesses of the death could be found.

102
103 Because the death did not appear to be the result of natural causes, our office was
104 required to conduct an autopsy. The body was transported to the Office of the
105 Medical Examiner, where it stayed in cold storage until July 6, 2024. That
106 morning, I led the autopsy.

107
108 Most of my findings are contained in Exhibit 6, the autopsy report I completed
109 in this case. However, I can summarize the salient points of that report here.

110
111 The autopsy began with an examination of the body for exterior characteristics. We
112 looked at the skin, face, and other outside areas for evidence of injuries or health
113 problems. We also evaluated rigor mortis and livor mortis.

114
115 Rigor mortis is the rigidity of limbs following a death; the muscles will lock up a few
116 hours after death (the exact time varies, usually dependent on temperature). We
117 noted moderate rigor mortis in the arms, legs and neck. We also noted livor
118 mortis, which is a collecting and congealing of blood inside the body after the heart
119 stops pumping. The blood will pool and congeal where gravity causes it to travel after
120 death, creating large bruising patterns under the skin that are visible just by looking
121 at the body without clothes. There was livor mortis in the posterior of the body,
122 mostly in the legs and on the backside area, meaning either immediately or shortly
123 after the death, the body had come to rest on its back and the blood pooled towards
124 the back, consistent with how the body was found on the couch.

125
126 Aside from the cone of foam on the face, we did not note any evidence of injuries or
127 other illnesses on the outside of the body. The cone of bubbled foam was the key to
128 our finding. When an opioid overdose occurs, the lungs stop working, the body dies,
129 and the lungs gather fluid, called pulmonary edema, which eventually overflows
130 into the trachea, the windpipe, and out of the mouth or nose. Here, it passed
131 through the nostrils because the mouth was closed.

The next step we did was an evaluation of the inside of the body. All of the bodily organs, including the brain, were removed, examined, and weighed. We also took fluid samples from organs when it was relevant. The weights of the different organs are noted in my autopsy report, but I do want to bring attention to a few pieces of data. First, the lungs were both wet and heavy—about twice as heavy as usual. A normal healthy right lung weighs about 450 grams and a normal left lung weighs about 400 grams. This was a strong sign of opioid overdose, because of the fluid buildup that had occurred. We also found a full bladder, which was at capacity at about 250 milliliters. These were both strong indicators of an opioid overdose-caused death.

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

The body was slightly overweight. There was a history in medical records we obtained showing high blood sugar. According to medical records, Ms. Mustiffa had recently started oral medication to try to control her diabetes. We believed she had early stages of Type II diabetes and was overweight. None of these symptoms, however, were indicative of the cause of death.

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

When our preliminary, in-office blood tests are positive for the presence of a drug in more than trace amounts, we will send samples of the blood out to the Connecticut State Forensic Laboratory to do more detailed testing. We sent samples of the blood in this case, and asked for specific levels to be measured for alcohol and oxycodone. We did not request specific levels of acetaminophen because the preliminary in-office test results only showed trace amounts.

The Toxicology Laboratory testing of the blood showed an alcohol concentration of 0.09 grams per decaliter of blood, which is slightly above the level at which it becomes illegal to drive a car in Connecticut, 0.08. This is not a lethal amount of alcohol for the vast majority of humans, and particularly not lethal for people who drink regularly. However, there was also a concentration of oxycodone, 0.4

milligrams per liter of blood. This can be a lethal amount of an opioid in a human, even someone who has built some tolerance through repeated consumption. It is more likely to be lethal when combined with alcohol, which exacerbates the symptoms of opioid overdose.

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

Where the different drugs came from was a matter of evidence found in the house, the pictures, and other exhibits. There were beer bottles found on the coffee table, about five, and they were mostly empty. This indicated they had been consumed. Notably, there was a baggie with pills on the coffee table as well, and it was open for easy access. These pills tested positive for the chemical oxycodone. Additionally, there was an unlabeled pill bottle found in the upstairs master bathroom, which had pills that tested positive for oxycodone and acetaminophen. Given the lack of Percocet found downstairs near the body, it was inconclusive whether Ms. Mustiffa had consumed any of this drug found in the bathroom near the time of her death.

Ms. Mustiffa's stomach contained only light-tan fluid. Although this makes it impossible to know exactly when she consumed the oxycodone found in her blood, it is not unusual. In suicide cases, there are often gobs of undigested oxycodone pills found in the stomach, because the user has taken an amount intentionally calculated to cause death. But here, the pills had been digested, indicating a small number had been taken. Only a few pills would be enough to cause the blood levels of oxycodone we found in this case.

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

I concluded the cause of Ms. Mustiffa's death was her consumption of oxycodone, possibly exacerbated by co-consumption of alcohol. I concluded that the manner of death was an accidental overdose. Again, given the lack of pills found in

the stomach, it did not seem likely Ms. Mustiffa had intentionally taken enough of the drug to cause death. There was also no suicide note located, and the body was not arranged in a way that indicated she had planned to die.

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

Kenny/Keni Rodriguez, M.D.
Signature

October 17, 2024
DATE

Statement of Kris Seeley

1 My name is Kris Seeley, and I have been a police officer for the City of New Haven
2 since 2018. I routinely patrol parts of New Haven, including Casa Amor Island, and
3 I am dispatched in response to reports of various situations, from domestic
4 disturbances to homicides. I grew up in New Haven, and I think I always wanted
5 to work in law enforcement.
6

7 I completed a two-year associate degree in criminology at the Gateway Community
8 College and then I entered the Connecticut Law Enforcement Academy in 2005.
9 During that time, I took law classes, skills courses and driving courses. When a
10 dispatcher job opened in the New Haven Police Department, I was hired. I got to
11 know a lot of first responders and paramedics and decided I would rather do that
12 than be a cop. I trained as a First Responder and ultimately completed the
13 paramedic course offered through Yale-New Haven Hospital in 2013. I am a
14 certified Emergency Medical Technician.
15

16 After completing my EMT training, I worked as a part-time dispatcher and on-call
17 EMT. I found myself drawn back toward police work and was hired full time by
18 the New Haven Police Department in 2018, while continuing to work part-time
19 as an EMT. I maintain my EMT certification and my Peace Officer's License
20 through regular mandatory classes. My classwork included Basic Crime Scene
21 Processing and Basic Narcotics Investigation. The homes of Huda Mustiffa and
22 Nic/Niki VanSteenburg are located in the Casa Amor Island section of New Haven.
23

24 On July 5, 2024, at 11:43 a.m., I was working the day shift and was walking into
25 Legal Grounds Coffee Shop when I was dispatched to investigate a report of an
26 unresponsive 48-year-old person with an ambulance already dispatched. The New
27 Haven Police Department responds to all ambulance calls, and a patrol officer often is
28 the first person on the scene. I recognized the address as belonging to Huda Mustiffa.
29 Ms. Mustiffa was a prominent accountant, served on the Chamber of Commerce and
30 was well-known in the community. On the way to the scene, I became anxious
31 because "unresponsive" usually translates to "found dead" and Huda Mustiffa
32 dying would be a big deal in New Haven.
33

34 Upon arrival, I was met at the door by Ms. Mustiffa's spouse, Zac. Zac Mustiffa
35 said he had gone home to check on Huda when Huda didn't show up for work. He
36 was weepy and kept repeating "I can't wake her up!" Zac brought me to the living
37 room. At first glance, the room seemed normal. The room showed no signs of a
38 struggle and there were empty beer bottles around the room. I recognized Huda
39 lying on the couch, face up and fully clothed on the couch, but with a tell-tale sign of
40 an opioid overdose, a cone of white, fine bubbly foam on the face.
41

42 Huda was wearing jeans and a T-shirt, no shoes, one sock and would have appeared
43 to the untrained eye to have simply fallen asleep. However, on closer look, she not

only displayed the foam cone, but was also ashen gray. I put latex gloves on my hands for evidence handling, and I reached to touch the body's neck/face. She was cold to the touch. I also detected the odor of beer near her. I immediately radioed in for assistance from EMS and the Medical Examiner, and I began my own personal attempts at resuscitation even though it was clear that she was deceased. I then took a few pictures with my police department-issued smartphone.

New Haven Police Department procedures require that First Responders attempt resuscitation. Even though I knew Ms. Mustiffa was dead, I went through the motions and waited for the ambulance crew. As soon as 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. I also noted that the baggie seemed to have some sort of tape with numbering on it. After the scene was completely photographed and documented, I flipped the baggie over so I could read it. The numbering written in marker on the label said "3689."

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

I visited every room in the house and, for the most part, did not find anything of note. However, I did find more evidence in the deceased's upstairs master bathroom. On a wooden shelf above the toilet was a orange prescription bottle without a label, and the cap was off. There was one red pill on the shelf next to the prescription bottle and there were red pills inside that were later tested by the Connecticut State Forensic Laboratory and found to be Percocet, a type of oxycodone. I photographed the prescription bottle, pills and baggie where I found them, although I have reviewed Exhibit 8, and it looks like I put the cap back on the prescription bottle before I took the picture, although I don't remember doing so. I pulled an evidence baggie out of my cargo pants pocket, put on some gloves, and collected each piece of evidence. Later on, I then separately photographed the tablets.

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

89
90 In the orange pill bottle found upstairs were red tablets which I later identified as 60
91 mg oxycodone and 5 mg acetaminophen, meaning they were likely Percocet. The
92 State Forensic Laboratory later confirmed my pill identifications. The prescription
93 was from Holcomb's Family Pharmacy in Boulder, Colorado. This struck me as
94 odd, so I called the regional drug task force and asked what to make of this. They
95 told me that addicts who doctor-shop often go to Colorado for prescriptions because
96 the pharmacies are not tied in with the Connecticut opiate prescription database.
97

98 Investigation quickly revealed that there had been a party at Nic/Niki
99 VanSteenburg's house the night before the death, and there was some indication
100 that painkillers had been discussed. After clearing the death scene, I went
101 immediately to Nic/Niki VanSteenburg's house. VanSteenburg allowed me into the
102 house and agreed I could search the house and their computer. I informed
103 VanSteenburg that they could refuse my request and I would be happy to get a
104 search warrant. Nik/Niki said: "I'm heartbroken about Huda. I want to do whatever
105 I can to help" and invited me to do whatever you need to do." The search of the house
106 revealed the following items of note:
107

- 108 • There was a box of fresh, new sandwich baggies in Nic/Niki kitchen drawer
109 that were the same shape, size, and type of baggie that were found on the
110 coffee table in front of Huda Mustiffa's body.
111
- 112 • A Google search had been done on "oxy overdose" on the defendant's
113 computer within minutes of Zac calling 911. The search had been deleted in
114 the last twenty minutes. Nik/Niki told me that Zac had called, distraught,
115 and that he explained how he found Huda in the house.
116
- 117 • There was evident activity on Nic/Niki's Facebook page. The postings were in
118 the message section of the page. A subpoena of Facebook records revealed
119 the message contents and its time of deletion. The message appears to be left
120 by Huda Mustiffa in the early morning hours of July 5, 2024, apparently
121 after receiving a gift from Nic/Niki. Mustiffa was not making much coherent
122 sense in the message and appears to have been manic and likely intoxicated.
123
- 124 • A strong box was found under Nic/Niki's bed in the master bedroom.
125 Found inside was a sandwich baggie matching the sandwich baggie found at
126 Mustiffa's home, with a similar scotch tape label and black marker numerals,
127 this time for the number "52891." The baggie had a noticeably larger quantity
128 of oxycodone tablets inside than the baggie found at Mustiffa's house, but
129 forensic laboratory testing found that the pills were the same type and dose:
130 40 mg. Also, in the strong box were two \$100 bills and some personal papers.
131

As required by New Haven Police Department policy, I prepared a crime scene investigation report, which contains an explanation of some of my findings at the scene.

Later that day, I met with Huda Mustiffa's regular physician, Dr. H. C. Olandria in her office near the Legal Grounds Coffee shop in New Haven. Dr. Olandria had treated Mustiffa for various medical issues for several years by this point, and told me that Ms. Mustiffa had serious chronic back pain dating back to her military service. Mustiffa had once been addicted to narcotics in college, so Dr. Olandria purposefully kept her at a low oxycodone dosage. When I mentioned finding some 60 mg Percocet pills, Dr. Olandria stated that Ms. Mustiffa had been given a prescription for 60 mg Percocet several years ago following a car accident, but only a sufficient number for about six weeks. Dr. Olandria noted that some pain patients keep a few old, stronger pills "just in case" they have a bad day. Dr. Olandria repeatedly scolded Ms. Mustiffa about drinking alcohol when on pain meds, but Ms. Mustiffa would wave the doctor off, saying, "I know, I know—it's a killer combo!" Dr. Olandria added, "[t]he drinking didn't help her diabetes either."

Kris Seeley

Signature

DATE

October 17, 2024

Statement of Emil/Amaya Espanol

1 My name is Emil/Amaya Espanol. I am thirty-five years old and I reside in New
2 Haven County, Connecticut. I own and manage a local coffee shop, but I also own
3 a bookstore here in New Haven. I received a Bachelor of Arts in Business
4 Education, and a minor in Music from Connecticut College in New London,
5 Connecticut.

7 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
9 him with some business initiatives. We worked out an agreement to allow me to take
10 over ownership of the business over several years. I am now the sole owner of the
11 "Legal Grounds Coffee Shop." I also was able to convert the basement of the
12 building into a separate business and started operating a bookstore about seven
13 years ago. At this rate, things are going very well for me financially, and I should
14 have all my student loans paid off in another twelve or thirteen years.

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

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

39 I've been involved with the local Chamber of Commerce for the past eight years.
40 For the last five years I have served as a member of the Board of Directors. This is
41 how I got to know Huda Mustiffa and Nic/Niki VanSteenburg. They are both a little
42 older than I, and I think they decided to take me under their wings as a mentee. In

the first few months of knowing them, they had started regularly taking me out to lunch and talking business. They always had great insight for me, from managing staff, to general business management. Both of them were previous Board members and they nominated me to join the Board. Although they were no longer on the Board, they still came out to a lot of the events.

Shortly after meeting them at the Chamber of Commerce, Huda and Nic/Niki would invite me to parties: they would call them “networking events,” although there wasn’t much networking being done. It was a large group of people, but it was pretty rare to see a new face. The events would generally be attended by local business owners and professionals in the community. The events would normally take place at someone’s house or cabin. Nic/Niki would generally host an event at his/her/their house, located on Casa Amor Island on the 4th of July, which was a perfect location for a summer party. Nic/Niki’s events would generally start out pretty quiet and tame in the early afternoon, just barbecuing whatever people brought. The events at Nic/Niki’s place were always BYOB, and it was unusual for people to get heavily intoxicated, although it did happen. It would probably look like a large diverse family reunion from an outsider’s perspective.

Later in the evening, most of the families would go home and it would be a smaller crowd. People would normally be hanging out in smaller groups of two and three, talking about how bad business is, or how their health is failing with their latest ache or pain, or the latest gossip or drama inside or outside the group. Nic/Niki always had a large number of health-related issues to complain about. Sometimes it was cholesterol, or heart disease. Sometimes Nic/Niki was waiting on a biopsy for yet another mole that might be skin cancer. But generally, there was a lot of talk about aches and pain. Nic/Niki seemed to have some pretty severe back pain from when s/he/they served in the military. Nic/Niki also had a really good doctor. Well, maybe the doctor wasn't all that good, but it was a doctor who definitely prescribed a lot of pills. Nic/Niki wasn’t stingy with the pills either. I never saw Nic/Niki take any, but I definitely would see Nic/Niki share the pills when other friends would complain about aches or pains.

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

87 Since that time, I've seen Nic/Niki handing out other baggies to guests at other
88 events. I would normally see Nic/Niki pull someone aside and hand something to
89 the other person. I never said anything, and I never heard anyone else say
90 anything about it. I mean, Nic/Niki never asked for money. It wasn't like Nic/Niki
91 was selling drugs. I never heard anyone asking Nic/Niki for drugs either—before
92 July 4th, 2024, I mean. Nic/Niki was just trying to help other people out. But
93 now, I certainly wish I had spoken up.
94

95 I attended the party hosted by Nic/Niki on July 4th, 2024. I arrived early and
96 brought some whole bean coffee samples received at the store earlier in the week. I
97 brought the coffee beans in baggies because I didn't have enough of any other type
98 of container. I also brought a case of hard cider. When I arrived, I opened one of
99 the cans of cider and sat down to talk to Nic/Niki as they prepared the grill. I
100 finished my first can about the same time that the first round of burgers was ready.
101 So, I made some food and grabbed another can of cider and went and talked to a few
102 of the other guests. There were a few families that I would see in the coffee shop a
103 lot, so I sat with them. We were catching up on life and just making small talk while
104 enjoying the nice day and the view of the water.
105

106 A couple hours in, I had just opened my third can of hard cider. That was the first
107 time I remember seeing Huda that day. I remember her having a drink, but I'm not
108 sure what it was. She appeared to have jumped into a conversation and was
109 starting to take over the discussion. She always has a big personality, but she was
110 different—even more loud, almost to the point of being obnoxious. The discussion
111 turned into her ranting about something—I just don't recall what she was ranting
112 about. It was clear to everyone but Huda herself that she was making people feel
113 uncomfortable. People started to disengage in the conversation and drift to other
114 groups. Looking back on the interaction, I'm not sure what was up with her, but at
115 the time I had thought that she was probably drunk.
116

117 A few hours later, I think I was on my fourth—well maybe it was my fifth—
118 drink, and Huda came over and joined in the conversation I was having with a
119 few other guests. A few of the guests had kids looking at college applications and
120 considering retaking the SATs and ACTs. I don't have any kids, so I wasn't really
121 listening to the conversation. When Huda showed up, I got the feeling that she had
122 already jumped into other conversations with the other guests, because the other
123 guests peeled off pretty quick to join other conversations. This left me alone talking
124 to her. She was complaining about her latest aches and pains. I can't remember
125 specifically what it was. I tried to change the subject a few times, but she was
126 focused on how much she hurt, and how much the doctors cost, and the problems
127 with the healthcare system. She became tearful. Eventually, I told her that my drink
128 was gone and I needed to go get another as a way of escaping the conversation. I
129 liked Huda and I considered her to be a good friend. Looking back, I regret ignoring
130 her and pushing her away. I certainly was not a good friend. I just thought she was
131 drunk. I didn't know that was the last time I was going to talk to her.

I did see Huda later that night talking to Nic/Niki. This was after most of the families had left and it was getting pretty quiet, although music was still playing in the background. For some reason, I remember it was Bad Bunny. I had my back to them initially, but I could hear Huda going on very loudly about her pain. I heard her saying, "I know you have something, you always have something. Is it about the money? I can pay." At that point I turned around and saw that she was talking to Nic/Niki. Nic/Niki seemed to be slowly shaking his/her/their head; I wasn't sure what part of the conversation Nic/Niki was responding to. I remember Nic/Niki saying something like "Are you sure? Are you sure you think that's the best idea?" Then, Nic/Niki broke away to say goodbye to other guests.

A friend had agreed to give me a ride home, and I left about half an hour after that conversation. I was going to say goodbye to Nic/Niki but noticed that Huda and Nic/Niki were together. It looked like Nic/Niki handed something small to Huda, who then gave Nic/Niki a hug, and it looked like they had worked out whatever their issue was. I couldn't tell exactly what Nic/Niki handed to Huda, but it looked like a baggie. That said, I couldn't tell if it was a baggie that had some of the coffee beans I'd brought or if it contained something else. That was the last time I saw Huda alive. I was too buzzed to drive home legally by that point, so I called for an Uber. I stopped by early the next morning to pick up my car, but I didn't see Nic/Niki. That was the last time I was at Nic/Niki's place.

A few days later I learned of Huda's death from some other guests who stopped into the coffee shop. There was a funeral a few days later. I attended, as did Nic/Niki, but we didn't talk. Nobody really talked at the funeral. There were rumors that Nic/Niki had given Huda some pills that she had taken and then overdosed.

Emil/Amaya Espanol
Signature

October 17, 2024
DATE

Statement of Brian/Brianna Arenales

1 My name is Brian/Brianna Arenales. I am 50 years old, and I live in
2 Woodbridge, Connecticut. I work at Yale-New Haven Hospital as an addiction
3 medicine physician. The type of work I do has never received as much attention as
4 it has since the opioid epidemic began to get serious media attention.
5

6 I attended Boston College, where I received a Bachelor of Science Degree, summa
7 cum laude, in biology in 1995. I then attended Yale School of Medicine and
8 graduated with honors in 1999. Following graduation from medical school, I
9 completed a one-year internship in internal medicine/neurology/psychiatry at
10 New York-Presbyterian Hospital through Columbia University, where I
11 remained for my four-year residency program in adult neurology which I
12 completed in 2004. My residency was an amazing experience. I learned that people
13 who suffer from addiction come from every race, gender, socioeconomic status, and
14 religion. After completing my residency, I became board certified in addiction
15 medicine and then returned to New Haven where I was fortunate to have been
16 chosen for the Yale Addiction Medicine Fellowship program. The fellowship program
17 is part of Yale's Program in Addiction Medicine, which is a multidisciplinary program
18 whose mission is to expand access to and improve the effectiveness of substance use
19 disorders, prevention, treatment, and harm reduction services through its four key
20 pillars of clinical practice, research, education and policy. As a clinical fellow, I
21 rotated through a variety of inpatient and outpatient training experiences, including
22 Yale New Haven Hospital, Fair Haven Community Health, the Connecticut VA
23 Healthcare System and The APT Foundation. I was required to complete a scholarly
24 project, which I did on the rising rate of drug addiction in certain professions, such as
25 medical professionals, accountants and lawyers. I learned that it was common for
26 professionals to share their prescription drugs with friends and colleagues, which—
27 obviously—is extremely dangerous and has resulted in a marked increase in
28 accidental overdose deaths.
29

30 While I was in medical school, I started to realize the importance of treating
31 addiction as an illness rather than a character flaw. I thought about my mother's
32 behavior as I grew up. She was an alcoholic, and the negative effects of her
33 addiction on my family became even more obvious to me. During my second year
34 of medical school, just before our final exams for the spring semester, my brother
35 passed away from an overdose of a variety of opiates. My brother was two years
36 younger than me. Even though I continued to see him fairly often, I had no idea
37 he was suffering from addiction. Outwardly, he was just as friendly and outgoing as
38 he'd always been. After he passed away, I learned his story from friends who had
39 used to be with him. The guilt they felt—and their seeming inability to get away
40 from their own addictions despite my brother's death —gave me a new mission in
41 life.
42

43 After I completed my fellowship in Addiction Medicine at Yale, I was hired by Yale-
44 New Haven Hospital and I've worked there ever since. I've also done some
45 consulting work at a local residential chemical dependency treatment facility.
46

47 Because of the experience I had with my brother's overdose death, I've done a lot
48 of studying—and even some publishing—on determining the cause and manner of
49 death in opioid overdose cases. As this case exemplifies, determining which specific
50 drug actually caused a person's death is often not nearly as clear as one might think.
51

52 About three years ago, a personal-injury attorney who is a good friend of mine asked
53 me to review some documents on behalf of her client. I agreed to look at the
54 documents and found some serious issues with how her client had been treated at a
55 Connecticut hospital. That experience made me realize that I enjoyed acting as an
56 expert in court cases. It's really interesting, and of course, there's a little money to be
57 made that allows me to make improvements to my house. Last year, I was able to
58 install an in-ground pool. Before this case, I've been retained in five other cases.
59 All five were civil cases where I was retained by the plaintiff. This is the first
60 time I've been retained in a criminal case.
61

62 Nic/Niki VanSteenburg's attorneys approached me and asked me to take a look at
63 the case. I've reviewed the affidavit of Dr. Rodriguez, Dr. Rodriguez's autopsy report,
64 and the affidavit of Kris Seeley. I'm charging my standard rate of \$650 an hour for
65 my time spent prior to trial, and \$850 an hour for testimony. Before coming to trial
66 to testify, I've spent 30 hours researching, reviewing documents, writing this
67 affidavit, and preparing for testimony, for which I have already been compensated.
68

69 One of the many sad realities of opioid addiction is that addicts often take more than
70 one drug and get their drugs from more than one source, whether legitimate or
71 illegitimate. That appears to be the case with Huda Mustiffa.
72

73 According to the documents I reviewed, when Ms. Mustiffa was found deceased,
74 a baggie containing pills was found on the coffee table in front of her. Lab tests
75 confirmed that the pills remaining in the baggie were indeed oxycodone. I've
76 reviewed documentation of the testing of the pills, and I have no reason to doubt the
77 results.
78

79 Ms. Mustiffa may indeed have ingested one or more of the oxycodone pills from the
80 baggie found on the coffee table. But when you're trying to determine the cause of
81 death in an apparent overdose, you have to examine all possibilities. Despite how it
82 might look at first glance, it's far from clear that the oxycodone in the baggie found
83 in front of Ms. Mustiffa actually caused her death. There are complicating factors.
84

85 The first complicating factor is the fact that Ms. Mustiffa had been consuming
86 alcohol. The first police officer at the scene smelled alcohol about her person, and the
87 toxicology results showed that her blood-alcohol concentration was 0.09. Blood-

alcohol testing is very reliable, so I have little doubt that Ms. Mustiffa's blood-alcohol concentration was 0.09 at the time of her death.

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

It's entirely possible that if Ms. Mustiffa hadn't been drinking, the oxycodone in her system would not have been fatal. On the basis of my review of the evidence, I can't rule out that alcohol consumption substantially contributed to her death.

In my opinion, however, there's an even more important question about the cause of Ms. Mustiffa's death that the Medical Examiner left unsolved. Preliminary testing showed the results of trace amounts of acetaminophen in Ms. Mustiffa's system. This might seem inconsequential. Acetaminophen, by itself, is commonly known by the brand name Tylenol. It's an over-the-counter painkiller. But the presence of both oxycodone and acetaminophen is very, very important.

Percocet is the brand name of a painkiller that contains both oxycodone and acetaminophen. The oxycontin pills found near Huda Mustiffa were not Percocet pills—they did not contain acetaminophen in addition to oxycontin. But, Officer Kris Seeley's affidavit notes that another prescription pill bottle was found in Ms. Mustiffa's medicine cabinet with the cap off. That bottle was not labeled, but the pills inside tested positive for both oxycodone and acetaminophen—that is, Percocet. It's entirely possible Ms. Mustiffa took a substantial amount of that Percocet, and that Percocet caused her death.

The Medical Examiner could have determined whether Huda Mustiffa's possible Percocet use caused her death. Pursuant to standard forensic practice, Dr. Rodriguez asked the Connecticut State Forensic Laboratory to quantitate the amount of oxycodone in Ms. Mustiffa's system. Quantitation is the process by which a lab determines the amount of a substance in a person's system.

Dr. Rodriguez did not ask the lab to quantitate the acetaminophen. This was a huge misstep. Knowing how much acetaminophen was present could have provided at least a rough estimate of how much Percocet, if any, Huda Mustiffa consumed before her death. Dr. Rodriguez's affidavit states that the Medical Examiner did not order quantitation of the acetaminophen because preliminary testing showed only a "trace amount." A trace amount is a very small amount, below some arbitrarily

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

Preliminary tests are helpful to rule out the presence of a certain drug. If something isn't present at all, there's 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 that it's significant to determining the cause of death, a medical examiner should order quantitation. Dr. Rodriguez didn't order quantitation of the acetaminophen, so we'll never know whether Percocet could have played a role in Huda Mustiffa's death. Now it's too late. When I asked Dr. Rodriguez's office about obtaining a sample for additional testing, I was told that there were no samples available.

I agree with Dr. Rodriguez's opinion that the manner of death was an accidental overdose. There is no evidence that Mustiffa died by the intentional act of another, by suicide, or of natural causes. I also agree with Dr. Rodriguez that the cause of death was consumption of oxycodone, with the consumption of alcohol being a substantial contributing factor. Unfortunately, Dr. Rodriguez doesn't really grapple with the question we can't answer—which oxycodone caused Ms. Mustiffa's death. I cannot state to a reasonable degree of medical certainty whether she died as a result of consuming the oxycodone in the baggie near her, the Percocet found in her medicine cabinet, or some combination of the two. The evidence simply doesn't tell us that, and I'm afraid we will never know. I just hope Nic/Niki VanSteenburg doesn't suffer as a result.

Brian/Brianna Arenales, M.D.

Signature

October 24, 2024

DATE

Statement of Nic/Niki VanSteenburg

1 My Name is Nic/Niki VanSteenburg. I am forty-eight years old. I am an accountant
2 at Kelce and Swift. I am a Certified Public Accountant and have an accounting
3 degree from the University of Connecticut, where I graduated in 2002. I guess I
4 have always worked with money. I joined the Army right out of high school and
5 somehow ended up working in the finance office of the base. While I was in the
6 Army, I got hurt pretty bad in a car crash. One of my friends was driving under the
7 influence and we both got banged up pretty bad. We had been drinking all night,
8 but I thought he was safe to drive. I knew I wasn't in any shape to drive. He ended
9 up going to jail for a while for the accident. I have been on pretty significant pain
10 medication and muscle relaxers for my back since that injury. The doctors say I
11 have a thoracic spine injury and it's not going to get better, so my only option is to
12 manage the pain with medication.

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

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

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

43 Huda and I really worked to grow the business together. That meant a lot of social
44 gatherings with clients and potential clients. Along with the usual types of events—
45 concerts, ball games, dinners, that kind of thing—I started hosting an annual Fourth
46 of July party. It started as a social gathering with friends, but after a few years I
47 started inviting clients too. Huda usually came to the party. It was like old times
48 in college. She and I would make sure there was plenty of food and booze, most of
49 which I was able to put on my expense report for work since it was a networking
50 event.

51
52 Of course, I couldn't ask clients to give me their car keys, so I am pretty sure some
53 people drove home when they shouldn't have. I sort of just stopped keeping track
54 of how much people were drinking. I mean, at some point, we just have to trust
55 adults to be adults, right?

56
57 After a few years, my Fourth of July parties became the centerpiece of my
58 marketing efforts and the highlight of my summer. Huda and I recruited a lot of
59 clients at those parties. Many of our clients came back year after year. They
60 weren't all business though. At times the Fourth of July party was more of a social
61 event with a little marketing mixed in; it all depended on who made it out to the
62 house on any given night. Some of my fondest memories are from those parties and
63 a lot of those clients have since become good friends.

64
65 Over years of talking, I learned that a few of the clients who came to my Fourth of
66 July parties had chronic pain like mine. We compared notes on doctors, treatments,
67 and medications. We talked about our medications outside the Fourth of July
68 parties too. I gave some of these people a couple of my pills sometimes, just to try.
69 These were responsible adults—some of whom I had known for years—so there
70 wasn't any harm with giving a few pills, just to try. They gave me a couple of their
71 pills to try too. It's not like we were trading drugs though. We were all
72 responsible adults with serious pain conditions who were trying to help each other.
73 When we got something new that worked for us, we gave it to our friends to see if it
74 would help them manage their pain. Nothing really helped me though. I also
75 made sure I was safe before taking anything I got from anyone who wasn't my
76 doctor. I Googled drug interactions, overdose risks, and other safety risks before
77 trying any pills that my friends gave me. I assume they did the same; it is the
78 responsible thing to do before trying new drugs.

79
80 My back started to hurt more over the years too. I also developed a couple of
81 other medical conditions as I got older. With all the different medications I was
82 taking, I started keeping pills in numbered plastic baggies. It was just easier to
83 organize the pills that way than try to keep the bottles straight. I put each bottle's
84 pills in a different baggie to conserve space. To prove they were my pills, I kept the
85 stamp of the bottle in marker on the baggie, just in case I was accused of
86 hoarding pills that aren't mine. I thought that pharmacies would record the specific

87 manufacturing stamp on every bottle, but I guess they don't. And, I threw out the
88 bottles long ago, I can't show anyone that they came from my bottles of
89 prescription medication. I kept the pill baggies in the medicine cabinet in my
90 master bathroom.

91
92 Huda always seemed interested in my conversations with our friends (and
93 clients) about pain medication. Like I said, Huda went through rehab for opioid
94 addiction years ago. She probably got a few pills from people she met at my Fourth
95 of July parties over the years, but I never actually saw anything like that. After
96 Huda went through rehab, she still hung around when we were talking about pain
97 and pain management, but was more reserved and never asked anyone for pills.

98
99 I hosted my usual party on July 4, 2024. Huda and her family came to the party. I
100 guess that shows you how times have changed. When I first started hosting this
101 party, no one had any kids and now most of the people who come bring their
102 children for at least part of the day. As usual, some of my guests and I started
103 talking about our chronic pain and the latest and greatest strategies for living
104 with it. Huda was really weird about that conversation that night. What I mean is,
105 she said that she had been in pain since she pulled her back doing yard work a few
106 weeks prior. I don't remember Huda saying anything about her back hurting before
107 July 4, 2024, but I do remember her complaining about an oxycodone prescription
108 she got in 2021 for a torn ligament. She was in a lot of pain, but was worried that
109 she'd get addicted again. She only complained about that the one time and I don't
110 think that she had to take the oxycodone for very long that year.

111
112 Anyway, on July 4, 2024, Huda was talking a lot about oxycodone. I heard her ask
113 a few of my guests if they had ever taken oxycodone, if they liked how it affected
114 them, and if they ever had any side effects with oxycodone. I had to tell Huda to
115 knock it off at one point, after one of the guests complained. After all, we were all
116 there to have fun and it was still, at least in part, a marketing event. I couldn't
117 have her making anyone uncomfortable. She was drinking pretty hard that night,
118 too. I remember it was a pretty hot day and most of my guests were drinking
119 water instead of alcohol—not Huda though. She made at least three gin and tonics
120 that day. I wouldn't say she was drunk. She was just having a good time. Her
121 spouse Zac was driving home, so I wasn't too worried about her health or safety that
122 night.

123
124 At some point on July 4, Huda stopped me and asked me if I had any oxycodone.
125 This struck me as really weird. She knew I took oxycodone for my back. She also
126 had been so careful around that kind of medication since getting out of rehab. I
127 reminded her about all her hard work in getting clean and how much she worried
128 about the oxycodone prescription in 2021. She eventually stopped asking, but told
129 me that she had been under a lot of pressure lately at work and was looking for
130 anything to take the edge off, if just for one night. I think I might have told her to

131 have another drink or something, but I don't remember that. I remember being
132 worried that she might be falling back into bad habits.

133
134 The party wrapped up around 11:00 that night. That is pretty common with my
135 Fourth of July parties. We watch the fireworks around 10:00 and people start
136 leaving shortly afterwards. Huda was one of the last people to leave that night.
137 That is pretty normal too. She liked to make sure she saw all of her clients at some
138 point during the party. Her spouse Zac drove them both home. The last time I saw
139 Huda alive was standing on my front porch as I said goodnight to her and Zac. I had a
140 scheduled vacation the next three days (Wednesday, Thursday and Friday) and did
141 not go back into the office that week at all.

142
143 Huda's spouse, Zac, called me the next day to tell me that Huda had died. I was
144 devastated. I knew her for over twenty years. We were close friends almost our
145 entire adult lives. Then, I found out on the news that she had died of a drug
146 overdose of some kind. It made me think about all those comments she made at the
147 July 4 party about oxycodone. So, I Googled oxycodone overdose and some other
148 things related to that. I don't remember exactly what I looked up, probably some
149 stuff about drug interactions, since I take oxycodone and other medicines and I was
150 worried that I might be in danger too.

151
152 I went to Huda's funeral, but I don't think her family was too happy to see me. I
153 sent flowers and signed the card we passed around the office. I even made the firm
154 hold Huda's office open for a month before giving it out to some new junior partner,
155 which was a pretty big deal where we work. Of course, I made sure that her clients
156 were taken care of too. The work has to go on.

157
158 I know some people are saying that Huda might have gotten the oxycodone from
159 me. If she did, they had to have been stolen from me. I didn't give her any pills
160 on July 4. I never would've given her any kind of addictive medication after
161 everything she's been through. I never would've done anything to hurt Huda. I
162 was thrilled when she completed rehab, and I was completely supportive of her
163 new, healthier, lifestyle.

164
165 I honestly have no idea where Huda got the pills that she overdosed on. Maybe she
166 was connected with one of the other guests at my party and convinced that person to
167 give her some pills. Maybe she still had some pills leftover from her 2021
168 prescription and decided to take those. Maybe some of her friends from their "party
169 days" had some. I don't want to believe it, but I suppose Huda could have taken
170 pills from my bathroom too. She had been in my house several times and knew I
171 had all kinds of pills for my back. She also went into my bathroom a few times on
172 July 4. Like I said, she had several drinks that night. If she really put her mind
173 to it, I suppose she could've stolen some pills from me. I just know I didn't give
174 Huda any pills.

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 the end of a prescription to fill the next one, because my back pain is extreme when I don't have any painkillers. I know that I had all of my baggies filled when the police came to my house, but I also had a bottle of oxycodone with some pills leftover from a previous prescription in it. Huda easily could have taken—stolen—some of those pills when they were in the bathroom.

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

I feel really bad about Huda. We were friends for a long time. I didn't have anything to do with her death.

Wherever she got those pills from, it wasn't me.

Nic/Niki VanSteenburg
Signature

October 24, 2024
DATE

Statement of Taylor Williams

1 My name is Taylor Williams. I'm 44 years old. I've known Huda Mustiffa for ages.
2 We first met when I was in college, and we've been friends ever since. I was in
3 school at New York University, and Huda and I met at a party when she came to
4 NYU to visit some friends. We hit it off right away and it turns out
5 that we both grew up in the New Haven area. I always looked forward to
6 seeing her when I came home for summer. We drank beer together on occasion
7 and smoked the occasional joint (which is totally legal now, go figure), but I don't
8 remember Huda engaging in any real drug use. Huda's dad worked at Tweed-New
9 Haven Airport directing air traffic or something like that, and had hammered into
10 Huda that anything that impaired somebody's ability to operate a vehicle or stay
11 on top of things was something to be avoided. It didn't seem to affect Huda's
12 interest in drinking or smoking pot, but I had the sense it kept her from indulging
13 in anything more serious than that. I guess you could say we were an item for
14 that period of time, but our romantic relationship ended when I found out she
15 was seeing someone else and hadn't told me. It hit me hard at the time, but
16 eventually, I moved on. I dropped out of school to pursue my passion for the
17 outdoors. I moved to Colorado and worked ski patrol in the winter and waited
18 tables in a restaurant the rest of the year. Let me tell you, those are two
19 environments where there are lots of drugs around.

20
21 After a while living the life of a ski bum, I went back to school at Colorado State
22 University and went into accounting, too, joining a CPA firm in Boulder. I heard Huda
23 was doing the same thing back in New Haven. I made a boatload of money, but I'm
24 not exaggerating when I say that accounting is the most stressful thing I've ever
25 done. Some nights I'd just stay awake worrying about work, even though I knew
26 that not getting sleep would just make me less productive at work. Around tax time
27 I'd be working 16-18-hour days, ordering food to the office, stress eating cookies. My
28 colleagues called me the "Cookie Monster." Come May, I'd have to exercise off 15
29 pounds. Some of my coworkers decided driving home wasn't worth it and slept
30 under their desks. Others burned out and went back to doing whatever they did
31 before. Unfortunately, others self-medicated with alcohol or drugs.

32
33 On top of that, I had a family at home. It's hard balancing work and spending time
34 with kids. I feel like I'm constantly disappointing everyone, never able to give
35 anybody the time and attention I think they deserve. It can really take a toll, and
36 most nights I need to unwind on the couch with a nice, tall vodka and soda.

37
38 A couple of years ago I moved back to Connecticut. While I was excited about
39 moving back and being closer to my parents, I was also really excited to spend time
40 with Huda again. Even though things had ended badly, as I said, I had moved
41 on. So when we got back, I gave her a call and set up some time to get together; we
42 decided on having some drinks at a bar and then going to a concert. When the day

43 finally came, she was late, which was peculiar. When the day finally came, she was
44 late, which was peculiar. As we sat down, I noticed that she wasn't really herself, or
45 at least not the Huda I thought I knew. She slammed back beer after beer at the
46 bar, and it made me uneasy. I got really uneasy when she said, "You ain't seen
47 nothing yet! Just wait 'til tonight!"

48
49 Despite the fact that Huda drove to the bar, I decided it was probably better if she
50 left her car so I could drive to the concert. She sobered up in the car a little bit, but
51 once we got there, she quickly started mingling, moving from one person to the next.
52 I didn't really know what was going on, but when she came back it all made sense.
53 She said she'd scored some drugs and really wanted me to do them with her. I
54 reminded her who drove and said it might not be a great idea, but she popped some
55 pills and enjoyed the concert. She was definitely a little out of it, but never to the
56 point where I was concerned.

57
58 On another occasion, we went out and she had too much to drink again and tried to
59 kiss me, which annoyed me, but I chalked it up to her just having too much alcohol —
60 or something else, if you know what I mean. I am sure she never even remembered
61 her bad behavior and we never discussed it. I did keep my distance for a bit. After all,
62 I am happily married.

63
64 About a year ago, I unexpectedly lost the account one of my clients who owns a high-
65 end art gallery in the Casa Amor section of New Haven and is an Art History
66 professor at Yale. I was surprised to learn that the person moved her account to
67 Huda, and I must admit, I was a little hurt that Huda "stole" the account from me. I
68 realize Huda didn't really "steal" the account, and it kind of makes sense as Huda is
69 —I mean was—a huge art history buff. Huda explained to me that they had met at a
70 social event and hit it off. Nonetheless, I was a little annoyed at the time to lose a
71 client, but I got over it.

72
73 Remember what I said about the stress that accountants feel during tax season due
74 to the late nights and worrying about the deadlines? Well, I know she was under
75 stress during this past tax season. I remember seeing Instagram posts from Huda
76 that were posted in the middle of the night showing that she was still at work at her
77 office, surrounded by junk food—a gigantic container of Goldfish, bags of Flaming Hot
78 Cheetos and Doritos, as well as a stack of Dubai chocolate pistachio bars. It wasn't
79 like her to eat that much junk food normally.

80 Shortly before the Fourth of July this year, Huda invited me to the last party I'd ever
81 go to with her. It was at her friend Nic/Niki VanSteenburg's house. Well, Huda
82 called it a house. I'd call it more of a mansion. Gorgeous place, lots of patios. Infinity
83 pool. Nic/Niki was an accountant too. I think Nic/Niki had some success with
84 finding really big-name clients and was doing very well financially. At this point,
85 Nic/Niki was really working for fun. At least that's what it seemed like to me.

86

87 At the party, Huda started hitting the booze, as usual. I had a few beers and
88 maybe a shot or two. Huda's very social, and that night she was all over the place,
89 happy as a clam. She was enjoying the shrimp cocktail and made a joke about some
90 sauce that spilled on her shirt. I wish I had that kind of confidence. While I was
91 talking to another guest, I saw Huda approach Nic/Niki, and she started hitting
92 Nic/Niki up for drugs. I couldn't hear everything because the music was
93 loud—I even remember Machine Gun Kelly was playing pretty loud, but
94 I heard Nic/Niki said s/he/they had some pills, but tried to talk Huda out of it;
95 said it wasn't a good idea. I am sorry, but I cannot remember the exact words. She
96 was already kinda drunk and she still had sauce on her shirt. I saw Nic/Niki shake
97 his/her head no, kinda of like leave it alone, and walk away. I observed Huda walk
98 off in a huff—she had an annoyed look on her face.

99

100 I observed that Huda continued mingling, maybe asking for drugs, maybe not. I say
101 that because I saw her going up to people, saying something, and when the person
102 shook their head no, she walked away with the same annoyed look on her face that
103 she had after Nic/Niki denied her request. She talked to a few more guests and
104 after talking to a guy who seemed to know Nic/Niki well, made a beeline for the
105 bathroom. I figured Huda was going to clean her shirt, but when she came out, she
106 still had that stain. I guess I'm not really sure what she did in there.

107

108 Later that evening I went to the same bathroom Huda visited. I had to wash my
109 hands and looked around for some Tylenol to ease a headache I'd had. I didn't
110 really find any, but I did see some random pills scattered about on the counter. The
111 medicine cabinet door was ajar. Almost every day since, I've wondered if those
112 pills killed my friend Huda. That was the last time I saw her. A couple days later I
113 heard she was gone.

114

115 I miss her and I hope that one day I'll find out what happened.

116

117 Taylor Williams

118 Signature

October 24, 2024

DATE

Exhibit List

- Exhibit 1:** New Haven Police Department Crime Scene Investigation Report
- Exhibit 2:** Wayfarer Recovery Residence Exit Form
- Exhibit 3:** Wayfarer Recovery Residence Critical Incident Form
- Exhibit 4:** Brian/Brianna Arenales Curriculum Vitae
- Exhibit 5:** Archived Facebook Wall of Nic/Niki VanSteenburg
- Exhibit 5A:** Archived Facebook Wall of Nic/Niki VanSteenburg - redacted
- Exhibit 6:** Medical Examiner Autopsy Report
- Exhibit 7:** Photo—Victim’s coffee table in living room
- Exhibit 8:** Photo—Victim's bathroom cabinet
- Exhibit 9:** Photo—Defendant’s lockbox with baggie
- Exhibit 10:** Photo—Evidence table with all three substance containers

Exhibit 1


	<p style="text-align: center;">New Haven Police Department</p>
<u>Crime Scene Investigation Report</u>	
Describe death scene. Did death take place where the body was discovered or was it moved?	
<p>Arrived at scene at 12:15 p.m., July 5, 2024. Shown into decedent's living room. Dec lying on couch, face up, dressed in jeans, T-shirt, sock on left foot. Dec's face gray; white, foamy spittle around, over Dec mouth and nose. Approaching Dec, smell of alcohol around Dec; Dec cold to touch. Observed 5 beer bottles around the room, baggie containing suspected narcotics pills on coffee table in front of Dec. Baggie, contents collected in evidence. Baggie had numbers written on it. Preliminary search did not reveal illegal street narcotics. After the ambulance crew showed up, I observed paper under one of the beer bottles – Exit Form for Dec from Wayfarer Recovery, Incident Report from same place; collected as evidence.</p>	
Describe secondary search site(s).	
<p>Investigated Dec bedroom, bathroom for additional clues, to determine what suspects were involved. Bathroom revealed unlabeled prescription bottle; bottle and pills bagged, marked EB #2.</p>	
Was there any attempt to alter the scene?	
<p>Entry to crime scene provided by Dec spouse Zac Mustiffa. There did not appear to be any attempts to move the Dec or otherwise alter the crime scene prior to CSI Photogs.</p>	
Is the case of death clearly apparent?	
<p>Cause of apparent opioid drug overdose or combo of opioid drug overdose exacerbated by alcohol consumption. Baggie containing pills and unlabeled prescription bottles makes this a suspicious death; further investigation required to determine who supplied drugs.</p>	
Results of Forensic Testing	
<p>-Evidence Bag #1: pills inside of plastic sandwich baggie field-tested positive for oxycodone -Evidence Bag #2: pills inside unlabeled pill bottle field-tested positive as oxycodone and acetaminophen -Evidence Bag #3: confirmed beer bottles contained beer -Evidence Bag #4: paper document from Wayfarer Recovery Residence <u>/s/ Police Officer Kris Seeley, Badge: 91202 Report finalized on August 3, 2024</u></p>	

Exhibit 2



Wayfarer Recovery Residence

www.baddrugs.com

(203) 123-4567 office

Exit Form

RESIDENT: Huda Mustiffa

DATE: August 15, 2017

LENGTH OF PARTICIPATION: 6 WEEKS

DATE STARTED: May 14, 2017

DATE COMPLETED: June 25, 2017

PARTICIPATION: None LOW MODERATE HIGH

REASON FOR TRANSITION:

☐ TRANSITIONED AS PLANNED

☐ STANDARD/RULE VIOLATION

☐ INCARCERATION

☐☐☐

AGAINST STAFF ADVICE

EARLY TRANSITION

OTHER: _____

SUMMARY OF PROGRESS: While Resident Huda Mustiffa states willingness and desire to get clean and reduce addiction to painkillers, Resident chooses to leave program early, stating need to get back to work. Resident is suspected to have continued opioid and alcohol use, though it has been difficult to assess due to Resident's low participation in activities and group therapy sessions.

We recommend that Resident continues in some type of therapy program, either at Wayfarer or some program that may be closer to Resident's home or place of work. Frankly, this counselor is not convinced of the Resident's sincerity to quit or reduce chemical use and expects that Resident will return to Rehab.

RESIDENT STATEMENT ABOUT PARTICIPATION IN RECOVERY RESIDENCE PROGRAM: I feel this program has really, really helped me and I don't think I will need additional rehab or therapy, but I'll find a program that fits my lifestyle once I'm out if you think I really should. But I'm really, really happy with my progress.

ONGOING RECOVERY PLAN: Resident has stated that she will seek out an outpatient program once released from the Wayfarer program. This Counselor recommends at least an additional year of outpatient therapeutic treatment.

COLLATERAL RESOURCE CONTACT INFORMATION: Wayfarer Outpatient Placement Services, 203-765-4321.

FORWARDING PHYSICAL AND EMAIL ADDRESS: [Redacted for data privacy reasons]

STAFF SIGNATURE:

/s/ James Morrison, Senior Rehab Counselor

RESIDENT SIGNATURE:

/s/ Huda Mustiffa

Exhibit 3



Wayfarer Recovery Residence

www.baddrugs.com

(203) 123-4567 office

Critical Incident Form

Staff on Duty James Morrison, Senior Rehab Counselor

Resident(s) Involved Huda Mustiffa, Brandon Mayhew

Incident Date June 7, 2017 Time: 8:37 p.m.
Location: sitting area outside of Crafts Building

Description of incident

Residents Mustiffa, Mayhew, and visitor identified as Nic/Niki VanSteenburg were reported to be drinking outside Crafts Building this evening. Residents, Guest had slight odor of alcohol about them, speech not clearly impeded. Resident HM responded in smart-alecky way and denied alcohol use. Other chemicals involved?

Resident explanation

HM stated that she had a bad summer cold and was taking Extra-Strength Cough Syrup that she purchased the day before. Said she knew cough syrup was a no-no, but she was really, really sick. Then coughed twice.

Witnesses

Residents CC and JJ, who were in Crafts Building, finishing a project.

Action to be taken

☒ Verbal warning
☐ Written warning

☐ Discharge
☐ Other _____

Evidence is not clear that Mustiffa, Mayhew and Guest using. Unable to access drug/alcohol testing equipment so unable to confirm at this time. Both residents warned about use and normal procedures when chem use suspected.

By signing this document, you acknowledge that you have read and understood the information contained herein.

STAFF SIGNATURE:

/s/ James Morrison, Senior Rehab Counselor

RESIDENT SIGNATURE:

/s/ Huda Mustiffa

Exhibit 4

Curriculum Vitae Brian/Brianna Arenales

**Medical Physician
Board Certified Addiction Medicine Physician**

Business Address:
Yale-New Haven Hospital
New Haven, Connecticut
203-842-5662

EDUCATION:

Undergraduate: Boston College, B.S. (Biology), summa cum laude 1995
Medical School: Yale University, School of Medicine, M.D., cum laude 1999
Medical Internship: Internal Medicine/Psychiatry, New York Presbyterian Hospital 2000
Residency: Adult Neurology - New York Presbyterian Hospital/Columbia University 2004
Fellowship: Yale Addiction Medicine Fellowship Program 2005

LICENSURE: State of Connecticut

BOARD CERTIFICATION: Addiction: American Board of Addiction Medicine

PROFESSIONAL EXPERIENCE:

06/2005-Present

Yale-New Haven Hospital

SENIOR ATTENDING PHYSICIAN, OUTPATIENT ADDICTION MEDICINE CLINIC
ATTENDING ADDICTION SPECIALIST (with Privileges)

Treatment provider for patients seen at Yale-New Haven Hospital who are plagued with chemical (alcohol, heroin, meth, cocaine, prescriptions) addictions as well as mood/anxiety disorders, ADHD, OCD, eating disorders, chronic pain, sleep disorders, physical/mental trauma and mind-body changes.

06/2011 – 06/2020

WAYFARER RESIDENTIAL TREATMENT CENTER

MEDICAL CONSULTANT & ADVISOR

Addiction Specialist and Co-Occurring Disorder specialty advisor at the Wayfarer Residential Treatment Center. Duties include detoxification, acute crisis stabilization, medication

management, psychiatric diagnostic classification, addiction treatment, mental health treatment advisor and lecturing on cutting edge treatments in medicine.

PROFESSIONAL ACTIVITIES:

Chemical Health America (National Press Club - DC) - Speaker & Host

National Council on Opioid Addiction - Member

Drug Addiction Is a Real Problem Coalition - Medical Consultant & Advisor

Pfizer Pharmaceuticals - Speakers Bureau (Oxycontin)

CT Dept. of Public Health Task Force on the Opioid Epidemic -- Member

American Society of Addiction Medicine – Member

HONORS AND SPECIAL AWARDS:

THOMAS CLARENCE ADDICTION MANUSCRIPT AWARD (2007)

For best manuscript on addiction and public policy

ALPHA ALPHA ALPHA NATIONAL HONORARY (1999)

Academic/Leadership-top 15% Medical School

JOURNAL ARTICLES & RESEARCH:

Holloway, M., et. al, Opioid Addictions: An Overview. *Journal of Narcotics and Drugs*, 24: 51-72, 2022

Kirk, R., Expert, R., Spock, McCoy; Exploring Facets of Personality & Escapism in Drug Addicts. *Journal of Social Work Practice in the Addictions* (2020)

Crosby, R., Stills, D., Nash, R., Young, J., Expert, R. Reliability, Validity, and Psychometric Development of Opioid Addicts. *Journal of Opioid Addiction*. 37: 1-27, 2016

EXPERT WITNESS CONSULTATION:

Connecticut Superior Court: Opioid Addiction, Mental Health issues. Assessments; Research, Document Evaluation, Comprehensive Evaluation, Court Expert Witness Testifying, Evaluation of medical and psychological records. All civil cases.

Connecticut Department of Public Health, Licensing Division for Medical Professionals: Case evaluations and providing testimony for medical professionals with addiction issues at licensing hearings; research; and reports..

Exhibit 5

Archived Facebook Wall of Nic/Niki VanSteenburg



Huda Mustiffa → **Nic/Niki VanSteenburg**

July 5, 2024, 02:46 a.m.

Awesome patty tonight! It's always a pleasure hanging with our residence chiropractor. Thanks a million for a wonderful night. And for parting gift! (Which I am happy to report works fantastic 😂😂😂) also sorry for the fight. Amends have surely been made!!



Like



Comment



Share



Write a comment...



Most relevant ▾

Exhibit 5A

Archived Facebook Wall of Nic/Niki VanSteenburg

Post removed by Nic/Niki VanSteenburg on July 5, 2024 02:49 a.m.



Huda Mustiffa → **Nic/Niki VanSteenburg**

July 5, 2024, 02:46 a.m.

Awesome patty tonight! It's always a pleasure hanging with our residence chiropractor. Thanks a million for a wonderful night. [REDACTED]



Like



Comment



Share



Write a comment...



Most relevant ▾

Exhibit 6



OFFICE OF THE MEDICAL EXAMINER AUTOPSY REPORT

ME NO: 2024-0705

CASE TITLE: MIXED ALCOHOL AND OXYCODONE TOXICITY

DECEASED: HUDA MUSTIFFA SEX: F AGE: 48

DATE AND HOUR OF DEATH: Found 07-05-2024; 11:51 a.m.

DATE AND HOUR OF AUTOPSY: 07-06-2024; 8:30 a.m.

PATHOLOGIST: Kenny/Keni Rodriguez, M.D.

FINAL DIAGNOSES:

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

- 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. Preliminary Blood (femoral) 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

7/06/2024

/s/ Kenny/Keni Rodriguez
Deputy Chief Medical Examiner

EXTERNAL EXAMINATION:

The body is that of a normally developed, mildly overweight, 5 foot 5-inch long, 170-pound female 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 female. 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 women's underwear
- 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 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 1.7 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.

LIVER AND BILIARY SYSTEM: The 1495g 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.

GENITOURINARY SYSTEM: The right and left kidneys weigh 165g and 150 g, respectively. The external surfaces are intact but slightly granular in texture. 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.

GASTROINTESTINAL TRACT: The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 200 cc of light tan fluid with no apparent food-like or other foreign 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.

7/06/2024

/s/ Kenny/Keni Rodriguez
Deputy Chief Medical Examiner

Exhibit 7

Close-up picture containing oxycodone; found on decedent's coffee table in living room.



Exhibit 8

Decedent's bathroom cabinet, where bottle of Percocet was found.



Exhibit 9

Defendant's Lockbox with baggie of more oxycodone inside.



Exhibit 10

Evidence table with all three substance containers depicted.

