

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA

Case Number: 22-09348CFANO-T

STATE OF FLORIDA,

Plaintiff,

VS.

JUAN ARIEL MOLINA-SALLES,

Defendant.

DEPOSITION OF:

ANDREW KOOPMEINERS, MD

TAKEN BY:

Counsel for the Defendant

DATE:

October 31, 2024

TIME:

1:36 p.m. - 2:04 p.m.

PLACE:

Distr. Six Medical Examiner
10900 Ulmerton Road
Largo, FL

REPORTED BY:

Tamara M. Pacheco, RPR
Notary Public, State of FL

Pages 1 - 33

JTP REPORTING (727) 422-8287

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EXHIBITS

(No exhibits were marked for identification.)

1 WHEREUPON,

2 ANDREW KOOPMEINERS, M.D.

3 (the deponent herein, being first duly sworn, was examined
4 and testified as follows:)

5 EXAMINATION

6 BY MS. DELIBERATO:

7 Q Good afternoon. Could you please state and
8 spell your name for the record.

9 A My name is Andrew Koopmeiners. First name is
10 A-N-D-R-E-W. Last name is K-O-O-P-M-E-I-N-E-R-S.

11 Q And how are you employed?

12 A I'm currently employed as an associate medical
13 examiner for the Pinellas County Medical Examiner.

14 Q My name is Maria DeLiberato. I'm an assistant
15 public defender. Myself and Nichole Blaquiere represent
16 Juan Molina-Salles. We're here for your deposition today.
17 The State is present, Elizabeth Constantine and Nathan
18 Vonderheide. I have you as ME case number ME220220.

19 A Yes, ma'am.

20 Q We've never met before. So can you walk me a
21 little bit through your background, education, training,
22 and how you got to be an associate medical examiner here.

23 A Okay. Well, I got my undergraduate degree in
24 psychology from St. John's University of Minnesota. I
25 went to medical school at the Medical College of

1 wisconsin, Milwaukee. I graduated with a degree of doctor
2 of medicine in 2012. I did a four-year residency in
3 anatomic and clinical pathology at Washington University
4 in St. Louis. I then did a one-year fellowship program in
5 forensic pathology at the University of Michigan, which I
6 completed in 2017.

7 when I finished fellowship, I worked for the
8 District Seven Medical Examiner's Office over in Daytona
9 Beach. I was there for about a year. I then went to the
10 Georgia Bureau of Investigation Medical Examiner's Office
11 for four years between July 2018 and July of 2022. Then I
12 came here in August of 2022 and been here since.

13 Q So you came here basically a month before this
14 case actually?

15 A Yes. This was one of my earlier cases here.

16 Q Okay. And you said before we got on record, you
17 mostly work from home. So you're here on shift, or how
18 does it work that you get assigned cases?

19 A Generally, we're assigned anywhere between four
20 to six days per month where we take morgue duty, and
21 whichever cases come in those days are our responsibility.

22 Q Okay. And morgue duty means any body that comes
23 in on that particular 24-hour period?

24 A Yes. So any body that would come in for either
25 an external examination or an autopsy would be the

1 responsibility of whichever doctor is on duty that day.

2 Q Okay. And since you started doing this at the
3 Medical Examiner's Office you said District Seven in
4 Daytona, what year was that you started? 2018? '17?

5 A I think 2017.

6 Q Okay. And how many autopsies would you say
7 you've done?

8 A At this point it's around 2,500.

9 Q And how many of those are in for -- I guess I'll
10 ask it two different ways. How many are like
11 criminally-involved deaths of those?

12 A Criminally involved? would you include death
13 due to drugs within that, or are you just talking about
14 cases that ultimately will likely go to trial?

15 Q I would break it down, if you can -- and if you
16 can't, that's okay -- separating out the drug overdose
17 deaths, which sometimes do and don't become criminal
18 charges. So separating those out.

19 A Separating those out, probably 20- to 30-percent
20 have been criminally involved.

21 Q And do you sometimes go to the homicide scenes
22 or the death invest -- I guess we'll call it the death
23 investigation scene?

24 A I have, but it's not a frequent occurrence.

25 Q And what are the parameters or criteria where

1 you might do that?

2 A To be honest with you, it's very, very rare. I
3 think I've gone to scenes -- one was an airplane crash. I
4 believe I've been to -- I may have been to one homicide
5 scene as well. In my previous employment at the GBI, we
6 never went to scenes under any circumstances. So it's
7 just not been a prominent feature in my career.

8 Q Do you know why that was?

9 A We operate as -- the GBI will operate as a
10 consult service for the coroners. So in the state of
11 Georgia, the coroner is responsible, and the coroner is an
12 elected official in each county. So we merely acted as
13 their contact information if autopsies were required.

14 Q And what about here specifically in District
15 Six? Are there any kind of written parameters or
16 protocols as to when the pathologist would go to the
17 scene?

18 A There's not -- I'm not aware of any formal
19 protocols. In some instances, if something unusual were
20 to happen. Sometimes it depends on the doctor's comfort
21 level. Based on my experience, I tend to be more
22 comfortable listening to my investigators, especially
23 those that I trust and have worked with considerably.

24 Q Okay. And why is that?

25 A That's largely based on my training and

1 experience. Having worked in a coroner's consult service
2 for years, as well as my fellowship training program in
3 Michigan, I was primarily focused in the morgue. In my
4 experience, I generally feel like the information I get
5 from investigators is adequate, and if not, I feel like
6 I've learned which questions to ask and which are
7 important. In many instances, the autopsy speaks for
8 itself.

9 Q Do you -- when there is a death investigation
10 scene for example here, how was it -- were you actually
11 notified, or is the office notified that someone from the
12 Medical Examiner's office someone needs to respond?

13 A Yes, the office is notified. Generally, in most
14 cases, the investigator would be the only one that
15 responds.

16 Q And do you remember in this particular case, was
17 there any conversation -- because it was sort of a
18 deputy-involved death and a pretty high-profile case, was
19 there any conversation about you going to the scene?

20 A I don't recall any conversation about me going
21 to the scene specifically.

22 Q And does that request -- I think you said you
23 went to one homicide scene and one airplane crash. Did
24 that request come from your investigator?

25 A No. Both of those were in Daytona Beach. The

1 airplane crash happened to be very near to our office, and
2 the homicide happened to be a day I was also in close
3 proximity.

4 Q So it was just sort of convenient to go?

5 A Yes.

6 Q It wasn't any specific circumstance of, hey, we
7 want the doctor here?

8 A No.

9 Q Do you have an independent recollection of this
10 autopsy?

11 A Yes.

12 Q And why is that?

13 A Honestly, I have a very good memory for my
14 autopsies. I'm surprised at how much I do remember, even
15 years later. Although in this case, it was a relatively
16 high-profile case, so I do remember a little bit more
17 because of that.

18 Q Were there any different procedures that you or
19 this office had to follow because it was a deputy-involved
20 death? Like more people viewing the autopsy or certain
21 protocols or anything like that?

22 A Generally, there are no specific protocols.
23 Because it's a higher-profile death, we do try our best to
24 do our best effort on every case.

25 Q Of course.

1 A Although I believe there were law enforcement
2 attending this case, although I don't specifically recall
3 who or what at this time.

4 Q Okay. What information before -- and before we
5 started our deposition today, what information did you
6 review?

7 A Prior to this deposition I reviewed my autopsy
8 report. I reviewed the toxicology. Then I reviewed the
9 photographs.

10 Q Okay. And before you conducted the autopsy in
11 this case, which would have been the next day, right? It
12 looks like September 23rd, 2022 is the date of the
13 autopsy?

14 A Yes.

15 Q What would you have reviewed before that?

16 A On that case, I would have reviewed the
17 investigator's brief summary. I likely would have spoken
18 with the investigator, which I believe was Damon on this
19 case. I often would review the scene photographs. I
20 believe I did that in this case.

21 Q Obviously, I have your autopsy in front of me.
22 I want you to walk me through it. You don't need to read
23 it verbatim because we have it, but you documented a
24 number of injuries here. Is that right?

25 A Yes.

1 Q And what is your sort of recollection of the
2 severity of the injuries in this case?

3 A My recollection was they were very, very severe
4 injuries, particularly the torso. Additionally, there
5 were injuries of the head as well that were severe.

6 Q And none of those would have been compatible
7 with life?

8 A Following my autopsy, I don't see how these
9 would have been compatible with life, particularly the
10 torso injuries. I noted that there were fractures of all
11 ribs in the sternum. Additionally, I noted that there was
12 a fracture of the seventh thoracic vertebra, which is one
13 of the vertebra in the chest. Along with that, there was
14 transection of the spinal cord and the aorta. All of
15 those would have been likely non-survivable.

16 Q And would they have caused essentially immediate
17 death?

18 A The injuries would have caused immediate
19 incapacitation. Death would have occurred rapidly. On
20 this case, death might have occurred because he would have
21 been unable to breathe, as well as blood loss,
22 particularly noting the injury to the aorta.

23 Q And if individuals who witnessed the accident
24 described him as completely nonmoving, nonbreathing, no
25 signs of life immediately after, is that consistent with

1 what you find?

2 A Yes. Particularly regarding him being
3 incapacitated immediately, he did have a severe injury to
4 the head. He had a fracture to the base of the skull, in
5 addition to something called subarachnoid hemorrhage,
6 which is blood present on the surface of the brain, which
7 is indicative of severe head injury. I believe he would
8 have been immediately incapacitated.

9 Q And no -- loss of consciousness essentially
10 immediately?

11 A Yes.

12 Q No sensation? Anything like that?

13 A No, not after the injury.

14 Q I understand the chest injury is incompatible
15 with life, all the description that you described. What
16 about the brain injury? Is that an injury also
17 incompatible with life?

18 A It's hard to tell. Generally with subarachnoid
19 hemorrhage, I look at that as a marker of a brain injury.
20 I know that there are instances where people can survive
21 and function normally after similar injuries. I can't say
22 specifically whether the brain injury would have been
23 completely incompatible with life in this case.

24 Q And so you list the findings from one to nine.
25 Are they listed in any particular order like in terms of

1 severity, or you're just sort of going from head-to-toe?

2 A I generally go from head-to-toe, and then I put
3 external injuries toward the end. It's just my personal
4 point of order in this.

5 Q Okay. So it's not -- I shouldn't read that to
6 say that the subarachnoid hemorrhage is the sort of most
7 severe. It's not in any order that way?

8 A No. I generally don't rank by severity.

9 Q Okay. Any other medical findings that you made
10 in terms of any other disease process or anything like
11 that?

12 A No. He appeared to be fairly healthy.

13 Q Other than obviously these injuries, there was
14 no other indications of any unhealth?

15 A Yes. I didn't see any indicators of a
16 significant disease process.

17 Q Heart disease? Anything like that?

18 A No. As I recall -- let me review my autopsy
19 report. His heart actually looked very good. I mean,
20 he's a larger individual, so he has a somewhat larger
21 heart, but nothing that would be related to any disease
22 processes.

23 Q And then the tox -- you said you reviewed the
24 toxicology report. Where does the blood come from for the
25 toxicology?

1 A Generally, we will take blood at the time of
2 autopsy. It depends where -- ideally, we would take blood
3 either from the veins of the legs. Additionally, we might
4 take blood from the heart as well. Sometimes -- I don't
5 specifically know in this case where this came from.
6 Actually, I have it in front of me. It says chest blood.
7 What that is, it's blood that was recovered from loosely
8 within the chest as opposed to within any vasculature.

9 Q And was it because -- I don't want to put words
10 in your mouth. Why would it not have been collected from
11 vascular, from the veins in this case?

12 A Well, presumably because they were unable to
13 collect. We always try to get blood from either the veins
14 or the heart. In some cases we just cannot for various
15 reasons.

16 Q So here the blood came loose from the chest
17 cavity?

18 A Yes.

19 Q And are there any limitations with the
20 testing -- and some of these questions may be for the
21 toxicologist, which is next week and that's fine, but are
22 there any limitations, quantification limitations from
23 taking chest blood that's sort of loosely in the chest?

24 A I think that might be a better question for the
25 toxicologist.

1 Q Okay. And I know you reviewed the report. It
2 looks like there was a small amount of ethanol, .016, and
3 then some what I assume is cold medicine because it's
4 Ibuprofen, some other names that I cannot pronounce, and
5 dextromethorphan. Is that your understanding that those
6 levels indicate that there was cold medicine in his
7 system?

8 A Well, in this case, these are not quantified.
9 What we have is indicated versus confirmed, and the
10 toxicologist might be able to give you a better indication
11 what those mean. It just means that they were detected at
12 some phase in the testing.

13 Q Does that enter the -- whatever is in his
14 toxicology, does that impact in any way your conclusions
15 in this case?

16 A No. He did have very severe injuries.

17 Q Okay. So if he were -- even if the levels were
18 sky high, that doesn't make a difference in terms of the
19 cause of death?

20 A Yes. I -- I have definitive evidence that he
21 was alive when the injuries were inflicted. So I don't
22 have any reason to believe any -- in this instance that
23 toxicology would have caused his death.

24 Q So that's my question. So when you say you have
25 definitive evidence that he was alive when these injuries

1 occurred, what is that?

2 A Well, often you'll see -- generally if an injury
3 has occurred after death, you will see less bleeding in
4 the surrounding structures. In this case, he had the rib
5 fracture, and there was bleeding in the surrounding
6 tissue. Additionally, there was the bleeding on the
7 surface of the brain. If these injuries were inflicted
8 after death, they would have a different appearance. You
9 would have less bleeding.

10 Q And can you say with any medical certainty
11 whether if -- you can say that he was alive. Can you say
12 whether he was awake? Like, what if he was either
13 sleeping or lying down or not aware of his surroundings,
14 would you be able to tell that?

15 A On this case, I would not be able to.

16 Q Okay. So it would look exactly the same whether
17 he was asleep or awake?

18 A Yes.

19 Q So you can't say with any medical certainty that
20 he was awake when these injuries occurred?

21 A I cannot.

22 Q Okay. Anything else from the tox report that
23 was important in your ultimate conclusion?

24 A No.

25 Q Do you talk to the toxicologist in this

1 particular case?

2 A No. In this case, again, this is a case where
3 the cause of death is self-evident. The toxicology is
4 from my perspective not terribly relevant.

5 Q Okay. And you have the -- I want to talk to you
6 a little bit about cause of death and manner of death.
7 Can you just walk me through, give me the difference
8 between those two and how your --

9 A Sure. Cause of death is whatever illness or
10 injury led to the events that cause the physiological
11 changes resulting in death. Examples could be gunshot
12 wound to the head that causes damage to the brain. It
13 could be a heart attack, which caused the heart to stop.
14 In this case, it was multiple blunt-force injuries, which
15 led to hemorrhaging, as well as internal injuries of the
16 brain.

17 Speaking of manner of death, that's just a broad
18 categorization of the death, largely for statistical
19 purposes.

20 Q Okay. And how do you determine the manner of
21 death?

22 A Manner of death in some cases is fairly
23 self-evident. You know, for example, if someone has a
24 heart attack or dies of cancer, it's obviously natural.
25 If someone is shot twelve times in the back for example,

1 it's probably a homicide. We generally rely on both the
2 autopsy findings, as well as the circumstances of the
3 death as well.

4 Q And so what are the -- just so the record is
5 clear for me, the manners of death are accident, natural,
6 homicide --

7 A Homicide and suicide.

8 Q And suicide. Those are the only four?

9 A There's also an undetermined for ones that can't
10 be classified.

11 Q I know I've seen in the overdose deaths where it
12 could be drug delivery by persons or other persons. Is
13 that a separate category or --

14 A Generally, overdose deaths would just be
15 considered an accident, unless there's evidence that
16 someone else administered the drugs.

17 Q Okay. So in this particular case, how did you
18 arrive at the manner of death being accident?

19 A Based on the information available that he was
20 struck by a piece of heavy equipment, no evidence that he
21 was intentionally run down, and there's no evidence that
22 he intentionally was struck by -- he intended to be struck
23 by the equipment; therefore, it's accident.

24 Q And what are you basing that, the no evidence
25 that he was intentionally struck down? We'll take it

1 one-by-one. what are you looking at in terms of that?

2 A It's largely based on the law enforcement
3 investigation. In this case, I did not receive any
4 information that suggests this was intentional either by
5 the individual driving the equipment or by the deputy
6 himself.

7 Q Okay. And you -- did you talk to any next of
8 kin in this case?

9 A No. I believe the only individuals I would have
10 spoken to would be our investigator, as well as any law
11 enforcement that might have been present.

12 Q And did you -- in this kind of case -- have you
13 had cases in the past I'll ask where when you're looking
14 at sort of an intentional act on the part of the decedent,
15 what kinds of things do you look at for that if they had
16 sort of intentionally walked in front of traffic or
17 something like that?

18 A Honestly, I never had that come up. I know --
19 yeah. It's hard to say what would be required from my
20 personal experience with that.

21 Q But you didn't get any information one way or
22 the other about the intentionality on either the part of
23 the driver or the part of the decedent?

24 A I didn't get any information.

25 Q And everything that you got is based on your

1 conversations with law enforcement?

2 A Based on conversations with our investigator, as
3 well as his report, as well as what I heard from law
4 enforcement.

5 Q And, of course, whatever your investigator
6 heard, his information to you is only as good as the
7 information that was given to him, right?

8 A Yes.

9 Q What about in a case where -- this is more of a
10 curious question, but it is more relevant here. You said
11 he wasn't intentionally struck down. If you get a
12 determination later that the driver of the vehicle was
13 intoxicated, does that change it to a homicide or not?

14 A No, it doesn't. There are some standards
15 published by the National Association of Medical Examiners
16 I believe that addresses specific instances like that.
17 Conventionally, those would be considered an accident.

18 Q But if there's some sort of intentional act, a
19 fleeing or reckless driving or intentionality, then that
20 can be a homicide? I'm just trying to understand the
21 difference.

22 A No. Generally the difference is if someone
23 intentionally runs someone down -- like, it's hard to say
24 much beyond that -- versus someone's intent. Whether
25 they're being reckless or otherwise acting inappropriately

1 is not something we consider.

2 Q Okay. And were you -- this is probably before
3 your time, but were you here when Deputy Magli -- he was
4 another officer that was killed in the line of duty. It
5 was a drunk driver, but there was a fleeing involved. Do
6 you remember that at all?

7 A I'm not familiar with that case.

8 Q It was Dr. Agudo, and I think it was before your
9 time. But it's your understanding that, unless there's an
10 intentional act, it would be an accident even if there was
11 alcohol involved on the part of the driver?

12 A Yes.

13 Q And you said that's based on the -- there's an
14 American Medical Association or Medical Examiner
15 Association standard on that?

16 A There's a publication that has general
17 guidelines.

18 Q Do you know the name of that publication is just
19 out of curiosity?

20 A I believe it's called Mind Your Manners. I
21 could be wrong about that.

22 MS. BLAQUIERE: And which organization would
23 have published that?

24 A I think it's the National Association of Medical
25 Examiners, but I could be wrong with that as well.

1 Q (By Ms. Deliberato) And again, for that, you
2 would rely on law enforcement or witness statements or
3 anything like that to make that the manner of death other
4 than accident?

5 A Generally, yes. I don't know if there would be
6 any circumstances where the injury itself could speak to
7 that being the case.

8 Q And that could be sometimes -- is it true that
9 sometimes you may have to amend a manner of death later on
10 if more facts come to light?

11 A Yes.

12 Q So if at some point in the last two years law
13 enforcement have evidence this was somehow intentional,
14 they would have brought it to you, and you could have
15 amended the manner of death. Is that right?

16 A I certainly could have amended it if additional
17 information became available.

18 Q And you have not amended the cause of death?

19 A I have not.

20 Q After you do the autopsy, do you remember
21 anything specific that was collected like
22 evidentiary-wise?

23 A None that I can recall.

24 Q Okay. And what is -- is there anything
25 preserved? Any specimen samples, any of that that's

1 preserved?

2 A The specimens that would have been collected at
3 the time of autopsy for toxicology, we generally would
4 collect blood samples, vitreous, and urine if available.
5 Additionally, in most autopsies we'll take representative
6 samples of the organs, and then additionally, we'll take a
7 sample of liver.

8 Q Are you able to tell me anything about when the
9 decedent had his last food to eat?

10 A No.

11 Q why not?

12 A That's something that I just cannot tell you
13 based on autopsy.

14 Q Okay. Was there any food in his stomach or in
15 his digestive system?

16 A I'll check my notes.

17 Q Sure.

18 A I have it noted as 700mL of partially digested
19 food.

20 Q Is that a lot?

21 A It's not a particularly notable amount.

22 Q Anything that tells you in terms of whether or
23 not he was eating at or near the time of his death?

24 A No, I couldn't make that determination.

25 Q How come?

1 A I just -- that's just not something that can be
2 determined by the autopsy. I can tell you what's in the
3 stomach. I can't tell you what was in the stomach or what
4 would have been in the stomach had he continued eating.

5 Q was there any other food particles that you
6 noted in his mouth, in the esophagus, or anything like
7 that?

8 A No.

9 Q If you had seen those, would that give you
10 additional indication as to whether or not he might have
11 been eating at or near the time of his death?

12 A Not necessarily. I would have had to
13 definitely -- well, yeah, I don't believe that would be
14 particularly helpful information.

15 Q Okay. Why not?

16 A well, food particles can go both ways. If
17 someone is injured, food particles could come up from the
18 stomach into the mouth. So I really can't make any
19 inferences based on that finding alone.

20 Q And especially in a sort of crushing injury like
21 this, is that possible that the food particles would go
22 back up?

23 A It's certainly possible it could go back up.
24 It's also possible that's just something that just can
25 kind of happen after death.

1 Q Okay. And you didn't note any food in the mouth
2 or in the esophagus, only the 700mL of partially digested
3 in the stomach?

4 A I only noted that in the stomach.

5 Q And no idea to know what any of that is?

6 A No.

7 Q When you say "partially digested," is there a
8 timeframe that establishes or no?

9 A No.

10 Q Are there other -- is there fully digested?
11 What are the various categories?

12 A Generally, if I recognize it as something that
13 appears to be food on some level, I'll refer to it as
14 partially digested. Usually the other option would be
15 liquid, which is very common find to find bilious liquid
16 and various other liquid in the stomach after death.

17 Q After the autopsy here, anything else that
18 you -- any other involvement that you had in this case?

19 A After the autopsy, I think the extent of my
20 involvement would have been preparing the report.

21 Q Do you take the photographs, or you have a
22 technician that takes the photographs?

23 A A technician takes the photographs.

24 Q Are they at your direction or --

25 A Generally, the way it works here is the

1 technicians will take photographs of anything that looks
2 abnormal. That's prior to me starting my external
3 examination. I'll review the photographs, and if I see
4 something additional that needs to be photographed, I will
5 ask them to take additional photographs.

6 Q Do you know if you did that in this case?

7 A I don't recall. Well, I know I would have
8 reviewed the photographs, and I would have only proceeded
9 when I was satisfied that appropriate photographs were
10 taken.

11 Q And when you do your autopsies, do you do like
12 an audio recording or anything as you're doing them, or
13 how is it that you make notes to then turn that into this
14 report?

15 A I will make notes on a piece of scratch paper
16 during and after the autopsy.

17 Q And what happens with those notes?

18 A Generally those are discarded.

19 Q After the report is finalized?

20 A Not after the report is finalized. Often as
21 soon as I get back to my office and write my report, once
22 my report is in a draft form and I have those findings
23 documented, I usually no longer retain those notes.

24 Q Okay. And is that true in this case, you don't
25 have the notes from this autopsy?

1 A Yes, I do not have any -- to my knowledge do not
2 have anything further from this autopsy.

3 Q Okay. And you don't do any audio recording of
4 the autopsy itself?

5 A No.

6 Q And there's no audio recording devices or video
7 recording devices or anything like that?

8 A No.

9 Q Any other involvement after your report? Did
10 you go to the State Attorney's office? Any other meetings
11 with law enforcement, press conferences? Anything like
12 that about this particular case?

13 A I don't recall having any other involvement.
14 It's possible I might have had a phone conversation, but I
15 certainly don't recall anything of that nature.

16 Q Did you follow this case at all? Learn anything
17 about the arrest of my client or anything else about this
18 particular case?

19 A I think I saw some articles on the news.

20 Q What do you -- anything you remember that stands
21 out?

22 A I think the only thing of note -- I just recall
23 some general information. I believe he's an undocumented
24 immigrant. Beyond that, I really don't know. I think
25 there might have been another individual involved, but I

1 didn't follow the case all that closely.

2 Q And you haven't followed it since then to know
3 what's going on, other than I guess getting and not
4 getting trial subpoenas from the State?

5 A Trial subpoenas, although I think I did Google
6 at some point the case after just to see if there was
7 anything involved. I don't recall any more beyond that.

8 Q What was the reason for that? Just curiosity?

9 A Yeah, just curiosity. If the case is coming up,
10 often I'll just see, especially since this was a
11 relatively high-profile case.

12 Q Do you have any -- whatever they are, they're
13 perfectly fine. Do you have any opinions as far as what
14 should or shouldn't happen to this case or about this kind
15 of thing? Any personal opinions?

16 A No.

17 Q Anything else that I haven't asked you about
18 that was relevant to your conclusions inside your report
19 here today?

20 A No.

21 MS. DELIBERATO: I don't have any further
22 questions. Do you have questions? Hold on.

23 (Pause in deposition.)

24 MS. DELIBERATO: I don't have any other
25 questions.

EXAMINATION

BY MR. VONDERHEIDE:

Q Is this the article?

A Let me see.

Q From the National Institute of Health.

A Is that from the NIH? I believe this is the original article, although I don't believe we have access to the full text.

Q It says '97, I think.

A Yeah, it's older, but this is generally what most people follow.

Q And that's what you were referring to before?

A Yes.

Q Mind Your Manners. Part I: History of Death Certification and Manner of Death Classification by G.G. Davis, *American Journal of Forensic Medical Pathology*, 1997. I don't know the rest of the numbers mean anything.

EXAMINATION

BY MS. CONSTANTINE:

Q The only other question I wanted to follow up on, given what the categories are for manner of death that you've gone over, is it fair to say that it's pretty typical for any traffic-related fatality to be categorized as an accident?

A Yes.

1 Q would it be unusual for a traffic fatality to be
2 characterized as a homicide?

3 A Yes. I'm trying to think if I personally have
4 ever certified one as such. I don't know that I have.

5 Q And that would include vehicular homicide?

6 A Yes. We try to avoid any legal terms.

7 Q DUI manslaughters, those are typically all
8 accidents?

9 A Yes. I know I've had cases like that that have
10 been called accident.

11 MS. CONSTANTINE: Okay.

12 MS. DELIBERATO: That's it. I've got nothing
13 else.

14 (Deposition concludes at 2:04 p.m.)

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1 COUNTY OF PINELLAS)

2 STATE OF FLORIDA)

3 CERTIFICATE OF OATH

4
5 I, the undersigned authority, certify that
6 ANDREW KOOPMEINERS, M.D. personally appeared before me and
7 was duly sworn.

8 witness my hand and official seal this 15th day
9 of November, 2024.

10
11 Tamara M. Pacheco

12 Tamara M. Pacheco, RPR
13 COMMISSION # 474485
14 EXPIRES: March 30, 2028
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IN THE CASE OF: STATE OF FL V. JUAN MOLINA-SALLES

NAME OF DEPONENT: ANDREW KOOPMEINERS, M.D.

CASE NUMBER: 22-09348CFANO

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If you feel you need to make corrections, please note on
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Sign and date the transcript below.

PAGE	LINE	ERROR/AMENDMENT	REASON FOR CHANGE
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[illegible]

Signature

Date

1 CERTIFICATE OF REPORTER

2 STATE OF FLORIDA)

3 COUNTY OF PINELLAS)
4

5 I, Tamara M. Pacheco, certify that I was
6 authorized to and did stenographically report the
7 Deposition of ANDREW KOOPMEINERS, M.D.; that a review of
8 the transcript was requested; and that the transcript is a
9 true and complete record of my stenographic notes.

10 I further certify that I am not a relative,
11 employee, attorney or counsel of any of the parties, nor
12 am I a relative or employee of any of the parties'
13 attorney or counsel connected with the action, nor am I
14 financially interested in the action.

15 Tamara M. Pacheco16 Tamara M. Pacheco, RPR
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