

***2017-18
ARIZONA HIGH SCHOOL
MOCK TRIAL TOURNAMENT***

***Justin Burke
v.
ForensiTech, Inc.***

A PROGRAM OF

Arizona Foundation for
**LEGAL SERVICES
& EDUCATION**

Young Lawyers of Arizona

Justin Burke
v.
ForensiTech, Inc.



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Justin Burke
v.
ForensiTech, Inc.

BRIEF CASE SUMMARY

Justin Burke, a minor child and the only son of Sydney Burke, sustained serious injuries on June 26, 2014, while attending the ForensiTech forensic science camp at Eden University in Eden, Utopia. On June 25 camp counselor River Forrest led Justin and the other students in River's evening activity group on an off-campus hike to a location River had not previously visited. The group became lost and ended up spending the night on a mountain. Around 3:00 a.m. on June 26, Justin awoke in a confused state, fell down the mountain, and struck his head. As a result, Justin sustained a spinal cord injury resulting in quadriplegia and a serious concussion leading to long-term impairment. Justin has filed a lawsuit against ForensiTech, Inc., arguing that the company was grossly negligent in sending the students on a hike to an unfamiliar location and is therefore liable for the damages which he sustained. The Defendant denies gross negligence, claiming no negligence or, at worst, ordinary negligence. The Defendant also claims that Justin's own actions in hiding his Type I diabetes from the camp staff led to his confusion and ensuing injuries.

STIPULATIONS

1. All documents, signatures, and exhibits included in the case materials are authentic and accurate in all respects. The parties reserve the right to make objections other than to authenticity, except for the specified documents as detailed in Stipulation 2.
2. Per Judge Ridgeway's Order on Motions *in Limine* prior to trial, both parties waive any and all objections to the ForensiTech Registration and Liability Waiver Form.
3. Both parties also waive all hearsay objections to the following documents: National Camp Association Mandatory Standards for Accreditation (Exhibit 1); American Diabetes Association: Hypoglycemia (Exhibit 3); Spinal Cord Injuries Information Sheet (Exhibit 8); and American Red Cross Wilderness and Remote First Aid Emergency Reference Guide (Exhibit 11).
4. The American Weather Service is a U.S. Governmental Agency that can be accessed over the Internet and that provides meteorological information for any location on earth.
5. Due to the extent of his injuries and his lack of memory regarding the events in question, Justin Burke is unable to be deposed or to testify in these trial proceedings.
6. Jurisdiction and venue are proper and may not be challenged.
7. Both parties waive any and all objections arising under the Constitution of the United States.

WITNESSES

Plaintiff witnesses:

Sydney Burke (parent of Justin Burke)
Dakota Piper (best friend of Justin Burke)
Nicky Chintal, M.D. (ER physician)

Defense witnesses:

Madison Roper, M.D. (Pediatric Endocrinologist)
River Forrest (Camp counselor)
Hayden Woodward, M.D. (CEO of ForensiTech)

STIPULATED GLOSSARY OF TERMS

Terms used in the affidavits and exhibits are to be given the following, stipulated meaning at trial.

Autoimmune: an illness that occurs when the body tissues are attacked by its own immune system.

BMI: Body Mass Index; a measure of body fat based on height and weight. Normal = 18.5 - 24.9.

Bradycardia (bray-dee-CARD-ee-ah): slow heart rate. In adults, a resting heart rate of < 60 beats per minute (BPM) is considered bradycardia, but symptoms usually appear only for rates < 50 BPM.

Cervical vertebrae (SERV-ih-cle VERT-ih-bray): Cervical vertebrae are the top 7 spinal vertebrae; they are located in the neck.

Fasting: In medical terms, a *fasting* blood glucose level is obtained when a person has not consumed any food for at least 8 hours.

Glucose (GLUE-kohs): Glucose is a simple sugar; it comes from carbohydrate foods and is the main energy source used by the body. A normal fasting blood glucose level is 70-99 mg/deciliter.

HbA1c: refers to Hemoglobin A1c (HE-mah-gloh-bin A-one-C), which is a form of hemoglobin that indicates the average plasma glucose level over a period of 2-4 months.

Hyperglycemia (hy-per-gly-SEE-mee-ah): higher than normal blood sugar (glucose) level.

Hypoglycemia (hy-poh-gly-SEE-mee-ah): abnormally low blood sugar (glucose) level.

Hypotensive (HY-poh-TEN-siv): having abnormally low blood pressure.

Hypothermia (hy-poh-THERM-ee-ah): dangerously low body temperature, below 95 °F, which can eventually result in death. Normal body temperature is considered to be 98.6 °F.

Insulin (IN-suh-lin): a hormone, produced by the pancreas, that helps to regulate blood glucose levels by causing glucose to move out of the blood and into the body cells.

Ketones (KEY-tones): Ketones are alternative fuels for body cells made from the breakdown of fat when cells do not get enough glucose. High levels in uncontrolled diabetics can be life-threatening.

Organomegaly (OR-ga-noh-MEG-a-lee): enlarged abdominal organs (liver, etc.).

Plasma: the liquid portion of blood, which transports nutrients and blood cells.

Polydipsia (POL-ee-DIP-see-ah): chronic excessive thirst.

Polyuria (POL-ee-YOUR-ee-ah): excessive production of urine.

Pulse oximeter (ox-SIM-ih-ter): a device that uses light to measure pulse and blood oxygen level.

Quadriplegia (KWOD-ra-PLIE-jee-ah): paralysis of both legs and both arms (all four limbs).

Subcutaneous (sub-cue-TAY-nee-us): beneath the skin.

Vasopressor (VAY-zoh-press-er): a chemical that contracts the muscles in capillaries and arteries, raising blood pressure.

THE APPLICABLE LAW

UTOPIA CIVIL CODE

42 U. Gen. Stat. § 7101. Negligence; elements of tort; gross negligence.

(a) **GENERAL RULE:** To prove negligence, the party making the claim must prove four elements: duty, breach of duty, causation, and damages.

(1) **DUTY:** Negligence refers to a person's failure to follow a duty of care owed as a result of a relationship that exists between the parties. Every person is under a duty to use ordinary care to protect himself/herself and others from injury. "Ordinary care" means that degree of care which a reasonable and prudent person would use under the same or similar circumstances to protect himself/herself and others from injury. It includes both the failure to do what a reasonably prudent person would have done under the same or similar circumstances, or the doing of something which a reasonably prudent person would *not* have done under the same or similar circumstances.

(2) **BREACH OF DUTY:** A person's failure to use ordinary care is a breach of duty. On this issue the burden of proof is on the plaintiff. The plaintiff must prove, by the greater weight ("preponderance") of the evidence, that the defendant did not uphold his/her duty to exercise reasonable and prudent care in the given circumstances. Reasonable care is an objective standard that does not take into account the specific abilities of a defendant (intelligence level, disability, etc.). It does consider the particular circumstances of the case, including the age and knowledge of the participants and the conditions at the scene of the injury.

(3) **CAUSATION:** In order to prove causation, a plaintiff must prove *both* direct and proximate cause. To show direct cause, the plaintiff must establish either that the plaintiff would not have been harmed "but for" the defendant's conduct, or that the defendant's conduct was a substantial factor in causing the harm. Proximate cause requires showing that the particular harm suffered by the plaintiff was both a foreseeable result of the defendant's wrongful conduct and is of a type that could reasonably have been anticipated. An injury may have more than one proximate or direct cause. Therefore, the plaintiff need not prove that the defendant's negligence was the sole proximate or sole direct cause of the injury. Nonetheless, the defendant's conduct must be both a direct and a proximate cause for the defendant to be found liable.

(4) **DAMAGES:** Actual damages are the fair compensation to be awarded to a person for any past, present, and/or future injury proximately caused by the negligence of another. In determining the amount, if any, to be awarded to the plaintiff, evidence is considered as to each of the following types of damages: past, present, and future pain and suffering; past, present, and future medical expenses; and past, present, and future diminution of earning capacity.

(b) **GROSS NEGLIGENCE:** To prove gross negligence, the plaintiff must prove a lack of care that demonstrates reckless disregard for the safety or lives of others, which is so great it appears to be a conscious violation of other people's rights to safety. Reckless disregard involves being aware that one's action or failure to act can cause a substantial and unjustifiable risk of harm but choosing to do it anyway. It is more than simple inadvertence but is shy of being intentionally evil. When proven, punitive damages, which are intended to serve as both punishment and deterrence to others, may be assessed in addition to actual damages.

42 U. Gen. Stat. § 7102. Comparative negligence.

(a) **GENERAL RULE:** Comparative negligence is an affirmative legal defense that reduces the amount of damages a plaintiff can recover in a negligence claim based upon the degree to which the plaintiff's own negligence contributed to cause the injury. The test of what constitutes negligence is as defined in § 7101 above. When the defense is asserted, the fact-finder, usually a jury, typically assigns a percentage of fault to each party. Where the plaintiff is found to be more than 50% at fault for the injury, plaintiff is barred from recovering damages. Where plaintiff is found to be 50% or less at fault, plaintiff can recover damages; however, the plaintiff's reward will be reduced by the percentage of fault assigned to the plaintiff.

(b) **BURDEN:** The burden to prove comparative negligence lies upon the defendant. The defendant must prove, by a preponderance of the evidence, that the plaintiff was negligent and that such negligence was a direct and proximate cause of the plaintiff's own injury or damages.

(c) **MINORS; CHILDREN AGE 14 AND OLDER:** Minors under the age of 7 are conclusively presumed by law not to possess sufficient maturity of discretion to be held liable for negligence; minors between the ages of 7 and 13 (inclusive) are considered on a case-by-case basis. All normal children 14 years of age and above are conclusively presumed by law to possess that maturity of discretion which belongs to adults of ordinary prudence; and the general rules of law applicable to adults, including the law of comparative negligence, also apply to them.

SAMPLE JURY INSTRUCTION:

[*Defendant*] claims that [*Plaintiff*]'s harm was caused in whole or in part by [*Plaintiff*]'s own negligence. To succeed on this claim, [*Defendant*] must prove both of the following:

1. That [*Plaintiff*] was negligent; and
2. That [*Plaintiff*]'s negligence was a substantial factor in causing [*Plaintiff*]'s harm.

If [*Defendant*] proves the above, [*Plaintiff*]'s damages are reduced by your determination of the percentage of [*Plaintiff*]'s responsibility. The court will calculate the actual reduction. If the negligence of [*Plaintiff*] exceeds that of defendant, [*Plaintiff*] will recover nothing.

Sample application of Comparative Negligence:

A jury finds both defendant and plaintiff were negligent and the negligence of both contributed to plaintiff's harm. The jury then determines what percentage of negligence should be applied to the plaintiff and to the defendant. If they find plaintiff's negligence to be 40% and defendant's to be 60%, then the court will reduce any award of damages to the plaintiff by 40%. If a jury finds the defendant to be 100% negligent in causing harm to plaintiff, there is no reduction to plaintiff's damages. If a jury finds the plaintiff's contributing negligence to be greater than 50%, the plaintiff gets nothing.

***** Student competitors need only prove the fact of injury and the elements of duty, breach, and causation. The amount of damages is not at issue in this trial per Judge Ridgeway's Order on Motions in limine.***

AVAILABLE CASE LAW

NOTE: All cases are from the Utopia Supreme Court, the highest court in the state of Utopia.

Widenhouse v. Britton (1974)

A plaintiff in a civil case must establish all the elements of his or her claim by a preponderance of the evidence (*i.e.*, establish that all elements are *more likely than not* true). Likewise, an affirmative defense must be proven by the defendant by a preponderance of evidence.

Lesser v. Wildwood (2003)

Plaintiff brought suit against Wildwood Camp when plaintiff's minor child was injured by a falling tree during a thunderstorm when the child failed to stay with his group as they walked to safety. Under Utopia law, camps supervising minors under age 18 have a duty to exercise the same degree of care as would a reasonably prudent parent under similar circumstances. However, such entities are "not insurers of safety...for they cannot reasonably be expected to continuously supervise and control all movements of students." Camp organizers "owe a duty to exercise only reasonable care to protect participants from 'injuries arising out of unassumed or unreasonably increased risks.'"

Yancey v. Lea (2001)

Plaintiff brought a wrongful death action against a truck driver when a vehicle driven by plaintiff's spouse turned into the truck driver's path, resulting in the spouse's death. The trial court granted defendant's motion for a directed verdict *barring* a claim of gross negligence. As this court has noted, "The difference between [ordinary negligence and gross negligence] is not in degree or magnitude of inadvertence or carelessness, but rather is intentional wrongdoing or deliberate misconduct affecting the safety of others. An act or conduct rises to the level of gross negligence when the *act* is done purposely and with knowledge that such act is a breach of duty to others, *i.e.*, a *conscious* disregard of the safety of others." Ordinary negligence connotes inadvertence, while gross negligence entails "wanton conduct done with conscious or reckless disregard for the rights and safety of others." In justifying its ruling, the trial court stated that it found no evidence of wanton conduct (such as intoxication, racing, or speeding in excess of 100 mph) to support a claim of gross negligence. The ruling of the trial court was upheld on appeal.

City of Paradise v. Bernstein (2006)

Kate Bernstein, a disabled 14-year-old, drowned while participating in recreational activities at Paradise Adventure camp offered by the Paradise Parks and Recreation Department. When Kate's parents filed a wrongful death lawsuit, the City moved for summary judgment, contending that the release agreement signed by Kate's parents barred liability. This Court held that the release is valid and enforceable for acts of ordinary negligence, thus barring liability and recovery for any such damages; but the release does not bar recovery for conduct constituting gross negligence.

David v. Robotronics Engineering Camp (2008)

Michael David, a 15-year-old, was injured during a zip-lining accident at the Robotronics camp. David's parents filed suit for gross negligence, arguing that the camp counselors disregarded camp safety protocols and industry standards, thereby showing a conscious and reckless disregard for the safety of others. Defendant sought exclusion of the industry guidelines, arguing that the camp's adherence to the standards was immaterial since the standards were voluntary rather than mandatory. The trial court permitted the evidence, and Defendant raised the issue on appeal. This Court agreed with the trial court's holding that "a departure from community customs or one's previously promulgated procedures is relevant under Rule 401 for purposes of determining whether conduct was done with reckless disregard for the safety of others, thereby constituting gross negligence."

Kasko v. Hamrick (2009)

In *Utopia* an out-of-court statement by a person testifying in a particular trial may be excluded by the general rule against hearsay. Subject to Rule 801(d), hearsay is any out-of-court statement offered to prove the truth of the matter asserted in the statement. In *Kasko*, the plaintiff sought to admit a prior out-of-court statement from a declarant (person who made the statement) who also testified at trial. Plaintiff contended that this statement was admissible since the declarant opted to take the stand. This court disagreed: "A declarant's decision to testify at trial does not make her prior out-of-court statements automatically admissible. That would create a blanket exception to hearsay for any past out-of-court statement made by a testifying witness, an exception that this court is not inclined to accept."

Kaufman v. Kaufman (2010)

Rule 801(d)(2) may be invoked only in one direction and depends on the identity of the party offering the statement in question. Specifically, Rule 801(d)(2) permits the plaintiff to offer statements by the defendant and the defendant to offer statements by the plaintiff. But the party's own counsel cannot elicit out-of-court statements by the party, even if the opposing party has already elicited out-of-court statements by the party during a preceding examination. "In *Kaufman*, defense counsel sought to introduce a statement made by the defendant through a witness on direct. Plaintiff's counsel objected to hearsay. Defense counsel asserted that Plaintiff opened the door to this statement by eliciting statements by the Defendant earlier at trial." The trial court strongly disagreed with that logic. "The statement by party *opponent* rule has its name for a reason; a side may only introduce a statement by its opponent. Otherwise, a party could use this rule to introduce self-serving statements." The trial court's ruling was upheld on appeal.

Thomas v. Hammond (2011)

In defamation case, the trial court admitted Plaintiff as a journalistic expert over Defendant's vehement objection to her qualifications under Rule 702. During direct examination Plaintiff's counsel attempted to elicit eyewitness testimony relied upon by Plaintiff in reaching her expert conclusions. Defense counsel objected that such hearsay testimony by the eyewitness violated Rule 703. The objection on 703 grounds was sustained. Both issues were raised on appeal. This court affirms the trial court's rulings: "To be tendered as an expert, an individual must possess more 'knowledge, skill, experience, training, or education' than an average person in a specific field per 702(a). Thomas was correctly tendered as an expert in journalism under that relatively low standard. Experts, who are limited to giving opinions in their area of expertise under the requirements of 702(b)-(d), may rely on inadmissible evidence in forming those opinions. But under 703, experts may not disclose the otherwise inadmissible facts or hearsay statements to the jury. Such otherwise inadmissible facts or statements may only be disclosed if their probative value (or importance) in assisting the jury substantially outweighs their prejudicial (or damaging) effect. The eyewitness testimony in question does not meet that standard and should be excluded."

Hayes v. Penner (2014)

Defendant Penner was convicted for the first degree murder of Orson Hayes, and the victim's parents filed a civil suit for wrongful death. At trial, Defendant argued that hearsay statements made by the deceased should be admitted since he was unavailable under 804(a)(4). The trial court excluded the evidence and this court affirms: "While 804(a) establishes the necessary criteria for a witness to be deemed unavailable, any hearsay statements made by the unavailable witness must meet one of the 804(b) exceptions to hearsay, or another hearsay exception under 803, in order to be admitted into testimony." The trial court correctly found that the victim's statements met no such exception.

STATE OF UTOPIA
ST. THOMAS MORE COUNTY

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
15-CVS-9786

JUSTIN BURKE, a minor,)	
by and through his parent,)	
SYDNEY BURKE,)	Judge Lucy Ridgeway
Plaintiff,)	
)	<u>ORDER ON MOTIONS</u>
v.)	<u>IN LIMINE</u>
)	
FORENSITECH, INC.,)	
Defendant.)	

This Court, having read the briefs submitted by counsel and heard oral argument on the parties' motions *in limine*, rules as follows and establishes the following procedures for trial:

1. Defendants' Motion for Summary Judgment on Negligence and Gross Negligence

In Plaintiff Justin Burke's original complaint, Plaintiff alleged two theories of liability: negligence and gross negligence. The defendants to that complaint (which included both the present defendant and two of its purported agents and employees) moved for summary judgment on both claims, arguing that Plaintiff waived and released his claims through his parent's execution of the Registration and Waiver of Liability Form ("Release"), dated March 28, 2014.

This Court GRANTED the defendants' motion for summary judgment with respect to the negligence claim. It is established law that a party may waive his or her right to recover for the negligence of another and that such waivers will be enforced by the court. Plaintiff's signed waiver bars Plaintiff from raising a negligence claim against the defendants.

This Court, however, DENIED the defendants' motion for summary judgment with respect to Plaintiff's gross negligence claim. "To the extent it purports to release liability for future gross negligence, [a release agreement] violates public policy and is unenforceable." See *City of Paradise v. Bernstein*, 41 Ut. 751 (2006). Thus, the signed waiver does NOT preclude Plaintiff from raising a gross negligence claim. This ruling is reflected in Plaintiff's Amended Complaint, in which the sole alleged count is for gross negligence.

2. Plaintiff's Motion to Exclude the Release from Admission at Trial

In light of this Court's finding that the Release is enforceable against a claim for [ordinary] negligence, Plaintiff has moved to exclude the Release from being introduced at trial as unduly prejudicial under Rule 403. That motion is DENIED. The contractual release is still evidence of the signer's knowledge of the contents therein and may be *considered* by the court for determining negligence by either party. Accordingly, and because the parties have not disputed the authenticity of the Release, the Release is admissible. At trial, the Release shall be admitted upon motion by either party and without objection.

3. Motions Regarding the Admissibility or Use of Particular Exhibits

Plaintiff and Defendant have moved *in limine* that this Court take judicial notice of the reliability of the following documents as Learned Treatises under Rule 803(18)(B): National Camp Association Mandatory Standards for Accreditation; American Diabetes Association: Hypoglycemia pamphlet; Spinal Cord Injuries Information pamphlet; and American Red Cross Wilderness and Remote First Aid Emergency Reference Guide. The motion is GRANTED, and no hearsay objections shall be entertained for the specified documents. Both parties retain the right to make objections other than to hearsay or to authenticity. The court's ruling is based on the fact that parties in St. Thomas More County are limited to calling three witnesses at trial, which often makes it impossible to establish the necessary foundation under the *supra* rule.

4. Plaintiff's Motion Regarding Vicarious Liability of Individual Employees of Defendant

In Plaintiff's original complaint, Hayden Woodward and River Forrest were named as defendants in addition to Defendant ForensiTech, Inc ("ForensiTech"). The parties negotiated an agreement, which dismissed defendants Woodward and Forrest and stipulated that, at all relevant times, Woodward and Forrest were employees of, and acting on behalf of, ForensiTech. Accordingly, this Court GRANTS Plaintiff's motions *in limine* regarding individuals Woodward and Forrest: at trial, their acts and omissions will be imputed to Defendant ForensiTech. ForensiTech is vicariously liable for any acts or omissions of Woodward or Forrest.

5. Defendant's Motion Regarding Sydney Burke as Party-Opponent

Defendant has moved *in limine* that Sydney Burke be deemed a Party-Opponent due to (1) Justin Burke's status as a minor, necessitating that Plaintiff's suit be filed by Sydney Burke; and (2) Justin Burke's unavailability to testify under Rule 804(4). This motion is GRANTED.

6. Defendant's Motion to Bifurcate

Defendant has moved *in limine* to bifurcate the trial such that the question of liability is separated from the question of damages. For reasons of judicial economy, the risk of jury confusion, and the risk of unfair prejudice, that motion is GRANTED. In the first phase, while the Plaintiff must prove the fact that Justin Burke was injured, the question will be whether Defendant is liable for the injuries suffered by Justin Burke; and the parties may not present any evidence that is solely relevant to prove or disprove the amount of damages. If Plaintiff prevails in the liability phase, the same jury will hear evidence on the question of damages. However, the Court notes that evidence related to damages may still be admissible during the liability phase if such evidence is relevant to prove or disprove (1) other elements of the Plaintiff's claims; or (2) the affirmative defense asserted by Defendant.

IT IS SO ORDERED.
DATE: July 30, 2014

Lucy Ridgeway
Lucy Ridgeway
Superior Court Judge

STATE OF UTOPIA

IN THE GENERAL COURT OF JUSTICE

SUPERIOR COURT DIVISION

ST. THOMAS MORE COUNTY

15-CVS-9786

JUSTIN BURKE, a minor,)
by and through his parent,)
SYDNEY BURKE,)
Plaintiff,)

v.)

FORENSITECH, INC.,)
Defendant.)

AMENDED COMPLAINT
DEMAND FOR JURY TRIAL

AMENDED COMPLAINT FOR GROSS NEGLIGENCE

COMES NOW the Plaintiff, JUSTIN BURKE, by and through his parent and next friend, SYDNEY BURKE, and respectfully states to the Court and alleges as follows:

PARTIES

1. Sydney Burke is the parent and next friend of Plaintiff Justin Burke, a minor, and is qualified to bring this action on behalf of Justin Burke ("Plaintiff" or "Burke").
2. Defendant ForensiTech, Inc. ("ForensiTech") is a corporation organized and existing under the laws of Utopia and authorized to do business within the state of Utopia.

FACTS

3. From June 22 - 26, 2014, Plaintiff attended the ForensiTech camp held at Eden University in Eden, Utopia.
4. Hayden Woodward, ForensiTech CEO and Camp Director ("Woodward"), and River Forrest, ForensiTech camp counselor ("Forrest"), were acting as agents for ForensiTech during the camp held at Eden University.
5. Forrest possessed knowledge of proper emergency care protocols for spinal cord injuries from Forrest's Red Cross Lifeguarding Training and Wilderness Remote First Aid Training.
6. On the evening of Wednesday, June 25, Forrest drove Burke and other students ("the hikers") in a camp van to a site off-campus for a hike.
7. Forrest had not previously visited the location to which Forrest drove the hikers. No other camp staff or adult familiar with the location accompanied the hikers.

8. Woodward gave Forrest permission to take the hikers on the trip under the above conditions.
9. Forrest and the hikers did not make it back to their van before darkness fell. The hikers spent the night in a make-shift shelter on a wooded mountainside.
10. At approximately 3:00 a.m. on Thursday, June 26, Burke left the shelter, fell down the mountainside, and landed in the stream at the bottom. At some point during the fall, Burke struck his head and was injured.
11. Burke was unable to get out of the stream under his own power. Forrest and student Dakota Piper ("Piper") moved Burke to the bank of the stream.
12. Forrest provided minimal instruction to Piper about proper care when moving a patient with a possible spinal cord injury.
13. More than four hours passed before Burke was transported to the emergency room at Garden County Hospital.
14. Burke sustained a spinal cord injury at cervical vertebrae 6, resulting in quadriplegia.
15. Burke sustained a serious concussion from the blow to his head. He continues to suffer from post-concussion syndrome months after the incident, including severe headaches and memory loss.

COUNT ONE: GROSS NEGLIGENCE

16. The Plaintiff hereby adopts and incorporates by reference paragraphs 1 through 15.
17. ForensiTech had a duty of care to establish reasonable rules and regulations to minimize the risk of injuries to campers on all camp-sponsored events and outings and to communicate those rules clearly to all camp staff and camp participants.
18. ForensiTech breached its duty to Plaintiff by recklessly and intentionally:
 - i. Failing to verify all medical information supplied by campers upon their arrival at camp;
 - ii. Failing to establish reasonable rules and regulations regarding the scope and limitations of off-campus activities;
 - iii. Failing to communicate reasonable safety rules to all campers and camp staff; and
 - iv. Failing to institute proper oversight of authority and decisions made by its agents Woodward and Forrest.
19. At all relevant times, ForensiTech agents Woodward and Forrest had a duty of care toward Plaintiff to supervise, monitor, and take all reasonable and appropriate steps to ensure the safety of Plaintiff in all camp activities, both inside and outside of the classroom.
20. By permitting Forrest on June 25 to take the hikers to an unknown off-site location, Woodward showed reckless disregard for Plaintiff's safety and breached Woodward's duty to Plaintiff.

21. By permitting Forrest to take the students on the hike without proper supervision or emergency contact information, Woodward put Burke in harm's way, directly and proximately causing the harm which Burke suffered during the time in question.

22. By failing to check the weather forecast just prior to the hike, Woodward and Forrest put Burke in harm's way when the storm made the conditions on the hike much more treacherous.

23. By intentionally moving Burke out of the stream without first providing proper instruction to Piper, Forrest recklessly put Burke at unreasonably high risk of additional long-term damages from his probable spinal cord injury.

24. The Plaintiff has in the past experienced, continues to experience, and will in the future suffer from an assortment of problems associated with the harms described above, including, but not limited to, an inability to live independently and engage in normal activities of daily living, limitations in physical activities, loss of memory, depression, cognitive dysfunction, diminished educational achievement, employment impairment, and loss of the pleasures of life.

25. As a result of the foregoing, the Plaintiff has suffered damages and will in the future suffer damages caused by the gross negligence of the Defendant.

WHEREFORE, Plaintiff requests judgment for the following:

1. Judgment against the Defendant for compensatory damages in an amount to be determined by a jury;
2. Judgment against the Defendant for punitive damages in an amount to be determined by a jury;
3. Payment of the costs resulting from this action to be taxed against the Defendants;
4. Such other and further relief as this Court may deem just and proper.

Plaintiff requests a jury trial on all issues.

Respectfully submitted, this the 11st day of August, 2014.

Matthew W. Warihay, Esq.

Matthew W. Warihay, Esq.

Attorney at Law

333 Almond Avenue

Utopia City, Utopia 14386

Telephone: 788-770-4598

STATE OF UTOPIA
ST. THOMAS MORE COUNTY

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
15-CVS-9786

JUSTIN BURKE, a minor,)
by and through his parent,)
SYDNEY BURKE,)
Plaintiff,)
v.)
FORENSITECH, INC.,)
Defendant.)

ANSWER
DEMAND FOR JURY TRIAL

ANSWER

COMES NOW the Defendant, FORENSITECH, INC., and responds to the Plaintiff's Amended Complaint as follows:

PARTIES

1. Admitted.
2. Admitted.

FACTS

3. Admitted.
4. Admitted.
5. Admitted.
6. Admitted.
7. Admitted.
8. Denied.
9. Admitted.
10. Admitted.
11. Admitted.
12. Denied.
13. Admitted.
14. Defendant lacks sufficient knowledge to form a belief as to the truth of the allegation in paragraph 14, and thus it is denied.
15. Defendant lacks sufficient knowledge to form a belief as to the truth of the allegation in paragraph 15, and thus it is denied.

COUNT ONE: GROSS NEGLIGENCE

16. Defendants' responses to Paragraphs 1 – 15 are incorporated hereby by reference.
17. Admitted.
18. Denied.
19. Admitted.
20. Denied.
21. Denied.
22. Denied.
23. Denied.
24. Defendants lack sufficient knowledge to form a belief as to the truth of the allegations in paragraph 24, and thus it is denied.
25. Denied.

AFFIRMATIVE DEFENSE

Defendant asserts the defense of comparative negligence. Plaintiff failed to exercise reasonable care for his own safety and thereby contributed to his own injury in one or more of the following ways:

- i. Failing at any point in time to inform Woodward, Forrest, and other camp staff of his Type I diabetes;
- ii. Choosing to put himself at risk by going on the hike rather than joining a different evening activity group;
- iii. Failing to bring medically recommended snacks or other items for dealing with possible hypoglycemia on the hike;
- iv. Failing to eat the snack offered by Forrest during the hike; and
- v. In such further ways as may be shown by evidence in this case.

WHEREFORE, Defendant prays the following from the Court:

1. That Plaintiff Justin Burke recover nothing from ForensiTech, Inc.; and
2. Such other and further relief which the Court may deem just and proper.

Defendants request a jury trial on all issues.

Respectfully submitted this the 29th day of August, 2014.

Samuel J. Ertle, Esq.

Samuel J. Ertle, Esq.
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Utopia City, Utopia 14387
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EXHIBITS

1. National Camp Association Mandatory Standards for Accreditation
2. ForensiTech Registration and Waiver of Liability Form
3. American Diabetes Association: Hypoglycemia
4. Weather Forecast for June 25, 2014
5. Drawing of area where hike occurred
6. Curriculum Vitae for Nicky Chintal, M.D.
7. Emergency Room Report, Garden City Medical Center
8. Spinal Cord Injuries Information Sheet
9. Curriculum Vitae for Madison Roper, M.D.
10. Emergency Room Report and Follow Up Report, University of Utopia Medical Center
11. American Red Cross Wilderness and Remote First Aid Guide: Spinal Injuries section
12. Weather forecast for June 21-28, 2014 in Eden, Utopia
13. Weather forecast for June 23-30, 2014 in Eden, Utopia
14. Curriculum Vitae for Hayden Woodward, M.D.

SOURCES FOR EXHIBITS*

1. The standards in Exhibit 1 are modified from the American Camp Association Mandatory Accreditation Standards (<http://www.acacamps.org/accreditation/mandatory-stds>). May 2014.
3. Exhibit 3 is excerpted with permission from The American Diabetes Association. (<http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/hypoglycemia-low-blood.html?loc=lwd-slabnav>). June 2014.
5. Map created by David Johnson and Frankford Johnson, utilizing Google SketchUp, Adobe Illustrator, and Adobe Photoshop.
8. Exhibit 8 produced by Shepherd Center in collaboration with the American Trauma Society, National Spinal Cord Injury Association, and Christopher and Dana Reeve Foundation. (<http://www.spinalinjury101.org/details/levels-of-injury>). May 2014.
11. Exhibit 11 is excerpted from the American Red Cross Wilderness and Remote First Aid Emergency Reference Guide (<http://editiondigital.net/publication/?i=56078>). June 2014.

* Used for educational purposes with permission.

AFFIDAVIT OF SYDNEY BURKE

1 After being duly sworn upon oath, Sydney Burke hereby deposes and states as follows:

2 My name is Sydney Burke. I am 42 years old, and I live at 456 Paradise Point, Utopia City, Utopia.
3 I earned my B.S. in Business Operations and my M.B.A. from Julian College in New Caesarea. I work as
4 the Vice President of Marketing and Sales for Heaven-on-Earth Resorts, a sophisticated chain of casinos
5 and hotels spanning the globe. I used to travel at company expense to all of our locations each year, as well
6 as visiting potential new properties for acquisition. Before Justin was injured, I probably spent one or two
7 weeks each month on the road. Unfortunately all of that travel put a strain on my marriage, and my spouse,
8 Taylor, divorced me in 2010. Taylor initially got primary custody of Justin, but when Taylor remarried in
9 January of 2014 and moved to Idaho, Justin asked to come live with me. Of course I said yes.

10 Justin and I had grown somewhat apart after the divorce, so having him with me full time was an
11 adjustment for us both. I looked into hiring a nanny to be with him when I was out of town. But Justin
12 convinced me that it wasn't necessary since he was almost 16 years old and was very mature and
13 responsible. We agreed that I would call Justin every evening to chat when I was away, and he knew he
14 could call or text me at any time if he needed me. Justin's best friend, Dakota Piper, lives nearby, and
15 often Justin would have dinner at Dakota's house if I was gone.

16 Justin was a natural leader, with many friends. He was a straight-A student and first in his sophomore class.
17 Justin planned to study chemistry in college because he wanted to be a forensic analyst. So as a freshman,
18 he set his sights on getting into the Utopia School of Science and Technology for his last two years of high
19 school. USST has a very rigorous application process because it's a state-supported boarding school for the
20 best students in Utopia. In early March of 2014, Justin got his acceptance letter!

21 In his USST acceptance package, Justin received a list of summer enrichment programs. One of them was
22 the ForensiTech camp at Eden University in Eden, Utopia. I noticed that the camp is accredited by the
23 National Camp Association, a voluntary process to assure consumers that it follows government and
24 industry safety standards. NCA accreditation was important to me. The NCA has about a dozen mandatory
25 standards that must be met to receive and maintain accreditation, and several hundred additional
26 recommended standards. I'm familiar with the NCA because some of our resorts offer summer camps for
27 children of guests, and we work hard to maintain our NCA accreditation. In fact, I am chairperson of the
28 committee that established our camp policies and procedures. I knew that offering camps would be a big
29 plus in marketing our resorts, so I wanted to make sure we would give our campers the highest quality
30 experience. Of course, proper supervision and safety of campers are key aspects of what we do.
31 Justin begged to go to the ForensiTech camp, and since it was accredited by the NCA and recommended by
32 USST, I said yes. The timing was perfect because I would be in Greece that week, so Justin would be at
33 home alone otherwise. Justin filled out the camp application and encouraged Dakota to apply, too. By the

34 end of March he and Dakota were both accepted, and we made plans for Dakota's parents to bring them to
35 camp. I filled out the forms and sent in the deposit immediately to confirm Justin's spot.

36 In mid-April Justin started complaining of feeling thirsty and hungry all the time, even though he was
37 eating an enormous amount (like most teenage boys). In fact, he was even losing weight, and he felt very
38 tired. He also needed to use the bathroom frequently and complained that his vision was blurry.

39 Fortunately I was not traveling, so we made an appointment on Friday, April 18 with Justin's family
40 doctor, Bruce Manor. We were shocked when Dr. Manor tested Justin's blood sugar level and found that
41 it was 480! He told us a random blood sugar test result above 200 indicates possible diabetes. Dr. Manor
42 also found something harmful called "ketones" in Justin's urine, which can be a sign of diabetes.

43 Dr. Manor called ahead to the University of Utopia Medical Center (UUMC) to let them know of Justin's
44 results and then sent us to the UUMC emergency room. Justin was admitted to the hospital for two days.

45 At UUMC we met with Dr. Madison Roper, a pediatric endocrinologist who specializes in diseases
46 caused by problems with hormones. We learned that Justin's pancreas was no longer making insulin, so
47 he was diagnosed with Type I diabetes. Insulin is a hormone that helps a sugar called glucose move out of
48 our blood and into our cells. Without insulin, the glucose stays in the blood. When Justin's pancreas quit
49 making insulin, his blood sugar skyrocketed, leading to the symptoms he was experiencing.

50 No one in my family had ever been diabetic, so I was shocked. Justin was given an insulin injection to
51 bring his blood sugar down. We were told that Justin would need to test his blood sugar level several times
52 throughout the day and give himself long-acting and quick-acting insulin shots to keep his blood sugar
53 under control. A nurse specialist taught Justin how to do everything. A registered dietitian also spoke with
54 us. We were given information on a diabetic diet from the American Diabetes Association, and we were
55 told that Justin's mealtimes needed to be consistent so his insulin shots would have the right effect. The
56 dietitian said Justin should always have snacks available in case his sugar got too low. Finally, he was told
57 that exercise was helpful, but during exercise he needed to check his blood sugar. After Justin was
58 discharged on Sunday, we were scheduled for weekly follow up visits until Dr. Roper was sure Justin had
59 his blood sugar under control. It was all pretty overwhelming, but Justin seemed to take it in stride, better
60 than I did, in fact. I guess that's because chemistry is all "Greek" to me, while Justin has always loved
61 science. Justin's calmness was reassuring to me, and I figured we'd get through this okay.

62 When we got home, Justin immediately threw out all the sweets we had in the house, and he told me that we
63 needed to eat more lean meat and vegetables. I love dessert, so this was a change for me – a change for the
64 better, Justin said. He already did most of our cooking because of my work, and I must admit the food he
65 fixed was tasty. Of course I read the doctor's handouts on Type I diabetes, but I mainly relied on Justin to
66 keep track of what he should eat.

67 Justin tested his blood sugar before and after meals for the next week, as well as before bedtime. He
68 seemed to pick up pretty quickly on what to do to keep his blood sugar at the recommended level. We
69 saw Dr. Roper again on April 25, and Dr. Roper was very pleased with Justin's blood sugar level. Dr.
70 Roper talked with Justin about continuing to keep his sugar under tight control through frequent
71 monitoring and adjustments. We came back for two more follow up visits, and when Justin's blood sugar
72 levels stayed under control, Dr. Roper said we could wait three months to come again.

73 Dr. Roper recommended we get Justin a medical ID necklace and tell his close friends about the diagnosis
74 so that they could help him recognize symptoms of low blood sugar. I got an ID necklace for Justin, yet he
75 rarely wore it. Justin told the school nurse about his diabetes, but he kept it secret from everyone else, even
76 Dakota. He told me that he didn't want his friends to treat him differently, like he was disabled. I
77 encouraged Justin to tell Dakota, but I didn't want to interfere in Justin's decision. I figured that he was
78 mature enough to make his own choices, and since we were still in the early stages of him living with me
79 full time, I didn't want to cause tension between us. I wish now that I'd been more insistent about the ID
80 necklace and told Dakota and Dakota's family about Justin's diabetes.

81 Before we knew it, it was Sunday, June 22, 2014 and time for Justin and Dakota to go to camp. My non-
82 stop flight to Greece left at 6 a.m. that same day, so I woke Justin at 4:15 a.m. to tell him goodbye. I hadn't
83 planned to wake him, but as I was about to walk out the door, I realized we had never informed the camp
84 about his diabetes. We had sent in his registration forms prior to his diagnosis, so the diabetes was not on
85 his camp form. Justin assured me sleepily that he would say something to the camp nurse. I barely made it
86 through airport security in time for my flight, so I didn't have time to call the camp myself.

87 At 9 a.m., Justin texted me that he and Dakota were in the Piper's minivan, beginning the 3 hour trip to
88 Eden. Justin texted that he packed his insulin in the backpack that he kept in the van with him since the
89 insulin was supposed to stay at room temperature. When I got his text after landing that evening, I replied
90 that I hoped he had fun and said I would call him every morning at 7:00 EDT (2:00 pm in Greece).

91 True to my word, I called him at 7:00 (his time) on Monday morning. Justin told me that the camp was
92 great so far. On Sunday afternoon Hayden Woodward, ForensiTech CEO, told them lots of stories about
93 Hayden's prior work as a medical examiner. Then Justin met his "activity group" camp counselor, River
94 Forrest, who was studying biochemistry at Eden University. The campers worked in academic focus
95 groups during the day and did evening recreation with their activity group. Justin happily reported that he
96 and Dakota were in the same focus and activity groups. I asked whether he had told the camp nurse about
97 his diabetes. He said, "Not yet, but I'll do it first thing today." Then he told me he needed to shower and
98 head to breakfast. He also said it would be better if he called me so he could take care of his morning
99 routine. My schedule was flexible in the afternoons, so we agreed that Justin would always call me
100 between 7:00 and 7:30 a.m. EDT to check in.

101 After I hung up from talking with Justin, I tried calling the camp phone number myself, to tell them about
102 his diabetes. But it went straight to voicemail, and the mailbox was full so I couldn't leave a message. I
103 knew Justin was reliable, though, so I figured he would tell them.

104 Justin called me as promised on both Tuesday and Wednesday, and it was great to hear his excitement about
105 all that he was learning. He told me that the camp instructors were outstanding, and that they were getting to
106 analyze "evidence" from a "murder scene" on campus. Justin was thrilled that he and Dakota were in the
107 DNA analysis group. He started telling me all about "electropherograms" and "STR" tests. It made no sense
108 to me at all, but I could tell that Justin was loving it. In the excitement of hearing about his camp activities, I
109 forgot to confirm that he told the camp nurse and other staff about his diabetes.

110 On Thursday I waited for Justin's call, but my phone didn't ring. At 2:40 p.m. my time (7:40 a.m. Justin's
111 time), I tried to call him, just to touch base, but my call went to voicemail. I was a little concerned, but I
112 figured maybe he had overslept and had to rush to class. So I texted him and asked him to call later in the
113 day if he could. At 3:10 p.m., my phone rang, and I breathed a sigh of relief – until I realized it was not
114 Justin's phone number. It was Hayden Woodward. Hayden said that Justin had been in a serious accident
115 and was in the hospital. I don't remember much else of what Hayden said; I got off the phone and booked
116 the first flight to Eden. I caught a flight that got me there by 9:00 a.m. the next morning, and I rushed right
117 to the hospital. I almost passed out when I saw Justin in the ICU, on a ventilator with a neck brace and
118 tubes coming out all over. A surgeon had already operated on Justin's spine to help prevent further injury.
119 Hayden Woodward talked with me at the hospital. I learned that Justin and his group had gone on a hike
120 on Wednesday night, gotten lost, and had to spend the night on the trail in a heavy rainstorm. In the
121 middle of the night Justin had gotten up, apparently to use the bathroom, had slipped, and had fallen down
122 a steep hillside, hitting his head. It was morning before the campers were rescued and Justin was brought
123 to the hospital. No one knew where they were until one of the hikers made it out to the van after daylight.
124 Justin was in the hospital for three weeks before he could come back home to a nearby rehab center. Now
125 Justin is a quadriplegic, and they say he'll never walk again. He broke his neck in the fall, and he has
126 limited movement of his arms and only partial use of his wrists. He also suffered a serious concussion, and
127 he has terrible headaches and memory issues. He can't really remember anything that happened from his
128 time at camp. It's not certain yet whether the memory loss is permanent. Either way, it's clear that Justin's
129 future is ruined. He'll never be able to go to USST; he will likely never go to college, and the doctors say
130 he probably will never be able to live independently. I have insurance, but the medical bills are enormous,
131 and they're still piling up. Our lives are shattered.

132 I know I signed a camp liability waiver. I don't know for sure whether the camp was told about Justin's
133 diabetes, although Justin promised me he would tell them, and I've never known him to break a promise.
134 But either way, the camp should never have sent those kids on that hike in the first place. NCA standards

require that two adults be present on any hike off-site, but River was the only counselor on the hike. I looked up the Wednesday weather forecast when I got to Eden on Friday, and it had clearly indicated a storm would arrive sometime Wednesday evening. And why did no one know where they were? We would never allow our resort staff to take campers to a location we had not checked out thoroughly beforehand. Even going to an unfamiliar site, River should have managed to get the students off the mountain before dark. All they had to do was retrace their steps before it got too late. Or they should have found a safer place to settle down for the night, if they really were lost. The whole thing was just crazy; that hike violated several of the NCA standards they are supposed to follow. Money can never make things right, but the camp needs to pay – both to help us with all these bills, and to make sure they never put any other students at risk in this way!

Of the available exhibits I am familiar with only the following: Exhibit 1, which lists the mandatory standards for National Camp Association accreditation; Exhibit 2, which is Justin's signed ForensiTech Registration/Release form; Exhibit 3, which is the American Diabetes Association handout on hypoglycemia given to us by Dr. Roper; and Exhibit 4, which is the American Weather Service forecast for Eden, Utopia on Wednesday, June 25.

I hereby attest that the above statement is my own and swear to the truthfulness of its content. Before giving this statement, I was told it should contain everything relevant to my testimony and I followed those instructions. I also understand that I must update this affidavit if anything new occurs to me until the moment before opening statements begin in this case.

Elizabeth Eckhardt

Elizabeth Eckhardt, Notary Public

Signed and sworn before me this 15th day of August, 2014

Sydney Burke

Sydney Burke

AFFIDAVIT OF DAKOTA PIPER

1 After being duly sworn upon oath, Dakota Piper hereby deposes and states as follows:

2 My name is Dakota Piper. I am 16 years old and a rising junior at Jordan River High School in
3 Utopia City, Utopia. I live at 321 Garden Glen, about two blocks away from my best friend, Justin Burke.
4 Justin and I have hung out together since elementary school, when we'd get our "Mad Scientist" chemistry
5 sets and pretend to investigate crime scenes in our backyards. I always acted as the "sketch artist" so we
6 could "preserve the evidence" to keep in our investigator notebooks. We had great plans to attend Utopia
7 University, double-major in chemistry and forensic science, and then get a job with the Utopia City police
8 department as Forensic Analysts. We had convos about it when Justin ate dinner at my house, which was
9 several times a week after his parents split up. I still can't believe Justin is paralyzed. It's really hard to talk
10 about it. The camp should pay for what happened to Justin. I wish we'd never heard of that camp.

11 Justin is the one who wanted us to go to ForensiTech camp. He learned about it after he got into USST
12 (Utopia School of Science and Technology) for his last 2 years of high school. We both applied, but I
13 wasn't accepted. Justin was first in our class, and he had a way of connecting with people. It didn't matter
14 if they were university presidents or school janitors; Justin could talk to anyone and be totally at ease. No
15 surprise that he "aced" the interview. I'd miss him at JRHS, but I was excited for him; and I felt better
16 when he said we'd still study together at Utopia U. When he suggested we attend the ForensiTech camp, I
17 thought it'd be great way to have fun before he headed out of town for the fall.

18 Even when we were kids, Justin was always the leader in our adventures. He was super smart, very
19 confident, and always sure that he was right. He wasn't conceited, just very intense. Once he made up his
20 mind to do something, he rarely changed it. Most of the time, his ideas worked out great. But sometimes
21 he went a bit too far and got us into some dicey situations.

22 When we were 12 years old, he led us hiking for two hours along a stream in our neighborhood. It felt
23 like we were pioneers in the wilderness. We saw deer and foxes, and even tracks for raccoons. It was
24 pretty cool! Finally it was late afternoon, and I wanted to turn around. But then we came to a spot where
25 you could climb up a cliff that overlooked the stream. It was maybe 30 feet high, and the water made a
26 pool down below, although we had no idea how deep it was. Justin started climbing up the cliff, which
27 made me nervous because I don't like heights, but I followed him.

28 When we got to the top, the view was amazing. We could see forest for miles in every direction; no houses
29 were visible. All of a sudden, Justin yelled "yee-haa" and leaped off the cliff toward the pool. I was shocked
30 and terrified that Justin would break a leg or worse. If he had, I could never have gotten him to safety by
31 myself. Luckily the pool turned out to be pretty deep, so Justin came up laughing and saying "Come on,
32 Dakota, try it! Don't be a chicken!" No way was I going to do that, so after I climbed carefully back down

33 to the stream, I told him we HAD to turn around. We made it back before dinner, so no one else ever knew
34 of this adventure. But probably once or twice a year, Justin would do some crazy stunt like that. Somehow
35 he always escaped without injury. I figured he had good luck to go with all of his other talents.

36 At 9 a.m. on June 22, 2014, we piled in my family's minivan to go to ForensiTech camp. We were both
37 really excited. The camp had different CSI topics you could focus on, like fingerprint analysis, DNA
38 analysis, or ballistics. We both knew right away that we wanted the DNA analysis group. We'd gotten to
39 watch Utopia City Forensic Specialist Kris Vinson testify in the Quinn Penner trial. Her testimony was a
40 key factor in Penner's conviction, and watching Ms. Vinson at trial convinced us even more that we
41 wanted to become forensic analysts, too.

42 I have to admit, the camp started out great. At registration we got our dorm keys and reviewed our
43 application forms to make any needed changes. We all had private dorm rooms. We unpacked our suitcases
44 and headed to the lecture hall to be greeted by Hayden Woodward, the ForensiTech CEO. Woodward told
45 us that ForensiTech started in 2006 at North Carolina State University, and camps were now held at twenty
46 colleges across the U.S. Hayden Woodward doesn't go to all of the camps, but Hayden always teaches at
47 Eden University because "the setting is so beautiful and the climate is much cooler than Raleigh in June."
48 The location was terrific: a tree-lined campus with cutting-edge labs; temperatures in the 70s; and forest-
49 covered mountains all around. Woodward shared awesome stories about working as a Medical Examiner
50 (ME) before starting ForensiTech. Next, Woodward explained that we had all been assigned to a 10-student
51 group for evening recreation activities. Justin and I had the same counselor, River Forrest, a student
52 majoring in biochemistry at Eden. Justin and I were pumped to be put in the DNA focus group and the same
53 evening activity group, both led by Forrest. It seemed that things just couldn't get any better.

54 The camp sessions were amazing. The camp had set up a "crime scene" on campus, with DNA evidence,
55 fingerprints, bullets, text messages. . . you name it. We attended lectures by MEs, different types of
56 forensic scientists, or Eden U profs on every topic, then our counselors guided us while we analyzed our
57 focus group evidence. We had several "suspects" for the case, and by the end of camp, we were supposed
58 to report our results to "prove" who the criminal really was. It was a really cool way to use the
59 information we were learning, and we were having a blast.

60 After supper, we did activities with our assigned evening group. Some of the campers complained about
61 their counselors, but River was pretty cool. River really tried to get to know each of us. Of course, with
62 his great people skills, Justin hit it off with River in no time. On Sunday night everyone went on a
63 campus-wide scavenger hunt to learn their way around, and the winning team earned a pizza party. River
64 seemed to have a great sense of direction, showing us shortcuts and helping us plan the fastest way to get
65 everything. We won the prize by a landslide!

66 The next two evenings were just as fun. On Monday we played ultimate Frisbee. We began at 7:00 and

67 played for nearly two hours until it got dark around 9 p.m. I remember Justin took a break midway to get
68 something out of his backpack and then drank a can of orange juice. When River asked Justin if he was okay,
69 he said, “Never better!” and jumped back in the game. I’d never seen Justin take a break before – I often took
70 one, to use my asthma inhaler – but I didn’t think much of it. On Tuesday we went canoeing on the campus
71 lake, ending with a massive water fight with our paddles. It was awesome!! I remember Justin taking a quick
72 trip to his dorm room right beforehand and drinking more OJ on the way to the lake. When I kidded him
73 about all the OJ, he just said “I’m trying to build in healthy habits before I go off to USST, that’s all. OJ is
74 way better for you than that soda you drink!” I couldn’t argue, so I changed the subject.

75 On Wednesday, River told us we had a special outing that night: we would bring a picnic dinner, hike
76 along a stream not far from campus, and swim in a little pool with a waterfall. River had never gone there
77 before, but one of River’s college buddies would come along to guide us. The waterfall was supposed to
78 be near a scenic overlook and be surrounded by rhododendron, ladies’ slippers, and other mountain
79 flowers. For just a second, I had a twinge of déjà vu as I recalled our adventure at age 12, but I put it out
80 of my mind. What could go wrong?

81 River told us all to grab our camp sports bag and bring water, a light jacket, and a towel. River said to wear
82 decent shoes for hiking and to meet at the camp van by 5:30. River also announced if anyone felt like they
83 weren’t up for a short hike, they could join a different activity group just for that evening. But we all
84 thought it sounded fantastic, so we went to put our class stuff in our dorms. By 5:30 we were all at the van.
85 River said the friend had just called and couldn’t make it, but River had directions. It was a beautiful day –
86 partly cloudy with temperatures in the high 70s – so none of us brought light jackets despite River’s
87 suggestion. We all wore bathing suits or shorts and t-shirts, and two girls had towels. The rest of us said we
88 would air-dry as we walked back to the van. Everyone wore tennis shoes, so River decided we were okay.
89 River already had the picnic suppers and bottled water in the van, so we piled in. About 20 minutes later we
90 parked at a scenic overlook. A narrow dirt trail led off to the right. The trail didn’t have a sign or trail
91 marker. We enjoyed the view for a bit then we started down the trail. I remember that it was 6:15 pm
92 because I glanced at my watch. River said we would leave the food in the van and send two of us back for it
93 after we found the waterfall. River’s friend had said that we’d only have to hike 15 minutes or so to find the
94 spot, so River figured it would be easy to come back for the food after we swam in the pool a little while.

95 At the beginning, the path was maybe 70 feet above the stream. It sloped gently down, and soon we crossed
96 the stream at a shallow place where we could jump from one rock to another. We followed the path to the
97 left, going in a downstream direction. The path sloped back up until it was 30 – 40 feet above the stream
98 and maybe 30 feet away from the bank. A bit later we came to a fork in the path. The right- hand trail went
99 up and away from the stream, while the left fork went down and closer to the stream. River decided we
100 should take the lower path since the waterfall and picnic area would be by the stream. After a little ways,

101 the path became even narrower, was covered in leaves, and sloped down sharply. River thought that we
102 were probably on a deer trail, not the hiking path. But River decided to keep walking along the stream
103 because it would be hard to climb back up, and we ought to be almost at the waterfall.

104 The path ended soon after we reached the stream, so we started rock-hopping and wading downstream in
105 the water, which was maybe a foot deep. The current was pretty gentle. The water was cold, but the air
106 was warm. We were having so much fun talking that no one knew how long we'd walked. It was
107 definitely way more than 10 – 15 minutes. At one point we saw a clearing on the right that looked like it
108 might connect to a trail. But we were enjoying our exploration, so we kept going along in the stream. By
109 this time we were pretty spread out, with the leaders maybe 70 feet ahead of the stragglers along the
110 stream bank. We all figured River knew where we were, so no one was worried.

111 Finally I looked at my watch and realized it was 7:30. We'd been walking more than an hour and hadn't
112 seen a waterfall or calm pool area with a clearing beside it. I told River the time, and River seemed
113 surprised that it was so late. River said River's cell phone had died and River didn't have a watch. I said
114 maybe we should head back. Darker clouds had moved in, the air was cooling off, and some of us were
115 starting to shiver. River agreed, so we turned around. The riverbanks were steep, so we had to keep walking
116 in the stream. After several students said they were hungry, River pulled granola bars out of a sports bag
117 and told us to share the water that some students had brought. A few students didn't eat anything, including
118 Justin. As we struggled back upstream, the current seemed stronger than before. We had to keep stopping to
119 rest and catch our breath; at one point I even had to use the asthma inhaler that I always carry.

120 By this time it was getting pretty dark, and it felt as though it might rain. We never saw the clearing we
121 had noticed earlier. River said we needed to climb up the bank to get away from the cold stream and
122 avoid hypothermia. A few students tried to call 911, but they didn't have a cell signal. We all started
123 climbing up the left bank of the stream – the side away from the road – because it was a little easier. It
124 was still a hard climb because there were lots of vines and thorns, and no path at all. Several of the
125 students were upset and really struggling to climb. After we had gone maybe halfway up the steep
126 mountain, River decided we should stay put and dig in rather than climbing any further. We all used our
127 feet and hands to try to dig out a level place to sit. A few of us tried building a rough lean-to for shelter,
128 using our cell phone flashlights to help us see.

129 Knowing what a bad situation we were in, River and one of the other students hiked further up the
130 mountain to try to call 911 on the student's cell phone. When they came back, River said that the student
131 had reached 911 right before his cell phone died and help was on the way. It was about 10 pm by this
132 point. Then it started raining lightly.

133 We all tried to huddle together under the lean-to, but it wasn't very effective. The rain started pouring,
134 and soon we were all drenched and shivering. River said if anyone needed to leave the "shelter" to use the

135 bathroom, a buddy should go along to make sure they were okay. While most of us stayed put, a few of
136 the girls who ventured out said it was really slippery and they almost fell down the mountain in the dark.
137 We took turns yelling "Help!" every few minutes, in case the rescuers were near. After several hours the
138 rain stopped. We didn't hear any rescuers, so we stopped yelling and dozed off.

139 Around 3 a.m., I woke up because Justin jostled me. I looked at my watch and said, "What are you doing?"
140 Justin was rubbing his head and seemed confused, asking "Where are we? What's going on? Why does my
141 head hurt?" I told him we were lost in the woods on a hike for camp, and he said "Camp?" like he didn't
142 know what I meant. I said "Go back to sleep," but he said "No, I gotta go," so I figured he needed to use the
143 bathroom. It was raining again so I said "Can't you wait?" but Justin was already up and stumbling out of
144 the lean-to. I groaned and started to get up when I heard Justin scream. Then I heard sounds of sliding and
145 bushes breaking, followed by a loud "wham" by the river, and another scream. River Forrest leaped up and
146 said "What was that?" I yelled "It was Justin!! I think he slipped and fell on the rocks!!" River told all of us
147 to stay put, but I ignored that and followed River down the slope as quickly as I could.

148 We found Justin lying on a rock in the stream, crying and saying "I can't move!!" We couldn't leave him
149 in the freezing water, so River supported his neck and shoulders, I supported his lower trunk and legs, and
150 we moved him to the bank. River kept telling me to hurry, that we needed to get Justin out of the stream
151 quickly. River tried to instruct me on how to move Justin safely, but I was so scared and shaken that it was
152 hard to concentrate. I slipped once when we were carrying Justin, and River almost dropped his upper
153 body. When we finally got to the bank, we had to feel around with our feet to find a level place because it
154 was so dark. At last we found a good spot. River put River's jacket over Justin to try to keep him warm,
155 then told me to go tell the other students what happened and to stay put. I told them, but I came back down
156 and told River that I wanted to hike up the stream the way we came from, to see if I could get to the van
157 and go for help. River said it was too dark and dangerous; what if I got hurt, too? We had to wait for
158 daylight. So we both stayed beside Justin, talking to him to try to keep him calm and awake.

159 When it began getting light at 5:45 a.m., River and another student started hiking out along the stream,
160 while I stayed with Justin. About 40 minutes later, River came back with several deputies. They said they
161 had called an ambulance, and the student stayed behind to guide the EMTs to us. The deputies also said
162 they'd been searching and calling for us all night, but we never heard them. A little later the EMTs
163 reached us. They talked with me and River to learn what had happened. Then they carried Justin out on a
164 backboard with a rigid neck collar, and by 7:30 the ambulance left for the hospital. River drove the rest of
165 us back to camp, where we talked with Hayden Woodward about what had happened. I was really shaken
166 up. I wanted to go see Justin in the hospital, but they said he was in the ICU and that only family
167 members were allowed to visit. So I called my parents and asked them to pick me up. I couldn't bear to
168 stay at the camp after what had happened.

I learned later that Justin has diabetes, and hiking for hours with no food or drink probably lowered his blood sugar and made him confused. I had no idea that he had diabetes; he never told me. Surely he would have told the camp staff, though. We didn't have to get a physical before camp, but I made sure to put down my asthma meds on the camp release form.

I liked River and felt that River cared about us. But the camp should never have let River take us on that hike when River wasn't sure where to go. Or at least we should have turned around much sooner. River should have kept track of the time better and made sure River's cell phone was charged. If we'd had another adult with us, one adult could have hiked out to the van without leaving the campers all alone. And someone should have known where to find us when we weren't back by dark. We should never have been stuck on a mountain all night in a rainstorm. If we'd done the regular evening activities, instead of going on this stupid hike, none of this would have ever happened, and Justin and I would be going to Utopia U together in 2016. Now Justin's life is ruined, all because the camp didn't do what they should have.

Of the available exhibits I am familiar with only Exhibit 5, which is the map I created using my computer to illustrate the terrain for the hike on June 25-26, 2014. Based on the time we spent walking, I roughly estimated the distances we covered on our hike, although of course I couldn't include an accurate scale. I put in lines to indicate the approximate height of the mountains, kind of like a topographic map, and I showed the beginning parts of trails that went off into the woods where we didn't go. I'm not sure exactly how far down the river we went, but it would have been farther than I extended the map, so I included an arrow to show that.

I hereby attest to having read the above statement and swear or affirm it to be my own. I also swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain everything I knew that may be relevant to my testimony and I followed those instructions. I also understand that I can and must update this affidavit if anything new occurs to me until the moment before opening statements begin in this case.

Brandy Jo Wilson
Brandy Jo Wilson, Notary Public
Signed and sworn before me this 8th day of August, 2014

Dakota Piper
Dakota Piper

AFFIDAVIT OF NICKY CHINTAL, M.D.

1 After being duly sworn upon oath, Nicky Chintal hereby deposes and states as follows:

2 My name is Dr. Nicky Chintal. I am 47 years old and reside in Eden, Utopia with my spouse and
3 three children. I grew up in Eden and always planned to live and work here as a doctor just as both of my
4 parents did. I obtained my undergraduate degree at the University of New Caesarea, graduating *summa*
5 *cum laude*. After attending Harvard Medical School, I completed my residency in Emergency Medicine at
6 Johns Hopkins in Baltimore, Maryland. Because of my skills, I was selected as Chief Resident “with
7 distinction” in my fourth year. I have worked in the Emergency room of the Garden County Medical
8 Center (GCMC) in Eden for the past 17 years. I am a Professor at the Eden University School of Medicine
9 and Chair of the GCMC Department of Emergency Medicine. More details about my background and
10 experience are listed in the curriculum vitae that I provided to both parties in this case.

11 Due to the nature of my work, I have testified in court for the plaintiff on five previous occasions. My
12 testimony, however, has dealt solely with the injuries sustained by a patient prior to reaching the ER,
13 rather than with any errors on the part of our nationally-acclaimed hospital. I am being paid \$18,000 as
14 compensation for my trial preparation and testimony today.

15 We see a wide variety of cases in the ER, including people injured during accidents while skiing, hiking,
16 or canoeing in the surrounding mountains. Garden County is one of the most beautiful regions in Utopia,
17 drawing many tourists from across the state and even as far away as Florida and California. I am a big
18 proponent of outdoor activities, and few places have as many opportunities to enjoy nature, from
19 canoeing, to white-water rafting, to mountain biking. Unfortunately, some of these outdoor enthusiasts
20 forget to use wisdom and caution, putting themselves and others at risk. Every summer we see youths
21 who break their arms or sustain concussions at local camps, and we also see our share of middle-aged
22 “weekend warriors” who injure themselves while kayaking or hiking in the national forest. Fortunately,
23 due to our outstanding Department of Emergency Medicine at the GCMC, we are able to bring about a
24 positive outcome in almost all circumstances.

25 Sadly, that is not the case for the patient I saw on the morning of June 26, 2014. I began working at 6:45
26 a.m., and at 7:58 a.m. the ambulance carrying Justin Burke arrived at the E.R. The Emergency Medical
27 Technicians (EMTs) had called ahead to warn us of a possible spinal cord injury. Justin was brought in on
28 a backboard with his head and neck stabilized in a semi-rigid cervical collar. He appeared to be in shock
29 and was confused and unable to answer questions. Immediately I went to work on him to stabilize him
30 and prepare him for admission to the Intensive Care Unit, or ICU.

31 The lead EMT gave us a quick report on Justin. He said that Justin was part of a group of students from a
32 local camp who got lost while hiking and were stranded overnight. At approximately 3:00 a.m., according

33 to the camp counselor, Justin apparently got up to use the bathroom, slipped, and plunged down a
34 mountainside to the stream below, hitting his head on a rock. When the camp counselor reached Justin, he
35 was crying and complaining that he could not move. The camp counselor and a student moved Justin from
36 the frigid water, placing him upon the bank of the stream. They kept Justin awake and as warm as they
37 could until daylight, when the camp counselor and one student hiked out to their van. There, they found
38 rescue personnel who reportedly had been searching for them all night. The deputies hiked in to stay with
39 Justin until the EMTs could reach and transport him. By 7:30 a.m., Justin was on his way to the ER.
40 We immediately began evaluating Justin following the “A, B, C, D, E” protocol (Airway, Breathing,
41 Circulation, Disability/neurologic status, and Exposure/environmental control). Justin’s airway was not
42 obstructed. His breathing was decreased, so we put him on oxygen to ensure adequate levels of oxygen in
43 the blood. His pulse and blood pressure were low, but these values did not appear to be the result of internal
44 or external bleeding. Rather, Justin was suffering from “neurogenic shock” as a result of an apparent spinal
45 cord injury. If not treated quickly, neurogenic shock can lead to organ dysfunction and even death. Lastly,
46 we examined Justin thoroughly for any signs of additional injuries. He had scrapes and contusions on his
47 head, face, arms, and legs, but they were not serious. After the physical examination, we covered him with
48 heated blankets to keep him warm.

49 To stabilize Justin’s condition, we started him on warmed intravenous (IV) fluids and vasopressor
50 medications to raise his blood pressure back to normal. We drew blood and sent it off to the lab to check for
51 abnormalities. A finger stick blood sugar test revealed that he had hypoglycemia, or low blood sugar, so we
52 added IV dextrose, a type of glucose (sugar) solution, right away. Forty-five minutes later, the initial blood
53 tests revealed that his insulin level was very low, and we realized that he appeared to have Type I diabetes.
54 As a diabetic, Justin’s cells would not be able to use the dextrose we had given him. A second finger stick
55 glucose test revealed that his blood glucose level was high. This was not surprising since Justin had very
56 little insulin to move the glucose from his blood into his cells. We started IV insulin and monitored him to
57 make sure that his blood glucose level returned to the appropriate range. Justin’s lactic acid level was also
58 elevated, most likely due to his uncontrolled diabetes and trauma from the accident. Justin was not wearing
59 any medical ID necklace to inform us of his diabetes, delaying us from giving him proper treatment.
60 During all of this time, we kept Justin’s head and neck immobilized. He remained very confused and non-
61 responsive to our questions. When we conducted sensory and motor evaluations of his hands, arms, torso,
62 and legs, he did not appear able to move his lower limbs, and he had only limited movement of his arms
63 and wrists. As soon as he was stable, we ordered spinal Computerized Tomography (CT) scans. The scans
64 revealed that Justin indeed had broken his neck as a result of the fall. He had what we term an
65 “incomplete” spinal injury at C6, or cervical vertebra number 6. An “incomplete” spinal injury means that
66 some functions below the injury may be unaffected. In Justin’s case, a severe compression and partial

67 lesion of the spine had occurred at the C6 vertebra, rendering him a partial quadriplegic. A quadriplegic is
68 an individual who has lost partial or total control of the trunk, arms, and legs.

69 In addition, Justin appeared to have sustained a serious concussion. A concussion is a type of traumatic
70 brain injury caused by a blow or jolt to the head. The injury occurs from acceleration and deceleration
71 forces shaking the brain inside the skull. Most concussions do not lead to a loss of consciousness, but they
72 often lead to mental “fogginess” or confusion. It was difficult in the ER to determine to what extent
73 Justin’s confusion was the result of a possible concussion as opposed to resulting from hypoglycemia
74 and/or shock. We noted the likelihood of a concussion in our report as an issue to be addressed during his
75 hospital admission and follow up care.

76 Shortly after the CT scan results were obtained, Justin was admitted to the ICU. He underwent
77 decompression and spinal fusion surgery within 12 hours of admission to stabilize his spine and prevent
78 additional injuries. Justin remained in the ICU for three days and in our hospital for nearly three weeks until
79 he could be moved to a rehab facility near his home. I usually do not follow my patients after they leave the
80 ER; I know they are in good hands here, and I am eager to get home to my family. But Justin’s case was
81 different. He reminded me of my own son, and of how life can change in an instant. I can’t even imagine
82 the horror of having my son injured so severely at a camp, especially when the camp wasn’t even a
83 wilderness camp. So I visited Justin several times per week while he was at GCMC and followed his
84 situation closely, reading his chart and talking with his attending physician.

85 Justin was unable to tell us the sequence of events during his injury, either on the day of admission or
86 afterward during his recovery, due to his confusion and memory loss. Thus, it is difficult to know whether
87 he sustained his neck injury during the fall down the mountain, perhaps by hitting a tree or other obstacle;
88 at the time his head struck the rock at the bottom; or both. From the information the EMT obtained on the
89 scene from the camp counselor, Justin was already unable to move his legs or arms when the counselor
90 reached him after his fall. Anyone with a suspected spinal cord injury should not be moved if at all
91 possible until medical personnel arrive. However, I do not fault the counselor for moving him to the
92 stream bank; Justin could have died from hypothermia if he had remained in the frigid stream for hours.

93 To avoid further injury, great care should be taken during any such move. As one with an interest in
94 Wilderness Medicine – I am a certified Red Cross Wilderness First Aid instructor – I know that moving
95 Justin was not without risk. According to the EMT, the camp counselor tried to support Justin’s neck
96 when moving him. Nonetheless, it is possible that further injury resulted from the move.

97 Justin had regained some ability to move his arms and some control over his wrists by the time he left
98 GCMC. But he had minimal control over his hands and fingers, and given the nature of his injury, that is
99 unlikely to change over time, even with intensive rehabilitation. He will likely gain the ability to control a
100 motorized wheelchair, but he will need assistance with feeding, toileting, dressing, bathing, and other

activities of daily living. He will also need assistance with monitoring his blood glucose level and administering insulin to control his diabetes.

Prolonged observation confirmed that Justin sustained a concussion during the fall, which manifested itself in headaches, difficulty concentrating, and memory problems. These post-concussion syndrome symptoms may resolve over time, although that is not certain. The recommended treatment for recovering from concussion symptoms is rest, both physical and mental. Yet the stress of his condition and the extensive rehabilitation required to try to regain other skills made it more difficult for Justin to achieve the necessary mental and physical relaxation for recovery. Unfortunately for Justin, as the brain attempts to heal after a concussion, such physical or cognitive activity can cause symptoms to worsen and even lead to long-term problems.

I have cared for six previous patients with a C6 injury. The combination of diabetes, post-concussive syndrome, and spinal cord injury puts Justin in a uniquely difficult situation, so that it is hard to predict his situation five or ten years from now. But with my seventeen years of experience in the ER and specific concentration in trauma and neurological injuries, I am certain that Justin will require significant assistance throughout his life and will almost certainly never be able to live independently. Based on the extent of his injuries, I also think it is highly unlikely that Justin will ever be able to attend college or obtain employment that would enable him to be financially independent.

All of the conclusions I reached, tests I performed, and significant observations I made are contained in this affidavit and the GCMC Emergency Room report for Justin Burke. All of my conclusions were drawn to the prevailing standard of certainty in my field. All of my tests and actions followed the standard protocol for the Emergency Room at GCMC for an injury of this type, and all GCMC protocols follow the standards in my field.

Of the available exhibits I am familiar with the following and only the following: Exhibit 6, which is my abbreviated Curriculum Vitae; Exhibit 7, which is the report I wrote after treating Justin Burke in the GCMC Emergency Room on June 26, 2014; Exhibit 8, which describes spinal cord injuries; and Exhibit 11, the Red Cross Wilderness and Remote First Aid Emergency Reference Guide. I hereby attest to having read the above statement and swear or affirm it to be my own. I also swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain everything I knew that may be relevant to my testimony and I followed those instructions. I also understand that I can and must update this affidavit if anything new occurs to me until the moment before opening statements begin in this case.

Fran Chichester

Fran Chichester, Notary Public

Signed and sworn before me this 22nd day of August, 2014

Nicky Chintal, M.D.

Nicky Chintal, M.D.

AFFIDAVIT OF MADISON ROPER, M.D.

1 After being duly sworn upon oath, Madison Roper hereby deposes and states as follows:

2 My name is Madison Roper. I am 38 years old and live at 357 Atlantis Avenue, Utopia City,
3 Utopia. Since 2008 I have worked as a pediatric endocrinologist at the University of Utopia Medical
4 Center (UUMC). In my clinical practice, I see children and youth who have diseases of the endocrine
5 system, such as growth disorders and Type I diabetes. In layman's terms, the endocrine system is made up
6 of glands throughout our body that secrete hormones, which are chemicals that regulate metabolism,
7 mood, growth and development, and other cellular processes. In 2011, I was also asked to serve as an
8 Associate Clinical Professor in the Department of Pediatrics at the medical school, teaching medical
9 students about these topics. My full curriculum vitae is attached.

10 I became interested in endocrinology as a teenager when my best friend was diagnosed with Type I
11 diabetes. My friend was very open in telling me about what he was going through, and I was glad I could be
12 there for him. One time when we were swimming at the neighborhood pool, I noticed that he was acting
13 very confused and kind of "shaky." Remembering what he had told me about low blood sugar, I urged him
14 to check his levels. When he did, he realized he had dangerously low blood sugar, and he immediately
15 drank a small can of orange juice. He thanked me for helping him, saying he didn't even realize why he felt
16 bad. I've often remembered that incident and am glad I recognized what was going on before he got hurt.

17 Our department is one of the best in the country, and we provide excellent care to our patients. We
18 follow patients with both Type I and Type II diabetes, and we see those who are newly diagnosed as well
19 as those who have been dealing with the disease for decades. Type I diabetes is usually diagnosed in
20 children or youth and is suspected to be an autoimmune disorder. It occurs when an infection or other
21 trigger causes the body's immune system to attack the pancreatic cells that make insulin. As a result of this
22 immune system attack, people with Type I diabetes make little to no insulin.

23 Our bodies need insulin in order to move glucose (a type of sugar) out of the blood and into our cells,
24 where it can be stored and used for energy. Glucose is the main fuel used by body cells and especially by
25 the brain. We primarily consume glucose in complex carbohydrates (starches) since starches are formed
26 from chains of glucose molecules that are broken apart during digestion. When the pancreas no longer
27 makes insulin, the blood glucose levels rise, and our cells do not get the glucose that they need. To
28 compensate, the body breaks down fats for fuel, producing acidic waste products called ketones. Ketones
29 are poisonous at high levels.

30 Type II diabetes is the more common form of the disease, responsible for ~95% of all cases in the
31 U.S. according to the Centers for Disease Control (CDC). People with Type II diabetes do produce
32 insulin. But either the amount of insulin produced is too low, or the cells are resistant to the insulin and

33 unable to take up glucose. Type II diabetes more commonly occurs in adults and among those who are
34 overweight and inactive. With the rise of obesity in America, we are seeing Type II diabetes more often in
35 young people than we did previously.

36 In a typical year I see between 75 and 100 patients newly diagnosed with Type I diabetes. Justin Burke
37 was one of those; he was admitted to our clinic from April 18-20, 2014. Justin had gone to see his family
38 doctor with symptoms indicative of diabetes: polydipsia (excessive thirst), polyuria (excessive urination),
39 unusual hunger, fatigue, unexplained weight loss, and blurry vision. Diagnostic tests revealed high blood
40 sugar and the presence of ketones in his urine, indicating that he had diabetes. Because of Justin's age and
41 normal body weight, his doctor suspected he had Type I diabetes rather than Type II.

42 When Justin reached the ER, we ran a number of diagnostic blood tests. As expected, his blood glucose
43 level was elevated, and glucose and ketones were present in his urine. Ketones are acidic, lowering the pH
44 of the blood and altering plasma lactic acid levels and bicarbonate levels as the body attempts to
45 compensate for the increased acidity. We tested Justin's blood insulin level, and the test revealed that he
46 was not making insulin, confirming the diagnosis of Type I diabetes. Justin was admitted to the hospital to
47 get his blood glucose under control and educate him on the many facets of dealing with his diabetes.

48 At UUMC we use a team approach to care for individuals newly diagnosed with Type I diabetes. Our first
49 step was to give Justin insulin to bring his blood glucose level back down to normal, and to devise the
50 appropriate type, dose, and timing of insulin injections to keep him in the normal range after discharge.
51 Our diabetes nurse educators instructed Justin in using a lancet (small needle) and glucose meter to test
52 his blood glucose before meals and at bedtime. Testing his blood glucose is important in determining the
53 proper insulin dose. The nurse educators also showed him how to record his blood glucose values, insulin
54 doses, and dietary intake. We instructed Justin to keep detailed records when he returned home so that we
55 could review them on his weekly follow up visits to determine whether any adjustments to his regimen
56 were needed.

57 In addition, a registered dietitian met with Justin and Sydney Burke to discuss an appropriate diabetic
58 diet, given Justin's age, weight, and activity level. The dietitian covered in great detail the signs and
59 symptoms of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar), as well as the steps
60 to take should either of those conditions occur. She discussed the need to monitor his blood glucose level
61 more closely when exercising in order to avoid hypoglycemia. Sydney seemed quite stressed and a bit
62 confused by all of the instructions, but Justin took everything in stride. When I commented on Justin's
63 unusually rapid understanding of the concepts and details of his condition, he told me that chemistry was
64 his favorite subject in school, with biology a close second, so that the information made perfect sense to
65 him. Sydney confirmed what Justin was saying, adding that Sydney was a marketing and social sciences
66 person, so Sydney found it a bit difficult to follow. Sydney said that Sydney was glad Justin seemed so

67 comfortable with everything, adding that Sydney would rely on Justin to explain it all again at home.
68 One aspect I addressed in some detail with both Justin and Sydney is the fact that Type I diabetes is a
69 chronic, lifelong condition for which we have no cure. Since Justin's pancreas no longer makes insulin,
70 Justin will need to monitor and tightly control his glucose level every day for the rest of his life. Close
71 control of his blood glucose level can help forestall the development of many long-term complications such
72 as nerve and blood vessel damage, susceptibility to skin sores and infection, eye disease, kidney disease,
73 heart attack, and stroke, which can be hard for teenagers to imagine as ever afflicting them.
74 Of more immediate concern is recognizing that severe hypoglycemia can be life-threatening, causing
75 accidents, injuries, coma, or death. I encouraged Justin and Sydney to get Justin a medical ID armband or
76 necklace to have with him at all times. In the event of an accident or emergency, the ID would alert medical
77 personnel to his condition. I also encouraged them to tell close family and friends about his diagnosis so that
78 they could help him identify any symptoms of hypoglycemia. Most newly diagnosed patients follow my
79 recommendation, but some choose otherwise. Justin expressed concerns that wearing an ID would make his
80 friends view him "differently, like I'm an invalid or something." I acknowledged Justin's concerns and
81 encouraged him to think about how he might feel if his close friend were diagnosed with diabetes; surely he
82 would support the friend and be happy to help watch out for him or her. I stressed that if Justin decided to
83 keep the news private, it was even more important that he wear a diabetes medical ID when leaving home.
84 Justin listened carefully and seemed to understand the reasoning behind my instructions.
85 By Sunday April 20 Justin was ready to be discharged from UUMC. I told Justin to return for a follow up
86 visit on Friday April 25 and to bring his "diaries" (dietary, blood glucose, and insulin) with him. Justin and
87 Sydney both came to the appointment, and I was pleased with the thoroughness of Justin's records. His
88 blood glucose had been kept close to normal for much of the week. We checked his hemoglobin A1c
89 levels, a test which shows the average blood glucose level during the preceding 2-3 months (rather than at
90 the instant of drawing blood). The HbA1c level was a bit elevated, which was to be expected given the
91 recent nature of his diagnosis. I questioned Justin about any problems or issues after his discharge, and he
92 reported that all had gone well. His understanding of how to monitor and maintain an appropriate diet and
93 blood glucose level was excellent. He did not report any instances of hypoglycemia.
94 As per our regular protocol, we scheduled follow up visits for the next two weeks. Justin and Sydney kept
95 both appointments, and Justin's diaries revealed that he was keeping his blood glucose under excellent
96 control. Justin indicated that he had decided not to reveal his diagnosis to his friends, so I reviewed the
97 pros and cons of that decision. On the third visit he still did not have a medical ID bracelet or necklace, so
98 I strongly urged them to get one, especially if he chose not to tell his friends about his diabetes. Sydney
99 assured me that they would order one that very day, and Justin reluctantly said that he understood why it
100 would be wise to wear it. When I asked him to commit to wearing it, at least when he was not with

101 Sydney, he unenthusiastically said “okay,” but he did not look me in the eye. Since his insulin schedule
102 and dietary regimen were keeping his glucose under good control, I told them that he could wait three
103 months for his next appointment, reminding him that he could contact us with any questions in the
104 meantime.

105 Before it was time for Justin’s next visit, he was injured during the accident at the ForensiTech camp. I
106 actually heard about this tragedy through a story on WUNN news. I was very distressed to hear about the
107 incident because Justin was clearly a remarkable young man with a bright future ahead of him.

108 I have not seen Justin since early May, as he has been followed by a physician at the rehab center here in
109 Utopia City after his accident. I will admit that I was surprised, and, to be honest, very reluctant when I
110 was initially contacted and asked to testify by the defense counsel. But after I studied Justin’s chart from
111 his ER visit to GCMC and the affidavits of Dakota Piper, Dr. Chintal, and River Forrest, I concluded that
112 it was appropriate to testify for the defense. This is my first time testifying as an expert witness. I am
113 being paid \$10,000 for my preparation and testimony in today’s case.

114 It is my personal opinion that the camp director was unwise to let the camp counselor take the students on
115 a hike to an unfamiliar location. Even so, it is my expert medical opinion that Justin’s tragic accident
116 occurred in large part because Justin was suffering from hypoglycemia. Justin’s last meal appeared to be at
117 lunchtime on the day of the hike, although I do not know for certain whether he ate a snack in his dorm
118 room prior to getting in the van at 5:30 pm. All accounts agree, however, that Justin neither ate nor drank
119 anything during the hours-long hike or while they were stranded on the mountain after dark, even though
120 he reportedly was offered food and drink at least two times during that period. Hiking non-stop for several
121 hours with no oral intake would lead to hypoglycemia in an individual with Type I diabetes, and Justin’s
122 finger stick blood glucose level obtained by the GCMC emergency room staff (40 mg/dl) confirms that to
123 be the case.

124 All of the students were subjected to the same dark, rainy conditions on the mountainside. While other
125 students mentioned the slippery footing on the mountain that night, Justin was the only one to fall and be
126 injured. Reportedly, Justin was very athletic and coordinated when taking part in the other camp activities.
127 However, an individual with a blood glucose level of 40 mg/dl would be highly likely to be dizzy,
128 uncoordinated, and confused. Awakening in the middle of the night on a rainy mountainside would make
129 such an individual much more likely to trip, fall, and sustain injuries.

130 Hypoglycemia causes weakness, fatigue, headaches, poor coordination, and difficulty in thinking clearly.
131 According to the affidavits I analyzed in preparing for today’s testimony, Justin was exhibiting all of these
132 symptoms on the hike. From all accounts, the camp staff were completely unaware of Justin’s diagnosis of
133 Type I diabetes, making it unlikely that River Forrest would understand the significance of Justin’s
134 symptoms. Also, Justin’s evident decision not to wear a medical ID necklace compounded the problem,

preventing the camp counselor, EMTs, and ER physician from giving Justin appropriate care as quickly as would otherwise have been the case. The impact of this prolonged hypoglycemia is unclear. However, glucose is the primary energy source used by the brain, and glucose metabolism is already altered in a concussed brain. The delay in restoring Justin to an appropriate blood glucose level may have increased his risk of developing post-concussive syndrome.

Justin's severe injuries are heart-breaking, and I am deeply saddened by what happened. The tragedy is compounded by the knowledge that the accident would have been much less likely to occur if Justin or Sydney had informed the camp personnel about his diabetes.

All of the conclusions I reached, tests I performed, and significant observations I made are contained in this affidavit and in the UUMC Emergency Room report and Endocrine Clinic Outpatient form for Justin Burke. All of my conclusions were drawn to the prevailing standard of certainty in my field. All of my tests and actions followed the standard protocol for the Emergency Room and Endocrine Clinic at UUMC for diagnosis and treatment of Type I diabetes, and all UUMC protocols follow the standards in my field. Of the available documents I am familiar with the following and only the following: the sworn affidavits of Dakota Piper, River Forrest, and Dr. Nicky Chintal; Exhibit 3, which is the American Diabetes Association handout on hypoglycemia that we gave to the Burkes before Justin's discharge from UUMC; Exhibit 7, which is the GCMC Emergency Room report written by Dr. Chintal upon Justin's admission to the GCMC emergency room; Exhibit 9, which is my Curriculum Vitae; and Exhibit 10, which includes two of the reports I wrote when treating Justin at UUMC prior to his accident.

I hereby attest to having read the above statement and swear or affirm it to be my own. I also swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain everything I knew that may be relevant to my testimony and I followed those instructions. I also understand that I can and must update this affidavit if anything new occurs to me until the moment before opening statements begin in this case.

Amanda Keely

Amanda Keely, Notary Public

Signed and sworn before me this 11th day of August, 2014

Madison Roper, M.D.

Madison Roper, M.D.

AFFIDAVIT OF RIVER FORREST

1 After being duly sworn upon oath, River Forrest hereby deposes and states as follows:

2 My name is River Forrest. My birthday is Aug. 13, 1993. I am 21 years old and a senior at Eden
3 University in Eden, Utopia. I was the Head Counselor at ForensicTech Camp in June 2014 when Justin
4 Burke got hurt on that awful night that everything went wrong. Justin was probably my favorite camper that
5 week; I had hoped we would be friends even after camp ended. I am still in shock about what happened to
6 him, and I wish we could all go back and undo that night's events. Still, I think that we as a camp staff did
7 what we could to give the campers a memorable and safe experience. If we had only known about Justin's
8 diabetes, we would have done things differently.

9 I grew up nearby in Laurel Glen as the oldest of seven kids. I always knew I wanted to go to Eden U. It's
10 the perfect size – 10,000 students – and has one of the country's top chemistry departments. Before I
11 enrolled here in 2011, I attended the Utopia School of Science and Technology (USST) for my last two
12 years of high school. At USST I had a chance to research how chemical changes in the body enable a
13 medical examiner (ME) to determine the time of death. I've always wanted to be an ME, so after I earn my
14 B.S. in biochemistry, I plan to attend medical school and specialize in pathology.

15 USST sent me a list of recommended summer camps for 2009. One was the ForensiTech camp at
16 Eden U. When I saw that Hayden Woodward, a former ME, led the camp, I signed up right away. I loved
17 every minute except for the mandatory evening recreation. We had to do lame activities like trivia games
18 and tennis. If the camp was going make us do recreation instead of more forensics, at least it should be
19 interesting stuff like canoeing or hiking in the mountains.

20 I graduated first in my class at USST and was given a full academic scholarship to Eden U. It was a
21 dream come true! I decided to earn a B.S. in biochemistry with a minor in forensic science. The next
22 summer I went on an eight-day North Carolina Outward Bound Backpacking and Rock Climbing course,
23 and then I lifeguarded at the Eden U pool while taking two classes. I had been a lifeguard during high
24 school and had kept up my Red Cross First Aid, CPR, and Lifeguarding certifications. The Red Cross
25 lifeguarding manual is really detailed: almost 300 pages on everything from first aid, to water rescue, to
26 spinal injuries, to CPR. During my four summers as a lifeguard, I saved ten children from drowning and
27 performed CPR once.

28 In the summer of 2013, I got a job as a biochemistry research assistant, but I arranged to take a week off
29 to be a camp counselor for the ForensiTech camp. I wanted to give the students a great experience just as
30 I'd had! I spent time individually with each student and made sure they didn't feel homesick or isolated.
31 Director Woodward welcomed staff input, so I suggested we change the evening recreational activities,
32 substituting Ultimate Frisbee or Capture the Flag for trivia games and tennis. I thought those activities

33 would be more fun and would allow the students to interact more. I also proposed taking the students
34 canoeing, hiking, and tubing on the nearby river.

35 Woodward agreed to my suggestions, and the campers had a blast. Woodward told all of the campers that
36 the new activities were my idea, and I was voted “Favorite Camp Counselor!” At the end of the week,
37 Hayden Woodward asked me to come back as Head Counselor in 2014. Of course I said yes!

38 That fall I joined the Eden U “Venture Club,” which went camping, rock-climbing and kayaking on
39 weekends. In September I arranged for Dr. Nani Risa, a Red Cross volunteer, to teach us their 16 hour
40 “Wilderness and Remote First Aid” course on campus. The knowledge came in handy when a Venture Club
41 member flipped his kayak in a river and struck his head on a rock. The rest of us used our training to assess
42 the situation, get him out of the river while immobilizing his neck, and keep him warm and calm until
43 emergency personnel reached us an hour later. Fortunately he was okay, but it sure scared us. The EMT told
44 us we had done everything right, which was a big reason our friend wasn’t permanently injured.

45 Soon it was almost time for the 2014 ForensiTech camp. We pre-assigned the campers to academic focus
46 groups that work together analyzing evidence, and to “activity groups” that hang out in the evening. Some
47 of the students in my DNA evidence focus group were also in my activity group. Reading over the essays
48 each student submitted, I was psyched to see that one of my students, Justin Burke, would be attending
49 USST in the fall. I figured I could give him the “scoop” on the school, and maybe even convince him to
50 come to Eden U after graduation instead of Utopia U, our arch-rival.

51 Director Woodward let me organize the evening activities, so I planned three options almost every night to
52 give each group several choices. On Saturday night I checked the American Weather Service weekly
53 forecast for the coming week. A bit of rain was predicted for Friday, but every other night was supposed to
54 be clear or partly cloudy with daytime temperatures in the 70s. When the weekly forecast on Monday was
55 still the same, I didn’t bother to check it again. June is usually a pretty dry month in Eden, although surprise
56 showers crop up now and again due to wind patterns in the mountains.

57 All of my focus group students were great, but Justin stood out. He was brilliant, yet personable and
58 humble; a leader in every sense of the word. And his friend Dakota, although quieter, was also impressive.
59 The two of them made a terrific team, and as a result, my group was cohesive, organized, respectful, and
60 tons of fun. It seemed pretty clear to me that they would easily solve the “crime scene” DNA evidence and
61 gain lots of attention from the profs at Eden U. I was sure that if they decided to enroll here, both Justin and
62 Dakota would be given large scholarships.

63 On Wednesday, June 25, the three evening activities were dodge ball, lounging by the pool, or taking vans to
64 the nearby national forest to hike. But just the day before, I had asked permission of Director Woodward to
65 take my group off campus on a special hike. On Monday the Venture Club President, Jamie Gray, had called
66 me to talk about our plans for the fall. She told me about a nearby waterfall that she said was really beautiful

67 and suggested I take my campers there. I was not familiar with the spot, but Jamie said she would guide us. I
68 didn't quite tell all of that to Director Woodward. In our conversation, I implied that I had been to the
69 waterfall before. Director Woodward was hesitant at first, but when I reminded Woodward that Jamie had
70 been a ForensiTech counselor in 2013 and that I had Wilderness First Aid Training, Woodward agreed.
71 Director Woodward didn't ask for specifics but made me promise to get us back before dark. I knew sunset
72 was around 9 p.m., so I assured Woodward we'd be back in time.
73 I didn't mention our trip to the other counselors because I wanted it to be just for my group. The dining hall
74 made boxed dinners for us, and I put the food and water in the van. Right after class, I told my students
75 about the plan and said if anyone wasn't up for the hike, they could join another group that night. Everyone
76 was enthusiastic, so I told them to get good walking shoes, a towel, water, and a light jacket and meet back
77 at the van by 5:30. When Jamie hadn't arrived by 5:15, I texted to ask where she was. She called me right
78 back, and it was clear she had a bad cold. She said she hated to bail on me, but she assured me that we
79 "couldn't miss" the waterfall because it was only a 15 minute hike from the scenic overlook parking. She
80 gave me detailed directions, and since everyone was so excited about it, I decided to go ahead rather than
81 going to the national forest. I knew that without Jamie along, I didn't have another adult leader helping with
82 our group – although I decided it was okay because one of the campers had just turned 18.
83 We left Eden U just after 5:30 and got to the overlook a little before 6:00. After enjoying the view for a few
84 minutes, we took off down the trail to the right of the parking lot. I decided we'd leave the food in the van
85 until we found the waterfall and then send two students back for it. The area really was beautiful:
86 rhododendrons and mountain laurel were blooming, and we saw lots of wildflowers. The trail led to a place
87 where we could cross the stream by rock-hopping, and the kids thought that was really cool. The path
88 turned left and sloped back up away from the stream, and then we came to a fork. One trail led back down
89 to the river, but the other led away. Jamie had not said anything about a fork in the path, but I assumed we
90 should stay closer to the stream. Soon the trail got really narrow, like a trail used by deer or other animals,
91 and then it disappeared altogether as we reached the stream. I figured we didn't have much further, so we
92 rock-hopped and waded downstream. The water was quite cold, but the air was warm, and everyone was
93 having fun so we kept going. When it felt like we'd been walking 20 minutes, I pulled out my phone to
94 check the time and saw my battery was dead. I wasn't worried, though, because some of the students had
95 phones, and we weren't planning to go far.

96 Everyone kept laughing and chatting, and the time got away from us. Eventually Dakota came to
97 me and said it was 7:30; we had been walking for more than an hour and had never seen a waterfall.
98 Surprised, I called everyone together and said we'd better turn around. The banks were pretty steep at that
99 point, with rocky overhangs at the water's edge. We had no choice but to keep walking in the water. Now
100 we were going against the flow, which seemed stronger, and it was cloudy and much chillier. Some of the

101 students were having trouble, so I stopped and offered everyone granola bars that I'd brought in my pack, as
102 well as getting the students to share the water some of them had. Most students were grateful for the snack,
103 but a few, including Justin, would not eat or drink anything. We started walking again, but we had to keep
104 stopping for a few students to catch their breath. I remember Dakota using an asthma inhaler at one point.
105 It was getting pretty dark and felt like rain might be coming, so I told the students we needed to get away
106 from the cold stream to avoid getting chilled. Some of the students tried to call 911 but didn't have a
107 signal. We started climbing up the left bank. It was a steep slope, and several students were really
108 struggling. Justin was one of them, which surprised me since he was so athletic. The mountain had lots of
109 vines and brush, so after we got about halfway up, I decided we needed to stop and dig in to make a sort
110 of camp until we could get help. While most of the students tried to level the ground and make a rough
111 lean-to, I asked a student with a working cell phone to hike further up with me to get cell reception. We
112 finally got a call out around 10:00, so we went to tell the rest of the students that help was on the way. At
113 about 10:30 p.m. everyone's cell phone batteries died, but I figured rescuers would arrive soon.
114 Soon afterward it started raining lightly, and then began pouring. We all huddled together in the lean-to to
115 stay warm, but everyone was shivering. We listened for sounds of rescuers and tried calling out, but we
116 never heard anyone. I told the students to bring a buddy if they went to use the bathroom because I knew
117 the mountain was pretty slippery. Two of the girls said they had to grab a tree to keep from falling down
118 the mountainside when they went out of the shelter. I kept talking to everyone to ask how they were doing
119 and keep their spirits up. Justin seemed to be much more tired than the others and also seemed confused. I
120 tried to offer him a granola bar again, but he wouldn't take it, nor would he drink any water.
121 It rained for a couple of hours, I think, and then tapered off. Still no signs of help, so eventually we all
122 dozed off. Next thing I knew, I woke up to hear a scream, the sound of someone crashing through brush,
123 and then an awful thud and another scream. I yelled, "What was that?" Dakota jumped up and said "It's
124 Justin!! He just fell on the rocks!!" I told the other students to stay put, and Dakota and I made our way
125 quickly down to the stream. There we found Justin, lying in the water with his head on a rock. He was
126 crying and saying in a panic "I can't move! Help me!!" I knelt down beside him and told him we were
127 there and we'd get him out of the stream. When I asked if he could move his legs or arms, he said "No!! I
128 can't!! What's happening? Ohhhh, help me, help me" My heart was racing; I kept wanting to wake
129 up and find that it was a bad dream. But I took a deep breath and remembered my first aid training. I was
130 pretty sure Justin had a neck injury making it dangerous to move him, but it was more dangerous to leave
131 him in the freezing water. I told Dakota we needed to move Justin while keeping his neck very still, and I
132 carefully explained what we would do, to make sure Dakota understood. Then I placed my hands under
133 Justin's shoulders and stabilized his head and neck, and we started to move Justin to the bank of the
134 stream. Dakota had trouble walking on the rocks and slipped once, and I almost dropped Justin. I'm afraid

135 the sudden motion may have hurt his neck more. But we managed to get Justin to the bank and felt around
136 with our feet to find a flat spot. I covered him with my jacket to warm him as best as I could.

137 Dakota begged to hike out to the van to get help, but I said no. It was still pitch dark; we had no idea how
138 far it was; and what if Dakota got hurt or even more lost? We had to wait until we could see. So for the
139 longest two hours of my life, we stayed beside Justin, talking to keep him awake. Justin got more
140 confused as time passed, and I was afraid he might be going into shock. As soon as it started to get light,
141 one student and I hiked out while the others came down to the bank to stay with Dakota and Justin. We
142 had only hiked a little ways when we rounded a bend and recognized where we were: at the base of the
143 narrow trail that we took down to the stream. We scrambled as fast as we could up the bank and ran out to
144 the van, where we found three sheriff's deputies about to start down the trail. They called an ambulance
145 and came with me to Justin, while the student stayed to guide the EMTs when they arrived. The deputies
146 put their coats on Justin to make him warmer, and after what felt like an eternity the EMTs arrived, talked
147 with me and Dakota to find out what happened, put a neck brace on Justin, moved him onto a backboard,
148 and carefully carried him out to the ambulance. It was around 7:30 a.m. when they left for the hospital.

149 Very subdued, the rest of us piled in the van and went back to the camp, where I told Director Woodward
150 what had happened. Woodward already knew we had not come back that night; the other students in the
151 dorm had reported us missing by 9:00 p.m. when they tried calling me and I didn't answer. But no one
152 knew where we were until we got the call out to 911. I have no idea why the deputies didn't find us sooner.

153 They claimed that they got to the scenic overlook parking lot by 10:45 p.m. and started searching for us,
154 but they never heard our shouts, and we never heard them. I did notice that none of them looked wet when
155 we met them in the parking lot. If only they had brought search dogs or found us, Justin would never have
156 gotten hurt.

157 All of us were shaken up and wanted to go to the hospital, but we weren't allowed to go. Dakota called
158 Dakota's parents to bring Dakota home, and I was told that Sydney Burke flew in the next day. When I
159 tried to visit Justin after he got out of the ICU, the person at the hospital information desk told me that
160 Sydney Burke had specified that I was not allowed to see him.

161 I'm devastated by what happened to Justin. I keep thinking about what I could have done differently. I
162 saw that Justin was struggling more than the others when we turned around to hike back, which surprised
163 me because he had seemed to be in good shape during our other activities. I just figured he stayed up too
164 late the night before and was tired, and his refusal to eat wasn't helping. When I learned later that he has
165 diabetes, I was shocked. His liability form didn't mention it, and he never said anything to any of us at
166 camp about diabetes. I'm certainly no expert on diabetes, although they talked about it a little in my first
167 aid classes. But if I'd known about Justin's diabetes, I would have made him stay with another group or
168 taken my group on the regular hike to the national forest. It was a fluke thing that we got so lost and that a

169 storm came up. Yet even with all of that, the rest of us were cold and wet but otherwise fine. I don't know
170 why Justin didn't tell us about his diabetes so we could watch out for him. He was such a brilliant kid; it
171 all makes no sense to me. I would give anything to be able to live that day over and not go on that hike. I
172 tried to do my best with what I knew, but I just didn't have all the information I needed to keep Justin
173 safe.

174 Of the available exhibits I am familiar with the following and only the following: Exhibit 2, which is
175 Justin's signed registration/waiver form; Exhibit 11, which is an excerpt from the Red Cross Wilderness
176 and Remote First Aid Emergency Reference Guide; and Exhibits 12 and 13, which are the American
177 Weather Service forecasts for Eden during June 21-28 and June 23-30, 2014. One of the ForensiTech
178 attorneys also showed me Exhibit 5, which Dakota Piper made to illustrate the terrain on the hike. I agree
179 it seems mostly accurate, although it's hard to estimate the distances that we actually walked. And I never
180 saw the clearing and path going off to the left that Dakota put on the map, so I would disagree with that
181 part.

182 I hereby attest to having read the above statement and swear or affirm it to be my own. I also swear or
183 affirm to the truthfulness of its content. Before giving this statement, I was told it should contain
184 everything I knew that may be relevant to my testimony and I followed those instructions. I also
185 understand that I can and must update this affidavit if anything new occurs to me until the moment before
186 opening statements begin in this case.

187 Patti Parrish

188 Patti Parrish, Notary Public

189 Signed and sworn before me this 20th day of August, 2014

River Forrest

River Forrest

AFFIDAVIT OF HAYDEN WOODWARD, M.D.

1 After being duly sworn upon oath, Hayden Woodward hereby deposes and states as follows:

2 My name is Hayden Woodward. I am 45 years old, and I live in Raleigh, North Carolina. I am the
3 founder and CEO of ForensiTech forensic science camps. I created the camps to introduce young people
4 to the exciting careers in available in forensics. Of course I am deeply distressed by the injuries Justin
5 Burke sustained while at our 2014 Eden camp. Yet I do not believe our camp should be found liable for
6 what happened. The accident was a tragedy, but, sadly, Justin's own choices were the main factor leading
7 to his confusion and resulting injury.

8 Prior to starting the camps in 2006, I worked as a Medical Examiner (ME) in North Carolina. The
9 path to becoming a Medical Examiner is a rigorous one. After graduating from the Baylor College of
10 Medicine, I completed a four year residency in pathology at the University of Texas Southwestern
11 Medical Center, one of the top pathology programs in the country. Next I completed an intense two-year
12 fellowship in forensic pathology at UNC-Chapel Hill, where I conducted more than 200 autopsies. See
13 my curriculum vitae for additional details.

14 I really enjoyed my work as an ME. Every day was different, and I was an integral part of cases
15 ranging from missing children, to drug-related shootings, to victims of DUI-related accidents. However,
16 the office where I worked was underfunded and understaffed, and in 2005 three of us were reprimanded
17 for substandard autopsy practices. For a little while it looked as though our medical licenses might be
18 suspended for a year, but the state licensing board chose to fine each of us \$1,500 and place us on a year's
19 probation instead. I completed the probation without incident.

20 Soon after I moved to Raleigh, I started volunteering at school "Career Days." In 2004 the Wake
21 County schools honored me as "Volunteer of the Year." However, my work schedule was very intense,
22 and it began to take a toll on my relationship with my family. My kids were in middle school and busy
23 with many activities, and I rarely saw them. But they loved CSI TV shows, so I thought that a CSI-type
24 camp would give us a way to reconnect.

25 Unfortunately, the camps I found were high on "flash" and low on content. They taught incorrect
26 information or very little information at all. All my life, when I've seen a problem, I want to fix it. So I
27 decided to develop a curriculum and begin offering high quality forensics camps for middle school and
28 high school students. In 2006 I wrote a business plan, incorporated ForensiTech, Inc., and directed a
29 summer camp hosted at NC State University in Raleigh during my "vacation."

30 The camp was a huge success, and I had to turn away more students than I accepted. Clearly I was
31 onto something, so I revised my curriculum for the next year, took more time off from work, and held camps
32 at both NCSU and UNC-Charlotte. I recruited ballistics experts, forensic entomologists (experts in insects
33 that relate to criminal matters), and ME colleagues to help lead the teaching sessions. I also employed

34 college students majoring in chemistry or forensic science to mentor the campers. By keeping the
35 camper/instructor ratio low, I was able to offer a high quality, unique experience to students. The news
36 media gave me a lot of free publicity, and in 2008 I expanded into Georgia and Virginia. By the end of the
37 summer, it was clear that I either had to sell the business to someone else or leave the ME's office to work
38 full-time on the camps; I couldn't do both any longer.

39 I enjoyed my work as an ME, but directing the camp was energizing. I loved the idea of inspiring
40 youth to learn about medicine, science, and our justice system. So after talking it over with my spouse, we
41 decided I should devote all of my energies to expanding ForensiTech camps nationwide. In October of 2008
42 I resigned from the ME's office and began contacting prestigious universities to host our camps. By 2013 we
43 held camps during winter and spring breaks as well as in the summer, and we were at twenty different
44 universities ranging from Baylor, Cal Tech, and Stanford, to NCSU, Harvard, and Eden University.

45 Even before I stopped working as an ME, I researched learning styles, camp operations, and best
46 business practices. I wanted to make sure that my camps were informative, challenging, and age-appropriate.
47 So I designed them to include teaching sessions on the newest research, as well as hands-on sessions where
48 the students applied what they learned. We would set up a "crime scene," complete with DNA evidence,
49 fingerprint evidence, insect samples, etc. just like a forensic scientist would actually face. The students
50 worked in teams to analyze the evidence and determine which of several "suspects" committed the crime.
51 The campers loved the lab sessions, and they took their investigations seriously. Every year campers wrote
52 me afterward, telling me how the experience had completely changed their future career plans.

53 I knew that top-notch instructors and mentors were crucial to our success. I recruited local forensic
54 experts, college professors, and experienced MEs to teach, and I developed training materials to help them.
55 I made sure that our college-aged small group mentors were intelligent, enthusiastic, and dependable. All of
56 our mentors filled out detailed applications with personal essays, passed a background check, and submitted
57 two personal recommendations. I also insisted that each site have a camp nurse and at least one mentor with
58 advanced First Aid training. I took many of these steps when we applied for accreditation from the National
59 Camp Association, which we received in 2009. Accreditation is important to me because it demonstrates
60 that we uphold the best practices and standards of the industry and the government.

61 Our camps are not cheap – in 2014 the tuition for a week of camp was \$3,000 – but the vast
62 majority of participants agreed that it was well worth the cost. We also set aside money for need-based
63 awards because I didn't want to turn anyone away due to the cost. Of the more than 2,000 students who
64 attended our camps in 2013, 10% received a full or partial scholarship. Our hard work paid off, and in
65 2013 we won a coveted "New York Life Excellence in Summer Learning Award" from the National
66 Summer Learning Association.

67 At first I attended every camp, teaching at least one session and observing the other instructors to

68 ensure they were providing the interactive, high quality teaching that was our hallmark. As our camp
69 offerings grew, and as I developed relationships with instructors I trusted, I stopped attending every camp.
70 However, I still visited every new site and any site that had difficulties. I surrounded myself with the very
71 best people, made sure they had the ForensiTech “vision,” and then gave them the freedom to implement
72 ideas to help us improve. By training, supporting, and empowering our employees, our company upholds
73 the principles that we teach the campers: creativity, integrity, diligence, attention to detail, and teamwork.
74 Our staff knows that they are valued, and they respond by becoming enthusiastic, creative leaders.

75 Eden University is in a beautiful setting. Our first camp at Eden U. was held in 2009, and I quickly
76 found a local person who arranges many of the logistics. I continue to serve as Eden U Camp Director and
77 also teach the blood analysis session because I enjoy the camp location. I’m not the only one who loves it
78 at Eden U, so it’s easy to recruit nationally recognized instructors and top-notch mentors there. Of course
79 we have a camp nurse on staff, and several college mentors have first aid training as well.

80 I promoted River Forrest to Head Counselor at Eden U in 2014 because River did such an
81 outstanding job in 2013. River attended our very first camp at Eden U as a rising junior in high school. I
82 remembered River because River was both engaging and brilliant; I’d never had a camper ask such
83 probing questions about the course material. I didn’t realize River was attending Eden U until River
84 applied to be a counselor in 2013. River’s application was quite impressive: River has lifeguarding
85 certification, which includes a lot of first aid training, and River wants to be an ME. Of course I hired
86 River, given those credentials! I felt that River would understand how to help the students get the most out
87 of the experience. And I was not wrong; in fact, River contributed in ways I hadn’t expected. Prior to River
88 joining our staff, our evening activities had been somewhat mundane. River suggested that we take
89 advantage of the recreational opportunities in the area, arranging trips for tubing, hiking in the nearby
90 national forest, and canoeing. The campers loved the adventures, and River was voted their “Favorite
91 Counselor” at the end of the 2013 camp. River had demonstrated exactly the kind of creativity and
92 initiative that we encourage at ForensiTech, so I offered River the position of Head Counselor in 2014.
93 I was glad when River accepted because the camp mentors, while less accomplished than the expert
94 instructors, are the unsung heroes that can truly make or break the experience for the students.

95 River and I corresponded via email in the final months leading up to the camp at Eden U in June
96 of 2014. River made specific, detailed recommendations for improving the overall effectiveness of the
97 camp mentors, suggesting a quiz on basic First Aid techniques as well as short daily debriefings right
98 after the classroom sessions ended. River also wanted to expand our evening recreational offerings to
99 improve the overall camp experience. River proposed that all students participate in a campus-wide
100 scavenger hunt on the night of arrival to familiarize them with Eden U. On subsequent evenings, River
101 would arrange for three different recreational options from which the students could choose. Since River

attended Eden U during the school year, River had the knowledge and contacts to set up everything beforehand. I thought the ideas sounded excellent, so I asked River to develop a proposed schedule for my review. In early May, River submitted a detailed plan, which included everything from Capture the Flag and Ultimate Frisbee, to canoeing and hiking in the nearby national forest. I was impressed, and I gave River permission to finalize all of the specifics. I even passed it on to our Head Counselors in other camp locations, encouraging them to implement something similar at their own sites.

We had our largest enrollment ever at Eden U in 2014, 110 students in all. Many of them already had impressive resumes, including several students about to enroll at USST (the Utopia School of Science and Technology). I intentionally put those students in River's DNA focus group and/or evening activity group since I knew River had attended USST. Justin Burke was one of the new USST students, and even among that impressive group, Justin stood out as exceptional. He picked up very quickly on all of the information, no matter how complex, and he asked penetrating questions of the instructors. Not only that, but he was outgoing and encouraging to the other campers, taking time to help them with their labs and making sure the shy students weren't left out. I heard the Eden U profs and the MEs talking about how impressed they were by Justin. He clearly had a bright future ahead of him.

The first four days of camp went off without a hitch. The students were enthusiastic about the classroom and lab sections, and they all seemed to enjoy the recreational activities. Then, on Wednesday evening, things went horribly wrong. On Tuesday afternoon River asked me for permission to take River's group on a special trip to a nearby waterfall on Wednesday. River told me that Jamie Gray, one of our 2013 camp counselors, would accompany the group. I was a bit leery of letting one group go off on such a spontaneous outing, but I knew River had extensive first aid training and was familiar with the area. River had always been completely reliable, so I gave permission for the trip and reminded River to be back before dark.

At 9:15 pm on Wednesday, one of the other counselors called me to say River wasn't back yet and didn't answer the phone. I realized at that point that I didn't know exactly where River had gone, and no one else seemed to know either. We tried calling River but it went straight to voicemail. We also tried calling River's students, with the same result. Just after 10 pm we got a call from the local sheriff, saying one of the students had called 911 to report that they were lost on a mountain nearby. The sheriff said he had an idea where they were and was sending deputies to search. Right about then, it started raining pretty hard, which was a surprise. I had checked the weekly American Weather Service forecast on Monday, and the AWS had predicted sunny or partly cloudy conditions all day Wednesday. I kept waiting for the sheriff to call back, but an hour passed, and then two. So I called him, and he told me the deputies had not found the students yet. I kept checking all night and got the same answer, which made no sense to me. How could they not have

located them? I was quite concerned, given the rain and the lower-than-expected temperatures. But I was pretty confident that all would be okay, given River's extensive outdoor experience and first aid training.

At 6:30 a.m. on Thursday the sheriff called to tell me that they'd been found, and that one of the students was injured. He didn't know how badly, but an ambulance was on the way. He promised to have someone call me as soon as they knew more. I wanted to go and meet them, but the sheriff said my presence would only complicate matters and I should stay at Eden U. A little before 8 a.m. he called back and told me that Justin was hurt; he might have a spinal cord injury and was being taken to the GCMC ER. The sheriff said everyone else was cold and wet but fine, and that they were on their way back to campus. I was stunned. After I collected my thoughts, I called Sydney Burke right away and told Sydney what I knew. Sydney was understandably upset, hanging up quickly in order to book a flight to Eden.

The campers arrived back before 8:30, and River came immediately to tell me all that had happened. That's when I learned that they got lost because Jamie Gray, who was supposed to guide them, called out sick at the last moment, and instead of canceling, River went ahead with the trip. River admitted that River had never been to the waterfall and had gotten directions from Jamie. River was really distraught about the whole thing, as we all were, so I reserved judgment on whether to fire River until I could find out more. I talked with the other students in the group, and while they were all very upset about what had happened to Justin, most of them spoke up in defense of River, saying that River had done everything possible to keep everyone safe. Dakota was less of an advocate for River, but even Dakota said that River's first aid training had been very helpful in getting Justin out of the water and keeping everyone from getting hypothermia.

At lunchtime I went to the hospital to check on Justin. I was distressed to hear that he had a spinal cord injury and possible concussion. I also was shocked to learn that Justin had diabetes, which had affected his health and decision-making abilities after exercising so long without eating. None of us knew about Justin's diabetes. It was not mentioned on the liability release form, and he had said nothing to the staff at registration, to the camp nurse, to River, or to anyone else. Obviously if we had known about Justin's diabetes, River would never have taken him on that hike.

I can't tell you how deeply we regret what happened to Justin. It was very distressing to see Justin in the hospital and to talk with Sydney about what had happened. But I don't think any of our actions were grossly negligent. While it showed bad judgment for River to lead a hike to a place River had never been, River otherwise used River's first aid training to try to keep everyone safe, and all the other campers came back without injury. As an M.D., I know the importance of being informed about Justin's diagnosis so we could take it into account in planning activities. I hope and pray that Justin will experience significant recovery; I can only imagine what a nightmare this is for Justin and Sydney. I wish I had denied River's request to take the campers on that particular hike. But as horrible as Justin's injury is, our camp did not have all of the information we needed to make sure Justin stayed safe. The Burkes should never have

hidden his diabetes from us. Because they did hide it, I do not think we should be found liable for Justin's injuries.

Of the available exhibits I am familiar with the following and only the following: Exhibit 1, which lists the mandatory standards for National Camp Association accreditation; Exhibit 2, which is Justin Burke's signed registration/release form; Exhibit 13, which gives the American Weather Service forecast for June 23 – 30; and Exhibit 14, which is my Curriculum Vitae.

I hereby attest to having read the above statement and swear or affirm it to be my own. I also swear or affirm to the truthfulness of its content. Before giving this statement, I was told it should contain everything I knew that may be relevant to my testimony and I followed those instructions. I also understand that I can and must update this affidavit if anything new occurs to me until the moment before opening statements begin in this case.

Beverly Bryson

Beverly Bryson, Notary Public

Hayden Woodward, M.D.

Hayden Woodward, M.D.

Signed and sworn before me this 19th day of August, 2014

NATIONAL CAMP ASSOCIATION

Mandatory Standards for Accreditation

This document details the standards that the NCA's National Standards Commission has identified as being mandatory. Compliance with the mandatory standards is required for accreditation to be granted and maintained, regardless of scores achieved in other, "recommended" areas of the standards (full standards are available in "NCA Complete Standards" booklet). If a standard has both mandatory and recommended sections, only the mandatory part of the standard is listed below.

Camps must undergo an on-site evaluation when seeking accreditation. Accredited camps are recognized as meeting industry-accepted and government-recognized standards for policies, procedures, and practices. Annual evaluations are required to maintain accreditation.

Site Standards

SF.1 Emergency Exits

Are all buildings used for sleeping constructed or equipped with the following safety features:

SF.1.1 At least one emergency exit in addition to the main door or entrance?

SF.1.2 A direct means of emergency exit from each sleeping floor not at ground level?

SF.2 Care of Hazardous Materials

SF.2.1 Does the camp require that gas and liquid flammables and other hazardous materials be:

- A. Handled only by persons trained or experienced in their safe use and disposal using appropriate protective equipment such as gloves and masks, and
- B. Stored appropriately, with access limited to trained persons, in closed, safe containers that are plainly labeled as to contents, and in locations separate from food?

Human Resources Standards

HR.5 Staff Screening

Does the camp require screening for all camp staff with responsibility for or access to campers that includes:

HR.5.1 A criminal background check for paid staff eighteen years of age and older?

Transportation Standards

TR.1 Medical Emergency Transportation

TR.1.1 Does the camp require that emergency transportation is available at all times by:

- A. The camp or rental groups, or
- B. Community emergency services?

Health and Wellness Standards

HW.2 First-Aid and Emergency Care Personnel

Does the camp require adults with the following minimum qualifications to be on duty at all times when campers are present:

HW.2.1 When access to the emergency medical system (EMS) is 30 minutes or less, certification by a nationally recognized provider of training in first aid and CPR/AED (cardiopulmonary resuscitation and the use of an automated external defibrillator)?

HW.2.2 When access to emergency rescue systems or EMS is more than 30 minutes, certification from a nationally recognized provider of training in wilderness first aid and CPR/AED?

HW.5 Health History

HW.5.1 Does the camp require each camper to submit a current, signed document that includes all of the following information in relation to the activities in which the camper may participate?

- A.** List of any camp activities from which the camper should be exempted for health reasons;
- B.** Record of allergies and/or dietary restrictions;
- C.** Actual date (month/year) of last tetanus shot;
- D.** Record of current medications, both prescribed and over-the-counter; and
- E.** Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp?

HW.5.2 Does the camp confirm the accuracy of the above when campers register on-site?

HW.26 Emergency Care Personnel

HW.26.1 Does the camp provide, or advise rental group leaders to provide, adults with the following qualifications to be on duty for emergency care:

- A.** Age appropriate CPR/AED certification from a nationally recognized provider, and
- B.** For youth groups, first-aid certification from a nationally recognized provider?

Program Trip and Travel Standards

PT.5 Trip Orientation

Are all campers and staff required to participate in pre-trip orientation that includes at least:

PT.5.1 Specific information and training on how and where to obtain medical and emergency assistance on the trip?

PT.5.2 Emergency contact information for trip participants provided to camp administration?

PT.5.3 Detailed itinerary provided to camp administration and staff leading the outing?

PT.6 Trip Logistics

PT.6.1 Does the camp ensure that all drivers of camp vehicles are at least 21 years of age, and that each driver has received no traffic tickets or moving violations in the preceding 12 months?

PT.6.2 Does the camp ensure that two adults are present on all trips off-site?

Program Aquatics Standards

PA.3 Swim Lifeguard Certification

To guard each swimming activity, does the camp:

PA.3.1 Provide a person who has current certification as a lifeguard by a nationally recognized certifying body?

PA.4 Swim Lifeguard Skills

PA.4.1 In addition to the lifeguard certification, does the camp document that every camp lifeguard has demonstrated skill in rescue and emergency procedures specific to the camp's aquatic area(s) and activities guarded?

PA.5 First Aid/CPR

Does the camp require a staff member to be on duty and accessible at each separate swimming location (e.g., pool, lake, river) who has:

PA.5.2 Current certification from a nationally recognized provider in age-appropriate cardiopulmonary resuscitation (CPR)?



2014 FORENSITech CAMPS

CAMP INFORMATION*

EDEN, UTOPIA: June 22-28

Location: Eden University

All fees due: Monday June 2

CAMP CONFIRMATION

CONGRATULATIONS! Your application to the 2014 ForensiTech Camp at Eden University has been accepted.

To confirm your spot, please do the following:

- Submit the completed Registration and Liability Waiver form with a \$500 non-refundable deposit by **Friday, April 11** to:
ForensiTech Camp Registration
PO Box 9528
Raleigh, NC 27601-9528
- Submit remaining \$2,500 fee to the above address by **Monday, June 2**
- Questions? Contact Adam Hamrick (AdamHamrick@ForensiTech.com)

* ForensiTech Camps are accredited by the National Camp Association and uphold industry safety standards

REGISTRATION AND LIABILITY WAIVER FORM

Participant Name: Justin Burke Phone: 969-541-3498
Street Address: 456 Paradise Point
City/ Zip Code: Utopia City, Utopia 54910 Email: jburke@hmail.com Gender: ☒ M ☐ F
School: Utopia School of Science and Technology Grade (fall 2014) 11
Parent/Legal Guardian (name/phone): Sydney Burke (C) 969-541-3499
Emergency Contact (name/phone): same as above
Medications: none Last Tetanus: 3/6/14
Restrictions/Important Health Information: none

I, the undersigned, residing in the county of St. Thomas More, state of Utopia, the parent/legal guardian of the above Registrant, a minor, who resides with me, do hereby declare my intent to allow that child to participate in all activities sponsored by the ForensiTech camp, including but not limited to classroom sessions, field trips, and recreational activities. I hereby jointly and severally release, discharge and/or otherwise indemnify ForensiTech, Inc., their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Camp Program, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Camp Program and/or being transported to or from the same, which transportation I hereby authorize.

IN CONSIDERATION of the voluntary participation of the above named child in the activities of ForensiTech Camp, I, as parent and legal guardian of the Registrant, jointly and severally, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated staff or employees of ForensiTech Camp from any and all liability, claims or demands arising from the Registrant participating in the Camp Program specifically to include any and all claims for personal injuries sustained while present or participating in the Camp Program or traveling to or from events in the Camp Program or while on trips sponsored by or in conjunction with the Camp Program without regard to whether such claims, damages, expenses or costs arise from the negligence or gross negligence of the ForensiTech Camp or otherwise.

In addition, I do hereby authorize any one of the designated adults of the Camp Program, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advice of any physician, surgeon or dentist duly licensed to practice.

The undersigned has read and fully understand and agree to the foregoing.

Dated: 3/28/14

Sydney Burke
Signature of Lawful Guardian

American Diabetes Association

1-800-DIABETES (800-342-2383)

Hypoglycemia (Low blood glucose)

Hypoglycemia is a condition characterized by abnormally low blood glucose (blood sugar) levels, usually less than 70 mg/dl. However, it is important to talk to your health care provider about your individual blood glucose targets, and what level is too low for you.

Hypoglycemia may also be referred to as an insulin reaction, or insulin shock. Hypoglycemic symptoms are important clues that you have low blood glucose. Each person's reaction to hypoglycemia is different, so it's important that you learn your own signs and symptoms when your blood glucose is low.

The only sure way to know whether you are experiencing hypoglycemia is to check your blood glucose, if possible. If you are experiencing symptoms and you are unable to check your blood glucose for any reason, treat the hypoglycemia. Severe hypoglycemia has the potential to cause accidents, injuries, coma, and death.

Signs and Symptoms of Hypoglycemia (happen quickly)

- Shakiness
- Nervousness or anxiety
- Sweating, chills and clamminess
- Irritability or impatience
- Confusion, including delirium
- Rapid/fast heartbeat
- Lightheadedness or dizziness
- Hunger and nausea
- Sleepiness
- Blurred/impaired vision
- Tingling or numbness in the lips or tongue
- Headaches
- Weakness or fatigue
- Anger, stubbornness, or sadness
- Lack of coordination
- Nightmares or crying out during sleep
- Seizures
- Unconsciousness

Treatment

1. Consume 15-20 grams of glucose or simple carbohydrates
2. Recheck your blood glucose after 15 minutes
3. If hypoglycemia continues, repeat.
4. Once blood glucose returns to normal, eat a small snack if your next planned meal or snack is more than an hour or two away.

15 grams of simple carbohydrates commonly used:

- glucose tablets (follow package instructions)
- gel tube (follow package instructions)
- 2 tablespoons of raisins
- 4 ounces (1/2 cup) of juice or regular soda (not diet)
- 1 tablespoon sugar, honey, or corn syrup
- 8 ounces of nonfat or 1% milk
- hard candies, jellybeans, or gumdrops (see package to determine how many to consume)

Medical IDs

Many people with diabetes, particularly those who use insulin, should have a medical ID with them at all times.

In the event of a severe hypoglycemic episode, a car accident, or other emergency, the medical ID can provide critical information about the person's health status, such as the fact that they have diabetes, whether or not they use insulin, whether they have any allergies, etc. Emergency medical personnel are trained to look for a medical ID when they are caring for someone who can't speak for themselves.

Medical IDs are usually worn as a bracelet or a necklace. Traditional IDs are etched with basic, key health information about the person, and some IDs now include compact USB drives that can carry a person's full medical record for use in an emergency.



AMERICAN WEATHER SERVICE FORECAST

Forecast as of Weds. June 25, 2014, 8:00 AM Eastern Daylight Time

Location: Eden and Garden County, Utopia

Date: Daily Forecast, June 25, 2014

Summary: A cold front from the Midwest moved in more quickly than anticipated, bringing cooler temperatures and a chance of rain this evening. The day will start out sunny with highs in the upper 70s. By early evening clouds will move in, and scattered thunderstorms may drop up to 1.5" of rain in parts of Garden County. Wind gusts of 25 - 30 mph are possible with this rapidly moving front. Stay tuned for updates throughout the day.

High: 78°F

Low: 50°F

Rain: 10% chance by noon, rising to 90% chance by 10 PM in most parts of Garden County.

Humidity: 70% by noon, rising to 95-100% by 10 PM.

Wind: 0-5 mph by noon, increasing to 10-15 mph by 8 PM with gusts to 30 MPH by midnight

Sunrise: 6:16 AM

Sunset: 8:50 PM
















Moon phase: Waning crescent (New moon 6/27 at 4:09 AM)

Forecaster: Autumn Sirocco, Ph.D.
Team Leader, AWS Atlantic Division

Note: *Forecasts are always subject to change.
Please check back for updates.*

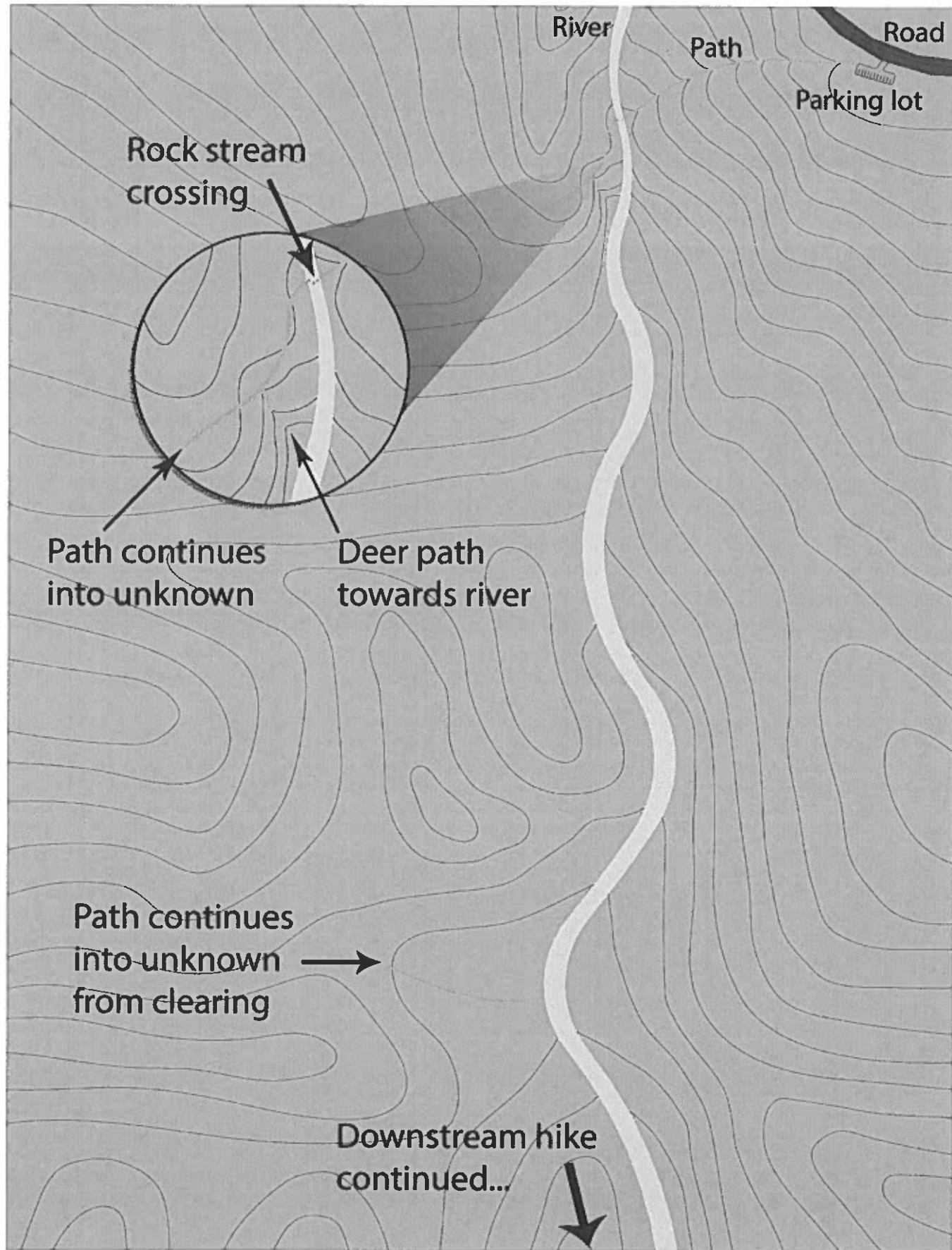
HOURLY FORECAST

Today, Wednesday June 25, 2014

TIME	FORECAST	TEMP (°F)	PRECIP.	WIND (mph)
9 AM	 Sunny	68	0 %	0-5
10 AM	 Sunny	70	0 %	0-5
11 AM	 Sunny	72	0 %	0-5
NOON	 Sunny	75	0 %	0-5
1 PM	 Sunny	77	0 %	0-5
2 PM	 Sunny	78	0 %	0-5
3 PM	 Sunny	78	0 %	0-5
4 PM	 Sunny	78	0 %	0-5
5 PM	 Sunny	78	0 %	5-10
6 PM	 Cloudy	76	10 %	10-12
7 PM	 Cloudy	75	20 %	10-12
8 PM	 Cloudy	75	50 %	12-15
9 PM	 Rain	70	80 %	15-30
10 PM	 Rain	61	90 %	15-30
11 PM	 Rain	54	95 %	15-30

Drawing of area where hike occurred

EXHIBIT 5



Nicky Chintal, M.D.

777 Shangri-La Lane ♦ Eden, Utopia ♦ Chintal@gcmc.org

EDUCATION

Harvard Medical School, Boston, MA

M.D. with an emphasis in Emergency Medicine, 1993

University of New Caesarea, Palatine Hill, NC

B.S. in Chemistry with a Minor in Biology, 1989

Phi Beta Kappa (junior year); graduated *summa cum laude*

PROFESSIONAL EXPERIENCE

Physician, Emergency Room, Garden County Medical Center, Eden, Utopia

Professor and Chair, Department of Emergency Medicine, 2009 to present

Associate Professor, Eden University Medical School, 2001 to 2009

Clinician, Department of Emergency Medicine, 1997 to present

Medical Resident, Johns Hopkins Department of Emergency Medicine, Baltimore, MD

Four year Residency Program, 1993 to 1997; Chief Resident "With Distinction," 1997

LICENSES AND HONORS

- Currently licensed to practice medicine in Massachusetts, Maryland, and Utopia
- Emergency Medicine Foundation Center of Excellence Award, 2012
- American College of Emergency Physicians' Leadership Award, 2010
- National Academies of Science Institute of Medicine Member

PUBLICATIONS

Over 100 scholarly peer-reviewed journal articles, including:

Ensuring Positive Outcomes after Spinal Cord Injuries (2012)

Incidence and Outcomes of Wilderness-Related Hypothermia (2010)

Advances in Treatment of Spinal Cord Injuries (2009)

Educating Appalachian Trail Through-Hikers about Avoiding Hypothermia (2007)

Over 10 textbook chapters, including:

"Management of Cervical and Thoracic Spinal Cord Injuries." In *ER Basics*. 2011

PROFESSIONAL AFFILIATIONS

American Medical Association

Society for Academic Emergency Medicine (President 2010)

- Chair, Trauma Interest Group
- Member, Wilderness Medicine Interest Group
- Member, Neurologic Emergency Medicine Group

Society of Teachers of Emergency Medicine (President 2005)

EXHIBIT 7

GARDEN COUNTY MEDICAL CENTER EMERGENCY ROOM REPORT

PATIENT: JUSTIN MATTHEW BURKE PT. #: 06261432 BIRTHDATE: 11/18/97
ARRIVAL: 0758 DATE: 6/26/2014 TREATING PHYSICIAN: DR. NICKY CHINTAL

PULSE: 45 (*low) RESPIRATIONS/MIN: 30 (*low) BP: 70/30 (*low) HT: unkn. WT: unkn.

* Indicates a value outside of the "Normal Range"

INITIAL PATIENT PRESENTATION

Pt arrived by ambulance; on backboard w/neck immobilized after potential neck injury and/or concussion; confused; semi-conscious; bradycardia; hypotensive; warm dry skin; loss of sensation and motor control in extremities

PATIENT HX

Pt attending camp at Eden U; went on hike; stranded overnight; at approx. 0300 Pt fell down mountain, struck head on rock in stream at bottom; camp counselor and camper moved Pt from stream to bank; EMT arrived on scene 0640, began transport in ambulance 0730 (per report by EMT)

TREATMENT SUMMARY

Pulse oximeter to test oxygen level: Result: 94% (*low)	(0804 hrs)
Pt put on oxygen	(0805 hrs)
Warm IV fluids and vasopressors started	(0806 hrs)
Finger stick blood glucose: result: 40 mg/dl (*low)	(0807 hrs)
IV dextrose (25%) started	(0808 hrs)
Blood drawn for CBC panel and insulin value	(0808 hrs)
Blood lab test results available (below)	(0845 hrs)
Finger stick blood glucose: result: 220 mg/dl (*high)	(0850 hrs)
Insulin given	(0855 hrs)
Finger stick blood glucose: result 118 mg/dl	(0925 hrs)
CT scan	(1015 hrs)
CT scan results: severe spinal cord compression/partial lesion at C6	(1040 hrs)
Pt transferred to ICU	(1100 hrs)

LAB VALUES

* Indicates a value outside of the "Normal Range"

TEST	VALUE	NORMAL RANGE
WHITE BLOOD CELL COUNT	8.6	3.8-10.8 Thousand/uL
RED BLOOD CELL COUNT	4.82	3.80-5.10 Million/uL
HEMOGLOBIN	13.4	11.7-15.5 g/dL
HEMATOCRIT	32	30% - 40%
BUN SERUM	13	5-18 mg/dL
CREATININE	0.78	0.50-1.10 mg/dL
SERUM LACTATE	3.4 *	<2.5 mmol/L
GLUCOSE (FASTING)	40 *	80-120 mg/dL
INSULIN	<1 *	2.6-24.9 mcIU/mL

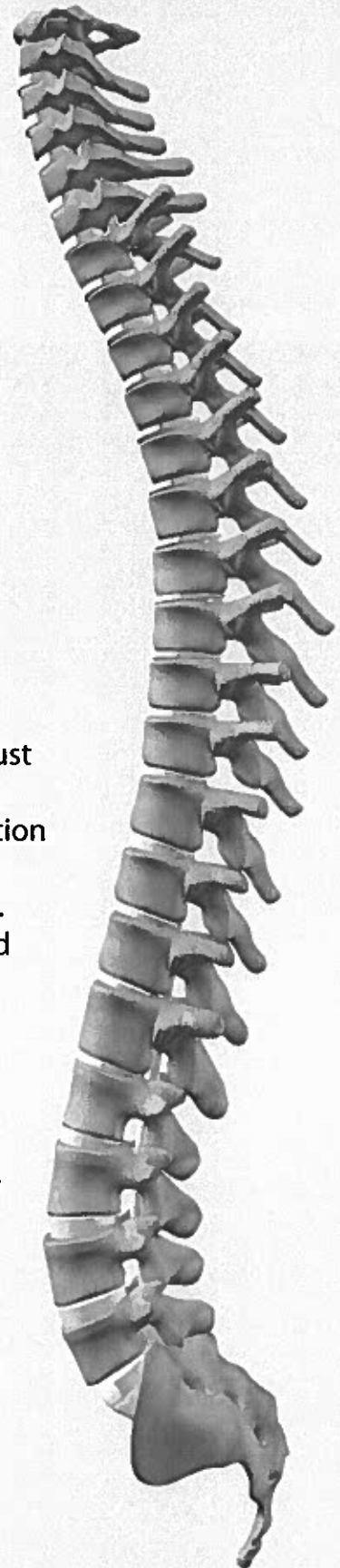
Signed: Nicky Chintal MD, Attending physician

Signed: Mitch Matarrese MD, Lab Director

Spinal Column Anatomy: The Basics

When a spinal cord injury occurs, sensation and movement may be interrupted, resulting in a temporary or permanent loss of function, paralysis and loss of sensation. Here are some basic anatomy facts:

- The brain is surrounded by the skull.
- The spinal cord is surrounded by rings of bone called vertebrae.
- Both are covered by a protective membrane.
- Together, the vertebrae and the membrane make up the spinal column, or backbone.
- The backbone, which protects the spinal cord, starts at the base of the skull and ends just above the hips.
- The spinal cord is about 18 inches long. It extends from the base of the brain, down the middle of the back, to just below the last rib in the waist area.
- The main job of the spinal cord is to be the communication system between the brain and the body by carrying messages that allow people to move and feel sensation.
- Spinal nerve cells, called neurons, carry messages to and from the spinal cord, via spinal nerves.
- Messages carried by the spinal nerves leave the spinal cord through openings in the vertebrae.
- Spinal nerve roots branch off the spinal cord in pairs, one going to each side of the body.
- Every nerve has a special job for movement and feeling. They tell the muscles in the arms, hands, fingers, legs, toes, chest and other parts of the body how and when to move. They also carry messages back to the brain about sensations, such as pain, temperature and touch.



Levels of Injury

Vertebrae are grouped into sections.
The higher the injury on the spinal cord,
the more dysfunction can occur.

High-Cervical Nerves (C1 – C4)

- Most severe of the spinal cord injury levels
- Paralysis in arms, hands, trunk and legs
- Patient may not be able to breathe on his or her own, cough, or control bowel or bladder movements.
- Ability to speak is sometimes impaired or reduced.
- When all four limbs are affected, this is called tetraplegia or quadriplegia.
- Requires complete assistance with activities of daily living, such as eating, dressing, bathing, and getting in or out of bed
- May be able to use powered wheelchairs with special controls to move around on their own
- Will not be able to drive a car on their own
- Requires 24-hour-a-day personal care



Low-Cervical Nerves (C5 – C8)

- Corresponding nerves control arms and hands.
- A person with this level of injury may be able to breathe on their own and speak normally.

■ **C5 injury**

- Person can raise his or her arms and bend elbows.
- Likely to have some or total paralysis of wrists, hands, trunk and legs
- Can speak and use diaphragm, but breathing will be weakened
- Will need assistance with most activities of daily living, but once in a power wheelchair, can move from one place to another independently

■ **C6 injury**

- Nerves affect wrist extension.
- Paralysis in hands, trunk and legs, typically
- Should be able to bend wrists back
- Can speak and use diaphragm, but breathing will be weakened
- Can move in and out of wheelchair and bed with assistive equipment
- May also be able to drive an adapted vehicle
- Little or no voluntary control of bowel or bladder, but may be able to manage on their own with special equipment

■ **C7 injury**

- Nerves control elbow extension and some finger extension.
- Most can straighten their arm and have normal movement of their shoulders.
- Can do most activities of daily living by themselves, but may need assistance with more difficult tasks
- May also be able to drive an adapted vehicle
- Little or no voluntary control of bowel or bladder, but may be able to manage on their own with special equipment

■ **C8 injury**

- Nerves control some hand movement.
- Should be able to grasp and release objects
- Can do most activities of daily living by themselves, but may need assistance with more difficult tasks
- May also be able to drive an adapted vehicle
- Little or no voluntary control of bowel or bladder, but may be able to manage on their own with special equipment

MADISON ROPER, M.D.

357 Atlantis Avenue • Utopia City, Utopia • RoperM@UUMC.org

EDUCATION

Stanford School of Medicine, Stanford, CA

M.D. with an emphasis in endocrinology, 2002

University of California - Irvine, Irvine, CA

B.S. in Biochemistry and Molecular Biology, 1998

*Phi Beta Kappa (junior year); graduated *summa cum laude**

PROFESSIONAL EXPERIENCE

Physician, University of Utopia Medical Center, Utopia City, Utopia

Associate Clinical Professor, Department of Pediatrics, 2011-present

Clinician, 2008-present

Fellow, Nassau University Medical Center/SUNY, East Meadow, NY

Pediatric Endocrinology, 2006-2008

Medical Resident, University of Washington School of Medicine, Seattle, WA

Internal Medicine Residency Program, 2002-2006; Senior Chief Resident, 2006

LICENSES AND HONORS

- Licensed to practice medicine in Washington, New York, and Utopia
- American Diabetes Association, Physician Recognition Program, 2013
- Physician of the Year, Outpatient Clinic, Pediatrics, Nassau University Medical Center, 2008
- Dean's Scholar Award, Stanford School of Medicine, 2002

PUBLICATIONS

Over 15 scholarly peer-reviewed journal articles, including:

- *Type I Diabetes: A Primer for General Practitioners* (2013)
- *Hypoglycemia and Type I Diabetes: Recognition, Treatment, and Prevention* (2011)
- *Exercise and Type I Diabetes: Best Practices* (2010)

PROFESSIONAL AFFILIATIONS AND CERTIFICATIONS

American Medical Association

American Board of Internal Medicine, Internal Medicine

American Board of Internal Medicine, Endocrinology, Diabetes & Metabolism

American Board of Pediatrics, Pediatric Endocrinology

- Board Certified Fellow

UNIVERSITY OF UTOPIA MEDICAL CENTER
Emergency Room Report

PATIENT: JUSTIN MATTHEW BURKE PT. #: 0571433 BIRTHDATE: 11/18/97
 ARRIVAL: 1500 4/18/2014 TREATING PHYSICIAN: MADISON ROPER, M.D.

TEMP 37.5 °C PULSE 75 RESP./MIN 22 BP 110/70 HT 6'0" WT 165 lb

Initial Patient Presentation: Pt. arrived on his own, accompanied by a parent, after referral from Dr. Bruce Manor for confirmation of possible diabetes. Presenting symptoms: polydipsia, polyuria, blurred vision, unusual hunger, unexplained weight loss, and fatigue. Tests conducted by Dr. Manor revealed Justin had elevated blood glucose and urine ketones.

Physical:

Gen: Well nourished; normal BMI (22.4); alert/cooperative in no distress
 HEENT: Oral cavity and throat moist with no lesions; teeth in good repair; extra ocular movements intact; pupils equal and reactive; optic disk margins sharp
 Neck: No significant lymph node enlargement; thyroid not enlarged
 Chest: Clear; no abnormal sounds
 Heart: Regular rhythm and no murmurs, clicks, or rubs heard
 Abdomen: Soft and non-tender; no organomegaly
 Extremities: Full range of motion all extremities; no joint swelling or tenderness.
 Skin: No active rash or unusual pigmentation
 Neurological: Cranial nerves intact; good muscle tone/strength all extremities; normal gait; no abnormal cerebellar signs; deep tendon reflexes 2+/symmetrical all extremities; sensation to pinprick and soft touch intact

Medications: None; occasional vitamin D

Diagnostic Studies: * Indicates values outside normal range

1. CBC (Complete Blood Count): within normal limits.
2. Basic Metabolic Panel: Sodium 134; Potassium 5.6; Chloride 107; Bicarbonate 18* (Normal range 22 – 29); BUN 16; Creatinine 0.47; Glucose 484* (Normal range 74 – 106)
3. Insulin level <1 mIU/ml* (Normal range 2.6 – 24.9)
4. Urinalysis: 2+ ketones* (Normal result 0); 4+ glucose* (Normal result 0)
5. Venous blood gas: pH 7.14* (Normal range 7.32 – 7.43); lactate 2.5* (Normal range 0.5 – 1.8)

Diagnosis: 1. Type I diabetes, new onset

Disposition: 1. Insulin IV to normalize blood glucose. 2. Admit to UUMC for initiation of insulin regimen. 3. Intensive education of patient and his parent re management of Type I diabetes by pediatric endocrinologist, diabetes nurse educators, and registered dietitian. 4. When appropriate, discharge with standard follow up visits to monitor patient compliance and understanding.

Madison Roper, M.D.

Madison Roper, M.D.

UNIVERSITY OF UTOPIA MEDICAL CENTER
Endocrine Clinic
Outpatient Encounter Form

PATIENT: JUSTIN MATTHEW BURKE
 ARRIVAL: 1630 4/25/2014

PT. #: 0571433
 TREATING PHYSICIAN:

BIRTHDATE: 11/18/97
 MADISON ROPER, M.D.

History: Justin Burke is a 16 year old male who was discharged from the hospital five days ago following a two day hospitalization for new onset Type I diabetes. On the day of hospitalization, he presented to his family physician with symptoms suggestive of diabetes and was found to have an elevated blood glucose and urine ketones. Admission was for laboratory confirmation of the diagnosis, initiation of an insulin regimen, and dietary, monitoring and lifestyle education of the patient and his parent. Justin is a bright adolescent who was eager to learn how to manage his disease. He was discharged on an insulin regimen of Lantus long-acting insulin, 25 units subcutaneously each morning, and Novolog fast-acting insulin injections during the day with unit doses based on carbohydrate intake and sliding scale glucose values. He is on a standard monitoring routine of blood glucose and urine ketone checks. He brings in his records and it is obvious that he has been very compliant with the routines.

Physical: Temperature 37.4 C; Pulse 72; Respirations 20/unlabored; Blood Pressure 105/64
Gen: Alert/cooperative in no distress
HEENT: Oral cavity and throat moist with no lesions; teeth in good repair; extra ocular movements intact; pupils equal and reactive; optic disk margins sharp
Neck: No significant lymph node enlargement; thyroid not enlarged
Chest: Clear; no abnormal sounds
Heart: Regular rhythm and no murmurs, clicks, or rubs heard
Abdomen: Soft and non-tender; no organomegaly
Genitalia: Exam deferred
Extremities: Full range of motion all extremities; no joint swelling or tenderness.
Skin: No active rash or unusual pigmentation
Neurological: Cranial nerves intact; good muscle tone/strength all extremities; normal gait; no abnormal cerebellar signs; deep tendon reflexes 2+/symmetrical all extremities; sensation to pinprick and soft touch intact

Diagnostic Studies: 1. HbA1c was elevated at 10%. 2. Non-fasting blood glucose: 120 (normal).

Impression: 1. Type I diabetes in good initial control

Disposition: 1. Continue present insulin regimen and monitoring routine. 2. Return to this clinic in one week for routine follow up. Plan repeat test of HbA1c then. 3. Call the endocrine diabetes specialty nurse at any time for questions or concerns. 4. The importance of wearing a Medical Alert Bracelet/Necklace and of always having treatment for low blood glucose in his possession was stressed to Justin and Sydney Burke.

Madison Roper, M.D.

Madison Roper, M.D.

Wilderness and Remote First Aid Emergency Reference Guide



**American
Red Cross**

Spinal Injuries

Damage to the spinal cord can cause permanent paralysis or death. Any possible spinal injury warrants evacuation, and due to the severity of the situation you **must** seek professional evacuation by an organized rescue party.

Mechanism of Injury

Suspect a spinal injury if the mechanism of injury (MOI) involves any of the following:

- Falling from a height or landing on the head or spine
- Falls on the buttocks that transmit force to the spine
- Any fall of a distance greater than the person's height
- Having the chin forced to the chest
- Excessive extension or rotation, such as tumbling downhill without skis releasing
- Pulling/jerking of the head from the neck
- Gunshot, stabbing or other injury that penetrates the body in the area of the spine
- Sudden and violent deceleration (decrease in speed)
- Any injury that causes a helmet to break
- Any diving mishap
- A motor vehicle crash involving a driver or passengers not wearing safety belts
- Being thrown from a motor vehicle or by an animal
- A lightning strike

Moving a Patient with a Head or Spinal Injury

Log Roll (To check for injury)

A log roll can be used to roll a patient with a suspected spinal injury onto his or her side to check the back for injuries. It can also be used to place a pad underneath the patient. Although it is possible for one responder to perform a log roll, two or three responders make the job easier and safer for the patient.

To give CARE:

- Have one responder position him- or herself at the injured patient's head and perform manual stabilization.
- At the command of that responder, roll the patient as a unit, keeping the neck and back in line (Figure 8).
- Hold the patient stable while the back is checked for injuries.
- Roll the patient back using the same precautions.



Figure 8

NOTE The log roll can be used to move an injured patient from side to back and from face-down to back.

BEAM (To move a short distance)

The body elevation and movement (BEAM) technique can be used to move a patient with a possible spinal injury a short distance when there are other responders available to help.

To give CARE:

- Designate and prepare the spot to which the patient will be carried.
- Have one responder position him- or herself at the patient's head and perform manual stabilization.
- Have the other responders kneel on both sides of the patient. These responders gently slide their hands under the patient.
- At the command of the head-holder, the group lifts the patient as a unit with as little spinal movement as possible.
- The group carries the patient to the designated spot and then, at the command of the head-holder, lowers the patient.

Cautions About Moving a Spine-Injured Patient

- The only reasons to move a spine-injured patient in a safe scene are to improve long-term comfort, give essential care and/or to protect the patient from the environment.
- The least amount of movement is best. More harm can be done during improper transfer than through any other action associated with first aid.
- Transfer of a patient should be done only when absolutely necessary or when the risk for further injury is low.
- Always make sure the airway is open and serious bleeding has been stopped.
- Before moving the patient, make sure initial pain and fear have subsided and be sure to reassure the patient.
- Plan ahead so that the patient is moved only once.
- Prepare any insulating materials or shelter before the patient is moved.
- Rehearse and practice the process before moving the patient.
- The rescuer supporting the head is the leader and should act and be treated as such.
- Protection of the patient's entire body must be assured during the move. The body should be kept in a straight line.

Special Considerations: Focused Spine Assessment

If the MOI caused you to suspect a spinal injury but a full assessment did not reveal any signs and symptoms, perform a focused spine assessment. If you answer "yes" to all of these questions, discontinue spinal immobilization:

- Is the patient fully reliable?
Does he or she appear sober and without distractions, such as severely painful injuries or deep psychological distress?
- Is the patient without altered sensations in the extremities, such as tingling, and does he or she have the ability to move the extremities?
- Does the patient demonstrate grip strength and the ability to lift the legs against resistance?
- Does the patient deny feeling spinal pain and tenderness to the touch of the spine, and does he or she have normal range of motion?



CALLing for Help: Guidelines for Evacuation

- Possible spinal injury is a serious condition. Always seek professional evacuation by an organized rescue party.
- Evacuate rapidly—**GO FAST**—anyone with the signs and symptoms of spinal cord injury.



AMERICAN WEATHER SERVICE FORECAST

Forecast as of Sat. June 21, 2014, 1:00 PM Eastern Daylight Time

Location: Eden and Garden County, Utopia

Dates: Seven Day Forecast, June 21 - 28, 2014

Summary: Seasonable weather this week, with morning lows ranging from 55 - 60 degrees Fahrenheit and daily highs ranging from 70 - 82 degrees Fahrenheit. Sunny in the early part of the week, with clouds forming late in the day on Thursday, and rain likely on Friday and Saturday. Anticipated total rainfall of 0.3 - 0.6 inches, depending upon location. Gentle westerly breezes 0 - 5 mph through Thursday morning, increasing to 10 - 15 mph gusts on Thursday night and Friday.

Highs: 70 - 82°F

Lows: 55 - 60°F

Rain: 0% chance Mon. - Weds., rising to 40% by Thurs. evening and 90% on Friday and Saturday.

Humidity: 65 - 70% Mon. - Weds., rising to 95-100% Fri.- Sat.

Sunrise: 6:15 AM (6/21); 6:17 AM (6/28)

Sunset: 8:49 PM (6/21); 8:50 PM (6/28)
















Moon phase: New moon (6/27 at 4:09 AM)

Forecaster: Autumn Sirocco, Ph.D.
Team Leader, AWS Atlantic Division

Note: *Forecasts are always subject to change.
Please check back for updates.*

WEEKLY FORECAST (MORNING AND EVENING)

June 21 – 28, 2014

DAY/TIME	FORECAST	TEMP (°F)	PRECIP. (% chance)
SAT. 6/21 6 PM	 Sunny	73	0 %
SUN. 6/22 6 AM	 Sunny	65	0 %
6/22 6 PM	 Sunny	75	0 %
MON. 6/23 6 AM	 Sunny	66	0 %
6/23 6 PM	 Sunny	75	0 %
TUE. 6/24 6 AM	 Sunny	65	0 %
6/24 6 PM	 Sunny	77	0 %
WED. 6/25 6 AM	 Sunny	67	0 %
6/25 6 PM	 Sunny	80	0 %
THU. 6/26 6 AM	 Sunny	64	0 %
6/26 6 PM	 Cloudy	74	40 %
FRI. 6/27 6 AM	 Rain	61	70 %
6/27 6 PM	 Rain	71	90 %
SAT. 6/28 6 AM	 Rain	60	90 %
6/28 6 PM	 Rain	70	90 %



AMERICAN WEATHER SERVICE FORECAST

Forecast as of Mon. June 23, 2014, 1:00 PM Eastern Daylight Time

Location: Eden and Garden County, Utopia

Dates: Seven Day Forecast, June 23 - 30, 2014

Summary: Seasonable weather, with morning lows ranging from 53 - 60 degrees Fahrenheit and daily highs ranging from 70 - 78 degrees Fahrenheit. Sunny during the early part of the week, with clouds forming on Thursday, and rain likely on Friday and Saturday. Cloudy on Sunday, with clear skies again on Monday. Anticipated total rainfall of 0.3 - 0.8 inches, depending upon location. Gentle westerly breezes 0 - 9 mph through Thursday morning, increasing to 15 - 20 mph gusts on Thursday night and Friday.

Highs: 70 - 78°F

Lows: 53 - 60°F

Rain: 0% chance through Weds., rising to 50% by Thurs. evening and 95% on Friday and Saturday.

Humidity: 65 - 70% Tue. - Weds., rising to 95-100% Fri. - Sat.

Sunrise: 6:16 AM (6/24); 6:18 AM (6/30)

Sunset: 8:50 PM (6/24); 8:50 PM (6/30)
















Moon phase: New moon (6/27 at 4:09 AM)

Forecaster: Autumn Sirocco, Ph.D.
Team Leader, AWS Atlantic Division

Note: *Forecasts are always subject to change.
Please check back for updates.*

WEEKLY FORECAST (MORNING AND EVENING)

June 23 - 30, 2014

DAY/TIME	FORECAST	TEMP (°F)	PRECIP. (% chance)
MON. 6/23 6 PM	 Sunny	75	0 %
TUE. 6/24 6 AM	 Sunny	65	0 %
6/24 6 PM	 Sunny	77	0 %
WED. 6/25 6 AM	 Sunny	66	0 %
6/25 6 PM	 Sunny	78	0 %
THU. 6/26 6 AM	 Cloudy	63	10 %
6/26 6 PM	 Cloudy	73	50 %
FRI. 6/27 6 AM	 Rain	60	90 %
6/27 6 PM	 Rain	71	95 %
SAT. 6/28 6 AM	 Rain	59	95 %
6/28 6 PM	 Rain	70	95 %
SUN. 6/29 6 PM	 Cloudy	62	30 %
6/29 6 PM	 Cloudy	74	10 %
MON. 6/30 6 PM	 Sunny	66	0 %
6/30 6 PM	 Sunny	78	0 %

HAYDEN WOODWARD, M.D.

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EDUCATION

Baylor College of Medicine, Houston, TX

M.D. with High Honors in Pathology, 1995

Mallard Prize for Outstanding Research in Pathology

University of Arizona, Tucson, AZ

B.S. in Physiology, 1991

*Phi Beta Kappa; graduated *cum laude**

PROFESSIONAL EXPERIENCE

Founder and Chief Executive Officer, ForensiTech, Inc., Raleigh, NC

CEO, 2006 to present

Forensic Pathologist, Office of the Chief Medical Examiner, Piedmont District, NC

Medical Examiner, 2001 to 2008

Forensic Pathology Fellowship, University of North Carolina, Chapel Hill, NC

Fellow, Office of the Chief Medical Examiner and UNC Hospitals, 1999 to 2001

Medical Resident, University of Texas Southwestern Medical Center, Dallas, TX

Four-year Pathology Residency Program, 1995 to 1999

LICENSES AND HONORS

- Licensed to practice medicine in Texas and North Carolina
- Board Certified in Anatomic Pathology by the American Board of Pathology
- Board Eligible in Forensic Pathology by the American Board of Pathology
- Wake County School System "Volunteer of the Year" award, 2004
- Outstanding Young M.E. Award, North Carolina Board of Medical Examiners, 2003

PROFESSIONAL AFFILIATIONS

American Medical Association

National Association of Medical Examiners

American Academy of Forensic Sciences

American Board of Medicolegal Death Investigators

- Board Certified Fellow
- Advisory Board Member, 2007 to 2008