

DISTRICT COURT, CITY AND COUNTY OF ARMADILLO THE STATE OF LONE STAR 520 W. FROG JUMP LANE ARMADILLO, LONE STAR 77001	<div>▲ COURT USE ONLY ▲</div> <hr/> <div>Case No. 24CR1968</div> <div>Division 5H Courtroom</div>
<b>Plaintiff:</b> THE PEOPLE OF THE STATE OF LONE STAR  v.  <b>Defendant:</b> JOHN FERGUSON	
Laura A. Menninger, No. 34444 HADDON, MORGAN AND FOREMAN, P.C. 950 17th Street, Suite 1000 Denver, CO 80202 Tel: 303.831.7364 Fax: 303.832.2628 LMenninger@hmflaw.com	
<div>COMPLAINT AND INFORMATION</div>	

**ONE CHARGE:**

**COUNT 1: MURDER IN THE SECOND DEGREE**

George Shipley, District Attorney, in and for the 10<sup>th</sup> District, of the State of Lone Star, in the name and by the authority of the People of the State of Lone Star, informs the Court of the following offense committed or triable in the City and County of Armadillo:

**COUNT 1 – MURDER IN THE SECOND DEGREE**

On or about March 15, 2019, JOHN FERGUSON unlawfully, feloniously, and knowingly caused the death of a person other than himself, namely SALLY FERGUSON; in violation of section 18-3-103(1)(a), L.S.R.S.

All offenses against the peace and dignity of the People of the State of Lone Star.

GEORGE SHIPLEY  
Armadillo District Attorney

By:/s/ Richard Strassberg  
Richard Strassberg, Assistant District Attorney

## **NATIONAL TRIAL COMPETITION**

### **PEOPLE OF THE STATE OF LONE STAR V. JOHN FERGUSON**

#### **STATEMENT OF THE CASE**

This case concerns an alleged Murder in the Second Degree filed by the People of the State of Lone Star against John Ferguson. The People contend that John Ferguson brutally murdered his wife, Sally Ferguson, by strangulation and suffocation, after learning that she was cheating on him. John Ferguson maintains his innocence and claims that he found his wife passed out in the shower and tried to resuscitate her but she died of undetermined causes.

Witnesses:

#### **Prosecution**

Sam Townsend, Sibling of the Victim Sally Ferguson

Dr. Marty Mitchell, a Police Surgeon

#### **Defense**

Max Mousseau, Housekeeper for the Ferguson Family

Dr. Charlie Blackwood, Coroner for the City and County of Armadillo

## **WITNESS AND EXHIBIT LIST**

### **WITNESSES**

#### **Prosecution:**

1. Sam Townsend
2. Dr. Marty Mitchell

#### **Defense:**

1. Max Mousseau
2. Dr. Charlie Blackwood

### **EXHIBITS**

1. Written Statement – Max Mosseau
2. Written Statement – Sam Townsend
3. Armadillo Police Report
4. Scene Bedroom
5. Scene Photo Bathroom 1
6. Scene Photo Bathroom 2
7. Scene Photo Bathroom 3
8. John Ferguson Interview
9. Autopsy Report – Sally Ferguson
10. Autopsy Diagram
11. Petechiae conjunctival
12. Petechial image
13. Photo arm
14. Medical Record of Sally Ferguson dated February 7, 2019

15. Medical Record of Sally Ferguson dated February 18, 2019
16. Medical Record of Sally Ferguson dated February 25, 2019
17. Marty Mitchell Expert Opinion
18. Marty Mitchell CV
19. Text Messages from John Ferguson's phone
20. Text Messages from Sally Ferguson's phone
21. Google Map of Area
22. Diagram of Ferguson Home
23. Police Report Concerning John Ferguson Charges
24. Charlie Blackwood Expert Opinion
25. Charlie Blackwood CV
26. Jury Instructions

### **STIPULATIONS**

1. Federal Rules of Evidence and Federal Rules of Criminal Procedure apply.
2. All notice requirements under the Federal Rules of Evidence and Federal Rules of Criminal Procedure have been satisfied.
3. All witnesses called to testify who have identified the parties, other individuals, or tangible evidence in prior testimony will, if asked, identify the same at trial.
4. The expert witnesses have read and relied upon all pleadings, exhibits, and witness statements.
5. Other than what is supplied in the problem itself, there is nothing exceptional or unusual about the background information of any of the witnesses that would bolster or detract from their credibility.
6. This competition does not permit a listed witness, while testifying, to "invent" an individual not mentioned in this problem and have testimony or evidence offered to the court or jury from that "invented" individual.
7. "Beyond the record" shall not be entertained as an objection. Rather, teams shall use cross-examination as to necessary inferences from material facts pursuant to National Rules Article VII, Subparagraph 4(C). Any party wishing to file a complaint concerning a violation of this rule shall use the procedure found in Rule VIII Subparagraph 3.
8. The Prosecution and the Defendant must call the two witnesses listed as that party's witnesses on the witness list.
9. All exhibits in the file are authentic. In addition, each exhibit contained in the file is the original of that document unless otherwise noted on the exhibit or as established by the evidence.

10. It is stipulated that no one shall attempt to contact the problem drafter about this problem before the conclusion of the 2024 National Trial Competition Final Round. Contact with the competition officials concerning this problem must be pursuant to the rules of the competition.

11. 2024 is the year in which this case comes to trial.

12. Presentation and argument on pretrial motions shall be limited to a total time of sixteen minutes divided equally between the parties as follows: (1) the Prosecution shall have four minutes to present any pretrial motions; (2) the Defendant shall have four minutes to respond to the Prosecution's motion(s); (3) the Defendant shall have four minutes to present any pretrial motions; and (4) the Prosecution shall have four minutes to respond to the Defendant's motion(s).

13. This competition permits teams to argue additional case law and other relevant authority to support the team's argument on motions and evidentiary issues. However, no additions or deletions are permitted to the provided jury instructions or to the jury verdict form.

14. The trial court has previously overruled the following objections to the testimony of Dr. Marty Mitchell and Dr. Charlie Blackwood: That the qualifications and testimony of either doctor fails to meet the standard set forth in *Daubert v. Merrell Dow Pharms., Inc.*, 509 U.S. 579, 113 S. Ct. 2786, 125 L. Ed. 2d 469 (1993) and *E.I. du Pont de Nemours and Co. v. Robinson*, 923 S.W.2d 549 (Tex. 1995). *See also Rochkind v. Stevenson*, 471 Md. 1, 236 A.3d 630 (2020). Dr. Mitchell was qualified in the fields of emergency medicine and forensic medicine. Dr. Blackwood was qualified in the field of forensic medicine.

15. Neither expert disputes the accuracy of the medical terms in the autopsy, which are given their common and usual meanings.

16. The trial court has previously ruled that all interviews, interrogations, searches, and seizures were Constitutional and that Exhibit 8 may be used for all purposes without contravention of the Sixth Amendment to the U.S. Constitution; all objections otherwise have been heard and denied.

17. The parties have previously stipulated to the admissibility of the following exhibits: Photographs at Exhibits 4 through 7 and the Autopsy Report and Diagram at Exhibits 9 and 10.

18. Best evidence objections under Federal Rule of Evidence 1002 are limited to the numbered exhibits.

19. This trial has been bifurcated and deals only with guilt.

20. Neither prosecution nor defense may argue that the defendant should be convicted of a lesser included offense

21. Lone Star Penal Code Section 18-3-103 provides in relevant part that:

**MURDER IN THE SECOND DEGREE:** A person commits the crime of murder in the second degree if the person knowingly causes the death of a person.

22. Lone Star Penal Code Section 2.01 provides:

**PROOF BEYOND A REASONABLE DOUBT.** All persons are presumed to be innocent and no person may be convicted of an offense unless each element of the offense is proved beyond a reasonable doubt. Reasonable doubt means a doubt based upon reason and common sense which arises from a fair and rational consideration of all of the evidence, or the lack of evidence, in the case. It is a doubt which is not a vague, speculative or imaginary doubt, but such a doubt as would cause reasonable people to hesitate to act in matters of importance to themselves.





## CITY OF ARMADILLO POLICE DEPARTMENT STATEMENT FORM

Case number: 2019-5423

Your Name: Max Mosseau

Date of Birth: 05/10/1978

Driver License #: 521-52-5555 Height: 5'8" Weight: 165 Hair: Br. Eyes: Brown

Address: 4557 Ranger Roundabout Phone Number: 713-445-6782

City: Armadillo State: Lone Star Zip: 77021

Current Date: March 15, 2019

Current time: 8:55 pm

Date of Incident: March 15, 2019

Time of Incident: 3:30 pm

### Location of Incident:

I am a housekeeper and for the past two years I have been working at the home of John and Sally Ferguson. I have been a housekeeper my entire adult life, ever since I graduated from high school. It's a family business. My parents had a small housekeeping business and I worked for them growing up when I wasn't in school, and once I graduated from high school, I took over that business. I love my work. I can make a decent living, which is important because it allows me to support my two children as a single parent. I also enjoy knowing I'm helping other people. People like coming home to a clean home that taken care of and looked after.

Like I said, I worked for John and Sally for the past two years. They're a real nice couple. I've never seen them fight in front of me or the kids. And their two kids, Celeste and Gerry, are just the cutest set of munchkins I've ever seen. I'm there once a week and they are usually in the house most of the time I'm there because I guess John works from home, so I'm around them a lot compared to some other people I work for. They always seem very happy to me. There was one time, and only one time, about a month ago where I saw Sally kind of snap at John because she wanted money for something, and he wouldn't give it to her. She kind of yelled, but then she just started coughing. John immediately poured her a glass of water and went to give it to her and said something like, "I'm sorry baby," and that kind of ended it. Pretty normal couple all things considered. Also, they pay me well, more than most of my other clients. I used to work for Sally's sibling, Sam Townsend, for about eight years. In fact, that's how I got the job at John

and Sally's because Sally was looking for a housekeeper and Sam recommended me, which was nice. I don't work for the Townsends anymore though because Sam accused me of stealing from them last year, taking some money, which was a lie. Frankly, I think Sam was just trying to use me to cover up some gambling losses from their spouse. I mean, why would I work there for eight years and then suddenly start stealing from them? Worst of all, Sam told me they wouldn't pay me for my last cleaning service because I owed them that money. So, really, Sam stole from me.

Sally called me one day a few months ago and said that she wasn't feeling well, she was in pain and was tired all the time and needed more help, so she asked me to come once a week. I never found out exactly what was wrong with her. Sometimes she coughed so hard it sounded like she was going to cough up a lung and her eyes would get all watery. They were pretty bad coughing fits. Kind of violent. I know my place. I didn't ask a lot of questions, but I did see medicine bottles full of pills on Sally's bedside table when I cleaned her room. Sally was asleep a lot when I came, on the couch or in her room, but she gave me a key and told me to let myself in.

When I first got there today about 9:15, I let myself in as usual. The whole family was there, including John and the kids who were downstairs getting ready to leave to go on a playdate or something. Sally was in her room. They left shortly after I got there. On his way out the door John said, "I'll be back in a minute. Don't wake the lady of the house, she had a long night," and gave me a wink. I don't know what he meant, but sounded to me like they must have been out at a party or on a date the night before.

After John and the kids left, I was getting my cleaning supplies out of the pantry when I heard Sally's voice from her room. I assumed she must have been calling to me to come to her room about something, so I went to her room to ask her what it was. But when I got to the door, before I could open it, I heard her talking on the phone, so I started to walk away. But I could still hear her. I wasn't eavesdropping or nothing, but she wasn't trying to be quiet. She was talking real sweet, in a voice I never heard before, like she was flirting with a guy, but it was a voice I've never heard her use with John, I can tell you that. I couldn't make out most of what she was saying, but I know I heard her say the name Rich, and I heard her say something about how she would meet him tomorrow afternoon, that John would be watching the kids and she would just say she was going shopping, he would never know. At

that point, I tiptoed away as quietly as I could. I mean, I was shocked. It wasn't any of my business and frankly I wish I hadn't heard, so I just wanted to get out of there. The door was closed the whole time and she never mentioned it to me, so I don't think she knew I was there.

I went about my job, I cleaned the kids rooms upstairs, and then started on the first floor. Sally came out of her room and laid down on the couch in the den so I went into her room and made up the bed and cleaned the bathroom. When I left that room it looked perfect, the same way I left it every time because I take pride in my work. Sally didn't say much when she came out of her bedroom, which wasn't unusual, just that she didn't feel well at all. She said that she was too old for nights like that anymore and kind of smirked, but she looked like she always did the last few months, just kind of pale and worn out. I felt so bad for her being sick all the time. Anyways, after I finished cleaning up her room, Sally went back to her room and I could hear her talking again. Sounded like she was on the phone, but I didn't hear anything she said this time or who she was talking to.

John came home shortly thereafter. He looked normal, I guess. Casual. Nothing out of the ordinary. He was wearing a polo shirt, jeans, maybe a quarter-zip. Pretty standard dad clothes. He didn't say anything when he came in and then went into the kitchen. I didn't see what he was doing in there, but I could hear him kind of banging around, opening cabinets and whatnot. Sounded like he was looking for something. I mean, I don't think I ever saw that man cook or even heard him talk about cooking the entire time I worked there, so if he needed something in that kitchen he would have to search for it. I figured he was just making a sandwich or something. I don't know where he went next. I grabbed my keys and headed to the store. I think it was around 10:30 by then. They were out of paper towels and dishwasher soap and Sally leaves me a list of stuff to pick up. I went to Target first but they were out of paper towels so I had to go to Wal-Mart as well.

When I got back to the house around 1:00, John's car wasn't there and Sally's door was closed. I heard water running in Sally's room, so I assumed she was taking a shower. I went to work on the basement. I do the laundry down there and also turn on Netflix to watch Temptation Island. When I went to hand wash Sally's "fancy" towels, I noticed there was no hot water. But, I made it work. And after I did the laundry I had to stay down there for about another

hour cleaning up the kids playroom, which was an absolute disaster as usual.

I was back in the kitchen when I heard John come home with the kids around 3. As soon as they got home they started shouting, "Mommy! Mommy!" and started to run to her door to see their mom but John yelled stop, and told them to take off their shoes and hang up their jackets and then he went into the room first. That's when I heard him start to scream, yelling call 911, call 911, get an ambulance, keep the kids away, keep the kids away! I could hear what sounded like thudding in the bathroom. I didn't know what was going on. He just kept yelling and was like hysterical. When he started yelling to keep the kids back I grabbed ahold of them and shielded them so they wouldn't see whatever was going on, and after a few minutes I told them to go down the street to their friends' house but they were crying and didn't want to leave so I walked down there with them. I don't know who called 911, but he must have, because when I came right back about five minutes later the fire truck had arrived and the firefighters were heading into the house.

The firefighters went straight into Sally's room and I followed them to see if I could help. That's when I saw John standing over Sally, she was just laying on the bedroom floor. She was all wet and her face was kind of blue. He was crying and yelling at the fire department to do something, do anything. They were trying to give her CPR, intubating her, using a defibrillator. and giving her some kind of IV. But it was weird because, while they were trying to perform those lifesaving procedures, John was kind of pulling them out of the way and trying to do it himself, pushing on her chest really hard with his full weight and then pushing down hard on her mouth. I've never seen it done like that, but it seemed like he was just trying anything. When they stopped working on her John went nuts- he said, "let me try," and, "she can't be gone," over and over again. There were no actual tears, at least none that I could see on his cheeks or in his eyes, and it all seemed a bit dramatic or staged to me, but I don't know, everyone reacts to trauma differently. I've never been through that, so I don't know and can't even imagine how I would react in that situation. I guess he was in shock.

At that point, I went back down the street to be with the children. I didn't know what to say to them, so I just told them everything would be okay, even though I knew I was lying to them. John came and got them a little later to take them back home. The last thing

I asked him was if he needed anything else from me, and he just turned, smiled, and said, "no, but we'll see you next week just like normal, okay. Back to normal." And he walked away.

Exhibit 22 is a diagram of the layout of the Ferguson home. It shows the "master bedroom" where Sally was found, where the kids' bedrooms are located and the layout of the basement where I was doing laundry.

I have read this statement consisting of five pages, all corrections have been initialed. All the information contained herein is true and correct, everything I know about this matter is included in this statement, and no information I have related to this matter has been left out of this statement. I swear to the above under penalty of perjury.

Signed: Max Mosseau Witnessed: Ron McLean



## CITY OF ARMADILLO POLICE DEPARTMENT STATEMENT FORM

Case number: 2019-5243

Your Name: Sam Townsend

Date of Birth: 11/24/1969

Driver License #: 442-26-8267 Height: 5' 9" Weight: 172 Hair: Blonde Eyes: Blue

Address: 194 Hidden Oak Street Phone Number: 713-689-1442

City: Armadillo State: Lone Star Zip: 77001

Current Date: March 15, 2019

Current time: 6:20 pm

Date of Incident: March 15, 2019

Time of Incident: 3:15 pm

### Location of Incident:

I am Sally Ferguson's older sibling. We both grew up here in Armadillo and lived here pretty much our entire lives, though she did move away for college for a few years, which is where she met John Ferguson. After they got married they moved back here and John got some kind of sales job where he works from home selling insurance or vacuum cleaners or something, I don't know. What I do know is that he is cheap. Always trying to chisel money out of people, always looking for a way to save a nickel, and I don't think he has ever picked up a check when we go out to dinner with them. My spouse likes to call him, "alligator arms," but that's just our little inside joke. Anyways, I guess I've never been all that fond of John, but up until today I always thought that Sally and John had a pretty good relationship. I mean, they had been to marriage counseling and John had to move out of the house a couple times for a week or two, but they always worked it out and seemed to be on a good track. But I guess I was wrong. I will say, whatever else happened between those two, they have two great kids. Celeste, who is eight, and Gerry, who is six.

I run a sporting goods store in town, selling equipment, guns, things like that. It was our parents' hardware store, but when they passed away I converted it into a small sporting goods store because I love hunting and fishing and wanted to be in that business. I do alright, but I'm not getting rich or nothing.

Our kids are all out of school for spring break this week, so I called my sister early this morning and asked her if she wanted to bring her kids over to our house for a playdate with their cousins.

Sally has been so sick, coughing all the time, so I figured it would help her out if we had the kids over and gave her some time to rest and take it easy, plus I know that if our kids go over to Sally and John's house then they just end up playing on their tablets inside because Sally can't watch them play and John doesn't help out with the kids at all when they are over there. Sometimes John has such a temper with the children. I remember once about a year ago when our little boy, Tommy, who is just now six, was over at their house and we were having a barbeque in their backyard. Tommy left some toy in the yard and Sally tripped over it on her way inside and almost fell down, and John lost it on Tommy. Yelling, "why don't you learn to pick up after yourself! You could've killed somebody!" Stuff like that. And Sally would say things about him losing his temper with their kids as well. So, just best for everyone if they came to play at our house.

Anyways, like I said, Sally had been sick, but that had been going on for a while. She looked pretty rough recently, but even when she had those violent coughing episodes, I didn't see any blood spots in her eyes. Sally texted me that morning and said that John would drop the kids off around 9:30 that morning because Max, their housekeeper, would arrive around then and that would get the kids out of the house while Max cleaned. Max used to work for me as well, but I fired Max because I found money missing from a drawer one day after Max cleaned the house, and I don't tolerate stealing. I told Sally to fire Max as well, but Sally is stubborn and doesn't like being told what to do, so she didn't listen.

Anyways, John got to the house with the kids around 9:45 that morning, and I could just tell something was off. As soon as I opened the door the kids ran inside to find their cousins but John immediately asked, in kind of a flustered voice, "can I talk to you, in private?" So, we went into my office. I asked John what was wrong and he said that he had gotten a call that morning from a friend named Scott Greene, and Scott had told him that he saw Sally out at lunch with another man, a dad from their kids' school, named Rich, and it looked pretty friendly, or more than friendly. Laughing, touching each other, sitting close, stuff like that. John showed me a text, this one right here in Exhibit 19, that Scott sent to him with a picture of Rich, the guy he saw Sally having lunch with. John was kind of panicked the whole time he was

telling me this, breathing heavy, not yelling or freaking out, but almost a kind of calm anger. Seething anger. Anyways, at that point John turned to me and asked, "do you think she would cheat on me? I mean, she is your sister, would she do that? I just can't believe it." I told John that was crazy. I said Sally had barely been able to get out of bed for the past three months, which makes it impossible to believe that she could physically carry on an affair, but also she loves John and their kids and was not a cheater. Of course, Sally did tell me that she cheated on John once in college, but that was years ago and as far as I know John didn't know about that. I certainly never told him.

That seemed to calm John down a bit. His breathing got more steady and I got him a glass of water, which he downed pretty quickly. I asked him if he wanted to hang out for a while to calm down but he said he was fine and that he needed to, "go take care of some things." So, at that point, he left. But, before he left, I told him I would talk to Sally about it, and he agreed that would be good.

After he left, I called Sally. I told her what John said and about the text message and she denied everything. She said that she knows that guy, Rich, from the PTA, and that sometimes she has lunch with people from the PTA to talk about raising money and stuff like that, but there was no funny business involved. In fact, she said that she was meeting with another father the very next day to talk about an upcoming spaghetti social at the school. She told me it was nothing, and I believed her. Then she just kept talking. She said that she doesn't know why John is complaining about her when he is the one that can't figure out how to solve their money problems but is always blaming her for spending too much money. In fact, by the end, she said that she was thinking of leaving John but that she was afraid that he would fight her for custody of the children, and that she was afraid he might do something crazy. I asked her what she meant because, up till then, I never thought that John would be violent towards Sally, but she told me that when she would talk about leaving him he would threaten her and that she was afraid he would kill her. Those were her words. It kind of shocked me. At this point, she sounded scared, and I offered to come to her house and get her if she was scared. But she said no, it was fine, just marriage stuff, and she said she would be at my house around 12:30 to pick up the kids.

When 12:30 came, Sally didn't arrive. I tried calling Sally on her cell a few times, but no answer. So, since it was lunch time, I



went ahead and made all the kids peanut butter sandwiches, and then tried calling Sally's cell again, but no answer. So, at that point, I called John's cellphone. The first time there was no answer, but the second time I handed the phone to Celeste to leave a message, but John actually picked up and told Celeste that he would be there soon to pick them up.

John finally arrived around 1:20 in the afternoon, almost an hour late, and when he arrived he kind of burst into the house, quickly gathered up the kids' stuff, hustled them into the car, and barely said a word to me. He was wearing workout clothes, a dark blue hoodie and gray sweatpants that had some mud on them. His hair was messy, kind of tussled on top of his head and while his legs and arms were covered up, I could see what looked like scratches on his neck that hadn't been there before, or that I hadn't noticed when he came by earlier. Not only that, but his clothes and hair looked kind of damp, like he had been running in the rain but it wasn't raining that day. He didn't apologize, didn't explain himself, he just said that they had to go and hustled out of the door with the kids and left.

Then, around 3:15, I get a call from John and he is sobbing, uncontrollably, and I can't understand him. I asked him what was wrong, a couple of times, and finally I heard him say, "she's gone...Sally's gone." I couldn't believe it. I asked him what happened and he said that he went straight home and when he got there he found Sally passed out in the shower, unresponsive, and not breathing. I said, "I don't understand," and he just said, "I don't know, something strange happened. I don't know," and that he tried to save her but he couldn't.

I rushed over to their house but by the time I got there they were taking Sally out of the house in a body bag. She was already gone. I never got to say goodbye. I did enter her bedroom briefly and it looked like a mess. The lamp was overturned, her cracked phone was on the ground by the bed, the pillows were all over the place. It looked like something had gone down in there to me.

As the ambulance rolled away I went over to console John, but I was still so confused about what happened, so I went over to John and asked, one more time, what happened. At that point, he kind of got angry, or at least short-tempered, and turned to me and barked, "why are you asking so many questions, Sam? She fell or something, maybe she passed out, you know how sick she has been, and all those pills she takes. Probably need to check her blood. It's not like

I was here. I had nothing to do with it. I just found her there. That's all I know. Back off and mind your own business and stay out of my family's business." I was shocked. He stormed off and slammed the door of the house and I just got in my car and left. That's it.

I have read this statement consisting of five pages, all corrections have been initialed. All the information contained herein is true and correct, everything I know about this matter is included in this statement, and no information I have related to this matter has been left out of this statement. I swear to the above under penalty of perjury.

Signed: Sam Townsend Witnessed: Ron McLean



## **CITY OF ARMADILLO POLICE DEPARTMENT**

### **Police Report**

RESPONDING OFFICER: <b>RON MCLEAN</b>	BADGE NO.: <b>1975</b>
DATE OF INCIDENT: <b>March 15, 2019</b>	TIME OF INCIDENT: <b>3:00 PM</b>
LOCATION OF INCIDENT: <b>1946 Trevino Court, Armadillo, Lone Star</b>	
NATURE OF INCIDENT: <b>HOMICIDE</b>	

#### **DESCRIPTION OF INCIDENT AND INVESTIGATION**

I was the lead detective in the investigation of the death of Sally Ferguson. On 3/15/2019 at 3:23 PM, I was sent to 1946 Trevino Court in Armadillo, the Ferguson home. According to my supervisor, Brandon Draper, John Ferguson called 911 to report that he found his wife, the Decedent, unresponsive in their bathtub.

I arrived on the scene at 3:45 PM. Mr. Ferguson allowed me into the home. He was not crying and did not appear shaken. Instead, there were fresh scratches on his face and neck and right arm. Mr. Ferguson told me that he came home around 3:00 PM to find the Decedent in the bathtub, head underwater, with the bathtub water turned on. He called 911 and pulled the Decedent out of the tub. When we got to the bedroom, the paramedics were attempting to resuscitate the Decedent, and were unsuccessful - she was pronounced dead at Lone Star Memorial Hospital.

Exhibits 21 and 22 depict the surrounding neighborhood and the Ferguson home. I took photos of the bedroom and bathroom (Exhibits 4 through 7). There were a few pillows, a lamp, and cell phone on the floor. Mr. Ferguson told me the phone was his wife's. I then noticed that the bathroom floor was dry - when I asked Mr. Ferguson why the floor was dry and about the scratches, Mr. Ferguson said he would not speak with me without a lawyer.

I interviewed Max Mosseau, the Ferguson's housekeeper, and Sam Townsend, the Decedent's sibling. Exhibits 1 and 2, the statements they gave to me, include all information I learned from them. I collected text messages (Exhibits 19 and 20), which seemed to indicate that Mr. Ferguson learned just before the Decedent's death that the Decedent was having an affair. I found no evidence that any other person would have a motive to harm the Decedent.

The injuries described and depicted in Exhibit 9 and 10 are consistent with what I observed while present for the Decedent's autopsy. In my opinion, her injuries are inconsistent with Mr. Ferguson's account - rather, they are consistent with injuries from a struggle, blunt force trauma, strangulation, and suffocation.

Based on all the above information, on April 15, 2019, I arrested John Ferguson for murder. I continued to investigate in the ensuing months. I did a thorough investigation - for brevity, I am omitting any

investigative steps (interviews, forensic tests, searches, etc.) that did not yield inculpatory/exculpatory evidence. All such evidence is described herein / within one of the exhibits referenced herein.

SUPPLEMENTAL NARRATIVE: In August 2019, I asked Marty Mitchell, the leading expert in cases such as these, to review the case and provide an opinion regarding cause/manner of death. Doctor Mitchell agreed to take the case. I agree with Doctor Mitchell's opinions in Exhibit 17.

Signed: s/ Ron McLean Dated: January 18, 2023













## Interview Transcript:

The following interview with John Ferguson was conducted by Assistant Medical Examiner Charlie Blackwood on March 15, 2019, at the residence of John Ferguson.

**Blackwood:** Can you describe what happened this morning of March 15th?

**Ferguson:** I dropped the children off at Sally's brother Sam's house for a play date around 9:30 am. We left around 9:15 am because Sally didn't feel like taking the kids, so she stayed at home. I got back around 10:15 am, changed clothes, and went for a run. When I returned, I didn't see Sally.

**Blackwood:** What happened after you returned home from your run?

**Ferguson:** I left to pick up the children, and we went for ice cream and checked out a playground. We got home around 3:00 pm, and that's when I found Sally face down in the bathtub with the water running.

**Blackwood:** How did you react when you found Sally in the bathtub?

**Ferguson:** I freaked out. I struggled to pull her out, and I tried to perform CPR. It was intense.

**Blackwood:** It looks like you have some scrapes on your face. Can you tell me more about that?

**Ferguson:** Yeah, I noticed the scrapes, but I don't really know where they came from. They might have happened when I came back from my workout and was putting some stumps through the wood chipper. Some scraps may have hit me.

**Blackwood:** What did you do after taking her out of the bathtub?

**Ferguson:** After taking Sally out of the tub and placing her on the bathroom floor, I called 911.

**Blackwood:** How do you think she ended up on the floor in the shower?

**Ferguson:** I don't know. She had been having problems with her neck for the past few weeks and had been to the doctor for shots to relieve the pain. So maybe she was sick; maybe the drugs, you know.

**Blackwood:** Can you describe your relationship with Sally?

**Ferguson:** We had a great relationship. We never fought.

**Blackwood:** What did you and Sally do the night before?

**Ferguson:** We went to a party the night before where Sally had some marijuana and oxycodone, but I'm not sure how much. Sally was always sick, falling down, and clumsy. She had a little bit of a problem, you know. You can check her medicine cabinet. There is all kinds of stuff in there. Fentanyl, Oxy.

**Blackwood:** How would you characterize you're your relationship before this?

**Ferguson:** We were always faithful to each other.

**Blackwood:** Any recent arguments or blow ups?

**Ferguson:** No, I never really lose my temper and practice transcendental meditation every day using the Calm app.

**2019-0854**

**Autopsy Report- Sally FERGUSON**

**Coroner of the State of Lone Star**

TRIAL EXHIBIT

**9**

24-CR-1968

*City and County of Armadillo*

OFFICE OF THE MEDICAL EXAMINER  
123 Main Street, Armadillo, Lone Star 77001

Charlie C. Blackwood, M.D.  
Chief Medical Examiner

James D. Curphey, M.D.  
Assistant Medical Examiner

John M. Phillips, M.D.  
Assistant Medical Examiner

**AUTOPSY REPORT**

**Name of decedent:** SALLY FERGUSON **ME#:** 2019-0854  
**Date and time of death:** MARCH 15, 2019; 1543 HOURS **Age:** 48 YEARS  
**Date and time of autopsy:** MARCH 20, 2019; 0930 HOURS **SEX:** FEMALE

FINDINGS:

- I. Atherosclerotic cardiovascular disease:
  - A. Mild coronary artery and aortic atherosclerosis.
  - B. Cardiomegaly (420 grams).
  - C. Mild arteriolonephrosclerosis with cystic changes.
- II. Blunt force injuries:
  - A. Multifocal cutaneous abrasions and contusions of the face, trunk, and extremities.
  - B. Subgaleal hemorrhages, biparietal and occipital.
- III. Petechial hemorrhages of the bulbar conjunctivae. Exhibit 11 reflects the left eye. Exhibit 12 reflects the right.
- IV. Pulmonary edema, on microscopic examination of the lungs.
- V. History of obstructive sleep apnea.
- VI. Expanded toxicological analysis of peripheral blood positive for naloxone, bupropion, and escitalopram (and metabolite), and oxycodone.
- VII. History that the decedent was found collapsed and unresponsive in a bathtub.

TOXICOLOGY

REFERENCE LABORATORY: National Tox Services, Inc.  
Cottonwood Grove, Iowa

Expanded postmortem blood panel results:

Compound	Results	Units	Source
Naloxone	Positive	ng/mL	Leg Blood
Bupropion	250	ng/mL	Leg Blood
Escitalopram	420	ng/mL	Leg Blood
Oxycodone	0.33	mg/L	Leg Blood

Naloxone is a medication used to counter the effects of opioid overdose. Naloxone is commonly administered intravenously, intramuscularly, or intranasally in emergency situations to rapidly restore normal breathing and consciousness in individuals experiencing opioid overdose.

Burpropion is an antidepressant. It operates by preventing the reabsorption of norepinephrine and dopamine. This increases the levels of these neurotransmitters in the brain, which increases feelings of well being.

Escitaprolam is an antidepressant and anti-anxiety medication. It operates by preventing the reabsorption of serotonin. This increases the levels of these neurotransmitters in the brain, which increases feelings of well being.

Oxycodone is an opioid medication primarily used for managing moderate to severe pain. It belongs to a class of drugs known as narcotic analgesics. Due to its potential for misuse, dependence, and addiction, oxycodone is classified as a controlled substance.

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance.

OPINION

A complete examination of the investigative and autopsy findings was performed, and given the information available to us at this time, it is our opinion that the cause and manner of death of this 48-year-old female, Sally Ferguson, cannot be determined. As the positioning of the decedent and presence or absence of facial submersion at the scene remains unclear, a contributing component of asphyxia (drowning) cannot be completely excluded. Subconjunctival hemorrhages are potentially consistent with strangulation, drowning, severe coughing, or CPR. At autopsy, mild coronary artery and aortic atherosclerosis, an enlarged heart, and chronic-appearing kidney disease were identified. Postmortem toxicologic studies of peripheral blood reveal

slightly elevated levels of therapeutic medications, which are insufficient to explain her proximate cause of death. Also of note, blunt force injuries to include cutaneous abrasions and contusions and multifocal subgaleal hemorrhages, were identified; some of these injuries are likely the result of resuscitative efforts or due to moving the body out of the bathtub, at the scene. Should further information become available after the signing of this report, the cause and/or manner of death may be amended.

*Charlie C. Blackwood*

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Charlie C. Blackwood, M.D.  
Forensic Pathology Fellow

*James D. Curphey*

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James D. Curphey, M.D.  
Assistant Medical Examiner

CIRCUMSTANCES OF DEATH: The decedent is a 48-year-old (DOB: 6/22/1970) with obstructive sleep apnea, chronic neck pain, who was reportedly found unresponsive by her husband in her residence on 3/15/2019 around 1515 hours. She was found collapsed in a bathtub/shower, with the showerhead water on. The exact positioning of her head and the degree of facial submersion is not clear, per discussions with the husband. The decedent was last known to be alive around 1030 hours that morning and was complaining of not feeling well. Of note, the decedent had been ill 3 days prior to her death, with vomiting and diarrhea. Per her husband, she ingested oxycodone products both the night prior to and the morning of her death.

Further review of medical records (Exhibits 14, 15, and 16) reveals that in early February, the decedent presented to her physician complaining of fevers, cough, headaches, and swollen cervical lymph nodes. She endorsed sick contacts at this visit and was prescribed antibiotics and released. Approximately 11 days later, she presented to her physician with worsening fevers, cough, sore throat, productive cough of green mucus, and neck pain. Throat cultures taken grew group A streptococcus. The decedent was given a different antibiotic and a steroid dose pack at that time. On 2/25/2019, the decedent presented to her physician with improvement in her above symptoms, but worsening neck pain (reportedly due to a remote skiing injury). Of note, the decedent had received injections and took oxycodone for this pain in the past.

IDENTIFICATION: Fingerprints and digital photographs are obtained. Identification is made by visual means by the decedent's husband at the scene.

CIRCUMSTANCES OF POSTMORTEM EXAMINATION: A postmortem examination on the body of Sally Ferguson is performed at the Armadillo Office of the Medical Examiner at 0930 hours on March 20, 2019. Dr. James Curphey is assisting. Also present for a portion of the examination are Detective Ron Mclean from Armadillo Police Department and Crime Lab personnel.

RADIOGRAPHS: Full body radiographs are obtained and show no evidence of acute trauma/fractures.

CLOTHING AND EFFECTS: The body is received unclothed. An identification band inscribed with the decedent's name is around the left wrist. No personal effects accompany the body.

#### EXTERNAL EXAMINATION

The body is that of an adult female, weighing 148 pounds, measuring 5 feet 4 inches in length, and appearing younger than her reported age of 48 years.

The body is cold to touch. Rigor mortis is present to an equal extent in all joints. Red-purple postmortem lividity is well-developed in the posterior, dependent portions of the body.

The scalp hair is brownish red, wavy, and up to 12 inches in length. There are injuries of the head, to be described. The corneae are clear. The irides are brown. The sclerae are off-white. The conjunctivae show the presence of scattered, rare, non-specific purple petechiae of the bulbar surfaces and mild congestion. The skeleton of the nose is intact. The ears are normally formed and atraumatic. The lips and frenula display no abnormalities. The teeth are natural and in good condition. The neck is without special note.

The chests and breasts have no palpable mass and show injuries, to be described. The abdomen is protuberant and soft. The back and buttocks are without special note. There is a medication patch (labeled "12 mcg Fentanyl") loosely adherent to the lower left back.

The upper extremities are well developed, with no clubbing or edema. There is a medication patch (labeled "12 mcg Fentanyl") loosely adherent to the lateral left arm. The upper extremities have injuries, to be described. The fingernails are short, atraumatic, and painted with red polish.

The lower extremities are well developed, with no clubbing or edema. The lower extremities have injuries, to be described. The toenails are short and painted with red polish.

Injuries are depicted on my diagram in Exhibit 10.

TATTOOS: None.

SCARS:

1. A 2-inch vertical, linear scar is on the medial left knee.

EVIDENCE OF MEDICAL TREATMENT:

1. There is an endotracheal tube secured within the oral cavity and is attached to a plastic Ambu bag.
2. An intravenous catheter is in the left antecubital fossa, attached to plastic tubing and connected to a bag of saline.
3. Four EKG lead pads are present on the bilateral upper arms and the bilateral hips.
4. A pacer lead pad is on the right chest.



EVIDENCE OF INJURY

## BLUNT FORCE INJURIES

## Head/Neck:

1. Multiple, red-dried abrasions are scattered across the forehead, up to 1/2 inch in greatest dimension.
2. Red purple subgaleal hemorrhage is on the biparietal scalp, measuring up to 1 1/2 inch in greatest dimension.
3. There is a faint, red-purple contusion on the left nasal ala, 1/4 x 1/4 inch, and a red, dried abrasion on the upper nasal bridge, 1/2 x 3/4 inch.
4. There is a faint purple contusion of the right eyelid, 1/4 x 1/4 inch.
5. A faint dried, red abrasion on the left eyelid is present, 1/8 x 1/8 inch.
6. A red, somewhat linear, dried abrasion is on the right aspect of the forehead, 1/4 inch in length.
7. There is a round, red-purple contusion on the right cheek, 1/8 x 1/8 inch; and diffuse red-purple, faint discoloration over the right cheek, spanning an area approximately 2 x 2 inches.
8. Scant dried blood and punctate red abrasions (up to 1/16 inch) are on both of the alar rims (outer edge of the nostril openings).
9. A red, dried abrasion, 1/2 x 1/2 inch, is on the inferior chin.
10. A red, dried abrasion is on the submentum/midline neck, 3/4 x 1/2 inch.
11. A faint, red abrasion, 3 inches in length, is situated horizontally on the anterior neck.
12. Multiple, crusted red abrasions, up to 1/8 inch in greatest dimension, are on the lateral right lip.
13. Internally, there are scattered, irregular, subgaleal hemorrhages of the biparietal scalp and bilateral occipital scalp, measuring up to 1/2 inch in greatest dimension.

## Trunk:

14. Multiple, dried, red-tan abrasions are across both sides of the abdomen, spanning an area approximately 7 x 7 on the left and 18 x 20 inches, and which extends onto the posterolateral left thigh.
15. Multiple, discontinuous, linear-appearing, dried, red-tan abrasions are on the lower left back, up to 1 1/4 inches in greatest dimension.

## Extremities:

16. Two, somewhat linear and parallel, red, dried abrasions are on the top of the left shoulder, up to 3/4 inch in greatest dimension.

17. A red, dried abrasion is on the left elbow, 1/2 x 1/4 inch.
18. A large Red-purple contusion is noted on the right lower arm, measuring up to 12 inches in greatest dimension (Exhibit 13).
19. Multiple purple-red contusions, up to 1/4 inch in greatest dimension, are covering the dorsum of both hands and wrists.
20. A red, dried abrasion, 2 x 4 inches, is on the anterolateral left thigh.
21. Multiple red-purple contusions, from 1/8 to 2 inches in greatest dimension, are scattered across the anterior left leg.
22. A linear type, dried, red abrasion is on the right knee, 1 inch in length; and an irregular, red, dried abrasion, 1/2 x 3/4 inch.
23. Red-purple and yellow-green contusions are on the right knee, up to 1/2 inch.

#### INTERNAL EXAMINATION

BODY CAVITIES: the body is entered by a Y-shape incision. All organs are present in their usual anatomic positions and present their usual anatomic relationships.

HEAD: See Evidence of Injury. The remaining subgaleal tissues are unremarkable. The skull is intact. On entering the cranial cavity, there is no evidence of intracranial hemorrhage.

TONGUE AND NECK ORGANS: The epiglottis displays no abnormalities. The tongue is clamped between the teeth, with focal pressure abrasions. Sectioning of the tongue reveals no hemorrhage or other signs of trauma. A layered in-situ dissection of the soft tissues and strap muscles of the anterior neck revealed no hemorrhages of the soft tissues or muscles. There are no palpable fractures or irregularities in the cartilages and bones of the cervical spine.

RESPIRATORY SYSTEM: The right lung weighs 550 grams. The left lung weighs 520 grams. The lungs are moderately edematous and red-pink. No thromboemboli are present in the pulmonary arteries. On cut section, the pulmonary parenchyma shows mild congestion and the airways exude a mild amount of frothy fluid on cut section.

CARDIOVASCULAR SYSTEM: The heart weighs 420 grams. The coronary arteries pursue their usual anatomic course and are serially sectioned to display up to 25% narrowing of the left main and left anterior descending coronary arteries. The remaining major epicardial arteries are unremarkable. The valves of the heart are without special note. The aorta and its major branches arise normally and follow their usual course. The descending aorta displays mild atherosclerosis.

HEPATOBIILIARY SYSTEM: The liver weighs 2340 grams. The liver is red-tan with smooth surfaces and sharp margins. On cut section, the hepatic parenchyma is light red-tan and smooth with soft yellow nodularity. The gallbladder and biliary tract pursue their usual anatomic course and display no abnormalities.

HEMOLYMPHATIC SYSTEM: The spleen weighs 310 grams. The spleen is red-brown and soft with smooth surfaces. No abnormal lymphadenopathy is noted.

GASTROINTESTINAL SYSTEM: The esophagus is without special note. The stomach contains 200 cc of thick, granular, red-brown fluid. No ulcers are identified. The small and large intestines are without special note. The appendix is present and is unremarkable.

GENITOURINARY SYSTEM: The right kidney weighs 180 grams. The left kidney weighs 240 grams. There is a clear-fluid filled cyst on the surface of the right kidney, measuring 1.5 cm in greatest dimension. The renal capsules strip with mild difficulty. The kidneys are red-tan, mildly granular, and lobulated.

ENDOCRINE SYSTEM: The pancreas is soft with a red-tan, soft cut surface and no focal lesion. The pituitary gland, thyroid, and adrenal glands are without special note.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, long bones, vertebrae and pelvis are intact to palpation. The musculature is without special note.

SPECIMENS

EVIDENCE: A deoxyribonucleic acid (DNA) blood card is retained in the case file. Pulled head hair, and fingernail scrapings from both hands are collected, packaged, sealed, and retained by the Crime Lab. Subsequent testing of hair revealed no significant findings. Fingernail scrapings indicated presence of skin and blood cells from an unknown male contributor. Further DNA testing was inconclusive.

SAMPLES: Samples of peripheral (leg) blood are submitted to the toxicology laboratory for analysis. Samples of peripheral (leg) blood and vitreous humor are collected and retained.

FROZEN SAMPLES: Samples of brain, heart, liver, and kidney are frozen and retained.

STOCK: Samples of organs are collected and retained in formalin.

HISTOLOGY: Three paraffin blocks are submitted as follows:

1. Left lung, heart (left ventricle), liver
2. Right kidney, right lung
3. Frontal cortex

SYNOPSIS

This 48-year-old Caucasian female was found lying prone, in the bath tub of her residence. The water was running and the drain was somewhat blocked by a washcloth. According to her husband her head was submerged under water. The decedent has a history of back pain as the result of a bike accident, and sleep apnea. According to her husband she has a problem over medicating at times. Medications present at the scene were; tramadol, diazepam, ondansetron, valacyclovir hcl, oxycodone, citalopram hydrobromide, and alprazolam. None of the medications appeared to have been overtaken.

## SCENE:

Upon arrival, the scene was found to be a single-family residence located in the Coyote Court neighborhood of Armadillo.

The residence was entered via the front door from the south. The residence was a two story home. There was a staircase in the living room that ascended up to the second floor. The decedent's bedroom was considered the master bedroom with an ensuite bathroom, it was located on the first level.

The bedroom was a typical furnished bedroom with a bed positioned against the west wall. There were nightstands located on the both sides of the bed. A lamp was lying on its side on top of the south nightstand. A cellphone with a cracked screen was located on the floor, to the south side of the bed. The decedent was found, lying supine on the floor to the east of the bed. Her head was towards the northwest, with her body and legs aligned to the southeast. Signs of resuscitation included pacing pads, intubation tube, and an intravenous line in the left antecubital area with 1,000 cc saline bag.

The decedent was reportedly found submerged in the bathtub with the water running. She was pulled out of the tub by her husband and laid on the floor until paramedics arrived and moved her to the bedroom floor in an effort to perform CPR.

The bathroom was located south of the bedroom. There was a vanity in the east portion of the room. The decedent's prescription medications were found in the medicine cabinet in this portion of the room. There was also a marijuana pipe in the cabinet. In the west portion of the bathroom there was a bathtub and a toilet. The bathtub was located along the west wall. It had a shower caddy in the northwest corner. The shelf itself along with the contents were lying on the floor of the tub. There was a washcloth over the drain. The tub was empty of water when I arrived. The bathroom floor was completely dry.

There was an adequate supply of food present. The residence was well maintained. The temperature was approximately 64 degrees.

## INFORMANT:

I interviewed the next of kin, John Ferguson. The interview took place after the body had been removed, family members were all coming to the house, so it was a little chaotic. There were approximately 8 or 9 family members and some police officers present. At first John didn't want to talk and asked his brother-in-law, Frank Moya, who is a lawyer, if he should make a statement, Moya said, "sure, unless you have something to hide." Then John talked to us. See Interview transcript (Exhibit 8) for detail.

John reported that he had removed decedent from the tub and place her on the bathroom floor. Decedent was really slippery and he may have dropped her a few times. He remembers that there was a bottle of some products also in the tub.

He called 911. She has been having problems with her neck for the past few weeks. She has gone to the doctor and got shot for the pain.

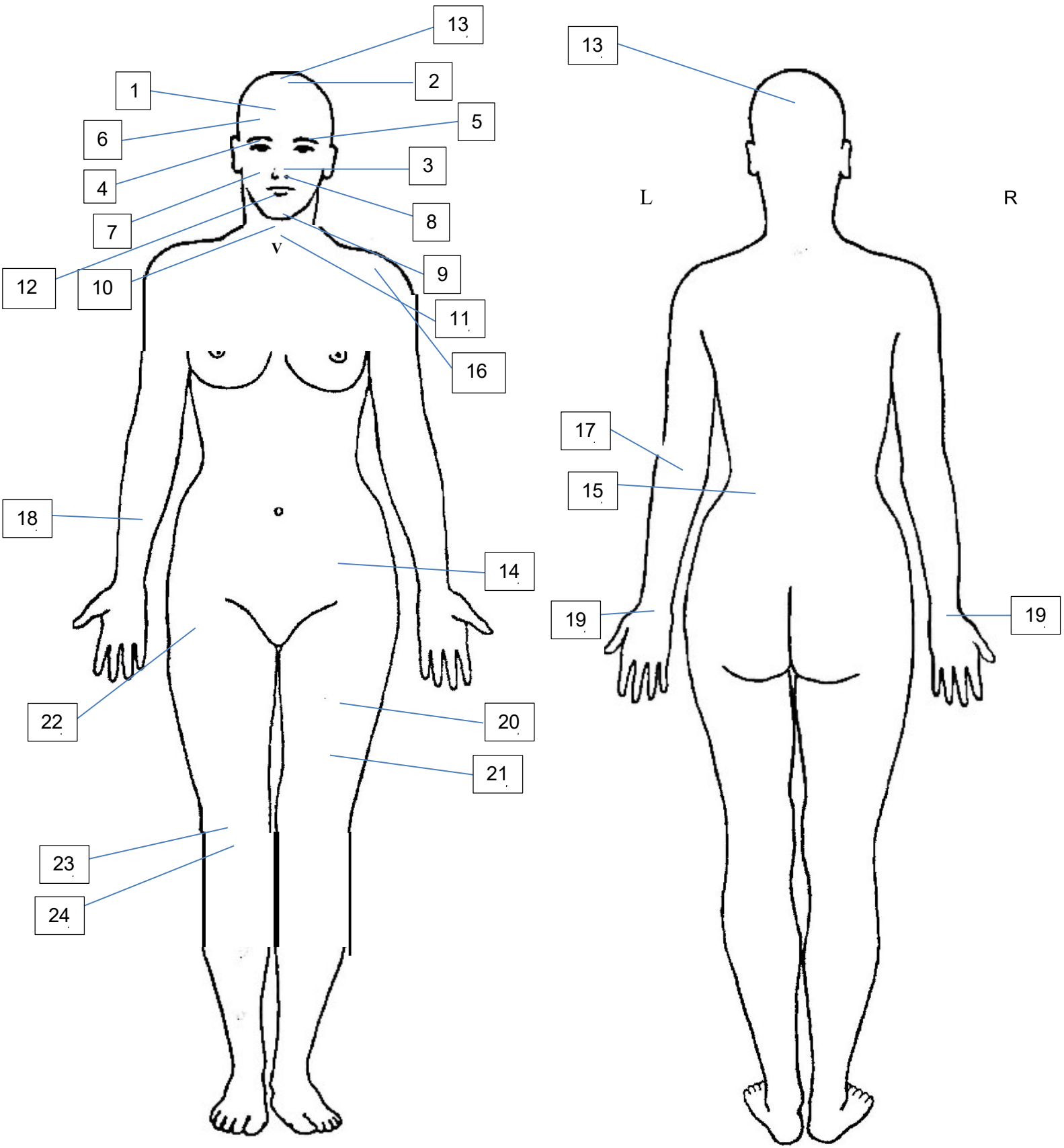
As to decedent he told me that they had a great relationship, they never fought. They went to a party the night before where Sally had some marijuana and oxycodone, but he didn't know how much. He said that she was always sick, falling down and clumsy. John showed me her medicine cabinet which had lots of pain medication in it including fentanyl patches and oxycodone. A Naloxone kit also was present.

As to prior relationships. John said that he and decedent were faithful to each other. John said he never loses his temper and practices transcendental meditation every day on the *Calm* app.

Ambulance 21 responded. CPR was attempted to no avail. Doctor on phone pronounced at 1543 hours.

John was opposed to an autopsy in the beginning but seem to be in agreement to allow one by the time I let the scene.

-END OF REPORT-











## Lone Star Urgent Care Clinic

Patient Information: Name: Sally Ferguson

Age: 48 years

Gender: Female

Date of Birth: 6/22/1970

Date of Visit: 2/7/19

Physician: Dr. John Smith

Chief Complaint: Patient presented complaining of fevers, cough, headaches, and swollen cervical lymph nodes.

History of Present Illness: Ms. Sally Ferguson, a 48-year-old female, presents to the clinic today with a chief complaint of fevers, cough, headaches, and swollen cervical lymph nodes. She reports that these symptoms started approximately five days ago and have been progressively worsening. She endorses having sick contacts, including family members who have been experiencing similar symptoms. She denies any recent travel or exposure to sick individuals outside of her household.

Past Medical History:

- No known chronic medical conditions
- No history of surgeries
- No known drug allergies

Medications: Occasional Pain Medication for Prior Injuries

Allergies: No known drug allergies

Social History: Ms. Ferguson is a non-smoker and does not consume alcohol regularly.

Family History: Positive for hypertension in her mother. Negative for other significant medical history.

Review of Systems:

- Constitutional: Fevers, fatigue
- Respiratory: Cough
- Head, Eyes, Ears, Nose, Throat (HEENT): Headaches
- Lymphatic: Swollen cervical lymph nodes
- 

Physical Examination:

- Vital Signs: Temperature 100.5°F, Blood Pressure 120/80 mmHg, Pulse 82 bpm, Respiratory Rate 16 bpm, Oxygen Saturation 98% on room air
- General: Alert and oriented x3, appears tired
- HEENT: No evidence of sinus tenderness, throat appears erythematous with bilateral tonsillar enlargement, swollen anterior cervical lymph nodes
- Respiratory: Clear to auscultation bilaterally

- Cardiovascular: Regular rate and rhythm, no murmurs
- Abdominal: Soft and non-tender, no hepatosplenomegaly
- Skin: No rashes or lesions noted

Assessment and Plan: Ms. Ferguson is presenting with symptoms consistent with an upper respiratory tract infection, likely viral in nature. Given her sick contacts and clinical presentation, she is at risk for a contagious illness such as influenza or a viral upper respiratory infection. However, due to the possibility of a bacterial etiology, she will be prescribed a course of antibiotics (amoxicillin/clavulanate 875/125 mg twice daily for 7 days) to cover for potential bacterial superinfection. She is advised to rest, stay hydrated, and monitor her symptoms closely. Instructions are provided on when to seek further medical attention if her condition worsens or fails to improve after completing the antibiotic course.

Follow-Up: Ms. Ferguson is advised to follow up in one week for reassessment of her symptoms and response to treatment. She is encouraged to contact the clinic sooner if there are any concerns or significant changes in her condition.

Patient Education: Ms. Ferguson is educated on proper hand hygiene and respiratory etiquette to minimize the spread of illness to others. She is also advised to avoid close contact with individuals who are immunocompromised or at higher risk for severe complications from respiratory infections.

Prescription:

- Amoxicillin/clavulanate 875/125 mg tablets, take 1 tablet by mouth twice daily for 7 days.

Signed, Dr. John Smith

## Lone Star Urgent Care Clinic

### Patient Information:

Name: Sally Ferguson  
Age: 48 years  
Gender: Female  
Date of Birth: 6/22/1970  
Date of Visit: 2/18/19  
Physician: Dr. John Smith

Chief Complaint: Patient presents for follow-up with worsening fevers, cough, sore throat, productive cough of green mucus, and neck pain.

History of Present Illness: Ms. Sally Ferguson returns for a follow-up visit with ongoing symptoms of fevers, cough, sore throat, productive cough of green mucus, and neck pain. She reports that her symptoms have worsened since her last visit despite completing the course of antibiotics prescribed previously. Throat cultures taken during her last visit grew group A streptococcus.

### Past Medical History:

- No known chronic medical conditions
- No history of surgeries
- No known drug allergies

### Medications:

- Amoxicillin/clavulanate 875/125 mg tablets (completed course)
- No other medications reported

Allergies: No known drug allergies

Social History: Ms. Ferguson is a non-smoker and does not consume alcohol regularly.

Family History: Positive for hypertension in her mother. Negative for other significant medical history.

### Review of Systems:

- Constitutional: Fevers, fatigue
- Respiratory: Cough, productive cough of green mucus
- Head, Eyes, Ears, Nose, Throat (HEENT): Sore throat
- Musculoskeletal: Neck pain

### Physical Examination:

- Vital Signs: Temperature 101.2°F, Blood Pressure 122/78 mmHg, Pulse 86 bpm, Respiratory Rate 18 bpm, Oxygen Saturation 97% on room air
- General: Appears fatigued

- HEENT: Erythematous throat with tonsillar enlargement, no exudates noted, swollen cervical lymph nodes
- Respiratory: Productive cough with green mucus
- Musculoskeletal: Tenderness and stiffness in the neck region

Assessment and Plan: Ms. Ferguson's symptoms are consistent with a bacterial infection, confirmed by the growth of group A streptococcus on throat cultures. She will be started on a different antibiotic regimen to target the bacterial infection, specifically with a prescription for azithromycin 500 mg once daily for 5 days. Additionally, due to the significant inflammation and discomfort, she will be prescribed a steroid dose pack (prednisone) to help alleviate symptoms and reduce inflammation.

Follow-Up: Ms. Ferguson is instructed to follow up in one week for reassessment of her symptoms and response to the new treatment regimen. She is advised to contact the clinic sooner if there are any concerns or if her condition worsens.

Patient Education: Ms. Ferguson is educated on the importance of completing the antibiotic course as prescribed and the potential side effects of prednisone. She is advised to rest, stay hydrated, and avoid strenuous activities until her symptoms improve.

Prescription:

- Azithromycin 500 mg tablets, take 1 tablet by mouth daily for 5 days.
- Prednisone dose pack, follow package instructions.

Signed, Dr. John Smith

## Lone Star Memorial Hospital

### Patient Information:

Name: Sally Ferguson  
Age: 48 years  
Gender: Female  
Date of Birth: 6/22/1970  
Date of Visit: 2/25/19  
Physician: Dr. John Smith

Chief Complaint: Patient presents for follow-up with improvement in prior symptoms but worsening neck pain attributed to a remote skiing injury.

History of Present Illness: Ms. Sally Ferguson returns for another follow-up visit with improvement in her previous symptoms of fevers, cough, sore throat, and productive cough of green mucus. However, she reports worsening neck pain, which she attributes to a remote skiing injury. The patient mentions having received injections and oxycodone for pain management in the past.

### Past Medical History:

- No known chronic medical conditions
- No history of surgeries
- No known drug allergies

### Medications:

- Azithromycin 500 mg tablets (completed course)
- Prednisone dose pack (completed course)

Allergies: No known drug allergies

Social History: Ms. Ferguson is a non-smoker and does not consume alcohol regularly.

Family History: Positive for hypertension in her mother. Negative for other significant medical history.

### Review of Systems:

- Constitutional: Improvement in fevers and fatigue
- Respiratory: Improvement in cough and green mucus production
- Musculoskeletal: Worsening neck pain
- 

### Physical Examination:

- Vital Signs: Temperature 98.9°F, Blood Pressure 120/76 mmHg, Pulse 84 bpm, Respiratory Rate 16 bpm, Oxygen Saturation 98% on room air

- General: Appears well, improved energy levels
- Musculoskeletal: Limited range of motion in the cervical spine, tenderness over the cervical vertebrae

Assessment and Plan: Ms. Ferguson demonstrates improvement in her previous respiratory symptoms but reports worsening neck pain attributed to a remote skiing injury. There is a concern regarding the possibility of medication-seeking behavior given her previous receipt of injections and oxycodone for pain. However, after a thorough assessment, it is determined that her complaints are likely genuine. Therefore, she will be prescribed oxycodone for pain management. She is advised to continue monitoring her symptoms and to follow up if there are any significant changes or concerns.

Follow-Up: Ms. Ferguson is advised to follow up as needed or if there are any new developments in her condition.

Patient Education: Ms. Ferguson is educated on the appropriate use of oxycodone for pain management, including potential side effects and risks associated with its use. She is advised to take the medication exactly as prescribed and to avoid alcohol and other central nervous system depressants while taking oxycodone.

Prescription:

- Oxycodone [1-2 tablets of 0.1 mg every 6 hours as needed for pain]

Signed, Dr. John Smith



# THE FOUNDATION OF CLINICAL FORENSIC MEDICINE

4157 GAP HOLLOW ROAD  
APPLE VALLEY, LONE STAR 77001

November 11, 2022

Detective Ron McClean  
Homicide Unit  
Armadillo Police Department  
1331 Opossum Rd.  
Armadillo, Lone Star 50225

Re: Asphyxial Death of Sally Ferguson

Dear Detective McClean:

The above-referenced case involves Ms. Sally Ferguson, a 48-year-old female, who was fatally assaulted, suffocated and strangled on March 15, 2019. At your request, I have performed the following in regard to this incident:

1. Reviewed the Autopsy Report 2019-0854 performed on March 20, 2019 by Charlie C. Blackwood, M.D., the Office of the Medical Examiner, City and County of Armadillo
2. Reviewed color photographs of the crime scene
3. Reviewed color photographs of the autopsy
4. Reviewed investigative material from the file of Detective McClean
5. Reviewed medical and forensic literature on strangulation, suffocation and asphyxia-related deaths

The purpose of my review was to examine: the injuries, the injury mechanisms, the forensic and medical issues and the medical facts in order to develop opinions in this case. My opinions will be based upon my education, training in the fields of emergency medicine, forensic medicine, injury causation and my experience with fatal and non-fatal strangulation investigations. My education, experience and training in these fields date back more than 30 years.

## **Background:**

I am currently employed by the Foundation of Clinical Forensic Medicine ("FCFM"), which is a non-profit organization established in 2014 that was founded to serve as a training body for doctors working in the field of clinical forensic medicine. The objectives of the FCFM are to foster the highest standards in the provision of forensic medicine by providing education and training to those medical professionals working in the field. I am a member of the faculty at the FCFM, and

I have been in that role since its inception in 2014, which means that I teach various classes and seminars to medical practitioners that either are or desire to be involved in forensic medicine.

Additionally, I am currently serving as the police surgeon for the City of Apply Valley, Lone Star. As police surgeon my work entails examining prisoners who are detained in the police station in relation to illness, injury, and intoxication; drug related problems; and mental disorders. Additionally, I am also involved in examining police officers suffering from those same issues, and occasionally examining victims. I am often caused on to conduct cause of death investigations related to police officers, prisoners, and victims. Throughout my career, I have conducted over 100 cause of death investigations, and I have been involved in over 500 police investigations involving violent crimes.

Additionally, I currently serve as the Chair on the Medical Advisory Committee for the Training Institute on Strangulation Prevention, an organization that provides consulting, training, resources, and support services to professionals working in the fields of domestic violence and sexual assault, and provides.

### **Involvement in this Case:**

This case was brought to my attention by Detective Ron McLean of the Armadillo Police Department who asked me to review the findings of the medical examiner and the file to determine if there were any issues that might give me cause for concern with respect to Dr. Blackwood's determination that the cause of death could not be determined. Detective McLean came to visit with me at one of my many seminars on strangulation and he showed me some of his reports and some of the photos. I anticipate being paid \$500 per hour for my work but may have to take a discount due to limitations on the state expert compensation requirements. I have not yet been paid anything for my work.

### **Scene:**

According to Detective McLean's report, "[a] lamp was lying on its side on top of the nightstand," on the side of the bed in the bedroom where Ms. Ferguson's body was located by paramedics and there was a cellphone with a cracked screen located on the floor to the north side of the bed as well. That cellphone was later identified as belonging to Ms. Ferguson. The bed covers and pillows were in disarray as well. The lamp, cellphone, and condition of the bed are all inconsistent with the housekeeper's claim that they had cleaned that room that morning. Based on my extensive experience with investigating violent crimes, the condition the bedroom where Ms. Ferguson's body was located, as described herein, shows classic signs of a struggle, which Dr. Blackwood failed to address in their report.

### **Pathophysiology:**

Asphyxia is a medical condition created when the cells of the body are deprived of oxygen. In the case of Ms. Sally Ferguson, there is physical evidence of two types of asphyxia: suffocation (smothering) and strangulation.

The application of external pressure to the vital structures of the neck will impede or prevent the delivery of oxygen and/or oxygenated blood to the cells of the brain. When the cells of the brain are deprived of oxygen, the cells and therefore the victim will rapidly die. Four and 4/10th pounds of pressure will occlude the jugular vein, 11 pounds of pressure will occlude the carotid artery and 34 pounds of pressure will collapse the trachea. The application of external pressure and/or blunt force trauma to the neck's carotid arteries is well known in the medical and forensic literature to carry a risk of arterial damage, stroke, brain damage and death. The average time required to render an adult male unconscious from the application of external pressure to the neck, based upon a controlled study of more than 500 strangulations, is 6.8 seconds (Rosen et al.). Death, as defined by one's last breath, can occur in as little as 62 seconds after pressure is applied to the carotid arteries (Sauvageau et al.).

Occlusion of the jugular veins during strangulation can result in an increased pressure within venous blood vessels. When the pressure within the vessels exceeds the capacity of the veins and capillaries to expand, they will rupture into the tissue creating "petechial hemorrhages". Prior to the rupture of the veins, the vessels will expand and swell. When this happens within the eyes, the dilated vessels can be easily seen and is called "venous congestion". Venous congestion can also develop in the tissues of the face and is manifested by a change in the color of the skin. When multiple veins rupture on the surface of the eye this is termed "scleral hemorrhage". Smothering is a form of suffocation, which includes the mechanical obstruction of the nose and mouth. As with strangulation, suffocation can also result in venous congestion.

At autopsy, Ms. Ferguson displayed facial venous congestion and multiple scleral and conjunctival petechial hemorrhages from venous occlusion. These scleral and conjunctival hemorrhages were seen in her eyes bilaterally. This can be seen in Exhibit 11 and Exhibit 12, where you can see dark red spots underneath Ms. Ferguson's eyelids at the time of autopsy. The sclera is the white part of the eye and the conjunctiva is the clear surface on your eye, and you can see the dark red spots forming on the sclera and subconjunctiva in those photographs under the eyelids. The presence of such hemorrhages in Ms. Ferguson's eyes and under her eyelids is indicative of the type of venous congestion that is consistent with strangulation and suffocation.

Dr. Blackwood seems to indicate that these subconjunctival hemorrhages may have been the result of a persistent cough that Ms. Ferguson may have been suffering from for some time prior to the date of her death, but there is no witness evidence that they had ever witnessed the presence of any blood in Ms. Ferguson's eyes following previous coughing fits.

### **Autopsy Findings:**

The Office of the Medical Examiner in Armadillo performed an autopsy on March 20, 2019. Dr. Charlie Blackwood and Dr. James Curphey conducted the postmortem examination. Ms. Ferguson demonstrated multiple injuries, which included:

- An abrasion or scrape under her chin
- A horizontally oriented abrasion on the anterior neck
- An intraoral contusions and abrasion of the right lower lip
- Abrasions and laceration at the right corner of the mouth

- Multiple areas of facial blunt force trauma: contusions and abrasions
- Nasal bridge contusion and abrasion
- Bilateral nasal abrasions
- Bilateral parietal subgaleal hemorrhages
- Bilateral occipital subgaleal hemorrhages
- Extensive contusions on the medial, or palm side, of the lower right arm (Figure 3)
- Extensive abdominal abrasions
- Abrasions to the back
- Abrasions to the right flank

The scrapes and abrasions under Ms. Ferguson's chin and on her anterior, or back, neck are both consistent with someone strangling her or grabbing her around the neck and throat. Additionally, the abrasions and contusions on her nose and face are also consistent with suffocation. Additionally, her other injuries noted here, extensive bruising to her arm, abdomen, and back, are all consistent with an attack, struggle, and blunt force trauma.

The extensive contusions to the medial, or palm side, of the arms are also significant because they are consistent with someone, in this case her assailant, straddling her back and placing their knees or shins on those portions of the arms to hold her to the ground with her face against the floor, which would be done to keep her in position while strangling or suffocating her.

### **Medication:**

Bupropion and Escitalopram are all anti-smoking and anti-depressant medications, neither of which would have been a contributing factor to this death given the facts noted above. There was Oxycodone found in Ms. Ferguson's system. The best studies I've reviewed on the subject show that a fatal level of Oxycodone that would indicate a potential overdose when no other lethal drugs are present would be between 0.43 mg/L and 1.23 mg/L, and Ms. Ferguson only had 0.33 mg/L in her system at the time of death, which means this was not likely to have been the cause of her death.

Additionally, Dr. Blackwood did note the presence of a Fentanyl patch "loosely adherent" to Ms. Ferguson's lower left back and a second Fentanyl patch "loosely adherent" to her left arm. This is strange given that the toxicology report does not show the presence of Fentanyl in her system. Fentanyl from a patch such as this would normally stay in a person's system for at least five days. It is possible, though unlikely, that Ms. Ferguson left those patches on her lower back and arm for over five days without removing them, though there would be no medical benefit to doing so. It is also possible that someone place those patches on her post-death. The lack of Fentanyl in her toxicology report would be consistent with that given that her blood was drawn from her leg and the lack of circulation post-death would mean that the any drugs that entered her system through her back and arm would not have been detected during such a blood draw from the leg.

Additionally, the presence of Naloxone in her system is strange as well. Naloxone is a medication used to treat an opioid overdose and which can be taken through a shot injected into the muscle, through a spray in the nose, and intravenously. A Naloxone kit was located in the house, including a used needle, which would indicate it was administered, but given that Ms. Ferguson had a non-

lethal level of Oxycodone in her system at the time of death it seems unusual that she would have self-administered that drug.

### **Opinions:**

I am an emergency medicine and forensic fellowship trained physician with more than 30 years of experience in the forensic evaluation of injuries and the analysis of injury causation. My training, experience and position as a Police Surgeon, a Professor of Emergency Medicine, Medical Advisor to the FBI and an Assistant Medical Examiner includes the emergency treatment and reconstruction of injuries sustained in traumatic incidents, including the investigation of fatal and non-fatal strangulation. Based upon my education, experience, training and my review of the above-referenced material I can render the following opinions within a reasonable degree of medical and scientific certainty:

1. The presence of subconjunctival hemorrhages in Ms. Ferguson's eyes along with the presence of bruising and scrapes under her chin, on the back of neck, and on her face and nose show that Ms. Ferguson's death was the result of asphyxia from strangulation and/or suffocation.
2. Ms. Ferguson's other injuries, including the bruises and abrasions on her arm, back, and abdomen, along with the condition of the bedroom where her body was found, are all indicative of a struggle and physical altercation, including extensive contusions on the medial aspect of the upper extremities, which are consistent with knee pressure being applied from a straddled assailant while she was in a supine position.

As additional material is made available during the discovery process of this case, I reserve the opportunity to supplement or amend my opinions. Additional opinions may be generated upon review of any supplemental materials. Any additional opinions will be forwarded to you. I anticipate using anatomical models, anatomical diagrams, medical references and videos as trial exhibits. Please contact me if you have any questions or if I can be of additional assistance to you.

Yours sincerely,

*Marty Mitchell*

Marty Mitchell, M.C., M.D.

**CURRICULUM VITAE****Marty Mitchell, M.S., M.D.****Date Prepared:** May 2020**Academic and Professional Appointments:**

Medical Director, Johnsville Fire and Emergency Medical Services, Johnsville, Lone Star.	2017 –to date
Chair, Medical Advisory Committee, Training Institute on Strangulation Prevention, San Diego, California	2014 - to date
Medical Director, Forensic Services Program, Norton Healthcare, Apple Valley, Lone Star.	2014 - 2017
Clinical Professor, Department of Emergency Medicine, University of Apple Valley School of Medicine, Apple Valley, Lone Star.	2011 - to date
Police Surgeon, St. MattheM Police Department, St. MattheM, Lone Star.	2010 - to date
Assistant Medical Examiner, Office of the Chief Medical Examiner, Lone Star Medical Examiner’s Office, Apple Valley, Lone Star.	1991- 2010

**Education:**

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University of Apple Valley School of Medicine Department of Anatomy, M.S.	1983 -1987
University of Apple Valley School of Medicine, M.D.	1986-1990

**Residency:**

Emergency Medicine, Department of Emergency Medicine, University of Apple Valley Hospital, Apple Valley, Lone Star.	1991 - 1993
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**Fellowship:**

Clinical Forensic Medicine, Department of Emergency Medicine and the Lone Star Medical Examiner’s Office/Division of Forensic Pathology, Department of Pathology, University of Apple Valley School of Medicine, Apple Valley, Lone Star.	1993 - 1994
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------

**Licensure and Certification:**

Physician, Commonwealth of Lone Star, Number 28065, Exp. 3/1/19	1991 - to date
Physician, State of Indiana, Number 01059358A, Exp. 10/31/19	2004 - to date

**Fellow Status:**

American Academy of Emergency Medicine	1994 - 2014
American College of Emergency Physicians	1996 - 2014

**Advisory Boards, Councils and Committees:**

Strangulation Task Force, International Association of Forensic Nurses	2015 - 2016
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Domestic Violence Prevention Coordinating Council, Apple Valley Metro Government	2003 - to date
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Lone Star Injury Prevention and Research Center, Lexington, Lone Star.	2001 - 2004
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**Recognized Areas of Expertise in Federal and State Courts**

Emergency Medicine

Forensic Medicine

Strangulation

John's Phone

Text message  
3/15/2019 9:01:49 AM

17136224964

This is the guy! You better watch out

17136224964



17133496172

Are you serious?! This guy looks like a dork



Sally's Phone

Text message  
3/15/2019 10:19:30 AM

17138215134

Can't wait for spaghetti night, LOL

17138215134

I'll CU tomorrow at 1:30 at the usual

17136391424

Wicked

17138215134

Uh oh. I think he knows. May have to  
change the plan

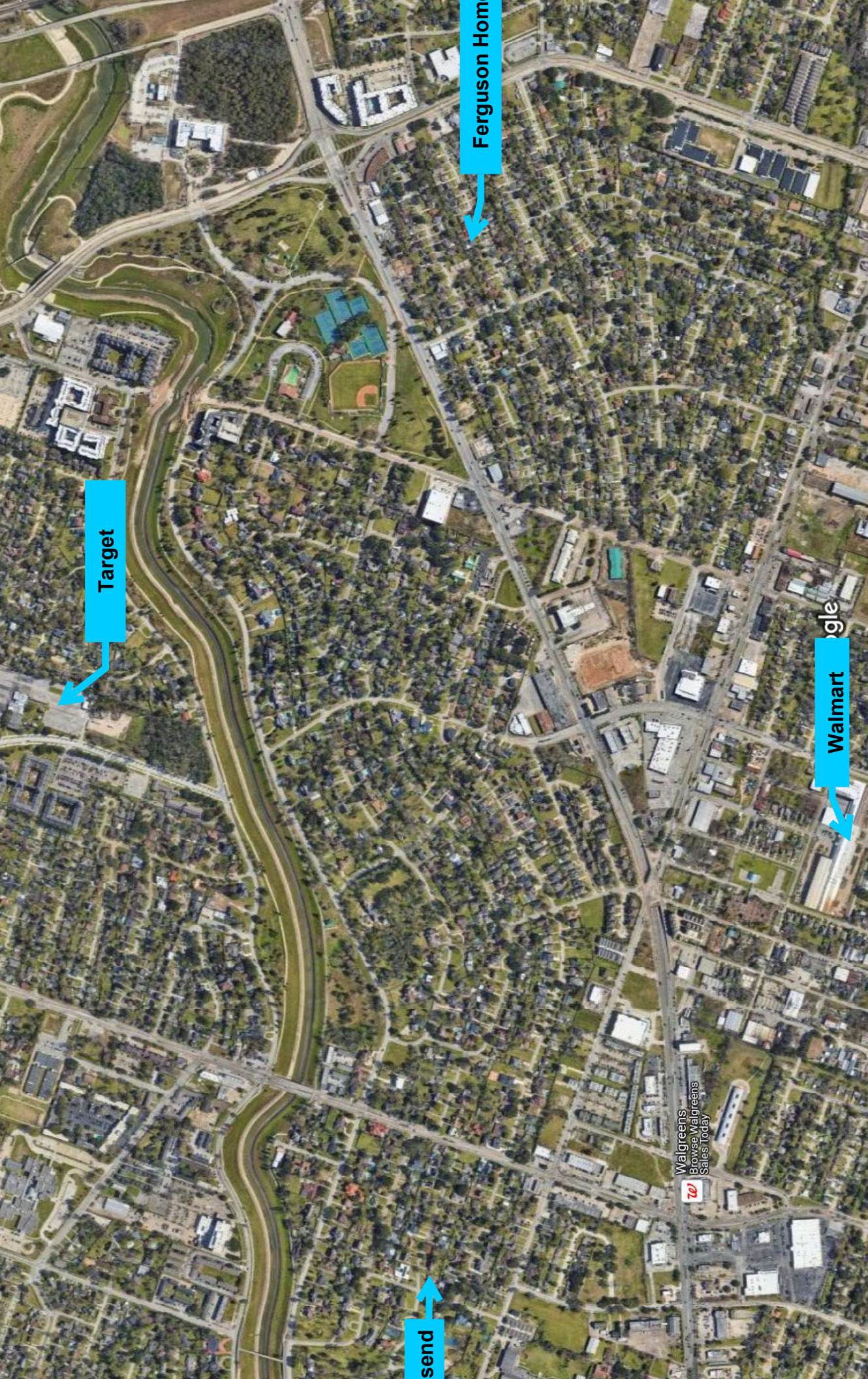
17136391424

WTF!

17138215134

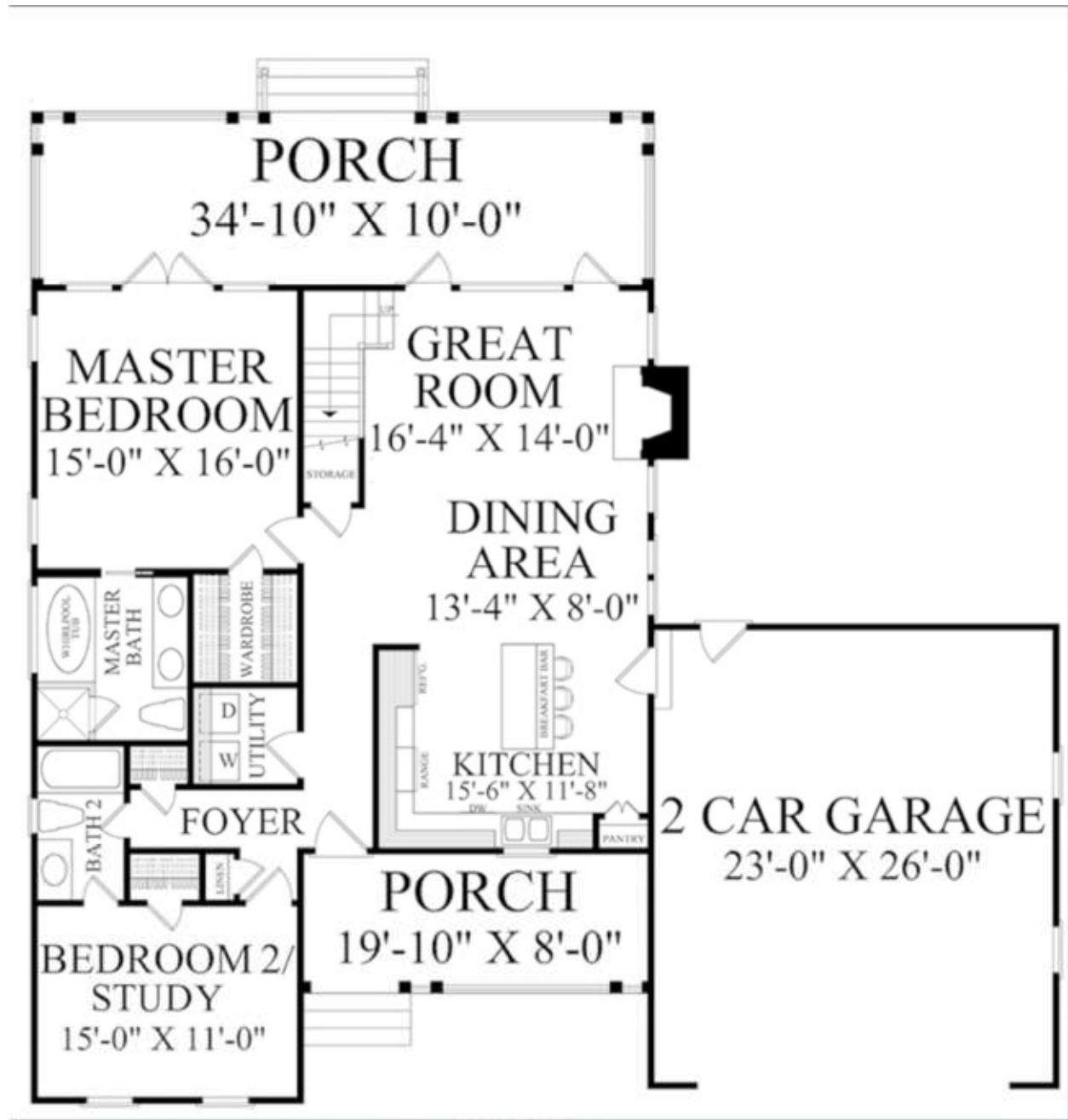
He's downstairs now, banging cabinets. I'll keep you  
posted. Need a happy pill to get me through this 🤔

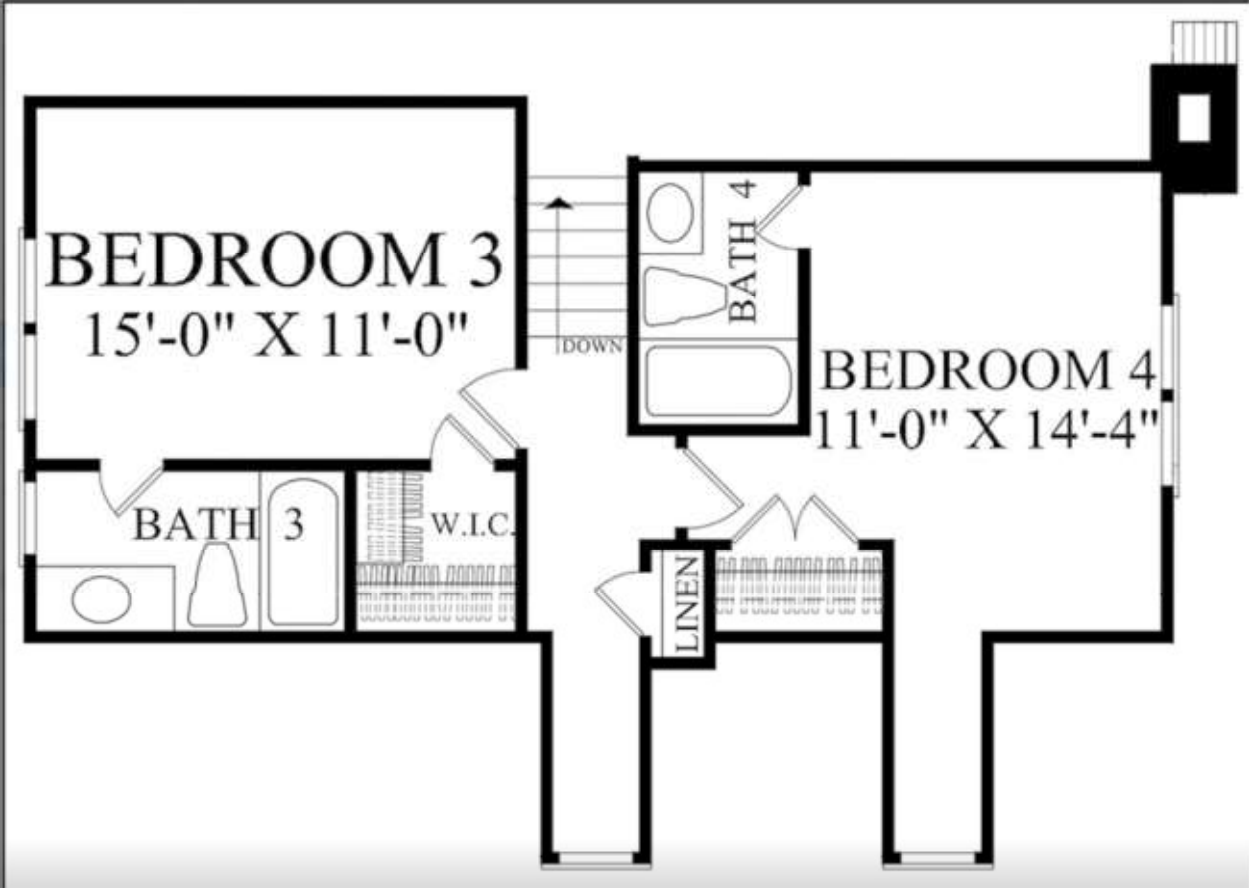


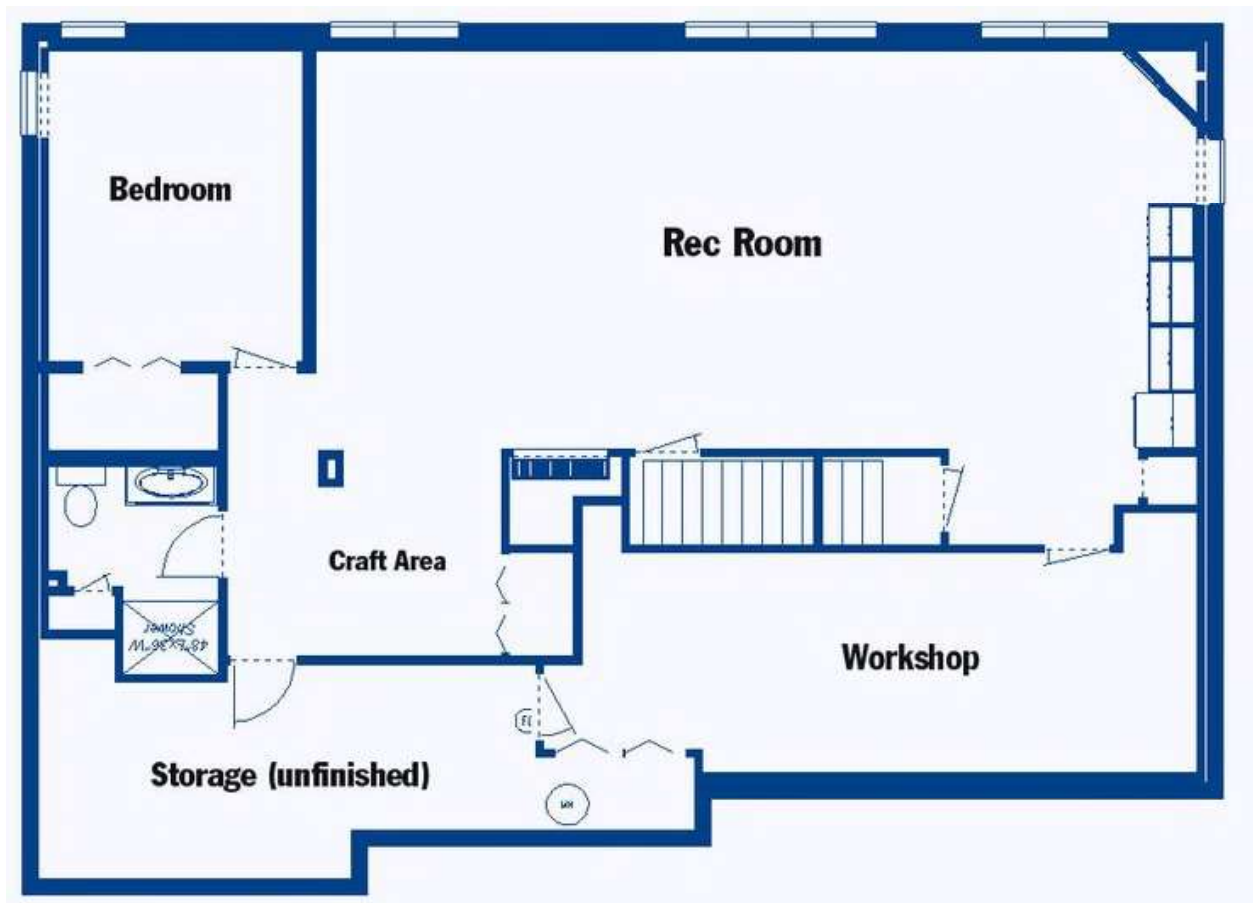


Imagery ©2024 Airbus, CNES / Airbus, Houston-Galveston Area Council, Maxar Technologies, Texas General Land Office, U.S. Geological Survey, USDA/FPAC/









Austin Long  
Realtor

**Property USA**

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Mailing: PO Box 2414 | Armadillo, LS 01234



# City of Armadillo Police Department

## Incident Supplement Sheet

ORI : CO0190100

Print Date : 04/10/2019

Page 1 of 2

Supplement #: 20190001527-0013

### Incident Supplement

Supplement #: 20190001527-0013

Location : 59<sup>th</sup> and Federal Blvd.

Incident Record: 2019-1527

Contact Name: John Ferguson

Date/Time: 04/10/2019 11:35AM

Not for Prosecution:

Type: ADDITIONAL OFFICER INFO

Supervisor Name: MCCARTHY, MARIA

Officer: HAAG, JOHN

Supervisor Review Date:

Status: CLEARED BY ARREST ADULT

Status Date: 12/20/2019 00:02

Disposition: CLEARED BY ARREST

Disposition Date: 05/04/2020 00:09

TRIAL EXHIBIT  
**23**  
24-CR-1968

# Incident Supplement Sheet

Print Date : 04/15/2019

Page 2 of 2

Supplement #: 2019001527-0013

## Narrative Information

**Title:** MOTOR VEHICLE INCIDENT

**Entered On:** 04/11/2019 01:35

**Narrative Type:**

**Approved By:**

**Assigned To:**

**Approved On:**

**Reviewed By:**

**Search Key 1:**

**Reviewed On:**

**Search Key 2:**

**Comment:**

**CASE NUMBER:** 2019-1527

**DATE OF REPORT:** 04/11/2019

**CONNECTING CASE:** None

**OFFENSE:** CHILD ABUSE – ROAD ROAGE

**STATUTE/ ORDINANCE:** 18-6-401(1)(a), L.S.R.S.

**Dictated By:** Officer John Haag (222)

**DEFENDANT'S NAME:** John Ferguson (DOB 06/04/1973)

### OBSERVATION/INVESTIGATION:

On April 10, 2019, I learned the following from my investigation

1. At about 5:25 p.m., driver Renee Routhage was driving southbound on I-45 when a Volvo driven by John Ferguson came speeding up beside her. According to Ms. Routhage, Ferguson was frantically yelling and pointing at her. She had no idea why. She thought he wanted her to pull over so she pulled off at the next exit and came to the side of the road.
2. John Ferguson then exited his car and started yelling a string of profanities at her for cutting him off. He called her a no-good, two-timing son of a gun driver, said she needs to know when to hold and know when to fold 'em, and then he let loose with some foul language.
3. Ms. Routhage tried to apologize but he was having none of it. She could see two children in the back seat of the car. She called 911 and I responded to the scene.
4. I positively identified Mr. Ferguson from his driver's license and I confirmed the children were safe. Mr. Ferguson was heated and mad and very hard to calm down. Eventually, I was able to issue him a misdemeanor citation for disturbing the peace and for child abuse.

Armadillo Communications advised that the vehicles were clear, no record found.

End of supplement.

Dr. Charlie Blackwood, M.D.

3624 JOHN HENTRY ROAD  
ARMADILLO, LONE STAR 77001

November 20, 2022

Chancellor Bennett, Esq.  
Counsel for John Ferguson  
739 Taylor Rd.  
Armadillo, Lone Star 50225

Re: Cause and Manner of Death of Sally Ferguson

Dear Mr. Bennett:

You have retained me in this matter to offer my expert medical opinion regarding the cause and manner of death of Ms. Sally Ferguson, on whom I performed an autopsy on March 20, 2019. At that time, my opinion was that Ms. Ferguson's cause of death could not be determined because of the inability to rule several different possible causes of death. I have been provided with and reviewed the expert report of Dr. Marty Mitchell. My opinion remains unchanged: Ms. Ferguson's cause and manner of death cannot be determined based on the available medical and forensic evidence. The basis for that opinion is contained in the original autopsy report. However, I write here to address the contention that the injuries to Ms. Ferguson's body permit the conclusion that she died from asphyxia from strangulation and/or suffocation.

To be clear, Ms. Ferguson's injuries are consistent with asphyxia from strangulation and/or suffocation. However, the injuries are also consistent with other potential manners of death. There is no new information regarding the circumstances of Ms. Ferguson's death: the positioning of the decedent and presence or absence of facial submersion at the scene remains unclear. Thus, it remains a possibility that Ms. Ferguson fell in the shower, was rendered unconscious (either from the fall, the combination of medications in her system, or a combination of the two), and drowned in the water pooling at the bottom of the tub.

Dr. Mitchell focuses on the presence of subconjunctival hemorrhages as evidence of death by strangulation or suffocation. However, subconjunctival hemorrhages can have a number of other causes. Severe coughing can cause subconjunctival hemorrhages, as can drowning, and, in some rare cases, vigorously applied cardiopulmonary resuscitation (CPR).

Based on my interview with John Ferguson, as well as the statements of other witnesses there is significant evidence of severe coughing fits that could result in subconjunctival hemorrhages. This is also consistent with Ms. Ferguson's recent visits to the doctor complaining of upper respiratory symptoms. I am familiar with the study referenced by Dr. Mitchell finding that subconjunctival



hemorrhages occurred in only 3% of cases where an individual died after a severe coughing fit. However, in this case, we have evidence of a prolonged history of severe coughing.

It is also clear that both Mr. Ferguson and the paramedics performed CPR on Ms. Ferguson's body. The literature regarding CPR causing subconjunctival hemorrhages is admittedly sparse. However, the physical mechanism is clear. The increased pressure caused by forced contraction of the heart in CPR could lead to pressure in the subconjunctivae, resulting in hemorrhages. As noted by Dr. Mitchell, there is a study that showed a small but statistically significant increase in subconjunctival hemorrhages in decedents after the administration of CPR. I'm aware that the increase was seen primarily in people who died from sudden cardiac arrest. But I do not believe that precludes the possibility that CPR could cause subconjunctival hemorrhages in other scenarios.

Dr. Blackwood also focuses on the presence cutaneous abrasions and contusions on various parts of the body. These injuries could have been caused when Ms. Ferguson fell or when she was removed from the bathtub. Additionally, it's possible that some of these injuries were pre-existing. There are, admittedly, significant external injuries. However, in my opinion, they are not sufficient to rule out Mr. Ferguson's account of pulling Ms. Ferguson out of the bathtub and into the bedroom as the cause. Moreover, I think it was inappropriate for Dr. Mitchell to rely on factors like the overturned lamp and the condition of the bedding in the absence of any explanation for how those things occurred.

As you know, I am no longer with the Medical Examiner's Office, having left in August of 2019. As such, my rate for review of materials and testimony is \$600 per hour. To this point I have spent four hours reviewing the materials listed below.

- Exhibit \* - Autopsy Report
- Exhibit \* - Dr. Mitchell's Report
- Exhibit \* - Statement of Sam Townsend
- Exhibit \* - Statement of Max Mousseau
- Exhibit \* - Photos of Bedroom and Bathroom
- Exhibit \* - Prior Medical Record of Sally Ferguson
- Exhibit \* - Transcript of Interview with John Ferguson

Sincerely,

*Charlie Blackwood*

Charlie Blackwood, M.D.

Charlie Blackwood  
3624 John Henry Road  
Armadillo, LS 77001  
[charlie.blackwood@yahoo.com](mailto:charlie.blackwood@yahoo.com)

### **Education**

- Doctor of Medicine (MD), Forensic Pathology  
University of South Dakota School of Medicine, Sioux Falls, SD, 2002
- Bachelor of Science in Biology  
University of Texas at Austin, Austin, TX, 1998

### **Medical Residency**

Forensic Pathology Residency  
Johns Hopkins Hospital, Baltimore, MD, 2002 - 2003

- Completed a comprehensive residency program in forensic pathology, gaining hands-on experience in autopsy procedures, forensic evidence collection, and death investigations.

### **Certifications**

- Board Certified in Forensic Pathology

### **Professional Experience**

Private Forensic Medical Consultant  
Blackwood Forensics  
Armadillo, LS  
2020 - Present

- Provide expert consultation services to legal firms, law enforcement agencies, and medical institutions.
- Conduct forensic examinations and provide expert testimony in legal proceedings.
- Offer guidance on complex cases, including cause and manner of death determinations, forensic evidence interpretation, and case review.

Chief Medical Examiner  
City and County of Armadillo  
Armadillo, LS  
2010 - 2020

- Oversaw all operations of the medical examiner's office.
- Conducted autopsies and forensic examinations to determine cause and manner of death in cases of suspicious or unnatural deaths.
- Provided expert testimony in criminal and civil court proceedings.
- Collaborated with law enforcement agencies, attorneys, and other stakeholders to ensure accurate and thorough investigations.

Forensic Pathologist  
City and County of Armadillo  
Armadillo, LS

2004 - 2010

- Conducted post-mortem examinations and interpreted autopsy findings to determine cause and manner of death.
- Documented findings and prepared detailed reports for use in legal proceedings.
- Collaborated with law enforcement agencies and other medical professionals to assist in criminal investigations.

### **Publications**

1. Blackwood, C., Smith, J., & Johnson, R. (2004). "Advancements in Forensic Pathology: A Comprehensive Review." *Journal of Forensic Sciences*, 20(3), 123-135.
2. Johnson, R., Blackwood, C., & Brown, L. (2010). "Post-Mortem Changes in Human Tissue: Implications for Forensic Pathology." *Forensic Science International*, 100, 456-468.

### **Professional Affiliations**

- American Academy of Forensic Sciences (AAFS)
- National Association of Medical Examiners (NAME)
- Lone Star Society of Pathologists

District Court, City and County of Armadillo  
The State of Lone Star  
George W. Bush Courthouse  
520 W. Frog Jump Lane  
Armadillo, LS 77001

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Plaintiff: THE PEOPLE OF THE STATE OF  
LONE STAR

v.

Defendant: **JOHN FERGUSON**

▲ COURT USE ONLY ▲

Case Number: **24CR1968**

Div.: Criminal Ctrm: 5H

**FINAL JURY INSTRUCTIONS**

FINAL JURY INSTRUCTIONS

Members of the Jury, I thank you for your attention during this trial.  
Please pay attention to the instructions I am about to give you.

# INSTRUCTION NO. 1

The People of the State of Lone Star allege that on or about March 15, 2019, John Ferguson committed Murder in the Second Degree of Sally Ferguson. Mr. Ferguson is presumed innocent of this charge unless and until you, the jury, deliberate and unanimously find that each and every element of this charge has been proven beyond a reasonable doubt by the Prosecution.

## INSTRUCTION NO. 2

Every person charged with a crime is presumed innocent. This presumption of innocence remains with the Defendant throughout the trial and should be given effect by you unless, after considering all of the evidence, you are then convinced that the Defendant is guilty beyond a reasonable doubt as to the crime charged.

The burden of proof is upon the prosecution to prove to the satisfaction of the jury beyond a reasonable doubt the existence of all of the elements necessary to constitute the crime charged.

Reasonable doubt means a doubt based upon reason and common sense which arises from a fair and rational consideration of all of the evidence, or the lack of evidence, in the case. It is a doubt which is not a vague, speculative or imaginary doubt, but such a doubt as would cause reasonable people to hesitate to act in matters of importance to themselves.

If you find from the evidence that each and every element of a particular crime has been proven beyond a reasonable doubt, you should find the Defendant guilty of that crime. If you find from the evidence that the prosecution has failed to prove any one or more of the elements of a particular crime beyond a reasonable doubt, you should find the Defendant not guilty of that crime.

### INSTRUCTION NO. 3

You are the sole judges of the credibility of each witness and the weight to be given to the witness's testimony. You may believe all of the testimony of a witness, part of it, or none of it.

You are not bound by the testimony of a witness who has testified as an expert; the credibility of an expert's testimony is to be considered as that of any other witness. You may believe all of an expert witness's testimony, part of it, or none of it.

The weight you give the testimony is entirely your decision.



#### INSTRUCTION NO. 4

Every Defendant has a constitutional right not to testify. The decision not to testify cannot be used as an inference of guilt and cannot prejudice the Defendant. It is not evidence, does not prove anything, and must not be considered for any purpose.

## INSTRUCTION NO. 5

A fact may be proven by either direct or circumstantial evidence. Under the law, both are acceptable ways to prove something. Under the law, neither form of evidence is necessarily more reliable than the other.

Direct evidence is based on first-hand observation of the fact in question.

Circumstantial evidence is indirect. It is based on observations of related facts that may lead you to reach a conclusion about the fact in question.

## INSTRUCTION NO. 6

The elements of the crime of murder in the second degree are:

1. That the Defendant,
2. in the State of Lone Star, at or about the date and place charged,
3. knowingly,
4. caused the death of a another person.

After considering all the evidence, if you decide the prosecution has proven each of the elements beyond a reasonable doubt, you should find the Defendant guilty of murder in the second degree.

After considering all the evidence, if you decide the prosecution has failed to prove any one or more of the elements beyond a reasonable doubt, you should find the Defendant not guilty of murder in the second degree.

## INSTRUCTION NO. 7

A crime is committed when the Defendant has committed a voluntary act prohibited by law, together with a culpable state of mind.

“Voluntary act” means an act performed consciously as a result of effort or determination.

Proof of the voluntary act alone is insufficient to prove that the Defendant had the required state of mind.

The culpable state of mind is as much an element of the crime as the act itself and must be proven beyond a reasonable doubt, either by direct or circumstantial evidence.

In this case, the applicable state of mind is explained below:

A person acts “knowingly” with respect to conduct when he is aware that his conduct is of such a nature. A person acts “knowingly” with respect to the result of his conduct when he is aware that his conduct is practically certain to cause the result.

## INSTRUCTION NO. 8

The bailiff will now escort you to the jury room, where you will select one of your members to be your Foreperson. Your Foreperson will preside over your deliberations and shall sign any verdict form and mark any answer to a verdict question that you may agree on, according to the rules that I am about to explain.

The verdict must represent the considered judgment of each juror, and it must be unanimous.

The verdict form and these instructions shall remain in the possession of your Foreperson until I ask for them in open court. Upon reaching your verdict, you will inform the bailiff, who in turn will notify me, and you will remain in the jury room until I call you into the courtroom.

You will be provided with one verdict form. When you have unanimously agreed upon your verdict you will select the option on the form which reflects your verdict, and the Foreperson will sign the verdict form as I have stated.

I will now read to you the verdict form. The verdict form you will receive reads as follows:

District Court, City and County of Armadillo, The State of Lone Star George W. Bush Courthouse 520 W. Frog Jump Lane Armadillo, LS 77001	
Plaintiff: THE PEOPLE OF THE STATE OF LONE STAR  v.  Defendant: <b>JOHN FERGUSON</b>	
<div style="text-align: center;">▲ COURT USE ONLY ▲</div> Case Number: 24CR1968  Div.: Criminal      Ctrm: 5H	
<div style="text-align: center;"><b>JURY VERDICT COUNT NO. 1</b>  <b>CHARGE OF MURDER IN THE SECOND DEGREE</b></div>	

I. \* We, the jury, find the Defendant, **JOHN FERGUSON**, NOT GUILTY of Count No. 1,  
MURDER IN THE SECOND DEGREE.

\_\_\_\_\_  
Foreperson

II.\* We, the jury, find the Defendant, **JOHN FERGUSON**, GUILTY of Count No. 1,  
MURDER IN THE SECOND DEGREE.

\_\_\_\_\_  
Foreperson