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BAR ASSOCIATION

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Illinois State Bar Association
High School Mock Trial Invitational
2022 Mock Trial Case

James Mercer, a Minor
by next friend, Cameron Mercer
v.
Smartt Forensics, Inc.

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

This problem is based on a problem prepared by the South Carolina Bar Association's Law-Related Education Committee and Mock Trial Subcommittee and is used with its generous permission.

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

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WITNESSES

Plaintiff's Witnesses	Defendant's Witnesses
Cameron Mercer, Plaintiff/Parent Corey Martinez, Friend/Camper Drew Emerson, MD, ER Physician	Blake Smartt, MD, Defendant/CEO Hayden Dench, Head Counselor Quinn Lawrence, MD, Endocrinologist

CASE DOCUMENTS

LEGAL DOCUMENTS

- | | |
|---|-----------------------|
| 1. Complaint and Rule 222 Affidavit | 4. Pretrial Order |
| 2. Answer and Affirmative Defense | 5. Jury instructions |
| 3. Plaintiff's Response to Affirmative Defenses | 6. Jury verdict forms |

EXHIBITS

- | | |
|--|--|
| 1. National Camp Association Mandatory Standards for Accreditation | 8. Curriculum Vitae - Drew Emerson, M.D. |
| 2. Smartt Forensics Confirmation and Liability Waiver Form | 9. American Red Cross Wilderness and Remote First Aid Guide: Spinal Injuries Section |
| 3. UIMC Admittance Report – April 20, 2021 | 10. Curriculum Vitae - Blake Smartt, M.D. |
| 4. Information sheet on Hypoglycemia | 11. Curriculum Vitae - Quinn Lawrence, M.D. |
| 5. UIMC Endocrine Outpatient Follow-Up Report – April 27, 2021 | 12. Emergency Room Report, Loganville Medical Center |
| 6. Weekly Weather Forecast for June 19 – 26, 2021 (Loganville, IL) | 13. Spinal Cord Injuries Information Sheet |
| 7. Weather Forecast for June 25, 2021 (Loganville, IL) | |

Statement of the Case

James Mercer, a minor child and the only son of Cameron Mercer, sustained serious injuries on June 24, 2021, while attending a forensic science camp hosted by Smartt Forensics, Inc. at Loganville University in Loganville, Illinois. On June 23, 2021, the head counselor, Hayden Dench, led James and the other campers in Hayden's evening activity group on an off-campus hike to a location Hayden had not previously visited. The group became lost and ended up spending the night on a steep, forested, hillside. Around 3 a.m. on June 24, 2021, James awoke in a confused state, fell down the hillside, and struck his head. As a result, he sustained a spinal cord injury resulting in quadriplegia and a serious concussion leading to long term memory impairment.

James' parent, Cameron Mercer, has filed a lawsuit against Smartt Forensics, Inc., arguing that the company is liable for the damages that James sustained because the company was grossly negligent in sending the campers on a hike to an unfamiliar location. The Defendant denies gross negligence, claiming no negligence or, at worst, ordinary negligence. The Defendant also claims that James' own actions in hiding his Type I Diabetes from the camp staff led to his confusion and ensuing injuries.

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

CAMERON MERCER, as Parent and)
Next Friend of JAMES MERCER, a minor,)
)
Plaintiff,)
)
v.) 2021-L-171016
)
SMARTT FORENSICS, INC.,)
)
Defendant.)

COMPLAINT

Now comes Plaintiff, CAMERON MERCER, as Parent and Next Friend of JAMES MERCER, a minor, by Plaintiff's undersigned attorney, and for Plaintiff's COMPLAINT against Defendant SMARTT FORENSICS, INC., states as follows:

COMMON FACTS

1. Cameron Mercer ("Plaintiff") is the parent and next friend of James Mercer, a minor, and is qualified to bring this civil action on behalf of James Mercer ("Mercer") to recover money damages from the Defendant.
2. Defendant, Smartt Forensics, Inc. ("Smartt Forensics"), is a corporation organized and existing under the laws of the State of Illinois and authorized to do business within the State of Illinois and with its principal place of business in Lincoln County, Illinois.
3. Plaintiff and Mercer are residents of Lincoln City, Lincoln County, Illinois.
4. Venue is proper in this Court as the parties and the conduct giving rise to the causes of action occurred in Lincoln County, State of Illinois

5. Mercer attended Smartt Forensics Camp at Loganville University in Loganville, Lincoln County, Illinois, from June 19, 2021, through June 24, 2021.

6. Plaintiff allowed Mercer to attend said camp as Plaintiff had been informed that it was accredited by the National Camp Association (“NCA”) and thus was subject to, among other things, NCA mandatory safety standards.

7. Under NCA mandatory safety standards, accredited camps must have two adults be present on any hike off-site.

8. Under NCA mandatory safety standards, the accredited camps must require each camper to submit a signed document that describes any conditions requiring medication, treatment, or special restrictions or considerations while at the camp and to confirm the accuracy of this information when campers register on-site.

9. Dr. Blake Smartt, Smartt Forensics, Inc. CEO and Camp Director (“Smartt”), and Hayden Dench, Smartt Forensics head counselor (“Dench”), were, at all times relevant to the matters alleged herein, acting as agents for Smartt Forensics, Inc. for the camp held at Loganville University (hereinafter “the Camp”).

10. At the time of Dench’s involvement at the Camp held at Loganville University in 2021 and prior thereto, Dench possessed knowledge of proper emergency care protocols for spinal cord injuries from Dench’s Red Cross Lifeguard Training and Wilderness and Remote First Aid Training.

11. On the late afternoon of Wednesday, June 23, 2021, Dench drove Mercer and other campers in the University’s van to an off-site location for a hike (hereinafter “the Location”).

12. Dench had not previously visited the Location to which Dench drove the campers. No other Camp staff or adult familiar with the Location accompanied the campers. No other Camp staff or adult knew where Dench and the campers were going.

13. Smartt gave Dench permission to take the campers on an evening off-campus hiking trip despite the fact that the Location was not previously approved nor visited and was not familiar to any other Camp staff or adult on the trip who went on the hike.

14. At approximately 5:30 p.m. on June 23, 2021, Dench and the campers drove to the Location and proceeded to hike to a waterfall.

15. At approximately 7:30 p.m. on June 23, 2021, when Dench and the campers reversed course and attempted to return to the van.

16. At the aforesaid time and date, Dench and the campers were unable to locate the van and became lost.

17. At the aforesaid time and place, Dench and the campers stopped hiking and attempted to make a lean-to shelter on the hillside to protect themselves from the rainstorm that suddenly came up on them.

18. Upon information and belief, the makeshift lean-to was in an unsafe location on the hillside.

19. At approximately 3 a.m. on Thursday, June 24, 2021, Mercer left the shelter, fell down the hillside, and landed in the stream at the bottom of the hillside. At some point during the fall, Mercer struck his head and was injured.

20. As a direct and proximate result of the fall, Mercer was unable to get out of the stream on his own.

21. Upon information and belief, Mercer cried out for help.

22. Upon information and belief, Dench and camper Corey Martinez (“Martinez”), followed Mercer’s cries for help to find him.

23. After finally locating Mercer, who was in the stream, Dench and Martinez lifted Mercer out of the stream and onto the stream bank.

24. In spite of having superior knowledge and training in general and wilderness first aid, Dench provided minimal instruction to Martinez about proper care when moving someone with a possible spinal cord injury.

25. After Mercer had been lifted out of the stream, more than four hours passed before Mercer was transported to the emergency room at Morgan Medical Center.

26. As a direct and proximate result of his fall, Mercer sustained a spinal cord injury at cervical vertebrae 6 (C6), resulting in Mercer suffering quadriplegia.

27. As a direct and proximate result of the fall, Mercer sustained a serious concussion from the blow to his head. As a direct result of that concussion, Mercer continues to suffer from post-concussion syndrome, including severe headaches and memory loss.

28. As a direct and proximate result of the fall and blow to the head Mercer suffered and continues to suffer physical, mental, and emotional trauma.

29. As a direct and proximate result of the fall and blow to the head, Plaintiff on behalf of Mercer has incurred medical expenses of more than \$100,000 as of the date of the filing of this Complaint. Plaintiff reasonably expects that Mercer will continue to incur further medical expenses by reason of the injuries Mercer has suffered.

30. At the time of his fall and the blow to his head, Mercer had planned to attend the Illinois School of Science and Technology (“ISST”). Mercer received an acceptance letter to ISST in February 2021.

31. As a direct and proximate result of his fall and blow to his head, Mercer will be unable to attend ISST.

COUNT I – NEGLIGENCE
WITH WILLFUL AND WANTON CONDUCT

32. The Plaintiff hereby adopts and incorporates by reference paragraphs 1 through 31 of the Common Facts as and for paragraph 32 of Count I of Plaintiff’s Complaint.

33. At all times relevant hereto, Smartt Forensics had a duty to exercise ordinary care to protect and keep safe all campers in its care, including Mercer.

34. At all times relevant hereto, Smartt Forensics owed a duty of care to Mercer and to the other campers to establish reasonable rules and regulations to minimize the risk of injury to campers on all Camp-sponsored events and outings and to communicate those rules clearly to all Camp staff and Camp participants.

35. At all relevant times, Smartt Forensics’ agents Smartt and Dench owed a duty of care to Mercer to supervise, monitor, and take all reasonable and appropriate steps to ensure his safety of Mercer in all Camp-sponsored events and outings, including by complying with NCA mandatory safety standards.

36. Smartt Forensics, by and through its agents and/or employees, committed one or more of the following negligent acts or omissions:

- a. Failed to properly monitor the weather forecast for the relevant area;
- b. Failed to fully and properly investigate the offsite Camp Location prior to taking campers thereto;
- c. Failed to verify all medical information of the campers upon their arrival at Camp as required by NCA mandatory safety standards;

- d. Failed to establish reasonable rules and regulations regarding the scope and limitations of off-campus activities;
- e. Failed to communicate reasonable safety rules to all campers and Camp staff;
- f. Failed to institute proper oversight of authority and decisions made by agents Smartt and Dench;
- g. Failed to ensure that two adults were present for the off-site hike as required by NCA mandatory safety standards; and/or
- h. Failed to ensure that staff leading and/or supervising the hike had adequate means of communications in the event of an emergency.

37. By reason of one or more of the acts or omissions of Defendant and its agents alleged in this Complaint, Smartt Forensics negligently and recklessly put Mercer in harm's way.

38. In addition, by intentionally moving Mercer out of the stream without first providing proper instruction to Martinez, Dench negligently and recklessly put Mercer at an unreasonable risk of additional injury.

39. As a direct and proximate result of Smartt Forensics' negligent acts or omissions alleged above, Mercer has experienced, continues to experience, and will continue to experience an assortment of problems associated with the injuries described above, including, but not limited to, pain and suffering, 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.

40. Smartt Forensics' acts and omissions as alleged in this Count I were in utter indifference to and in conscious disregard of Mercer's safety and directly and proximately caused Mercer to suffer the injuries and damages as herein alleged.

Wherefore, Plaintiff, CAMERON MERCER, as Parent and Next Friend of JAMES MERCER, a minor, prays for judgment in Plaintiff's favor and against the Defendant SMARTT FORENSICS, INC. on Count I of Plaintiff's Complaint and prays that this Court grant Plaintiff the following relief:

- i. Judgment against the Defendant for compensatory damages in an amount in excess of Fifty-Thousand Dollars (\$50,000.00), a total amount as yet to be determined;
 - ii. Judgment against the Defendant for punitive damages in an amount to be determined by a jury;
 - iii. Payment of the costs resulting from this action to be taxed against the Defendants;
- and
- iv. Such other and further relief as this Court may deem just and proper.

COUNT II - NEGLIGENCE

41. Plaintiff hereby adopts and incorporates by reference paragraphs 1 through 31 of the Common Facts Count I of Plaintiff's Complaint as and for paragraph 41 of Count II of Plaintiff's Complaint as if fully restated herein.

42. At all times relevant hereto, Smartt Forensics had a duty to exercise ordinary care to protect and keep safe all campers in its care, including Mercer.

43. At all times relevant hereto, Smartt Forensics owed a duty of care to Mercer and the other campers 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.

44. At all relevant times, Smartt Forensics' agents Smartt and Dench owed a duty of care to Mercer to supervise, monitor, and take all reasonable and appropriate steps to ensure the safety of Mercer in all Camp-sponsored events and outings, including complying with NCA mandatory safety standards.

45. Smartt Forensics, by and through its agents and/or employees, committed one or more of the following negligent acts or omissions:

- a. Failed to properly monitor the weather forecast for the relevant area;
- b. Failed to fully and properly investigate the offsite Camp Location prior to taking campers thereto;
- c. Failed to verify all medical information of the campers upon their arrival at Camp as required by NCA mandatory safety standards;
- d. Failed to establish reasonable rules and regulations regarding the scope and limitations of off-campus activities;
- e. Failed to communicate reasonable safety rules to all campers and Camp staff;
- f. Failed to institute proper oversight of authority and decisions made by agents Smartt and Dench;
- g. Failed to ensure that two adults were present for the off-site hike as required by NCA mandatory safety standards; and/or
- h. Failed to ensure that staff leading and supervising the hike had adequate and workable means of communications in place in the event of an emergency.

46. By reason of one or more of the acts or omissions of Defendant and its agents alleged in this Complaint, Smartt Forensics negligently put Mercer in harm's way

47. By intentionally moving Mercer out of the stream without first providing proper instruction to Martinez, Dench negligently put Mercer at an unreasonable risk of additional injury.

48. As a direct and proximate result of Smartt Forensics' negligent acts or omissions alleged above, Mercer has experienced, continues to experience, and will continue to experience an assortment of problems associated with the injuries described above, including, but not limited to, pain and suffering, 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.

WHEREFORE, Plaintiff, CAMERON MERCER, as Parent and Next Friend of JAMES MERCER, a minor, prays for judgment in Plaintiff's favor and against the Defendant SMARTT FORENSICS, INC. on Count II of Plaintiff's Complaint and prays that this Court grant Plaintiff the following relief:

- i. Judgment against the Defendant for compensatory damages in an amount in excess of Fifty-Thousand Dollars (\$50,000.00), a total amount as yet to be determined;
- ii. Payment of the costs resulting from this action to be taxed against the Defendants;
and
- iii. Such other and further relief as this Court may deem just and proper.

**PLAINTIFF DEMANDS TRIAL BY JURY ON EACH AND EVERY
COUNT OF PLAINTIFF'S COMPLAINT**

Respectfully submitted,

CAMERON MERCER, as Parent and Next Friend
of JAMES MERCER, a minor, Plaintiff

By: *Owen O'Brien*

Owen O'Brien Bar No. 123456
One of their Attorneys

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

CAMERON MERCER, as Parent and)
Next Friend of JAMES MERCER, a minor,)
)
Plaintiff,)
)
v.) 2021-L-171016
)
SMARTT FORENSICS, INC.,)
)
Defendant.)

RULE 222 AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF LINCOLN)

Owen O'Brien, being first duly sworn deposes and says:

The undersigned, being first duly sworn upon his oath, deposes and says:

1. I am an adult resident of Lincoln County, Illinois, and under no legal disability.
2. I am the attorney for the Plaintiff in the above-captioned lawsuit.
3. That the total money damages sought by Plaintiff in the above-captioned lawsuit, exclusive of interest and costs, is more than \$50,000.00.

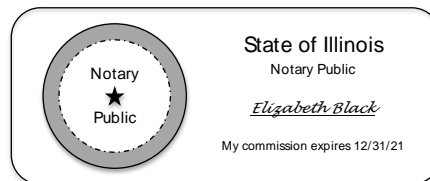
Further Affiant sayeth naught.

Owen O'Brien

Owen O'Brien Bar No. 123456

Signed and sworn before me on
November 1, 2021.

Elizabeth Black



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

CAMERON MERCER, as Parent and)
Next Friend of JAMES MERCER, a minor,)
Mercer,)
v.) 2021-L-171016
SMARTT FORENSICS, INC.,)
Defendant.)

DEFENDANT’S ANSWER AND AFFIRMATIVE DEFENSES

Defendant, SMARTT FORENSICS, INC., by its attorney and for its Answer and Affirmative Defenses to Plaintiff’s Complaint, states as follows:

ANSWER

AS TO THE COMMON ALLEGATIONS

1. Defendant lacks knowledge sufficient to form a belief as to the truth of this allegation.
2. Admit.
3. Defendant lacks knowledge sufficient to form a belief as to the truth of this allegation.
4. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.
5. Admit.
6. Admit that the camp is NCA accredited but Defendant lacks knowledge sufficient to form a belief as to the truth of the remainder of this allegation.

7. Admit.

8. Admit, but Deny any implication from this allegation that Defendant did not comply with these NCA standards.

9. Admit.

10. Admit.

11. Admit.

12. Admit.

13. Admit.

14. Admit.

15. Deny.

16. Admit.

17. Admit.

18. Deny.

19. Admit.

20. Admit.

21. Admit.

22. Admit.

23. Admit.

24. Deny.

25. Admit.

26. Defendant lacks knowledge sufficient to form a belief as to the truth of this allegation.

27. Defendant lacks knowledge sufficient to form a belief as to the truth of this allegation.
28. Defendant lacks knowledge sufficient to form a belief as to the truth of this allegation.
29. Defendant lacks knowledge sufficient to form a belief as to the truth of this allegation.
30. Defendant lacks knowledge sufficient to form a belief as to the truth of this allegation.
31. Defendant lacks knowledge sufficient to form a belief as to the truth of this allegation.

AS TO COUNT I

32. Defendant hereby adopts and incorporates by reference its answer to paragraphs 1 through 31 of Plaintiff's Complaint as and for its answer to paragraph 32 of Count I of Plaintiff's Complaint.

33. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.

34. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.

35. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.

36. Deny this paragraph and the allegations in each subpart of this paragraph.

37. Deny.

38. Deny.

39. Deny.

40. Deny.

Wherefore, Defendant, SMARTT FORENSICS, INC., prays for judgment in its favor and against Plaintiff, CAMERON MERCER, as Parent and Next Friend of JAMES MERCER, a minor, on Count I of Plaintiff's Complaint; that the Court deny Plaintiff any relief on Count I of Mercer's Complaint; that the Court award Defendant its costs of this action; and grant Defendant such further relief as may be just.

AS TO COUNT II

41. Defendant hereby adopts and incorporates by reference its answer to paragraphs 1 through 31 of Plaintiff's Complaint as and for its answer to paragraph 41 of Count II of Plaintiff's Complaint.

42. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.

43. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.

44. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.

45. Deny this paragraph and the allegations in each subpart of this paragraph.

46. Deny.

47. Deny.

48. Deny.

49. Deny.

Wherefore, Defendant SMARTT FORENSICS, INC., prays for judgment in its favor and against Plaintiff, CAMERON MERCER, as Parent and Next Friend of JAMES MERCER, a minor, on Count II of Plaintiff's Complaint; that the Court deny Plaintiff any relief on Count II of Mercer's Complaint; that the Court award Defendant its costs of this action; and grant Defendant such further relief as may be just.

AFFIRMATIVE DEFENSES

**FIRST AFFIRMATIVE DEFENSE:
Assumption of the risk as to both Counts I and II**

1. Cameron Mercer knowingly permitted James Mercer, age fifteen (15), to participate in a camping trip sponsored by Smartt Forensics, Inc.
2. James Mercer knowingly participated in a camping trip sponsored by Smartt Forensics, Inc.
3. Cameron Mercer and James Mercer should have known or did know that there were inherent natural risks that come from being in an outdoor environment of the kind with which James Mercer was involved.
4. The evening hike, which was part of the camping trip, had inherent risks that James Mercer should have known or did know come from being in an outdoor environment of the kind in which James Mercer was involved.
5. In addition, James Mercer was advised that if James Mercer was not comfortable with participating in the hike, he did not have to participate.
6. During the hike, James Mercer, not feeling well, left the hike participants, and walked in an unfamiliar and darkened environment and on unstable ground.

7. By participating in the outdoor camping activity, Cameron Mercer and James Mercer assumed the risk of dangers that are inherent in such an outdoor environment of the kind in which James Mercer was involved.

8. By participating in the evening hike, James Mercer assumed the risk of dangers that are inherent in such a hike in the outdoor environment of the kind with which James Mercer was involved.

9. By voluntarily leaving the hike participants and walking in an unfamiliar and darkened environment and on unstable ground, James Mercer assumed the risk of the dangers that are inherent in voluntarily departing from such an ongoing hike.

10. The injuries and damages suffered by Cameron Mercer and James Mercer were a direct and proximate consequence of the negligence of either or both Cameron Mercer and James Mercer in assuming the risks herein alleged.

11. Assuming *arguendo* that Defendant's conduct is found to be negligent, James Mercer's conduct and Cameron Mercer's conduct was contributorily negligent.

12. Should James Mercer's negligent conduct or Cameron Mercer's conduct be found to be greater than fifty percent (50%) at fault for the proximate cause of his/her own injuries and damages when compared to Defendant's fault, then Plaintiff should be barred from recovering any damages.

**SECOND AFFIRMATIVE DEFENSE:
Contributory negligence as to both Counts I and II**

1. James Mercer, age fifteen (15), participated in the hike knowing that there was a risk that James Mercer would be exposed to the natural risks that come from hiking in an outdoor environment of the kind in which James Mercer was involved.

2. Notwithstanding that James Mercer had never previously participated in a hike of the kind that James Mercer took at Defendant's camp and notwithstanding that James Mercer was aware that James Mercer might be injured on the hike, James Mercer participated in the hike and did so without being equipped with sufficient safe clothing and safety items that could have reduced the risk that James Mercer could be injured in the outdoor environment of the kind in which James Mercer was involved.

3. James Mercer's parent, Cameron Mercer, was also aware that James Mercer had not previously participated in a camping trip of the kind James Mercer took at Defendant's camp and was further aware that James Mercer might be injured on the camping trip. Nonetheless, Cameron Mercer permitted James Mercer to participate in the camping trip and failed to provide James Mercer with sufficient safe clothing and safety items that could have reasonably reduced the risk that James Mercer would be injured in the outdoor environment of the kind in which James Mercer was involved.

4. In addition, James Mercer was a diabetic, having a diagnosed condition of Type I diabetes, a condition well known to James Mercer and Cameron Mercer before James Mercer went on the camping trip and hike. Unless properly monitored and cared for, Type I diabetes can result in hyperglycemia, a condition that can cause, among other things, confusion.

5. Although required to complete a registration form that called for disclosure of James Mercer's diabetic condition before James Mercer would have been allowed to participate in the camping trip, and although James Mercer was required at registration to review the registration form that he had submitted and to make any changes, no disclosure was made of his diabetic condition. Nor, prior to James Mercer being injured, did Cameron Mercer or James

Mercer ever communicate to anyone associated with Defendant, that James Mercer had Type I diabetes that needed to be monitored and treated.

6. During the hike, James Mercer, not feeling well, unreasonably left the hike participants, and walked in an unfamiliar and darkened environment and on unstable ground.

7. As a direct and proximate consequence of James Mercer knowingly agreeing to participate in said camping trip and hike and to do so without sufficient safe clothing and/or safety items, James Mercer was negligent.

8. As a direct and proximate consequence of Cameron Mercer knowingly permitting James Mercer to participate in said camping trip and doing so without furnishing James Mercer sufficient safe clothing and/or safety items, Cameron Mercer was negligent.

9. As a direct and proximate consequence of Cameron Mercer and James Mercer failing to inform Defendant about James Mercer's Type I diabetes, Cameron Mercer and James Mercer were negligent.

10. As a direct and proximate consequence of James Mercer choosing to wander away from the hike camp site unaccompanied and without notice of where he was going, James Mercer was negligent.

11. The injuries and damages suffered by Cameron Mercer and James Mercer were a direct and proximate consequence of the negligence of either or both Cameron Mercer and James Mercer.

12. Assuming *arguendo* that Defendant's conduct is found to be negligent, James Mercer's conduct and Cameron Mercer's conduct was contributorily negligent.

13. Should James Mercer's negligent conduct or Cameron Mercer's conduct be found to be greater than fifty percent (50%) at fault for the proximate cause of his/her own injuries and

damages when compared to Defendant's fault, then Plaintiff should be barred from recovering any damages.

**DEFENDANT DEMANDS TRIAL BY JURY ON EACH AND EVERY
COUNT OF MERCER'S COMPLAINT**

Respectfully submitted,

SMARTT FORENSICS, INC., Defendant

By: *Margaret Swanson*
Margaret Swanson Bar No. 7891011
One of Its Attorneys

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

CAMERON MERCER, as Parent and)
Next Friend of JAMES MERCER, a minor,)
)
Plaintiff,)
)
v.) 2021-L-171016
)
SMARTT FORENSICS, INC.,)
)
Defendant.)

DEFENDANT’S AFFIDAVIT
PURSUANT TO 735 ILCS 5/2-610

Dr. Blake Smartt, being first duly sworn deposes and says:

1. I am an adult resident of Lincoln County, Illinois, and under no legal disability and I make this Affidavit upon my personal belief and upon the information and records contained in the business files of Smartt Forensics, Inc.

2. I am presently and have been since 2010 the founder and president of Smartt Forensics, Inc., the defendant in the above-captioned matter.

3. I have reviewed the allegations in Plaintiff’s Complaint and state that as to the answers of Smartt Forensics, Inc. thereto in which it is stated that Smartt Forensics, Inc. lacks knowledge sufficient to form a belief as to the truth of several of Plaintiff’s allegations, I verily believe Smartt Forensics, Inc.’s lack of knowledge as stated therein to be true.

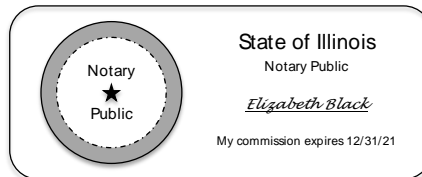
Further Affiant Sayeth Not.

Dr. Blake Smartt

Dr. Blake Smartt

Signed and sworn before me on
November 10, 2021.

Elizabeth Black



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

CAMERON MERCER, as Parent and)
Next Friend of JAMES MERCER, a minor,)
)
Plaintiff,)
)
v.) 2021-L-171016
)
SMARTT FORENSICS, INC.,)
)
Defendant.)

PLAINTIFF’S RESPONSE TO DEFENDANT’S AFFIRMATIVE DEFENSES

NOW COMES the Plaintiff, by its attorney, and for its Response to Defendant’s
Affirmative Defenses states as follows:

AS TO DEFENDANT’S FIRST AFFIRMATIVE DEFENSE

1. Admit.
2. Admit.
3. Deny.
4. Deny.
5. Admit that James Mercer was advised that if he was not comfortable with the hike, he did not have to participate, but otherwise Deny the allegations of this paragraph.
6. Admit.
7. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.
8. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.

9. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.
10. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.
11. Deny.
12. Deny.

AS TO DEFENDANT'S SECOND AFFIRMATIVE DEFENSE

1. Deny.
2. Deny.
3. Deny.
4. Admit.
5. Admit.
6. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.
7. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.
8. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.
9. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.
10. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.

11. This allegation is not an allegation of fact but a legal conclusion and therefore no answer is required.

12. Deny.

13. Deny.

Respectfully submitted,

CAMERON MERCER, as Parent and Next Friend of
JAMES MERCER, a minor, Plaintiff

By: *Owen O'Brien*

Owen O'Brien Bar No. 123456
One of their Attorneys

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LINCOLN COUNTY, ILLINOIS

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Defendant.)

PRETRIAL ORDER

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

1. This case is governed by the laws of the State of Illinois. The parties are bound by the law set forth in the Jury Instructions. The parties may not argue or present any statutory or case law other than what is cited in the Jury Instructions in the case materials
2. Jurisdiction, venue, and chain of custody of all evidence are proper and may not be challenged.
3. There are no defects in the pleadings. The Defendant has properly appeared and answered. The Court has jurisdiction over the parties. All questions of fact are being submitted to the jury. Questions of law will be decided by the Court.
4. This case has been bifurcated (separated). The only matter to be decided in this trial is liability. Damages, if any, will be decided at a later proceeding.
5. At all relevant times, Dr. Blake Smartt and Hayden Dench were employees of, and acting on behalf of, Smartt Forensics, Inc. At trial, their acts and omissions will be imputed to Defendant Smartt Forensics, Inc. Smartt Forensics, Inc. is liable for any acts or omissions of Smart and Dench.
6. All documents, signatures, and exhibits included in the case materials are authentic; no objections to the authenticity of any documents will be entertained. Both parties must still

lay proper foundation prior to entering evidence, and both parties reserve the right to dispute any legal or factual conclusions based on these items and to make objections other than to authenticity.

7. The parties have entered into the following stipulations: All witnesses reviewed their affidavits and reports immediately prior to trial and were given an opportunity to revise them. None did so. All witnesses affirm the truthfulness of everything stated in their affidavits. When preparing and reviewing their sworn statements, all witnesses were instructed to include everything that they know may be relevant to their testimony. All witness affidavits have been properly signed and notarized. The signatures on the witness statements and all other documents are authentic and signed under oath by each witness. A copy of any affidavit that does not bear a signature or is not notarized is to be treated as though it is signed and notarized.
8. The parties have waived any objections to the jury instructions and verdict forms.
9. Witnesses who reference exhibits in their affidavits are deemed to be familiar with the contents of the entire exhibit.
10. Due to the extent of his injuries and his lack of memory regarding the events in question, James Mercer is unable to be deposed or to testify in these trial proceedings.
11. No other testimony from the other campers is available.
12. James Mercer's diabetes journal is not available as an exhibit and the accuracy of his journal is not in question.
13. No substantial change in condition occurred in James Mercer's second and third follow-up endocrinologist appointments; therefore, those reports are not reproduced in the materials.
14. The second weather report checked by Hayden Dench was confirmed to be the same as the weather forecast downloaded for Loganville, Illinois June 19-25, 2021, and is not in dispute.
15. A witness must be formally tendered to the Court in accordance with Mock Trial Rule of Evidence Rule 702 before testifying in the form of an expert opinion. A party must establish by a preponderance of the evidence that the tendered expert satisfies Rule 702. There is no definitive checklist of what must or must not be presented for admission of expert testimony. The Court will apply Rule 702 based on the totality of the circumstances presented.
16. The Court recognizes that some evidence may only be relevant if some other fact exists. In cases where a party seeks to introduce such evidence, the Court may admit the evidence conditionally, meaning that the party introducing the evidence may lay the foundation after the evidence is admitted. However, during trial, that party must introduce evidence that

would allow a jury to find that the contingent fact is more likely than not true. If the party fails to do so, the Court shall strike the conditionally admitted evidence from the record provided that the opposing party renews its objection.

17. If the Court or a party believes that the jurors are likely to use evidence in an improper manner not intended then the Court, on its own initiative or at the request of counsel, may issue a limiting instruction to prohibit improper evidence use. If the Court believes that counsel intends an improper purpose the Court will exclude the evidence entirely.
18. No witness examination or argument can suggest in any manner that there is a missing witness or party to this litigation, and any comparative fault arguments are to be limited only to the two parties to this case.
19. Based on pretrial motions and arguments, the court rules as follows: willful, wanton and reckless conduct” is something more than very great or gross negligence. Rather, willful and wanton conduct is regarded as an aggravated form of negligence. Willful and wanton conduct requires a state of mind different from that needed in ordinary and gross negligence. Willful and wanton conduct requires a deliberate intention to harm or a conscious disregard for the plaintiff's welfare. A defendant's "utter indifference" or "conscious disregard" for the safety of others may be inferred from the outrageous nature of the conduct, such as a failure, after knowledge of impending danger, to exercise ordinary care to prevent it or a failure to discover the danger through recklessness, or carelessness when it could have been discovered by ordinary care. The knowledge concerning other persons can be actual or constructive.
20. For purpose of this case, any negligence of Cameron Mercer and any negligence of James Mercer which are found by the jury shall be considered jointly and together shall be deemed to be the contributory negligence of Plaintiff.
21. For purposes of this case, the concept of “gross negligence” shall be taken to mean very great negligence, but something less than willful, wanton, or reckless conduct.
22. It is the ruling of this Court that as a parent of a minor child, Cameron Mercer cannot waive, compromise, or release James Mercer’s cause of action against Defendant and the Liability of Waiver form is unenforceable.

ENTERED: November 4, 2021

Catherine Meyer
Circuit Judge

[PLEASE NOTE: In a lawsuit alleging negligence causes of action, it is common for the defense to assert, among other possible affirmative defenses, the affirmative defense of contributory negligence. In doing so, the defendant hopes to prove that the plaintiff's own conduct contributed to the injuries and/or damages that the plaintiff claims were caused by the defendant. In Illinois, if a jury finds that a plaintiff's conduct was equal or less than fifty percent (50%) at fault for the proximate cause of his/her own injuries and/or damages when compared to the defendant's fault, then the jury in rendering its verdict for the plaintiff reduces the amount of damages it awards to the plaintiff by that percentage of fault attributed to the plaintiff. But, if a jury finds that a plaintiff's conduct was greater than 50% at fault for the proximate cause of the plaintiff's claimed injuries or damages when compared to a defendant's fault, then the plaintiff is barred from any recovery and the verdict is to be for the defendant.

For this Mock Trial Problem, since the awarding of damages is not an issue for the trial, the Defendant is asserting a contributory negligence affirmative defense to all counts based on the allegation that the Plaintiff's conduct was greater than fifty percent (50%) at fault for the proximate cause of the Plaintiff's own injuries and damages when compared to the Defendant's fault. If the Defendant proves this affirmative defense, then the verdict would be for the Defendant. For the jury to find in favor of the Plaintiff, the jury must still find both (a) that the Plaintiff has proven that they suffered injuries and/or damages and that the Defendant proximately caused those injuries and/or damages; and (b) that the Plaintiff's contributing fault, if any, was not greater than 50% of the proximate cause of the Plaintiff's asserted injuries and/or damages.]

JURY INSTRUCTIONS

Court Instruction No. 1 - Willful/Wanton Conduct – Burden of Proof

Under Count 1 of the complaint, plaintiff has the burden of proving each of the following propositions by a preponderance of the evidence:

First, that the defendant acted or failed to act in one of the ways claimed by the plaintiff and that in so acting, or failing to act, the defendant was negligent;

Second, that the plaintiff was injured;

Third, that the negligence of the defendant was a proximate cause of the injury to the plaintiff;

Fourth, that defendant showed an utter indifference to or conscious disregard for the welfare of the plaintiff.

If you find from your consideration of all the evidence that plaintiff has failed to prove any of these propositions, then your verdict shall be for the defendant.

On the other hand, if you find from your consideration of all the evidence that plaintiff has proved each of these propositions, then you must consider the defendant's claim that the plaintiff was contributorily negligent.

As to the claim that plaintiff was contributorily negligent, the defendant has the burden of proving both of the following propositions by a preponderance of the evidence:

A: That the plaintiff acted or failed to act in one of the ways claimed by the defendant and that in so acting, or failing to act, the plaintiff was negligent;

B: That the plaintiff's negligence was a proximate cause of plaintiff's injury.

If you find from your consideration of all the evidence that the plaintiff has proved all the propositions required of the plaintiff and that the defendant has not proved both of the propositions required of the defendant, then your verdict shall be for the plaintiff.

If you find from your consideration of all the evidence that the defendant has proved both of the propositions required of the defendant, and if you find that the plaintiff's contributory negligence was more than 50% of the total proximate cause of the injury or damage for which recovery is sought, then your verdict shall be for the defendant.

If you find from your consideration of all the evidence that the plaintiff has proved all the propositions required of the plaintiff and that the defendant has proved both of the propositions required of the defendant, and if you find that the plaintiff's contributory negligence was 50% or

less of the total proximate cause of the injury or damage for which recovery is sought, then your verdict shall be for the plaintiff.

Court Instruction No. 2 - Negligence - Burden of Proof

Under Count 2 of the complaint, plaintiff has the burden of proving each of the following propositions by a preponderance of the evidence:

First, that the defendant acted or failed to act in one of the ways claimed by the plaintiff and that in so acting, or failing to act, the defendant was negligent;

Second, that the plaintiff was injured;

Third, that the negligence of the defendant was a proximate cause of the injury to the plaintiff.

If you find from your consideration of all the evidence that plaintiff has failed to prove any of these propositions, then your verdict shall be for the defendant.

On the other hand, if you find from your consideration of all the evidence that plaintiff has proved each of these propositions, then you must consider the defendant's claim that the plaintiff was contributorily negligent.

As to the claim that plaintiff was contributorily negligent, the defendant has the burden of proving both of the following propositions by a preponderance of the evidence:

A: That the plaintiff acted or failed to act in one of the ways claimed by the defendant and that in so acting, or failing to act, the plaintiff was negligent;

B: That the plaintiff's negligence was a proximate cause of plaintiff's injury.

If you find from your consideration of all the evidence that the plaintiff has proved all the propositions required of the plaintiff and that the defendant has not proved both of the propositions required of the defendant, then your verdict shall be for the plaintiff.

If you find from your consideration of all the evidence that the defendant has proved both of the propositions required of the defendant, and if you find that the plaintiff's contributory negligence was more than 50% of the total proximate cause of the injury or damage for which recovery is sought, then your verdict shall be for the defendant.

Court Instruction No. 3 - Negligence---Definition

When I use the word "negligence" in these instructions, I mean the failure to do something which a reasonably careful person would do, or the doing of something which a reasonably careful person would not, under circumstances similar to those shown by the evidence. The law does not say how a reasonably careful person would act under those circumstances. That is for you to decide.

Court Instruction No. 4 - Duty To Use Ordinary Care

It was the duty of the defendant, before and at the time of the occurrence, to use ordinary care for the safety of the plaintiff. That means it was the duty of the defendant to be free from negligence.

Court Instruction No. 5 - Ordinary Care---Definition

When I use the words “ordinary care,” I mean the care a reasonably careful person would use under circumstances similar to those shown by the evidence. The law does not say how a reasonably careful person would act under those circumstances. That is for you to decide.

Court Instruction No. 6 - Duty To Use Ordinary Care— Definition of Contributory Negligence

It was the duty of the plaintiff, before and at the time of the occurrence, to use ordinary care for plaintiff’s own safety. A plaintiff is contributorily negligent if (1) he/she fails to use ordinary care for plaintiff’s own safety and (2) plaintiff’s failure to use such ordinary care is a proximate cause of the alleged injury. The plaintiff’s contributory negligence, if any, which is 50% or less of the total proximate cause of the injury or damage for which recovery is sought, does not bar plaintiff’s recovery. However, the total amount of damages to which he/she would otherwise be entitled is reduced in proportion to the amount of plaintiff’s negligence. This is known as contributory negligence. If the plaintiff’s contributory negligence is more than 50% of the total proximate cause of the injury or damage for which recovery is sought, the defendant shall be found not liable. You will not be considering in this trial the issue of the amount of damages, if any, to award.

Court Instruction No. 7 - Negligence of Minor Child

James Mercer, a minor is not held to the same standard of conduct as an adult. When I use the words “ordinary care” with respect to James Mercer, I mean that degree of care which a reasonably careful minor of the age, mental capacity and experience of James Mercer would use under circumstances similar to those shown by the evidence. The law does not say how such a minor child would act under those circumstances. That is for you to decide.

Court Instruction No. 8 - Concurrent Negligence Other Than Defendant's

More than one person may be to blame for causing an injury. If you decide that the defendant was negligent and that plaintiff’s negligence was a proximate cause of injury to the plaintiff, it is not a defense that some third person who is not a party to the suit may also have been to blame.

Court Instruction No. 9 - Assumption of Risk

A plaintiff impliedly assumes the risk that is inherent in the nature of an activity where the plaintiff is aware of and appreciates a danger that has been created by a defendant’s negligence, but the plaintiff nevertheless voluntarily proceeds to encounter that risk. This assumption of the risk is another form of plaintiff’s negligence.

Court Instruction No. 10 - Proximate Cause--Definition

When I use the expression “proximate cause,” I mean a cause that, in the natural or ordinary course of events, produced the plaintiff’s injury. It need not be the only cause, nor the last or nearest cause. It is sufficient if it combines with another cause resulting in the injury.

Court Instruction No. 11 - Willful and Wanton Conduct--Definition

When I use the expression “willful and wanton conduct” I mean a course of action which, if not intentional, shows an utter indifference to or conscious disregard for the safety of others.

Court Instruction No. 12 - Duty To Refrain From Willful And Wanton Conduct--Plaintiff

It was the duty of the plaintiff under Count 1 of the complaint, before and at the time of the occurrence, to refrain from willful and wanton conduct that would endanger plaintiff’s person. A plaintiff is contributorily willful and wanton if (1) plaintiff’s conduct is willful and wanton, and (2) such willful and wanton conduct is a proximate cause of the alleged injury.

The plaintiff’s contributory willful and wanton conduct, if any, which is 50% or less of the total proximate cause of the injury or damages for which recovery is sought, does not bar plaintiff’s recovery.

If the plaintiff’s contributory willful and wanton conduct is more than 50% of the total proximate cause of the injury or damages for which recovery is sought, it bars plaintiff’s recovery and your verdict shall be for the defendant.

Court Instruction No. 13 - Duty To Refrain From Willful And Wanton Conduct--Defendant

It was the duty of the defendant under Count 1 of the complaint, before and at the time of the occurrence, to refrain from willful and wanton conduct which would endanger the safety of the plaintiff.

Court Instruction No. 14 - Burden of Proof on the Issues--Affirmative Defenses

In this case defendant has asserted certain affirmative defenses as follows:

As to both Counts I and II of Plaintiff’s Complaint:

First Affirmative Defense – Plaintiff assumed the risk of injury.

Second Affirmative Defense – Plaintiff was contributorily negligent and Plaintiff was more than 50% at fault for proximately causing Plaintiff’s injuries, and therefore Plaintiff is barred from recovering any damages from Defendant.

The defendant has the burden of proving these affirmative defenses by a preponderance of the evidence.

Court Instruction No. 15 - Opinion Testimony

You have heard a witness give opinions about matters requiring special knowledge or skill. You should judge this testimony in the same way you judge the testimony from any other witness. The fact that such person has given an opinion does not mean that you are required to accept it. Give the testimony whatever weight you think it deserves, considering the reasons given for the opinion, the witness's qualifications, and all of the other evidence in the case.

Court Instruction No. 16 - Agency

Dr. Blake Smartt and Hayden Dench were the agents of the defendant Smartt Forensics, Inc. at and before the time of this occurrence. Therefore, any act or omission of the agent at that time that was in the scope of the agent's authority was in law the act or omission of the defendant.

An agent is acting within the scope of the agent's authority if the agent is engaged in an activity which has been assigned to the agent by the agent's principal, or if the agent is doing anything that may reasonably be said to have been contemplated as a part of that activity which benefits the principal. It is not necessary that an act or failure to act must have been expressly authorized by defendant.

Court Instruction No. 17 – Use Of Verdict Forms

When you retire to the jury room you will first select a foreperson. He or she will preside during your deliberations.

Your verdict must be unanimous.

Forms of verdicts are supplied with these instructions. After you have reached your verdict, fill in and sign the appropriate form of verdict and return it to the court. Your verdict must be signed by each of you. You should not write or mark upon this or any of the other instructions given to you by the court.

Verdict Forms A and B pertain to Count 1 of Plaintiff's Complaint.

Verdict Forms C and D pertain to Count 2 of Plaintiff's Complaint.

Use only one verdict form for Count 1 and use only one verdict form for Count 2.

On Count 1 of Plaintiff's Complaint, if you find for Plaintiff and against Defendant and if you further find that Plaintiff was not contributorily negligent or that plaintiff's contributory negligence was 50% or less of the total proximate cause of the injury or damage for which recovery is sought, then you should use Verdict Form A.

On Count 1 of Plaintiff's Complaint, if you find for Defendant and against Plaintiff, or if you find that plaintiff's contributory negligence was more than 50% of the total proximate cause of the injury or damage for which recovery is sought, then you should use Verdict Form B.

On Count 2 of Plaintiff's Complaint, if you find for Plaintiff and against Defendant and if you further find that Plaintiff was not contributorily negligent, or that plaintiff's contributory negligence was 50% or less of the total proximate cause of the injury or damage for which recovery is sought, then you should use Verdict Form C.

On Count 2 of Plaintiff's Complaint, if you find for Defendant and against Plaintiff, or if you find that plaintiff's contributory negligence was more than 50% of the total proximate cause of the injury or damage for which recovery is sought, then you should use Verdict Form D.

VERDICT FORM A

On Count 1 of Plaintiff's Complaint, we the jury find in favor of Plaintiff and against Defendant.

Foreperson

VERDICT FORM B

On Count 1 of Plaintiff's Complaint, we the jury find in favor of Defendant and against Plaintiff.

Foreperson

VERDICT FORM C

On Count 1 of Plaintiff's Complaint, we the jury find in favor of Plaintiff and against Defendant.

Foreperson

VERDICT FORM D

On Count 1 of Plaintiff's Complaint, we the jury find in favor of Defendant and against Plaintiff.

Foreperson

PLAINTIFF WITNESS AFFIDAVIT: CAMERON MERCER

1 My name is Cameron Mercer. I am 42 years old, and I live at 735 Brook Avenue, Lincoln City,
2 Illinois. I earned my B.S. in Business Analytics from Southern Illinois University – Carbondale
3 and my M.B.A. from the University of Illinois - Chicago. I love traveling, so working in the
4 hospitality industry was a perfect fit for me. I worked at various resorts and eventually landed the
5 position of Vice President of Marketing and Sales for Sun Luxury Resorts, Inc., a sophisticated
6 chain of hotels and resorts spanning the globe. I probably spent one or two weeks each month
7 traveling. Unfortunately, the amount of travel put a strain on my marriage, and Kelly divorced
8 me in 2015. Before the divorce, the best two days of my life were the day I married Kelly and the
9 day James was born – August 25, 2005. Kelly initially got primary custody of James, but when
10 Kelly remarried in January of 2020 and moved to Canada, James asked to come live with me to
11 stay in the same school. Of course, I said yes. Before James was injured, I used to travel at
12 company expense to all of our locations each year, as well as visiting potential new properties for
13 acquisition.

14 James and I had grown somewhat apart after the divorce, so having him with me full time was an
15 adjustment for both of us. Having no other family nearby, I looked into hiring someone to be
16 with him overnight when I was out of town. But James convinced me it was not necessary since
17 he was almost 16 years old and was mature and responsible. We agreed I would call him every
18 night to chat when I was traveling, and he knew I was only a phone call away. James spent a lot
19 of time with his best friend, Corey Martinez, in the evenings and on weekends when I was gone.
20 Corey’s family is only a couple of blocks away.

21 James was a natural leader, with many friends. He was a straight-A student and first in his
22 sophomore class at White Oak High School here in Lincoln City. James planned to study

23 chemistry in college because he wanted to be a forensic analyst. So as a freshman, he set his
24 sights on getting into the Illinois School of Science and Technology (ISST) for his last two years
25 of high school. ISST has a rigorous application process because it is a state-supported boarding
26 school for the best students in Illinois. In early February of 2021, James got his acceptance letter.
27 In his ISST acceptance package, James received a list of summer enrichment programs. One of
28 them was the Smartt Forensics Camp at Loganville University in Loganville, Illinois, in the
29 Southern part of the state. I noticed the camp was accredited by the National Camp Association
30 (NCA), which is a voluntary process to assure consumers it follows government and industry
31 safety standards. NCA accreditation was important to me. The NCA has about a dozen
32 mandatory standards to be met to receive and maintain accreditation, and several hundred
33 additional recommended standards. I am familiar with the NCA accreditation standards because
34 some of our resorts offer summer camps for children of guests, and we work hard to maintain our
35 NCA accreditation. Exhibit #1 lists the mandatory standards for the NCA accreditation.
36 James begged to go to the Smartt Forensics Camp, and since it was accredited by the NCA and
37 recommended by ISST, I said yes. The timing was perfect because I would be in Greece the
38 fourth week in June, and James would typically be at home while I am away. James filled out the
39 camp application and encouraged Corey to also apply. By the end of March, he and Corey were
40 both accepted to the camp, and we made plans for Corey's parents to take them both to camp. I
41 filled out the confirmation form, signed the waiver, and sent in the paperwork along with the
42 deposit money immediately to confirm James's spot. A copy of the Smartt Forensics'
43 Confirmation and Liability Waiver Form is marked as Exhibit #2.
44 In mid-April, James started complaining of feeling thirsty and hungry all the time, even though
45 he was eating an enormous amount of food like most teenage boys. In fact, he was even losing

46 weight, and seemed tired all the time, too. He also needed to use the bathroom frequently and
47 complained of blurry vision. Fortunately, I was home, so I made an appointment for him on
48 Friday, April 23, 2021, with the family doctor, Dr. Lisa Mayes. We were shocked when Dr.
49 Mayes tested James's blood sugar level and found it was 380. She told us a random blood sugar
50 test result above 200 indicates possible diabetes. Dr. Mayes also found something harmful called
51 ketones in James's urine, which can be a sign of diabetes. High levels of ketones uncontrolled in
52 diabetics can be life-threatening.

53 Dr. Mayes called ahead to the University of Illinois Medical Center (UIMC) to let them know of
54 James's results and then sent us to UIMC the same day. James was admitted to the hospital and
55 stayed two days. A copy of his admittance report is marked as Exhibit #3. At UIMC, we met
56 with Dr. Quinn Lawrence, a pediatric endocrinologist who specializes in diseases caused by
57 problems with hormones. We learned James's pancreas was no longer making insulin, so he was
58 diagnosed with Type I Diabetes. Insulin is a hormone, produced by the pancreas, that helps to
59 regulate blood glucose levels by causing glucose to move out of the blood and into the body
60 cells. Without insulin, the glucose stays in the blood. When James's pancreas quit making
61 insulin, his blood sugar skyrocketed, leading to the symptoms he was experiencing.

62 No one in my family had ever been diabetic, so I was alarmed. James was given an insulin
63 injection to bring his blood sugar down. We were told James would need to test his blood sugar
64 level several times throughout the day and give himself long-acting insulin and quick-acting
65 insulin shots to keep his blood sugar under control. A nurse taught James how to do everything,
66 and a registered dietitian also spoke with us.

67 We were given information on a diabetic diet from the American Diabetes Association, and how
68 James's mealtimes needed to be consistent so his insulin shots would have the right effect.

69 Exhibit #4 is the information sheet on hypoglycemia from the American Diabetes Association
70 given to us by Dr. Lawrence. The dietitian said James should always have snacks available in
71 case his sugar got too low. Finally, he was told how exercise was helpful, but during exercise he
72 needed to check his blood sugar. After James was discharged on Sunday, April 25, 2021, we
73 were scheduled for weekly follow-up visits until Dr. Lawrence was sure James's blood sugar
74 was under control. It was all pretty overwhelming, but James seemed to take it in stride, better
75 than I did. This new information was easy to him because he loved all the sciences. James's
76 calmness was reassuring to me, and I figured we would get through this.

77 When we got home from the stay at UIMC, we immediately threw out all the sweets we had in
78 the house. We learned about needing to eat more lean meat and vegetables. I love dessert, so this
79 was going to be a big change for me, too. He already did most of our cooking because of my
80 work schedule, and I must admit the food he prepared was pretty good. Of course, I read the
81 doctor's handouts on Type I Diabetes, but I mainly relied on James to keep track of what he
82 should eat.

83 James tested his blood sugar before and after meals for the next week, as well as before bedtime.
84 He seemed to pick up pretty quickly on what to do to keep his blood sugar at the recommended
85 level. We saw Dr. Lawrence again on April 30, 2021, and Dr. Lawrence was pleased with
86 James's daily blood sugar levels, as noted in the follow-up report marked as Exhibit #5. Dr.
87 Lawrence talked with James about continuing to keep his sugar under tight control through
88 frequent monitoring and adjustments. We came back for two more follow-up visits, and when
89 James's blood sugar levels stayed under control, Dr. Lawrence said we could wait three months
90 to come again.

91 Dr. Lawrence recommended we get James a medical ID necklace or bracelet and tell his close
92 friends about the diagnosis to help them recognize symptoms of low blood sugar. I got an ID
93 necklace for James, but he rarely wore it. James told the school nurse about his diabetes so he
94 could administer his insulin at school, but he kept it a secret from everyone else, even Corey. He
95 told me he did not want his friends to treat him differently. I encouraged James to tell Corey, but
96 I did not want to interfere in James's decision. I figured James was mature enough to make his
97 own choices, and since we were still in the early stages of him living with me full-time, I did not
98 want to cause tension between us. I wish now that I had been more insistent about the ID
99 necklace and told Corey and Corey's family about James's diabetes.

100 Before we knew it, it was Saturday, June 19, 2021, and time for James and Corey to go to camp.
101 I had to be at the airport by 6 a.m. for my flight to Greece the same day, so I woke James at 4:15
102 a.m. to tell him goodbye. I had not planned to wake him up, but as I was about to walk out the
103 door, I realized we never informed the camp about his diabetes. We sent in his registration forms
104 prior to his diagnosis, so the diabetes was not on his camp form. James sleepily assured me he
105 would say something to the camp nurse. I barely made it through airport security in time for my
106 flight, so I did not have time to call the camp myself.

107 At 9 a.m., James texted me saying he and Corey were in the Martinez's SUV, on the several hour
108 trip to Loganville. James texted about having packed enough insulin in his backpack since the
109 insulin was stored at room temperature. When I got his text after landing that evening, I replied
110 back to have a good week and said I would call him every morning at 7 a.m. Eastern Daylight
111 Time (EDT), which was 2 p.m. in Greece.

112 True to my word, I called him at 7 a.m. (his time) on Sunday morning. James told me the camp
113 was great so far. On Saturday afternoon Dr. Blake Smartt, Smartt Forensics' CEO, had told them

114 lots of stories about Dr. Smartt's prior work as a medical examiner. Then James met his activity
115 group camp counselor, Hayden Dench, who was studying biochemistry at Loganville University.
116 The campers worked in academic focus groups during the day and did evening recreation with
117 their activity group. James happily reported that he and Corey had been placed in the same focus
118 and activity groups. I asked whether he had told the camp nurse about his diabetes. He said, "Not
119 yet, but I will do it first thing today." Then he told me he needed to shower and head off to
120 breakfast. He also said it would be better if he called me once he was up and moving. My
121 schedule was flexible in the afternoons, so we agreed for James to always call me between 7:00
122 and 7:30 a.m. EDT to check in.

123 After I hung up from talking with James, I tried calling the camp phone number myself, to tell
124 them about his diabetes. The call went straight to voicemail, and the mailbox was full so I could
125 not leave a message. I knew James was reliable, so I figured he would tell them.

126 James called me as promised Monday through Wednesday, and it was great to hear his
127 excitement about everything he was learning. He told me the camp instructors were outstanding.
128 He especially liked his camp counselor, Hayden. James said they were getting to analyze
129 "evidence" from a "murder scene" on campus. He started telling me all about
130 "electropherograms" and "STR" analysis. It made no sense to me at all, but I could tell James
131 was loving every minute of it. In the excitement of hearing about his camp activities, I forgot to
132 confirm if he told the camp nurse and other staff about his diabetes. After finishing up with
133 work, I called the camp directly on Wednesday, June 23, 2021, at approximately 9 p.m. my time
134 and 2 p.m. James's time. I dialed the camp's main number and specifically asked to speak with
135 Hayden Dench, James's counselor. The call went straight to voicemail. Even though I knew
136 James was mature and responsible, I called because I wanted the camp to know that he had

137 packed an ample supply of insulin in his backpack to treat his diabetes. I left that voicemail and
138 now they say they did not receive it until after the accident.

139 On Thursday June 24, 2021, I waited for James's call, but he never called. At 2:40 p.m. my time
140 or 7:40 a.m. James's time, I tried to call him, just to touch base, but my call went to voicemail. I
141 was a little concerned, but I figured maybe he had overslept and had to rush to his first session.

142 So, I texted him and asked him to call later in the day if he could. At 3:40 p.m. my time and 8:40
143 a.m. James's time, my phone rang. I breathed a sigh of relief until I realized it was not James's
144 phone number. It was Dr. Smartt, who said James had been in a serious accident and was taken
145 to Loganville Medical Center. I told Dr. Smartt to do everything to take care of my child until I
146 could get there. I do not remember much else of what Dr. Smartt said. I got off the phone and
147 booked the first flight to Loganville. I arrived by 4 p.m. the next afternoon, and I rushed right to
148 the hospital. I almost passed out when I saw James in the ICU, on a ventilator with a neck brace
149 and tubes coming out all over. A surgeon had already operated on James's spine to help prevent
150 further injury.

151 Dr. Smartt talked with me at the hospital. I learned James and his group had gone on a hike
152 Wednesday afternoon, gotten lost, and had to spend the night on the trail in a heavy rainstorm.
153 Apparently, James got up in the middle of the night to use the bathroom. He slipped and fell
154 down a steep slope and hit his head. It was morning before the campers were rescued and James
155 was taken to the hospital. No one knew where they were until one of the campers and head
156 counselor made it out to their van once daylight broke.

157 James was in the hospital for three weeks before he was moved to a rehab center in a nearby
158 town, where he stayed an additional six months. I hated that James spent his sixteenth birthday in
159 rehab. Once at home, I added a wheelchair ramp and had the downstairs den converted into an

160 accessible bed and bath. James receives daily in-home assistance since I need to work and pay
161 bills.

162 Now James is a quadriplegic, and they say he will never walk again. He broke his neck at
163 vertebra C6 in the fall, and he has limited movement of his arms and only partial use of his
164 wrists. I was provided details about spinal cord injuries with his ER paperwork provided by Dr.
165 Emerson, which are marked respectively as Exhibit #12 and Exhibit #13. He also suffered a
166 serious concussion and has terrible headaches and memory issues. He cannot remember anything
167 about what happened from his time at camp. It is not yet certain whether the memory loss is
168 permanent. Either way, it is clear James's future is vastly different than what he and I had
169 imagined. Because the head injury impacted his memory so greatly, he will never be able to go
170 to college, much less ISST. He has not been back to school since he fell. The doctors say he will
171 probably never be able to live independently. I have James on my medical insurance, but my
172 share of the bills is enormous, and they are still piling up.

173 I know I signed a camp liability waiver form. I do not know for sure whether James told the
174 camp about his diabetes, although he promised me that he would tell them, and I have never
175 known him to break a promise. Even still, I called the camp to be sure they knew and left a
176 voicemail to that effect. But either way, the camp should never have sent those kids on that hike
177 in the first place. NCA standards require two adults be present on any hike off-site, but Hayden
178 was the only counselor on the hike. I looked up the Wednesday weather forecast when I got to
179 Loganville that Friday, and it had clearly indicated a storm arrived sometime Wednesday
180 evening. A copy of the National Weather Service forecast for Loganville, Illinois on Wednesday,
181 June 23, 2021, is marked as Exhibit #7.

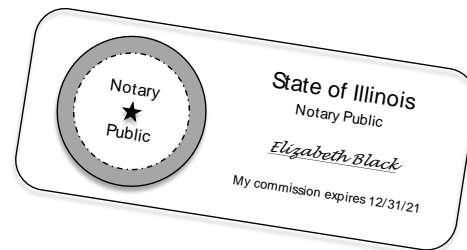
182 And why did no one know where they were? We would never allow our resort staff to take
183 campers to a location we had not checked out thoroughly beforehand. Even going to an
184 unfamiliar site, Hayden should have managed to get the campers off the steep slope before dark.
185 All they had to do was retrace their steps before it got too late. Or, if they were lost, they should
186 have found a safer place to settle down for the night. The whole thing was crazy. That hike
187 violated several of the NCA standards they are supposed to follow. Money can never make
188 things right, but the camp needs to pay not only to help me with all the medical bills, but to make
189 sure they never put any other campers at risk.

Further affiant sayeth not.

Cameron Mercer

Signed and sworn before me on
November 1, 2021.

Elizabeth Black



PLAINTIFF WITNESS AFFIDAVIT: COREY MARTINEZ

1 My name is Corey Martinez. I am 18 years old and a senior at White Oak High School here in
2 Lincoln City. I live at 321 Wildewood Downs Drive, about two blocks away from my best
3 friend, James Mercer. James and I have hung out together since elementary school, when we got
4 our “Mad Scientist” chemistry sets and pretended to investigate crime scenes in our backyards. I
5 always acted as the “sketch artist” so we could “preserve the evidence” to keep in our
6 investigator notebooks. We had great plans to attend the University of Illinois-Chicago (UIC),
7 double-major in chemistry and forensic science, and then get jobs as forensic analysts. We talked
8 about it when James ate dinner at my house, which was several times a week after his parents
9 split up. I still cannot believe James is paralyzed. I try to spend as much time as I can with
10 James, but with James’s memory loss, it is hard to hold a conversation. Smartt Forensics should
11 pay for what happened to James. I wish we never heard of the Smartt Forensics camp.
12 James is the one who wanted us to go to Smartt Forensics camp. He learned about it after getting
13 into to the Illinois School of Science and Technology (ISST) for his last two years of high
14 school. We both applied, but I was not accepted. James was first in our class and had a way of
15 connecting with people. It did not matter if they were school principals or janitors – James could
16 talk to anyone and be totally at ease. I have lots of friends, but I am not nearly as social as James.
17 It was no surprise that he aced the ISST interview. I was going to miss him at White Oak High
18 School, but I was excited for him. I felt better when he said we would still take classes and study
19 together at UIC. When he suggested we attend the Smartt Forensics camp, I thought it would be
20 a great way to have fun before he headed to ISST in the fall. We were both accepted to the camp
21 and submitted our confirmations, signed waivers, and deposits immediately. The confirmation

22 and liability waiver form, marked as Exhibit #2, is exactly the same as the one I completed, and
23 my parents signed.

24 Even when we were kids, James was always the leader in our adventures. He was super smart,
25 confident, and always sure about being right. He was not conceited, just intense. Once he made
26 up his mind to do something, he rarely changed it. Most of the time, his ideas worked out great.
27 But sometimes, he went a bit too far and got us in trouble.

28 When we were 12 years old, he led us hiking for two hours along a stream behind my house. It
29 felt like we were pioneers in the wilderness. We saw deer and foxes, and even tracks for
30 raccoons. It was pretty cool. It got late in the afternoon, and I wanted to turn around, but we
31 came to a spot where you could climb up a cliff overlooking where the stream pooled. It was
32 maybe 20 feet high. We had no idea how deep the water was. All of this made me nervous
33 because I do not like heights, but I followed him anyway. All of a sudden, James yelled “Woo
34 Hoo” and leapt off the cliff towards the water. I was shocked and terrified that James would
35 break a leg or worse. If he had, I could never have gotten him to safety by myself. Luckily, the
36 water turned out to be pretty deep, so James came up laughing and saying “Come on, Corey, try
37 it! The water is fine.” No way was I going to jump, so I climbed carefully back down the cliff. I
38 told him we needed to get back before dinner, so no one would know of our adventure. Probably
39 once or twice a year, James would do some crazy stunt. Somehow, he always escaped without
40 injury. I figured he had good luck on his side.

41 At 9 a.m. on June 19, 2021, we piled in my family’s Expedition to go to Smartt Forensics camp.
42 James and I were both really excited. The camp had different Crime Scene Investigation (CSI)
43 topics to focus on, like fingerprint analysis, DNA analysis, impression and pattern evidence, and
44 more. We both knew right away we wanted to be in the DNA analysis group. We even watched

45 Lincoln City Forensic Specialist Beth Kirby testify in the Sawyer trial. Her testimony was a key
46 factor in Sawyer’s conviction and watching Ms. Kirby at trial convinced us even more about
47 becoming forensic analysts.

48 I have to admit, the camp started out great. At registration, we got our dorm keys and reviewed
49 our camp forms to make any needed changes. We all had private dorm rooms. We unpacked our
50 bags and headed to the lecture hall to be greeted by Dr. Blake Smartt, the Smartt Forensics CEO.
51 Dr. Smartt told us how the forensic camps were started in 2010 at Loganville University, and
52 camps were now held at twenty colleges. Dr. Smartt does not go to all the camps, but always
53 teaches at Loganville University because Dr. Smartt lives in Lincoln City. The location was
54 terrific: a tree-lined campus with cutting-edge labs and forest covered hills all around. Dr. Smartt
55 shared some awesome stories about working as a Medical Examiner (ME) before starting Smartt
56 Forensics. Next, Dr. Smartt explained that we had all been assigned to different co-ed, 10-student
57 groups for evening recreation activities. James and I had the same counselor, Hayden Dench, a
58 student majoring in biochemistry at Loganville. James and I were pumped to be put in the DNA
59 focus group together and the same evening activity group too, both led by Hayden. It seemed as
60 if things could not get any better.

61 The camp sessions were amazing. The camp had set up a “crime scene” on campus, with DNA
62 evidence, fingerprints, bullets, text messages . . . you name it. We attended lectures by MEs,
63 different types of forensic scientists, and Loganville professors on every topic. Then our
64 counselors guided us while we analyzed our focus group evidence. We had several suspects for
65 the case, and by the end of camp, we were supposed to report our results to prove who the real
66 criminal was. It was a cool way to apply the information we were learning, and we were having a
67 blast.

68 After supper, we did activities with our assigned evening activity groups. Some of the campers
69 complained about their counselors, but Hayden was pretty cool. Because Hayden had such fun
70 outdoor evening events planned, James and I checked the weather for the week to see what the
71 weather would be like. A copy of the weekly forecast for June 19 – 26, 2021, is marked as
72 Exhibit #6. Hayden made a real effort trying to get to know each of us. Of course, with his great
73 people skills, James hit it off with Hayden in no time. On Saturday night, everyone went on a
74 campus-wide scavenger hunt to learn their way around, and the winning team earned a pizza
75 party. With Hayden, the head counselor, on our team we won the prize by a landslide.
76 The next three evenings were just as fun. On Sunday, we played Ultimate Frisbee. We began at 7
77 p.m. and played for nearly two hours until it got dark around 9 p.m. I remember James taking a
78 break midway to get something out of his backpack and then drank a can of orange juice. When
79 Hayden asked James if he was okay, he said, “Never better!” and jumped right back in the game.
80 I had never seen James take a break before – I often took one to use my asthma inhaler – but I
81 did not think much of it. On Monday, we went canoeing on the campus lake, ending with a
82 massive water fight with our paddles. It was awesome. I remember James taking a quick trip to
83 his dorm room right beforehand and drinking some more OJ on the way to the lake. When I
84 kidded him about all the OJ, he just said “I’m trying to build in healthy habits before I go off to
85 ISST. OJ is way better for you than that soda you drink!” I could not argue with that point, so I
86 changed the subject. Tuesday night after our sessions, our group went swimming at the
87 university pool. James took a break from swimming and disappeared for about 15 minutes. I
88 have no idea what he was doing, but he was fine when he got back.
89 On Wednesday, Hayden told us we had a special outing that night. Hayden said we would bring
90 a picnic dinner, hike along a stream not far from campus, and swim at the base of a waterfall.

91 Hayden had never gone there before, but one of Hayden's friends was coming along to guide us.
92 The waterfall was supposed to be near a scenic overlook like none other. For just a second, I had
93 a flash back as I recalled our adventure when we were twelve, but I put it out of my mind. What
94 could go wrong?

95 Hayden told us all to grab our backpacks and bring water, a light jacket in case we got wet, and a
96 towel. Hayden said to wear decent shoes for hiking and to meet at the camp's van by 5:30 p.m.
97 Hayden also announced if anyone felt like they were not up for a short hike, they could join a
98 different group just for that night. But we all thought it sounded like fun, so we went and got our
99 stuff. By 5:30 p.m., all ten of us in our activity group were at the camp's van. Hayden said the
100 friend who was coming along to guide us had just said he couldn't make it, but Hayden had
101 directions. It was a beautiful day – partly cloudy with temperatures in the mid 80's – so none of
102 us brought light jackets despite Hayden's suggestion. We all wore bathing suits or shorts and t-
103 shirts, and two in the group had towels. The rest of us said we would air-dry as we walked back
104 to the van. Everyone wore tennis shoes, so Hayden decided we were okay.

105 Hayden already had the food and drinks loaded, so we piled in the van. About 20 minutes later
106 we parked at a scenic overlook. A narrow dirt trail led off to the right. The trail did not have a
107 sign or a marker. We enjoyed the view for a bit and then we started down the trail. I remember
108 the time was 6:15 p.m. because I glanced at my watch. Hayden said we would leave the food in
109 the van and send two of us back for it after we found the waterfall. Hayden's friend said we
110 would only have to hike for about 15 minutes or so to find the spot, so Hayden figured it would
111 be easy to come back for the food after we swam in the water for a little while.

112 At the beginning, the path was maybe 70 feet above the stream. It sloped gently down, and soon
113 we crossed the stream at a shallow place where we could jump from one rock to another. We

114 followed the path to the left, going in a downstream direction. A bit later we came to a fork in the
115 path. The right-hand trail went up and away from the stream, while the left-hand trail forked
116 down and closer to the stream. Hayden decided we should take the lower path since the waterfall
117 and picnic area would be by the stream. After a little way, the path became narrower and covered
118 in leaves, and sloped down sharply. Hayden thought we were probably on a deer trail, not the
119 hiking trail. But Hayden decided to keep walking along the stream because it would be hard to
120 climb back up, and we ought to be almost near the waterfall.

121 The trail ended soon after we reached the stream, so we started rock-hopping and wading
122 downstream in the water, which was maybe a foot deep. The current was pretty gentle. The
123 stream water was cold, but the air was warm. We were having so much fun talking, that no one
124 knew how long we had walked. It was definitely way more than 10 to 15 minutes. At one point,
125 we saw a clearing on the right, which looked like it might connect to a trail. But we were
126 enjoying our exploration, so we kept going along in the stream.

127 Finally, I looked at my watch and realized it was 7:30 p.m. We had been walking for more than
128 an hour and had not seen a waterfall or calm pool area with a clearing beside it. I told Hayden the
129 time, and Hayden seemed surprised it was so late. Hayden's cell phone had died and Hayden was
130 not wearing a watch. I said maybe we should head back since darker clouds had moved in, the air
131 was cooling off, and some of us were starting to shiver. Hayden agreed and we turned around.
132 The banks were steep, so we had to keep walking in the stream. After several campers said they
133 were hungry, Hayden pulled granola bars out of a backpack and told us to share the water some
134 campers had brought. A few campers did not eat anything, but James and I each ate a granola
135 bar. As we struggled back upstream, the current seemed stronger than before. We had to keep

136 stopping to rest and catch our breath. At one point, I even had to use the asthma inhaler I always
137 carry.

138 By this time, it was getting pretty dark, and it felt as though it might rain. We never saw the
139 clearing we had seen earlier. Hayden said we needed to climb up the bank to get away from the
140 cold stream and to avoid hypothermia. A few campers tried to use the GPS on their cell phones,
141 but they did not have a cell signal. We all started climbing up the left bank of the stream – the
142 side away from the road – because it was a little easier. It was still a hard climb because there
143 were lots of vines and thorns, and no path at all. Several of the campers were visibly upset and
144 struggling to climb. After we had gone maybe halfway up the steep hillside to reach warmer air,
145 Hayden decided we should stay put rather than climb any further. We all used our feet and hands
146 to try to dig out a level place to sit. A few of us tried building a rough lean-to for shelter with
147 some downed branches, using our cell phone flashlights to help us see.

148 Knowing what a bad situation we were in, Hayden and one of the other campers, Abbey, hiked
149 farther up the mountain to try and call 911 on Abbey’s cell phone. When they came back,
150 Hayden said they had reached 911 right before Abbey’s cell phone died and help was on the
151 way. It was about 10 p.m. by that point and then it started raining lightly.

152 We all tried to huddle together under the lean-to, but it was not effective. It then started pouring
153 rain, and soon we were all drenched and shivering. The temperature dropped and it was getting
154 windy. Hayden said if anyone needed to leave the “shelter” to use the bathroom, a buddy should
155 go along to make sure they were okay. While most of us stayed put, a couple of the girls who
156 ventured out said it was slippery and they almost fell down the mountain in the dark. We took
157 turns yelling “help” every few minutes in case the rescuers were nearby. After a while the rain
158 stopped. We never heard the rescuers, so we stopped yelling and eventually dozed off.

159 Around 3 a.m., I woke up because James bumped into me. I looked at my watch and said, “What
160 are you doing?” James rubbed his head and seemed confused, asking “Where are we? What’s
161 going on?” I told him we were lost in the woods on a hike for camp, and he said “Camp?” like he
162 did not know what I meant. I said, “Go back to sleep,” but he said “No, I gotta go,” so I figured
163 he needed to use the bathroom. The ground was wet, and it was dark, so I said, “Can’t you
164 wait?” But James was already up and stumbling out of the lean-to. I groaned and started to get up
165 when I heard James scream. Then I heard sounds of sliding and branches breaking, followed by a
166 loud “wham” down below, and a cry for help. Hayden leaped up and said, “What was that?” I
167 yelled, “It was James. He slipped and fell.” Hayden told us to stay put, but I ignored Hayden and
168 went down the slope as quickly as I could. It was kind of scary trying to get to him in the dark
169 and not fall myself because the ground was wet and slippery.

170 We found James lying face up on a rock in the stream, crying and saying, “I can’t move!!” We
171 could not leave him in the freezing water, so Hayden supported his neck and shoulders. I
172 supported his legs, and we moved him to the bank. Hayden kept telling me to hurry, we needed
173 to get James out of the stream quickly. Hayden tried to instruct me on how to move James safely,
174 but I was so scared and shaken it was hard to concentrate. I slipped once when we were carrying
175 James, and Hayden almost dropped his upper body. When we finally got James to the bank, we
176 had to feel around with our feet to find a level place because it was so dark. At last, we found a
177 good spot. Hayden put a jacket over James to keep him warm, then had me yell up to the
178 campsite and tell the campers what happened and for them to stay put. After that, I told Hayden I
179 wanted to hike up the stream the way we came from, to see if I could get to the van and go for
180 help. Hayden said it was too dark and dangerous – what if I got hurt, too? Hayden said we had to

181 wait for daylight. So, we both stayed beside James talking to him trying to keep him calm and
182 awake.

183 When it began getting light around 5:45 a.m., Hayden and another camper started hiking out
184 along the stream, while I stayed with James. About 40 minutes later, Hayden came back with
185 several deputies. Hayden said the deputies called for an ambulance, and the camper stayed
186 behind to guide the Emergency Medical Technicians (EMTs) to us. The deputies also said they
187 had been searching and calling for us all night, but we never heard them. A little later, the EMTs
188 reached us at the bank of the stream. They talked with Hayden and me to learn what happened.
189 Then they carried James out on a backboard with a neck brace, and by 7:30 a.m., the ambulance
190 left for the hospital. Hayden drove the rest of us back to camp. By 8:30 a.m. we were greeted by
191 Dr. Smartt in the parking lot and shared what happened. I was really shaken up. I wanted to go
192 see James in the hospital, but they said no, not right now. I could not bear to stay at the camp any
193 longer. I wanted to leave after what happened to James, so I called my parents and asked them to
194 pick me up. After getting back home after the incident, I created a map using my computer to
195 retrace our steps, but it got so confusing I just quit with the sketch. I am not exactly sure how far
196 down the stream we went.

197 I later learned that James has diabetes, and that hiking for hours with not enough food or drink
198 probably lowered his blood sugar and made him confused. I had no idea he had diabetes because
199 he never told me. Surely, he would have told the camp staff, though. We did not have to get a
200 sports physical before camp, but I made sure to put down my asthma meds on the camp release
201 form anyway. I have attended other camps which required a sports physical within ten days of
202 arrival. If Smartt Forensics had required a physical, they would have known about James's
203 diabetes.

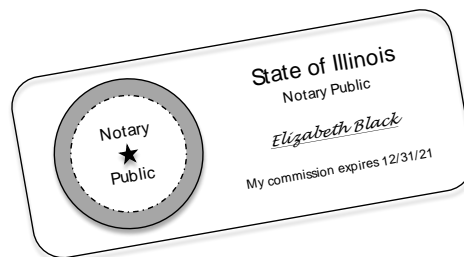
204 I liked Hayden and felt that Hayden cared about us. But the camp should never have let Hayden
205 take us on a hike without knowing where to go. Or at the least, we should have turned around
206 much sooner. Hayden should have kept track of the time better and made sure Hayden's cell
207 phone was fully charged. If we would have had another adult with us, one adult could have hiked
208 out to the van without leaving the campers all alone, and someone should have known where to
209 find us when we were not back by dark. We should never have been stuck on a forest covered
210 hill all night in a rainstorm. If we would have done the regular evening activities, instead of
211 going on that stupid hike, none of this would have ever happened, and James and I would have
212 started UIC together in the fall of 2021. Now James's life is changed forever - all because the
213 camp did not do what it should have.

Further affiant sayeth not.

Corey Martinez

Signed and sworn before me on
November 1, 2021.

Elizabeth Black



PLAINTIFF WITNESS AFFIDAVIT: DR. DREW EMERSON

1 My name is Dr. Drew Emerson. I am 49 years old and reside in Loganville, Illinois with my
2 spouse and four children – three girls and a boy. I grew up in Loganville and always planned to
3 live and work here as a doctor like both of my parents. I obtained my undergraduate degree at the
4 University of Maryland, graduating summa cum laude. After attending Harvard Medical School,
5 I completed my residency in Emergency Medicine at Johns Hopkins in Baltimore, Maryland. I
6 have worked in the emergency room (ER) at Loganville Medical Center (LMC) in Loganville for
7 the last 19 years. I am an associate professor at Loganville University School of Medicine and
8 Chair of the LMC Department of Emergency Medicine. More details about my background and
9 experience are listed in my curriculum vitae, which is marked as Exhibit #8.

10 Due to the nature of my work, I have testified in court on five previous occasions, all for the
11 plaintiff's side. My testimony deals solely with the injuries sustained by a patient prior to
12 reaching the ER. I am being paid \$10,000 as compensation for my trial preparation and
13 testimony today.

14 We see a wide variety of cases in the ER, including people injured during accidents while skiing,
15 hiking, or canoeing in the surrounding mountains. Southern Illinois is one of the most beautiful
16 regions in Illinois, drawing many tourists from across the state and even as far away as
17 California. I am a big proponent of outdoor activities, and few places in Illinois have so many
18 opportunities to enjoy nature. Unfortunately, some outdoor enthusiasts forget to use wisdom and
19 caution, putting themselves and others at risk. Every summer we see youths who break their
20 arms or sustain concussions at local camps, and we also see our share of middle-aged "weekend
21 warriors" who injure themselves while boating or hiking in the national forest. Fortunately, due

22 to our outstanding Department of Emergency Medicine at LMC, we can bring about a positive
23 outcome in almost all circumstances.

24 Sadly, that was not the case for James Mercer on the morning of June 24, 2021, according to the
25 ER report marked as Exhibit #12. I began working at 6:45 a.m., and at 7:58 a.m. the ambulance
26 carrying James Mercer arrived at the ER. The Emergency Medical Technicians (EMTs) had
27 called ahead to warn us of a possible spinal cord injury. James was brought in on a backboard
28 with his head and neck stabilized in a cervical collar. He appeared to be in shock, was confused,
29 and was unable to answer questions. Immediately, I went to work on James to stabilize and
30 prepare him for admission to the Intensive Care Unit, or ICU. The lead EMT gave us a quick
31 report on James. He said James was with other campers from a camp held at Loganville
32 University who got lost while hiking and were stranded overnight in a storm. At approximately 3
33 a.m., according to the camp counselor, James apparently got up to use the bathroom, slipped, and
34 plunged down a hillside into the stream below, hitting his head on a rock. When the camp
35 counselor reached James, he was crying and complaining he could not move. The camp
36 counselor and one of the campers moved James from the cold water, placing him on the bank of
37 the stream. They kept James awake and as warm as they could until daylight when they could
38 find their way out. They said James last consumed fluid and food the night before. They found
39 rescue personnel who had been searching for them all night. The deputies hiked in to stay with
40 James until the EMTs could reach and transport him. By 7:30 a.m., James was on his way to the
41 ER.

42 We immediately began evaluating James following the “A, B, C, D, E” protocol – airway,
43 breathing, circulation, disability/neurologic status, and exposure/environmental control. James’
44 airway was not obstructed. His breathing was decreased, so we put him on oxygen to ensure

45 adequate levels of oxygen in the blood. His pulse and blood pressure were low, but these values
46 did not appear to be the result of internal or external bleeding. Rather, James was suffering from
47 “neurogenic shock” as a result of an apparent spinal cord injury. If not treated quickly,
48 neurogenic shock can lead to organ dysfunction and even death. Lastly, we examined James
49 thoroughly for any signs of additional injuries. He had scrapes and contusions on his head, face,
50 arms, and legs, but they were not serious. After the physical examination, we covered James with
51 heated blankets to keep him warm.

52 To stabilize James’ condition, we started him on warmed intravenous (IV) fluids and vasopressor
53 medications to raise his body temperature and blood pressure back to normal. We drew blood
54 and sent it off to the lab to check for abnormalities. A finger stick blood sugar test revealed
55 James had hypoglycemia, or low blood sugar, so we added IV dextrose, a type of glucose (sugar)
56 solution, right away. Forty-five minutes later, the initial blood tests revealed James’ insulin level
57 was considerably low, and we realized James appeared to have Type I Diabetes. As a diabetic,
58 James’ cells would not be able to use the dextrose we had given him. A second finger stick
59 glucose test revealed his blood glucose level was now high. This was not surprising since James
60 had very little insulin to move the glucose from his blood into his cells. We stopped the dextrose
61 and started IV insulin to make sure his blood glucose level returned to the appropriate range.
62 James’ lactic acid level was also elevated, most likely due to his uncontrolled diabetes and
63 trauma from the accident. He was not wearing any medical identification to inform us of his
64 diabetes, which delayed us from giving him proper treatment.

65 During all of this time, we kept James’ head and neck immobilized. He remained confused and
66 non-responsive to our questions. When we conducted sensory and motor evaluations of his
67 hands, arms, torso, and legs he did not appear able to move his lower limbs, and he had only

68 limited movement of his arms and wrists. As soon as he was stable, we ordered spinal
69 Computerized Tomography (CT) scans. The scans revealed James had indeed broken his neck as
70 a result of the fall. He had what we call an incomplete spinal injury at C6, or cervical vertebra
71 number 6. An incomplete spinal injury means some functions below the injury may be
72 unaffected. In James' case, a severe compression and partial lesion of the spine had occurred at
73 the C6 vertebra, rendering him a partial quadriplegic. A quadriplegic is an individual who has
74 lost partial or total control of the trunk, arms, and legs. Exhibit #13, which describes the various
75 kinds of spinal cord injuries, was provided to the family along with the ER report.

76 In addition, James appeared to have sustained a serious concussion. A concussion is a type of
77 traumatic brain injury caused by a blow or jolt to the head. The injury occurs from acceleration
78 and deceleration forces shaking the brain inside the skull. Most concussions do not lead to a loss
79 of consciousness, but they often lead to mental foginess or confusion. It was difficult in the ER
80 to determine to what extent James' confusion was the result of a concussion as opposed to
81 resulting from hypoglycemia and/or shock. We noted the likelihood of a concussion in our report
82 as an issue to be addressed during his hospital admission and follow-up care.

83 After the CT scan results were obtained, James was admitted to the ICU at 11 a.m. Shortly after
84 being moved to the ICU, Dr. Blake Smartt, the director of Smartt Forensics Camp, asked for an
85 update on James. Dr. Smartt provided me a copy of the liability waiver, marked as Exhibit #2,
86 showing oversight authority for James until his parent could arrive from Greece. James
87 underwent emergency decompression and spinal fusion surgery within six hours of admission to
88 stabilize his spine and prevent additional injuries. James remained in the ICU for three days and
89 in our hospital for over three weeks until he could be moved to a rehab facility near his home. I
90 usually do not follow my patients after they leave the ER. I know they are in good hands here,

91 and I am eager to get home to my family. James' case was different. He reminded me of my own
92 son, and how quickly life changes in an instant. I cannot imagine the horror of having my son
93 injured so severely at a camp, especially when the camp was not even a wilderness camp. I
94 visited James several times per week while he was at LMC and followed his situation closely,
95 reading his chart, and talking with his attending physician.

96 James was unable to tell us the sequence of events during his injury, either on the day of
97 admission or afterward during his recovery, due to his confusion and memory loss. It is difficult
98 to know whether he sustained his neck injury during the fall down the hillside. Perhaps the injury
99 came from hitting a tree, a rock, or both. From the information the EMTs obtained on the scene
100 from the camp counselor, James was already unable to move his legs or arms when the camp
101 counselor reached him after the fall. Anyone with a suspected spinal cord injury should not be
102 moved, if at all possible, until medical personnel arrive. However, I do not fault the counselor for
103 moving him out of the stream and onto the bank. James could have died from hypothermia if he
104 had remained in the cold water for hours. To avoid further injury, great care should be taken
105 during any movement. As someone with an interest in Wilderness Medicine, I am a certified Red
106 Cross Wilderness First Aid Instructor. According to Exhibit #9, the Red Cross Wilderness and
107 Remote First Aid Emergency Reference Guide, I know moving James was not without risk.
108 According to the EMTs, the camp counselor tried to support James' neck when moving him.
109 Nonetheless, it is possible further injury resulted from the move.

110 James had regained some ability to move his arms and some control over his wrists by the time
111 he left LMC. He had minimal control over his hands and fingers, and given the nature of his
112 injury, it is unlikely to change over time even with intensive rehabilitation. He will likely gain
113 the ability to control a motorized wheelchair, but he will need assistance with feeding, toileting,

114 dressing, bathing, and other activities of daily living. He will also need assistance with
115 monitoring his blood glucose level and administering insulin to control his diabetes.

116 Prolonged observation confirmed James sustained a concussion during the fall, which manifested
117 into headaches, difficulty concentrating, and memory problems. These post-concussion
118 symptoms may resolve over time, although it is not guaranteed. The recommended treatment for
119 concussions is rest, both physical and mental. Yet, the stress of his condition and the extensive
120 rehabilitation required to try to regain other skills made it more difficult for James to achieve the
121 proper post-recovery rest. Unfortunately for James, as the brain attempts to heal following a
122 concussion, physical or cognitive activity can cause symptoms to worsen and even lead to
123 additional long-term problems.

124 I have cared for 16 previous patients with a C6 injury in my career. The combination of diabetes,
125 post concussive syndrome, and spinal cord injury puts James in a uniquely difficult situation. As
126 a result, it is hard to predict his situation five or ten years from now. With my 19 years of
127 experience in the ER and specific concentration in trauma and neurological injuries, I am certain
128 James will require significant assistance throughout his life and will certainly never be able to
129 live independently. Based on the extent of his injuries, I also think it is highly unlikely that
130 James will ever be able to attend college or obtain employment that would enable him to be
131 financially independent as a result of the concussion's severely impacting his memory. There has
132 been much discussion about the diabetes diagnosis and what that meant to James. Quite frankly,
133 what everyone needs to understand is that James was on a hike lost in the wilderness with
134 unknown terrain or weather conditions. The injuries James sustained, and we treated, were life
135 threatening, and came directly from falling down a steep hillside in wet and slippery conditions.

136 In preparing for this trial, I reviewed all of James' medical records to include the UIMC
137 Admittance Report, information sheet on hypoglycemia, and UIMC follow-up report,
138 respectively marked as Exhibit #3, Exhibit #4, and Exhibit #5. If Dr. Lawrence had done a
139 proper job of counseling James as to the severity of a diabetes diagnosis, or insisted upon James
140 wearing a medical alert identification, we would have had the tools to properly do our job at the
141 time of admission. Instead, and because of the poor work of Dr. Lawrence, there was over an
142 hour of time in which James was not treated in the most efficient way possible. The glucose
143 problem he was suffering in addition to the spinal injury and concussion could have worsened
144 his condition.

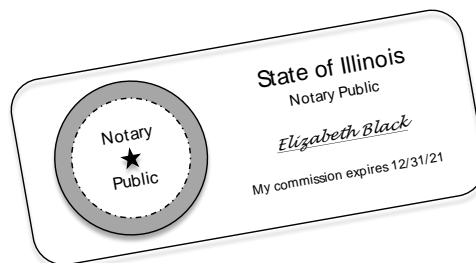
145 All of the conclusions I reached, tests I performed, and significant observations I made are
146 contained in this affidavit and the Loganville Medical Center Emergency Room report for James
147 Mercer. All my conclusions were drawn to the prevailing standard of certainty in my field. All of
148 my tests and actions followed the standard protocol for the Emergency Room at LMC for an
149 injury of this type, and all LMC protocols follow the standards in my field.

Further affiant sayeth not.

Dr. Drew Emerson, M.D.

Signed and sworn before me on
November 1, 2021.

Elizabeth Black



DEFENSE WITNESS AFFIDAVIT: DR. BLAKE SMARTT

1 I am Dr. Blake Smartt. I am 47 years old. I now live in Lincoln City, Illinois. I moved down
2 here from Brooklyn. My spouse, the twins, and I thought we were staying in Lincoln City
3 temporarily for my forensic pathology fellowship but when the fellowship was completed, we
4 decided to stay. Of course, we go back to Brooklyn to visit family. Some of my spouse's family
5 is Italian and they make great pasta that you simply cannot find anywhere else. Lincoln City is
6 our home now. We actually moved to Illinois in 2003, at the start of my fellowship.

7 I founded Smartt Forensics, Inc., a camp for forensic science in 2010, where I also serve as the
8 CEO. I created Smartt Forensics to introduce young people to the exciting careers available in
9 forensics. Of course, I am deeply distressed by the injuries James Mercer sustained while at our
10 2021 Loganville camp, but I do not believe that our camp should be found liable for what
11 happened. The accident was a tragedy. Sadly, James's own choices were the main factor leading
12 to his confusion and resulting injury.

13 Prior to starting Smartt Forensics, Inc., I worked as a Medical Examiner (ME). The path to
14 becoming an ME is a rigorous one. After graduating from New York University, I completed my
15 Medical Doctor (MD) in pathology at Columbia University Medical Center in New York. I then
16 did my four-year residency at The University of Texas Southwestern Medical Center in Dallas.
17 Before becoming a forensic pathologist, I completed an intense two-year fellowship in forensic
18 pathology at Lincoln City Medical Center, where I conducted more than 300 autopsies. It was at
19 Lincoln City Medical Center where I fell in love with the town of Lincoln City. Of course, my
20 history and additional details are noted in my curriculum vitae, which is marked as Exhibit #10.
21 I immensely enjoyed my work as an ME for the Office of Chief Medical Examiner here in
22 Lincoln City. Every day was different, and I was an integral part of cases ranging from domestic

23 violence, drownings, accidents, shootings, etc. But the office where I worked was underfunded
24 and understaffed, and, in 2009, three of us were reprimanded for substandard autopsy practices.
25 For a little while, it looked as though our medical licenses might be suspended for a year.
26 Instead, the state licensing board chose to fine each of us \$1,500 and place us on a year's
27 probation. I completed the probation without incident. That situation was a slap in the face to my
28 professionalism, especially after having just been awarded the Outstanding Young M.E. Award
29 by the Illinois Board of Medical Examiners in 2007.

30 Soon after my fellowship ended, I started volunteering at my children's school in the science
31 department. In 2008, Lincoln City County Schools honored me as "Volunteer of the Year." My
32 work schedule was intense, and it began to take a toll on my relationship with my family. The
33 twins were in school and busy with many activities, and I rarely saw them. They loved crime
34 scene investigation (CSI)-type shows, so I thought creating a CSI-type camp would give us a
35 way to reconnect. I started to do research into other similar camps out there as examples.

36 Unfortunately, the camps that I found were high on flash and low on content. They taught
37 incorrect information or little information at all. All my life, when I see a problem, I want to fix
38 it. So, the way to fix this problem of high on flash and low on content was to develop a
39 curriculum and begin offering high-quality forensics camps for high school campers. In 2010, I
40 wrote a business plan for the forensics camp, incorporated Smartt Forensics, Inc., and directed
41 the first summer camp hosted at Loganville University during my summer vacation.

42 The camp was a huge success, and I had to turn away more campers than I accepted. Clearly, I
43 was onto something, so I revised my curriculum for the next year, took more time off from work
44 and held camps at both Loganville and one other location. I recruited experts to help lead the
45 teaching sessions. I also employed college students majoring in chemistry or forensic science to

46 mentor the campers as camp counselors. By keeping the camper/instructor ratio low, I was able
47 to offer a high quality, unique experience to campers. The news media gave me a lot of free
48 publicity and, in 2012, I expanded into Indiana and Iowa locations. By the end of the summer, it
49 was clear that I either had to sell the business or leave the ME's office to work full-time on the
50 camps. I could not do both any longer.

51 I enjoyed my work as an ME, but directing the camp was truly energizing. I loved the idea of
52 inspiring youth to learn about medicine, science, and our justice system. So, after talking it over
53 with my spouse, we decided I should devote all my energies into expanding camps developed by
54 Smartt Forensics, Inc. In October of 2012, I resigned from the ME's office and began contacting
55 prestigious universities to host the camps. By 2017, we held camps during winter and spring
56 breaks as well as in the summer. We held a one-week camp at twenty different universities in the
57 Midwest. I teach at the Loganville camp and handle any medical issues there. As CEO of Smartt
58 Forensics, I coordinate and oversee all the other sites for continuity of the Smartt Forensics
59 vision.

60 Even before I stopped working as an ME, I researched learning styles, camp operations, and best
61 business practices. I wanted to make sure that my camps were informative, challenging, and age
62 appropriate. I designed the camps to include the newest research, as well as hands-on activities
63 where the campers applied what they learned. We would set up a crime scene, complete with
64 DNA evidence, fingerprint evidence, insect samples, and more—just like a real forensic scientist
65 would face. The campers worked in teams to analyze the evidence and determine which of
66 several suspects committed the crime. The campers loved the lab sessions and took their
67 investigations seriously. Every year, campers wrote me afterwards telling me how the experience
68 had completely changed or reinforced their career plans.

69 I knew early on that it would be crucial to our success to hire outstanding instructors and
70 counselors. I recruited local forensic experts, forensic entomologists, ballistics experts, college
71 professors, and experienced MEs to teach. I developed the training materials to help the
72 instructors. I also made sure that our counselors were intelligent, enthusiastic, and dependable.
73 All our counselors fill out detailed applications with personal essays and submit two personal
74 recommendations. They are required to pass a physical and a criminal background check. They
75 are also required to have basic first aid and Cardio-Pulmonary Resuscitation (CPR)
76 certifications. All counselors had to be approved by the university motor pool to drive the camp's
77 vans at the university where the camp was located. A clear driving record for the twelve months
78 preceding was required, as well.

79 Even before accreditation, we tracked our reported injuries for all of our camp locations. Every
80 year, it is the typical bumps and bruises from the evening activities, sprains, or lab-related
81 injuries. I require each site to have a camp nurse, a doctor, and at least one counselor with
82 advanced First Aid training. But at Loganville, I served as the medical resource in addition to
83 having a counselor with advanced First Aid training. I put medical measures in place when we
84 applied for accreditation from the National Camp Association (NCA), which we received in
85 2013. Accreditation is important to me because it demonstrates that we uphold the best practices
86 and standards of the industry. Exhibit #1 lists the NCA mandatory standards for accreditation.

87 Our camps are not cheap. In 2021, the tuition for a weeklong camp was \$2,000; however, the
88 vast majority of participants agreed that the cost was well worth the experience and education.
89 We also set aside money for need-based awards because I did not want to turn anyone away due
90 to cost. Of the more than 2,000 campers who attended our camps in 2020, 10% received a full or
91 partial scholarship. It is an insane amount of money coming into the camp, but it is not as much
92 as it seems when you consider the camp expenses associated with each location. Our hard work
93 has paid off! In 2020, we won a coveted “New York Life Excellence in Summer Learning
94 Award” from the National Summer Learning Association.

95 At first, I attended every camp, teaching at least one session and observing the other instructors
96 to ensure they were providing the interactive, high-quality teaching that was our hallmark. As
97 our number of camps grew, it became impossible to visit every location every year. Despite this,
98 I still visited every new site and made sure to visit any site that was experiencing difficulties. I
99 surrounded myself with the very best people, made sure that they had the Smartt Forensics
100 vision, and then gave them the freedom to implement ideas to help us improve. By training,
101 supporting, and empowering our employees, our company upholds the principles that are taught
102 to the campers: creativity, integrity, diligence, attention to detail, and teamwork. Our staff know
103 that they are valued, and they respond by becoming enthusiastic and creative leaders.

104 Our first camp was at Loganville University. I continue to serve as Loganville University Camp
105 Director and also to teach the blood analysis session because I enjoy the camp location, and it is
106 close to home. I am not the only one who loves it at Loganville University, so it is easy to recruit
107 nationally recognized instructors and top-notch counselors here.

108 I promoted Hayden Dench to head counselor at Loganville University in January 2018, because
109 Hayden did such an outstanding job the previous year. Hayden attended our camp at Loganville

110 as a rising junior in high school. I remember Hayden as engaging and brilliant. I have never had
111 a camper ask such probing questions about the course material, before or since. I did not realize
112 Hayden was attending Loganville University until I received quite an impressive application for
113 counselor in 2020. It included lifeguarding, First Aid, CPR, and the Wilderness and Remote First
114 Aid certifications. Not to mention, Hayden wants to be an ME. Given those credentials, of course
115 I hired Hayden. I felt like Hayden would understand how to help the campers get the most out of
116 the camp experience. In fact, Hayden contributed in ways that I had not expected. Prior to
117 Hayden joining our staff, our evening activities needed improvement. Hayden suggested that we
118 take advantage of the recreational opportunities in the area by arranging trips for tubing, hiking
119 in the nearby national forest, and kayaking. The campers loved the adventures, and Hayden was
120 voted their favorite counselor at the end of the 2020 camp. Hayden had demonstrated exactly the
121 kind of creativity and initiative that we encouraged at Smartt Forensics, which is why Hayden
122 was promoted. I was glad when Hayden accepted the promotion because the camp counselors,
123 while less accomplished than the expert instructors, are the unsung heroes who can make or
124 break the experience for the campers.

125 Hayden and I corresponded via email in the final months leading up to the summer camp at
126 Loganville University. Hayden made specific, detailed recommendations for improving the
127 overall effectiveness of the camp counselors, suggesting a quiz on basic First Aid techniques as
128 well as short daily debriefings right after the classroom sessions ended. Hayden proposed that all
129 campers participate in a campus-wide scavenger hunt on the night of arrival to familiarize them
130 with Loganville's campus. On subsequent evenings, Hayden arranged for three different
131 recreational options from which the campers could choose. Because Hayden attended Loganville
132 University during the school year, Hayden had the knowledge and contacts to set up everything

133 beforehand. I thought that the ideas sounded excellent, so I asked Hayden to develop a proposed
134 schedule for my review. In early March, Hayden submitted a detailed plan, which included
135 everything from Capture the Flag and Ultimate Frisbee, to kayaking and hiking in the nearby
136 national forest. I was impressed, and I gave Hayden permission to finalize all the specifics. I
137 even passed it on to our head counselors in other camp locations, encouraging them to implement
138 something similar at their own sites.

139 We had our largest enrollment ever at Loganville University in 2021, with 100 campers in all.
140 Many of them already had impressive resumes, including several about to enroll at the Illinois
141 School of Science and Technology (ISST). I intentionally put those campers in Hayden's DNA
142 focus group and/or evening activity group because I knew that Hayden was a graduate of ISST.
143 James Mercer was one of the new ISST campers, and even among that impressive group, James
144 stood out as exceptional. He picked up information quickly, no matter how complex. I observed
145 that he was outgoing and encouraging to the other campers, taking time to help them with their
146 labs and making sure that the shy campers were not left out. The other instructors were
147 impressed by James, as well.

148 Camp started without a hitch. The campers were enthusiastic about the classroom and lab
149 sessions, and they all seemed to enjoy the recreational evening activities. On Tuesday afternoon,
150 June 22, 2021, Hayden asked for permission to take the evening activity group on a special trip
151 after the Wednesday sessions to a waterfall that was near Loganville University, but not in the
152 nearby National Forest. Hayden told me that Jessie Gray, one of our 2020 camp counselors,
153 would accompany the group. I was a bit leery about letting one group go off on such a
154 spontaneous outing, but I knew that Hayden had extensive First Aid training and was familiar

155 with the area. Hayden had always been completely reliable, so I gave permission for the trip and
156 reminded Hayden to be back before dark.

157 At 9:15 p.m. Wednesday night, one of the camp counselors called me to say that Hayden was not
158 back yet and was not answering his/her cell. I realized at that point that I did not know exactly
159 where Hayden had gone, and that no one else knew either. We tried calling Hayden's cell again,
160 but it went straight to voicemail. We also tried calling Hayden's campers' cell numbers, with no
161 luck. Shortly after 10:00 p.m., the sheriff's department called to say that a Hayden Dench had
162 called 911 reporting that a group of campers was lost on a nearby forested hillside. The deputy
163 said that he had an idea where they were and was sending deputies to search for them based on
164 the vicinity of the closest cell tower pinged from the call. Right about then, it started raining
165 pretty hard, which surprised me. I had checked the weekly National Weather Service forecast on
166 Saturday, June 19th, and it predicted sunny conditions all day Wednesday. This forecast for June
167 19 – July 26, 2021, in Lincoln City is marked as Exhibit #6. After two hours had passed, I had
168 not heard any updates from the sheriff's department. I called the office and learned that the group
169 had not been found yet. I checked back several times that night and got the same answer, which
170 made no sense to me. How could they not have located the campers? I was quite concerned
171 because we were experiencing heavy rain and lower-than-expected temperatures. Nonetheless, I
172 was pretty confident that all would be okay, given Hayden's extensive outdoor experience and
173 First Aid training.

174 At 6:30 a.m. on Thursday morning, June 24, 2021, the sheriff's department called to say that the
175 group had been found, but that one of the campers was injured. He did not know the extent of the
176 injury but said that an ambulance was on the way. He promised to have someone call me as soon
177 as they knew more. A little before 8:00 a.m. the deputy called back with an update and said that

178 James Mercer was hurt with a possible spinal cord injury. James was being taken to Loganville
179 Medical Center (LMC) Emergency Room (ER). The deputy said everyone else was cold, wet,
180 and hungry, but otherwise fine. The deputy asked for me to stay put because the group was on
181 their way back to campus. After I collected my thoughts, I called James's emergency contact,
182 Cameron Mercer, right away and told Cameron what I knew. Cameron was understandably upset
183 and told me to look after James. Cameron hung up quickly to book a flight back to Lincoln City
184 from Greece.

185 The campers arrived back on campus at 8:30 a.m., and Hayden immediately told me what
186 happened. I learned that the group got lost because Jessie Gray, who was supposed to guide
187 them, had called in sick at the last minute. Instead of canceling, Hayden went ahead with the trip.
188 Hayden admitted to never having been to the waterfall before and not getting directions from
189 Jessie. Hayden was especially distraught about the whole thing, as we all were. I reserved
190 judgment on whether to fire Hayden until I could find out more details. I talked with the other
191 nine campers in the group, and while they were all upset about what happened to James, most of
192 them spoke up in defense of Hayden. They said that Hayden had done everything possible to
193 keep them safe. Hayden said that Hayden took great effort to treat James with the best care
194 possible using training learned in the Wilderness and Remote First Aid certification course,
195 which is marked as Exhibit #9. Camper Corey Martinez was less of an advocate for Hayden, but
196 even Corey said that Hayden's First Aid training had been helpful in getting James out of the
197 water and keeping him from getting hypothermia.

198 At lunch time, I went to the hospital to check on James. Because James was one of my campers,
199 I was responsible for making medical decisions for him in the absence of a parent. I take this
200 responsibility seriously and will always do what is best for the camper. I brought James's

201 confirmation and liability waiver form with me to the hospital, which is marked as Exhibit #2. I
202 spoke to Dr. Emerson, the ER doctor and showed the doctor my authorization granting me
203 oversight for James until his parent could arrive. I was distressed to hear that James had already
204 been moved to ICU, which is where I was going next. Dr. Emerson said that James had a spinal
205 cord injury and a possible concussion. I was also shocked to learn that James had diabetes, which
206 had affected his health and decision-making abilities after exercising so long without enough
207 nourishment. None of us knew about James's diabetes. I double-checked James's waiver form
208 and confirmed that diabetes was not mentioned on the form, which had been signed by James's
209 parent. I later checked with all of our staff. James never said anything to the staff at registration,
210 to the camp nurse, to Hayden, or to anyone else about having diabetes. Obviously, if we had
211 known about James's diabetes, Hayden would never have taken him on the hike.

212 That evening when I returned from the hospital, Hayden came to my office and told me that once
213 our voicemail system came back online from an outage the previous day, a message had been left
214 by Cameron Mercer. In the voicemail, Cameron notified us of James's diabetic condition. It was
215 not a surprise, because I had already learned about James's diabetes from Dr. Emerson in the
216 emergency room earlier in the day. I do not understand why Cameron Mercer waited so late to
217 tell us about James's condition.

218 I cannot tell you how deeply we regret what happened to James. It was upsetting to see him in
219 the hospital and to talk with Cameron about his injuries. But I do not think any of our actions
220 were grossly negligent. While it showed bad judgment for Hayden to lead a hike to an unfamiliar
221 place, Hayden otherwise used advanced wilderness First Aid training to try to keep everyone
222 safe, and all the other campers came back without injury. As an M.D., I know it was important to
223 inform the camp staff about James's health condition in advance so that we could have taken it

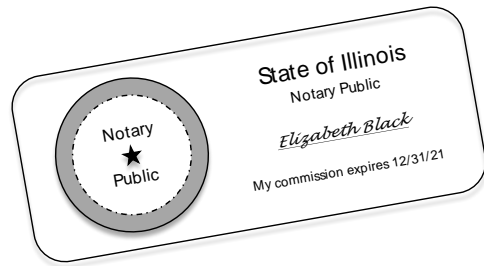
224 into account in planning activities. I hope and pray that James will experience significant
225 recovery. I can only imagine what a nightmare this is for James and Cameron. I wish I had
226 denied Hayden's request to take the campers on that hike. But as horrible as James's injuries are,
227 our camp did not have all of the information we needed to make sure he stayed safe. The
228 Mercers should never have hidden his diabetes from us. Because they did hide it, I do not think
229 we should be found liable for James's injuries.

Further affiant sayeth not.

Dr. Blake Smartt, M.D.

Signed and sworn before me on
November 1, 2021.

Elizabeth Black



DEFENSE WITNESS AFFIDAVIT: HAYDEN DENCH

1 My name is Hayden Dench. I am 22 years old and a senior at Loganville University in
2 Loganville, Illinois. I grew up in a town nearby. I am the oldest of three kids. I always knew I
3 wanted to go to Loganville University. It is the perfect size – 10,000 students – and has one of
4 the country’s top chemistry departments. Before I enrolled here in 2019, I attended the Illinois
5 School of Science and Technology (ISST) for my last two years of high school. At ISST, I had a
6 chance to research how chemical changes in the body enable a medical examiner (ME) to
7 determine the time of death. I have always wanted to be an ME, so after I earn my B.S. in
8 biochemistry, I plan to attend medical school and specialize in pathology.

9 ISST sent me a list of recommended summer camps for 2017. One was the Smartt Forensics
10 Camp at Loganville University for high school students. When I saw Dr. Blake Smartt, a former
11 ME, led the camp, I signed up right away. I loved every minute except for the mandatory
12 evening recreation. We had to do lame activities like trivia games and tennis. If the camp was
13 going to make us do recreation instead of more forensics, at least it should be fun stuff like
14 kayaking or hiking in the hills nearby.

15 I graduated first in my class at ISST and was awarded a full academic scholarship to Loganville
16 University, which was a dream come true. I decided to earn a B.S. in biochemistry with a minor
17 in forensic science. The summer before my sophomore year, I went on an eight-day Outward
18 Bound Backpacking and Rock-Climbing trip. When I got back, I lifeguarded the rest of the
19 summer at Loganville University’s pool while taking two classes. That was my second summer
20 lifeguarding for Loganville and my fourth summer as a lifeguard. The two summers lifeguarding
21 during high school was done at the YMCA. I had been keeping up my Red Cross First Aid,
22 Cardio-Pulmonary Resuscitation (CPR), and lifeguarding certifications. The Red Cross

23 lifeguarding manual is incredibly detailed: almost 300 pages on everything including first aid,
24 water rescue, spinal injuries, and CPR. During my four summers as a lifeguard, I saved two
25 children from drowning and performed CPR once.

26 In the summer of 2020, I got a job as a biochemistry research assistant, but I arranged to take a
27 week off to be a summer camp counselor for the Smartt Forensics Camp. I wanted to give the
28 campers a great experience like I had. I spent time individually with each student and made sure
29 they did not feel homesick or isolated. Dr. Smartt welcomed staff input, so I suggested we
30 change the evening recreational activities, substituting trivia games and tennis with Ultimate
31 Frisbee and Capture the Flag. I thought those activities would be more fun and would allow the
32 campers to interact more. I also proposed taking the campers kayaking, hiking, and tubing on the
33 river. Dr. Smartt agreed to my suggestions, and the campers had a blast. Dr. Smartt told all of the
34 campers about the new activities being my idea, and I was voted “Favorite Camp Counselor.” At
35 the end of the week, Dr. Smartt asked me to come back as head counselor in 2021. Of course, I
36 said yes. As part of my new responsibilities as head counselor, I had to learn all the standards
37 contained in the National Camp Association mandatory standards for accreditation, marked as
38 Exhibit #1. This would allow me to better facilitate the continuing accreditation of Smartt
39 Forensics camps.

40 In the fall of 2020, I joined the Loganville University Venture Club, which included camping,
41 rock-climbing, and kayaking on weekends. In September 2020, I arranged for Dr. Whitley, a Red
42 Cross volunteer, to teach us their 16 hour “Wilderness and Remote First Aid” course on campus.
43 The knowledge came in handy when a Venture Club member flipped their kayak in a river and
44 struck their head on a rock. The rest of us used our training to assess the situation, get them out
45 of the river while immobilizing their neck, and keep them warm and calm until emergency

46 personnel reached us an hour later. Fortunately, they were okay, but it scared us all. The
47 Emergency Medical Technician (EMT) told us we had done everything right, which was a big
48 reason our friend was not permanently injured.

49 As the 2021 Smartt Forensics Camp was getting closer, we pre-assigned the campers to
50 academic focus groups in order to work together analyzing evidence during the daytime and
51 assigned campers to activity groups to hang out together in the evenings. Some of the campers in
52 my DNA evidence focus group were also in my evening activity group. Reading over the essays
53 each student submitted, I was excited to see one of my campers, James Mercer, would be
54 attending ISST in the fall. I figured I could give him the inside scoop on the school, and maybe
55 even convince him to come to Loganville after graduation instead of our archrival.

56 Dr. Smartt let me organize the evening activities, so I planned three options almost every night to
57 give each of the ten groups variety. With ten students per group, and multiple options each night,
58 each of the three options were pretty much guaranteed to have at least two counselors per
59 activity. On Saturday afternoon, I checked the National Weather Service weekly forecast for the
60 coming week of June 19 – 26, 2021, which is marked as Exhibit #6. Rain was predicted for
61 Friday and Saturday, but every other night was supposed to be clear or partly cloudy with
62 daytime temperatures in the mid-90s. When the weekly forecast on Monday was still the same as
63 Saturday's, I did not bother to check it again. June is usually a pretty dry month in Loganville,
64 although surprise showers crop up now and again due to wind patterns in the hills.

65 All of my focus group campers were great, but James stood out. He was brilliant, yet personable
66 and humble, and a leader in every sense of the word. His friend Corey Martinez, although
67 quieter, was also impressive. The two of them made a terrific team, and as a result, my group
68 was cohesive, organized, respectful, and tons of fun. It seemed clear to me the two would easily

69 solve the “crime scene” DNA evidence and gain lots of attention from the professors at
70 Loganville. I was sure if they applied to Loganville, both James and Corey would be given
71 substantial, if not full, scholarships.

72 On Wednesday, June 23, 2021, the three evening activities were dodge ball, swimming at the
73 University pool, or taking vans to the nearby National Forest to hike. The day before, I asked Dr.
74 Smartt for permission to take my evening activity group off campus on a special hike. On
75 Monday, the Venture Club President, Jessie Gray, called me to talk about our plans for the fall
76 semester. She told me about an incredible waterfall she had seen nearby and suggested I take my
77 campers there. I was not familiar with the spot, but Jessie said she would guide us. I did not quite
78 tell all of that to Dr. Smartt. In our conversation, I implied I had been to the waterfall before. Dr.
79 Smartt was hesitant at first, but when I mentioned Jessie had been a Smartt Forensics counselor
80 in 2020, and I had Wilderness First Aid training, Dr. Smartt agreed. I was not asked to provide
81 specifics, but I promised to get us back before dark. I knew sunset was around 9 p.m., so I
82 assured Dr. Smartt we would be back in time.

83 I did not mention our trip to the other camp counselors because I wanted it to be just my group.
84 Later Wednesday afternoon, I was in my office packing for the hike that night. I was expecting a
85 call from fleet services about the van we were going to use, so I attempted to check voicemail. I
86 discovered there was something wrong with our voicemail. I called to report the voicemail issue
87 to the University’s IT department and learned a work ticket had already been placed for it to be
88 fixed. The dining hall made boxed dinners for us, and I put the food and water in the van. Right
89 after class, I told my campers about the plan and said if anyone was not up for the hike, they
90 could join another group that night. Everyone was excited, so I told them to wear good walking
91 shoes and to bring a towel, water, and a light jacket. If they wanted to bring a backpack for

92 everything, they could. They were to meet at the van by 5:30 p.m. When Jessie had not arrived
93 by 5:15 p.m., I texted to ask where she was. She called me right back and said she had a bad
94 migraine and hated to bail on me but couldn't make it. She assured me we could not miss the
95 waterfall because it was only a 15-minute hike from the scenic overlook parking area. She gave
96 me detailed directions, and since everyone was so excited about it, I decided to go ahead rather
97 than cancelling. I knew without Jessie along I did not have another adult leader helping with our
98 group. I decided it was okay because one of the campers had just turned 18.

99 We left Loganville just after 5:30 p.m. and got to the overlook parking area a little before 6:00
100 p.m. After enjoying the view for a few minutes, we walked down the trail to the right of the van.
101 Most everyone decided to leave their stuff in the van. I decided we would leave the food in the
102 van until we found the waterfall and then send two campers back for it later. The area was
103 beautiful with magnificent scenery, sounds, and wildflowers in full bloom. The trail led to a
104 place where we could cross the stream by rock-hopping, which the campers really liked. The
105 path turned left and sloped up and away from the stream, and then we came to a fork. One trail
106 led back down to the stream, but the other led away from it. Jessie had not said anything about a
107 fork in the path, but I assumed we should stay closer to the stream. Soon the trail got extremely
108 narrow, like a trail used by deer or other animals, and then it disappeared altogether as we
109 reached the stream. I figured we did not have much farther to go, so we rock-hopped and waded
110 downstream. The water was quite cold, but the air was warm, and everyone was having fun, so
111 we kept going. When it felt like we had been walking for about twenty minutes, I pulled out my
112 cell phone to check the time and saw that the cell phone was dead. I was not worried though,
113 because some of the campers had phones, and we were not planning to go much farther.

114 Everyone kept laughing and chatting, and the time got away from us. Eventually, Corey came to
115 me and said it was 7:30 p.m., we had been walking for more than an hour, and had never seen a
116 waterfall. Surprised, I called everyone together and said we had better turn around. The banks
117 were fairly steep where we were, with rocky overhangs at the water's edge. We had no choice
118 but to keep walking in the water. Having turned around now, we were going against a stronger
119 current and it was beginning to get cloudy and cooler. Some of the campers were tired and
120 hungry, so I stopped and offered everyone granola bars I had brought in my backpack, as well as
121 getting the campers to share the water some of them had with each other. Most campers were
122 grateful for the snack. James seemed especially grateful for the water and granola bar. We started
123 walking again, but we had to keep stopping for a few campers to catch their breath. I even
124 remember Corey using an asthma inhaler at one point.

125 It was getting pretty dark. I was surprised to see it looking like rain clouds were coming when
126 the weather report on Monday did not indicate rain until Friday. I told the campers we needed to
127 get away from the cold stream. We were already wet and continued exposure with the
128 temperatures dropping could lead to hypothermia. Some of the campers tried to use their cell
129 phones for GPS to help us find our way back, but they did not have a signal. We started climbing
130 up the left bank to get out of the water and the higher we would climb the warmer the air would
131 be. It was a steep slope, and several campers were struggling. James was one of them, which
132 surprised me. I had seen James participating in the scavenger hunt, Ultimate Frisbee, canoeing,
133 and swimming earlier in the week; all of which led me to believe he was in good shape. The
134 slope had lots of vines and brush, so after we got about halfway up, I decided we needed to stop.
135 It was getting too dark and dangerous to go any farther. The winds were beginning to pick up
136 and the trees were swaying a good bit. Between the cell phones searching for signal and using

137 the cell phone flashlights because it was dark and cloudy, we were killing the cell batteries and
138 we needed a cell phone to call for help. While most of the campers tried to level the ground and
139 make a rough lean-to out of branches, I asked a student with a working cell phone to hike farther
140 up the slope with me to check for a better cell signal. We barely got a call out to 911 around
141 10:00 p.m. giving as much information as I could before the cell phone died, so we went back to
142 tell the rest of the campers that help was on the way. By 10:30 p.m. all the cell phone batteries
143 were dead, but we knew rescuers would be coming soon.

144 Soon after returning to the group, it started raining lightly, and then began pouring rain. We all
145 huddled together in the lean-to to stay warm, but everyone was shivering. To be honest, the lean-
146 to was not keeping us dry. We listened for sounds of rescuers and tried calling out, but we never
147 heard anyone. I told the campers to take a buddy with them if they went to use the bathroom
148 because I knew the slope was slippery with it raining. Two of the girls said they had to grab a
149 tree to keep from falling down the hillside when they went out of the shelter. I kept talking to
150 everyone to ask how they were doing and trying to keep their spirits up. James seemed to be
151 much more tired than the others and he also seemed confused.

152 It rained for a couple of hours, I think, and then it tapered off. There were still no signs of help,
153 so eventually we all dozed off. Next thing I knew, I woke up to hear a scream, the sound of
154 someone crashing through brush, and then an awful thud and another scream. I yelled, "What
155 was that?" Corey jumped up and said "It's James. He just fell down the hillside." I told the other
156 campers to stay put. I made my way quickly down the hillside towards James's cries for help and
157 Corey was right behind me. In the stream is where we found James lying in the water face up
158 with his head on a rock. He was crying and saying in a panic "I can't move. Help me." I knelt
159 beside him and told him we were there and would get him out of the stream. When I asked if he

160 could move his legs or arms, he said “No. I can’t move. What’s happening? Help me, help me . .
161 . .” My heart was racing. I kept wanting to wake up and say it was a bad dream. But I took a deep
162 breath and remembered my first aid training. I was pretty sure James had a neck injury, making it
163 dangerous to move him, but it was more dangerous to leave him in the cold water for fear of
164 hypothermia. I told Corey we needed to move James while keeping his neck very still, and I
165 carefully explained what we would do, to make sure Corey understood. Then I placed my hands
166 under James’s shoulders and stabilized his head and neck, and we started to move James out of
167 the water and onto the bank of the stream. Corey had trouble walking on the rocks and slipped
168 once, and I almost dropped James myself. I am afraid the sudden motion may have hurt his neck
169 more. We felt around with our feet to find a flat spot to put James down. I covered him with my
170 jacket to keep him warm. I would not have known how to handle this situation had it not been for
171 my Red Cross Wilderness and Remote First Aid training. An excerpt from the reference guide is
172 marked as Exhibit #9.

173 Corey begged to hike up to the slope and get help, but I said no. It was still too dark; we had no
174 idea where we were; and what if Corey got hurt or further separated from our group. We had to
175 wait until we could see with the morning light. So, for the longest two hours of my life, we
176 stayed beside James, talking to him in an attempt to keep him awake. James got more confused
177 as time passed, and I was afraid he might be going into shock. As soon as it started to get light,
178 one camper from the lean-to and I hiked out while the others carefully came down to the bank to
179 stay with Corey and James. We had only hiked a little way when we rounded a bend and
180 recognized where we were: at the base of the narrow trail that we had originally taken down to
181 the stream. We scrambled as fast as we could up the bank and ran out to the van, where we found
182 three sheriff’s deputies about to start down the trail. We told them what happened, and they

183 immediately called for an ambulance. We led the deputies to James, while the camper stayed at
184 the van to guide the EMTs when they arrived. The deputies put their coats on James to make him
185 warmer and, after the EMTs arrived, the deputies and EMTs talked with me and Corey to find
186 out what happened. The EMTs put a neck brace on James, he was moved onto a backboard, and
187 then he was carefully carried to the ambulance. When I looked at the clock on the van as the
188 ambulance was leaving, it was 7:30 a.m. The deputies helped get the rest of the campers back to
189 the van safely. We left the parking area about 8 a.m. and headed back to Loganville.

190 Upon arrival, I told Dr. Smartt what happened to the group. Dr. Smartt already knew we had not
191 come back the night before. One of the other camp counselors reported us missing by 9:15 p.m.
192 when they tried calling me and I did not answer. No one knew where we were until I got the call
193 out to 911 using one of the camper's cell phones. I have no idea why the deputies did not find us
194 sooner. They claimed they went to the scenic overlook in the parking area by 10:45 p.m. and
195 started searching for us. Later, we learned the deputies were searching on the right side of the
196 hillside in the opposite direction from where we were located. They were not expecting us to be
197 on the other side of the stream.

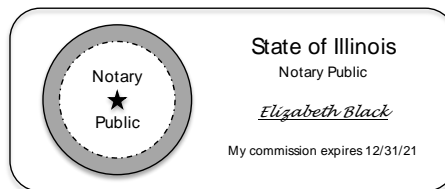
198 All of us were shaken up and wanted to go to the hospital to check on James, but we were not
199 allowed to go right then. Corey came to my office, called home, and asked to be picked up. After
200 Corey left my office, I noticed I had voicemails. I checked my messages and that is when I heard
201 a message from Cameron Mercer saying that James was a diabetic and that he had insulin in his
202 backpack. I was shocked to hear this and immediately went to Dr. Smartt's office. Dr. Smartt had
203 already left for the hospital. I returned later that day to Dr. Smartt's office and shared what I had
204 learned from the voicemail. Dr. Smartt confirmed learning about the diabetes from the
205 emergency room doctor earlier in the day.

206 When I tried to visit James in ICU the next evening, the person at the hospital information desk
207 told me Cameron Mercer had specifically said I was not allowed to see James. I am devastated
208 by what happened to James. I had hoped we would be friends after camp ended. I am still in
209 shock about what happened to him, and I wish we could all go back and undo that night. I keep
210 thinking about what I could have done differently. I saw James struggling more than the others
211 when we turned around to hike back, which surprised me because he seemed to be in good shape
212 during our other activities. I just figured he stayed up too late the night before and was tired.
213 When I learned later that James had diabetes, I was shocked. His liability form did not mention
214 it, and he never said anything to any of us at camp about it. I saw James’s signed Confirmation
215 and Liability Waiver Form myself, which is marked as Exhibit #2. I am certainly no expert on
216 diabetes, although they talked a little about it at my first aid classes. But if I had known about
217 James’s diabetes, I would have made him stay with another group or done another activity
218 instead. It was a fluke thing for us to get so lost, wet, and hungry – but otherwise we were fine. I
219 do not know why James did not tell us about his diabetes so we could watch out for him. This
220 makes no sense to me. I would give anything to be able to live that day over and not go on that
221 hike. I tried to do my best with what I knew, but I did not have all the information I needed to
222 keep James safe. I think we as a camp staff did what we could to give the campers a memorable
223 and safe experience. If we had only known about James’s diabetes, we would have done things
224 differently.

Hayden Dench

Signed and sworn before me on
November 1, 2021.

Elizabeth Black



DEFENSE WITNESS AFFIDAVIT: DR. QUINN LAWRENCE

1 My name is Dr. Quinn Lawrence. I am 40 years old and live at 321 Blackbird Avenue,
2 Logansboro, Illinois, which is near Champaign. I am originally from southern California. I grew
3 up surfing. I guess you could say I have gone coast to coast with my education and ended up in
4 the middle for my career. After the University of California – Irvine and Stanford for medical
5 school, I decided I wanted something different and did my residency in New York. It was a total
6 culture shock. After my residency, I was brought on as a fellow in the pediatric endocrinology
7 unit of Nassau University Medical Center/ SUNY. When my fellowship was completed, a
8 position opened up at the University of Illinois Medical Center (UIMC) in Champaign and I
9 jumped on it. The weather is not much better than New York, and I still miss the waves, but I
10 love my work. I haven't settled down, so it is just me and the two dogs at the house. I do not
11 have kids, but I have volunteered for the last eight years as a camp doctor for the local
12 Wilderness camp for boys and girls between the ages of 6 and 16. Needless to say, I am very
13 knowledgeable about camp operations, the National Camp Association mandatory standards for
14 accreditation, as well as all of the First Aid certification requirements. Given my experience, I
15 am familiar with the contents of Exhibit #1 and Exhibit #9.

16 Since 2012, I have worked as a pediatric endocrinologist at UIMC. In my clinical practice, I see
17 children and teens who have diseases of the endocrine system, such as growth disorders and
18 Type I Diabetes. In layman's terms, the endocrine system is made up of glands throughout the
19 body that secrete hormones, which are chemicals that regulate metabolism, mood, growth and
20 development, and other cellular processes. In 2015, I was asked to serve as an Associate Clinical
21 Professor in the Department of Pediatrics at the medical school, teaching medical students about
22 these topics. My curriculum vitae outlining my experience is marked as Exhibit #11.

23 I became interested in endocrinology as a teenager when my cousin, Sofia, was diagnosed with
24 Type I Diabetes. Sofia was open in telling me about what she was going through, and I was glad
25 I could be there for her. One time when we were swimming at the neighborhood pool, I noticed
26 that Sofia was acting confused and kind of shaky. Remembering what she told me about low
27 blood sugar, I urged her to check her levels. When she did, she saw that her blood sugar was
28 dangerously low, and she immediately drank a small bottle of orange juice. She thanked me for
29 helping her, saying she had not even realized why she was feeling bad. I have often remembered
30 that incident and am glad I recognized what was going on before she got worse.

31 Our department is one of the best in the country, and we provide excellent care to our patients.
32 We follow patients with Type I and Type II Diabetes. Type I Diabetes is usually diagnosed in
33 children or teens and is suspected to be an autoimmune disorder. It occurs when an infection or
34 other trigger causes the body's immune system to attack the pancreatic cells that make insulin.
35 As a result of this immune system attack, people with Type I Diabetes make little to no insulin.
36 Type II Diabetes is the more common form of the disease, responsible for 95% of all cases in the
37 United States according to the Centers for Disease Control (CDC). People with Type II Diabetes
38 do produce insulin. But either the amount of insulin they produced is too low, or their cells are
39 resistant to the insulin and unable to take in glucose. Type II Diabetes more commonly occurs in
40 adults, especially among those who are overweight and inactive. With the rise of obesity in
41 America, we are seeing Type II Diabetes more often in young people than previously seen.
42 Our bodies need insulin in order to move glucose, a type of sugar, out of the blood and into our
43 cells where it can be stored and used for energy. Glucose is the main fuel used by cells
44 throughout the body and especially by the brain. We primarily consume glucose in complex
45 carbohydrates, such as starches, as starches are formed from chains of glucose molecules that are

46 broken apart during digestion. When the pancreas no longer makes insulin, the blood glucose
47 levels rise, and our cells do not get the glucose needed. To compensate, the body breaks down
48 fats for fuel, producing acidic waste products called ketones, which are poisonous at high levels.
49 Ketones are acidic, lowering the pH of the blood and altering plasma lactic acid levels and
50 bicarbonate levels as the body attempts to compensate for the increased acidity.

51 In a typical year, I see between 75 to 100 patients newly diagnosed with Type I Diabetes. James
52 Mercer was one of those patients. He was admitted to UIMC from Friday, April 23, 2021, to
53 Sunday, April 25, 2021. James had gone to see his family doctor with symptoms indicative of
54 diabetes: polydipsia (excessive thirst), polyuria (excessive urination), unusual hunger, fatigue,
55 unexplained weight loss, and blurry vision. Diagnostic tests revealed high blood sugar and the
56 presence of ketones in his urine, indicating he had diabetes.

57 Because of James's age (15 at the time), and normal body weight, his doctor suspected he had
58 Type I Diabetes rather than Type II. When James reached UIMC, we ran a number of diagnostic
59 blood tests. As expected, his blood glucose level was elevated, and glucose and ketones were
60 present in his urine. We tested James's blood insulin level, and the test revealed he was not
61 making insulin, confirming the diagnosis of Type I Diabetes. According to Exhibit #3, James
62 was admitted to UIMC to get his blood glucose under control and to educate him on the many
63 facets of dealing with his disease.

64 At UIMC, we use a team approach to care for individuals newly diagnosed with Type I Diabetes.
65 Our first step was to give James insulin to bring his blood glucose level back down to normal,
66 and to devise the appropriate type, dose, and timing of insulin injections to be in the normal
67 range after discharge. Our diabetes nurse educators instructed James and Cameron Mercer in
68 using a lancet, which is a small needle, and glucose meter to test his blood before meals and at

69 bedtime. Testing is important in determining the proper insulin dose. The nurse educators also
70 showed him how to record his meter readings, insulin doses, and dietary intake. We instructed
71 James to keep detailed records after he returned home so that we could review them during his
72 weekly follow-up visits to determine whether any adjustments to his regimen were needed.

73 In addition, a registered dietitian met with James and Cameron Mercer to discuss an appropriate
74 diabetic diet, given James's age, weight, and activity level. The dietitian covered in great detail
75 the signs and symptoms of hypoglycemia commonly called low blood sugar, and hyperglycemia,
76 known as high blood sugar, as well as the steps to take should either of those conditions occur.

77 The dietitian discussed the need to monitor his blood glucose level more closely when exercising
78 to avoid hypoglycemia. The informational handout on hypoglycemia created by the American
79 Diabetes Association, marked as Exhibit #4, was given to the Mercers before James's discharge
80 from UIMC.

81 Cameron seemed quite stressed, and a bit confused by all the instructions, but James took
82 everything in stride. When I commented on James's unusually rapid understanding of the
83 concepts and details, he told me chemistry was his favorite subject in school, with biology as a
84 close second, so this information made perfect sense to him. Cameron confirmed what James
85 said, adding how Cameron was a marketing person, so Cameron found the medical discussion a
86 bit difficult to follow. Cameron indicated being glad that James seemed so comfortable with
87 everything, adding how Cameron would rely on James to explain it all again at home.

88 One aspect I addressed in some detail with both James and Cameron was the fact that Type I
89 Diabetes is a chronic, lifelong condition for which we have no cure. Since James's pancreas no
90 longer makes insulin, James will need to monitor and tightly control his glucose level every day
91 for the rest of his life. Close control of his blood glucose level can help forestall the development

92 of many long-term complications, such as nerve and blood vessel damage, susceptibility to skin
93 sores and infection, eye disease, kidney disease, heart attack, and stroke, which can be hard for
94 teenagers to imagine as ever afflicting them.

95 Of more immediate concern is recognizing how severe hypoglycemia can be life-threatening –
96 causing accidents, injuries, coma, or death. I encouraged James and Cameron to get James a
97 medical ID wristband or necklace to wear at all times. In the event of an accident or emergency,
98 the ID would alert medical personnel to his condition. I also encouraged them to tell close family
99 and friends about his diagnosis so they could help him identify any symptoms of hypoglycemia.

100 Most newly diagnosed patients follow my recommendation, but some choose otherwise.

101 James expressed concerns that wearing an ID would make his friends view him differently. I
102 acknowledged his concerns and encouraged him to think about how he might feel if his close
103 friend were diagnosed with diabetes. Surely, he would support the friend and be happy to help
104 watch out for them. I stressed that if James decided to keep the news private, it was even more
105 important for him to wear a diabetes medical ID when leaving home. James listened carefully
106 and seemed to understand the reasoning behind my instructions.

107 By Sunday, April 25, 2021, James was ready to be discharged from UIMC. I told James to return
108 for a follow-up visit on Friday, April 30, 2021, and to bring his journal of dietary, blood glucose,
109 and insulin records with him. James and Cameron both came to the appointment, and I was
110 pleased with the thoroughness of James’s journal. His blood glucose had been kept close to
111 normal for much of the week. We checked his hemoglobin A1c levels or HbA1c, a test which
112 shows the average blood glucose level during the preceding two to three months rather than at
113 the instant of drawing blood. The HbA1c level was a bit elevated, which was to be expected
114 given the recent nature of his diagnosis.

115 I questioned James about any problems or issues after his discharge, and he reported all had gone
116 well. His understanding of how to monitor and maintain an appropriate diet and blood glucose
117 level was excellent. He did not report any instances of hypoglycemia. All the data from this
118 appointment and tests are reflected in Exhibit #5.

119 As per our regular protocol, we scheduled follow-up visits for the next two weeks. James and
120 Cameron kept both Friday appointments, and James's journal indicated he was keeping his
121 glucose under excellent control. James had decided not to reveal his diagnosis to his friends, so I
122 reviewed the pros and cons of his decision. On the last follow-up visit, James still did not have a
123 medical ID bracelet or necklace. I strongly urged them to get one for him, especially if he chose
124 not to tell his friends about his diabetes. Cameron assured me they would order one that same
125 day, and James reluctantly said he understood why it would be wise to wear a medical ID. I
126 asked him to commit to wearing it, at least when he was not with Cameron. He
127 unenthusiastically said "okay," but he did not look me in the eye. Since his insulin schedule and
128 dietary regimen were keeping his glucose under control, I told them he could wait three months
129 for his next appointment, reminding him to contact us with any questions that arose.

130 Our standard procedure for newly diagnosed children with diabetes is to hold one-on-one
131 meetings with only the parents. This allows our staff to stress the importance of maintaining
132 proper blood glucose levels, and to remind parents of the importance of notifying schools and
133 other organizations who would care for the child in the parent's absence about the diagnosis. In
134 this instance, James was so knowledgeable, I did not feel the need to educate Cameron Mercer
135 any further. Thus, I did not have a separate meeting with Cameron on the rigors of maintaining
136 diabetes care, which would have included the importance of notifying schools and other
137 organizations.

138 Before it was time for James's next visit in August, he was injured in an accident in June at the
139 Smartt Forensics Camp. I actually first heard about this tragedy through a story on WSIL news. I
140 was clearly distressed to hear about the incident. I have not seen James since early May 2021, as
141 he has been followed by a physician at the rehab center where he was being treated and has a
142 new team of doctors.

143 I will admit I was surprised and, to be honest, reluctant when I was initially contacted and asked
144 to testify by the defense counsel. But after I studied James's chart from his admittance with us,
145 marked as Exhibit #3; and James's emergency room (ER) report at Loganville Medical Center
146 (LMC) marked as Exhibit #12, and the spinal cord injuries information sheet, marked as Exhibit
147 #13; I concluded it was appropriate to testify for the defense.

148 This is my first time testifying as an expert witness. I am being paid \$10,000 for my preparation
149 and testimony in today's case. It is my expert medical opinion that James's tragic accident
150 occurred in large part because James was suffering from hypoglycemia. Hiking non-stop for
151 several hours with little to no oral intake would lead to hypoglycemia in an individual with Type
152 I Diabetes. James's finger stick blood glucose level obtained by the ER staff got a reading of 40
153 mg/dl, which confirmed the blood sugar was low. Normal blood glucose levels for a person with
154 diabetes is in the 80 -180 mg/dl range.

155 All the campers had been subjected to the same conditions on the mountainside, but James was
156 the only one injured. Based upon my prior appointments and records regarding James, he was
157 relatively fit and healthy. However, an individual with a blood glucose level of 40 mg/dl would
158 be highly likely to be dizzy, uncoordinated, and confused. Awakening in the middle of the night
159 on a wet mountainside would make such an individual much more likely to trip, fall, and sustain
160 injuries.

161 Hypoglycemia causes weakness, fatigue, headaches, poor coordination, and difficulty in thinking
162 clearly. According to the ER report I analyzed in preparing for today's testimony, James was
163 exhibiting all these symptoms when admitted. The ER report contained notations from the
164 Emergency Medical Technicians (EMTs) indicating that at some point in the evening James's
165 last food consumption was a granola bar. Regardless of the brand of granola bar, it would not
166 have been enough food to prevent hypoglycemia and keep his blood glucose at appropriate
167 levels.

168 James's evident decision not to wear a medical ID compounded the problem, preventing the
169 EMTs and ER physician from giving James appropriate care as quickly as would otherwise have
170 been given in such a case. The impact of this prolonged hypoglycemia is unclear. However,
171 glucose is the primary energy source used by the brain, and glucose metabolism is already
172 altered in a concussed brain. The delay in restoring James to an appropriate blood glucose level
173 may have increased his risk of developing post-concussive syndrome.

174 James's severe injuries are heart-breaking, and I am deeply saddened by what happened. The
175 tragedy is compounded by the knowledge that the accident might not have happened if his
176 diabetes had been made known. Not to mention, the ER doctor rushed to perform treatment
177 without testing why James's glucose was so low.

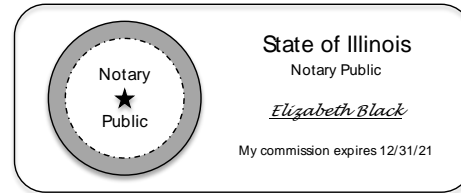
178 All the conclusions I reached, tests I performed, and significant observations I made are
179 contained in this affidavit and in the UIMC Admittance Report and Endocrine Outpatient follow-
180 up form for James Mercer. All my conclusions were drawn to the prevailing standard of certainty
181 in my field. All my tests and actions followed the standard protocol for UIMC for diagnosis and
182 treatment of Type I Diabetes, and all UIMC protocols follow the standards in my field.

Further affiant sayeth not.

Dr. Quinn Lawrence, M.D.

Signed and sworn before me on
November 1, 2021.

Elizabeth Black



**EXHIBIT #1: National Camp Assoc. Mandatory Standards for Accreditation
(Page 1 of 2)**

**NATIONAL CAMP ASSOCIATION
Mandatory Standards for Accreditation**

This document details the standards that the National Camp Association (NCA) 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 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 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 including:

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?

**EXHIBIT #1: National Camp Assoc. Mandatory Standards for Accreditation
(Page 2 of 2)**

HW.5 Health History

- HW.5.1** Does the camp require each camper to submit a current, signed document including 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 including 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 all camp drivers of camp vehicles are at least 18 years of age, and each driver has received no traffic tickets or moving violations in the preceding 12 months?
- PT.6.2** Does the camp ensure 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 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, etc.) who has:
- PA.5.2** Current certification from a nationally recognized provider in age-appropriate cardiopulmonary resuscitation (CPR)?

Smartt Forensics Camp

2021 Camp Confirmation

June 19 – 26, 2021

**Location:
Loganville University
Loganville, Illinois**

Congratulations! Your application to the 2021 Smartt Forensics Camp at Loganville 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 23, 2021**, to:

2021 Camp – Loganville Campus
Smartt Forensics, Inc.
140 Park Ridge Drive
Loganville, IL 62901

- Submit remaining \$1,500 fee to the above address by **Monday, June 4, 2021**.
- Questions? Contact Dr. Blake Smartt – B.Smartt@SmarttForensics.com
Or at the main number: (618) 365-0000

Smartt Forensics Camp

2021 CONFIRMATION AND LIABILITY WAIVER FORM

Participant Name: James Mercer Date of Birth: August 25, 2005
Gender: male Cell Number: (618) 422-0000
Street Address: 456 Hess Circle, Lincoln City, IL 62966
Email: jmercercer@imail.com
School: Illinois School of Science & Technology (starting Fall 2021 as Jr)
Grade for Fall 2021: 11
Parent/Legal Guardian: Cameron Mercer
Emergency Contact (name/cell number): Cameron Mercer, cell# 618-422-0101
Height: 6'0 Weight: 165 lbs. Blood Type: O+
Medications: none
Last Tetanus: March 8, 2021
Food Allergies: none
Restrictions / Important Health Information: none
Accommodations / Assistances Needs: N/A

I, the undersigned, residing in the County of Lincoln state of Illinois, the parent/legal guardian of the above camp Registrant, a minor, who resides with me, do hereby declare my intent to allow my child to participate in all activities sponsored by Smartt Forensics, Inc., including but not limited to classroom sessions, field trips, and recreational activities. I hereby jointly and severally release, discharge and/or otherwise indemnify Smartt Forensics, 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 Smartt Forensics, Inc., I, as parent or 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 Smartt Forensics, Inc. 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 Smartt Forensics, Inc. 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 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 understands and agrees to the foregoing.

Signature of Lawful Guardian: Cameron Mercer Date: March 30, 2021

EXHIBIT #3: UIMC Admittance Report, April 23, 2021

UNIVERSITY OF ILLINOIS MEDICAL CENTER

ADMITTANCE REPORT

PATIENT: James Mercer **PATIENT#:** 0571438 **BIRTHDATE:** 8/25/05
ARRIVAL: 04/23/21 – 15:00 **TREATING PHYSICIAN:** Quinn Lawrence, M.D.
TEMP: 99.5 °F **BP:** 110/70 **PULSE:** 75 **RESP./MIN:** 22 **HT:** 6'0" **WT:** 165 lbs.

Initial Patient Presentation

Patient arrived on his own, accompanied by a parent, after referral from Dr. Lisa Mayes for confirmation of possible Diabetes. Presenting symptoms: polydipsia, polyuria, blurred vision, unusual hunger, unexplained weight loss, and fatigue. Tests conducted by Dr. Mayes revealed James had elevated blood glucose and urine ketones.

Physical

General: Well nourished; normal body mass index (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 enlargement
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 UIMC for initiation of insulin regimen.
3. Intensive education of patient and his parent regarding 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.

Dr. Quinn Lawrence, M.D.

Quinn Lawrence, M.D.

EXHIBIT #4: Information Sheet on Hypoglycemia

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 always.

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.

EXHIBIT #5: UIMC Endocrine Outpatient Follow-Up Report, April 30, 2021

UNIVERSITY OF ILLINOIS MEDICAL CENTER ENDOCRINE OUTPATIENT FOLLOW-UP REPORT

PATIENT: James Mercer **PATIENT#:** 0571438 **BIRTHDATE:** 8/25/05
ARRIVAL: 04/30/21 – 16:30 **TREATING PHYSICIAN:** Quinn Lawrence, M.D.
TEMP: 99.3 °F **BP:** 105/64 **PULSE:** 72 **RESP./MIN:** 20 **HT:** 6'0" **WT:** 165 lbs.

History

James Mercer is a 15-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, dietary monitoring, and lifestyle education for the patient and his parent. James is a bright adolescent who was eager to learn how to manage his disease. He was discharged on an insulin regimen of a long-acting insulin, 25 units subcutaneously morning, and 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 brought in his journal and it is obvious James has been compliant with the routines.

Physical

General: 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

Diagnostic Studies

1. HbA1c was elevated at 10%.
2. Non-fasting blood glucose (no food 8 hours prior to test): 120 (normal).

Impression

1. Type I Diabetes in good initial control

Disposition

1. Continue present insulin regimen and monitoring routine.
2. Return to this office 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 James and Cameron Mercer.

Dr. Quinn Lawrence, M.D.

Quinn Lawrence, M.D.

EXHIBIT #6: Weekly Weather Forecast for June 19 – 26, 2021 (Loganville, IL) (2 pages)



National Weather Service Forecast

Forecast as of Saturday, June 19, 2021, 1:00 PM Eastern Daylight Time

Location: Lincoln County, Illinois
Date: Seven Day Forecast, June 19 – 26, 2021

Summary: Seasonable weather this week, with morning lows ranging from 71 – 74 degrees Fahrenheit and daily highs ranging from 90 – 95 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 wind gusts on Thursday night through Saturday.

Low: 71 – 74°F
High: 90 – 95°F

Rain: 0% chance Sat. – Wed., rising to 20% by Thurs. evening, rising to 35% by Friday, and 50% on Saturday.

Humidity: 65 – 70% Sat. – Wed., rising to 95 – 100% Fri.-Sat.

Sunrise: 6:14 AM (6/19); 6:16 AM (6/26)
Sunset: 8:40 PM (6/19); 8:40 PM (6/26)

Moon Phase: Full moon (6/28)

Forecaster: Diane Rubin, Ph.D.
Team Leader, NWS Atlantic Division

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

WEEKLY FORECAST – LOGANVILLE, ILLINOIS
JUNE 19 – 26, 2021

















DATE	6AM FORECAST	TEMP (°F)	PRECIP. (% CHANCE)	6PM FORECAST	TEMP (°F)	PRECIP. (% CHANCE)
Saturday, June 19, 2021	 Sunny	71°	0%	 Sunny	90°	0%
Sunday, June 20, 2021	 Sunny	73°	0%	 Sunny	95°	0%
Monday, June 21, 2021	 Sunny	73°	0%	 Sunny	94°	0%
Tuesday, June 22, 2021	 Sunny	73°	0%	 Sunny	94°	0%
Wednesday, June 23, 2021	 Sunny	73°	0%	 Sunny	94°	0%
Thursday, June 24, 2021	 Sunny	73°	0%	 Cloudy	94°	20%
Friday, June 25, 2021	 Rain	73°	35%	 Rain	93°	35%
Saturday, June 26, 2021	 Rain	74°	50%	 Rain	93°	50%

EXHIBIT #7: Weather Forecast for June 25, 2021 (Loganville, IL) (2 pages)



National Weather Service Forecast

Historical Forecast for Wed, June 23, 2021, as of June 25, 2021, 6:30 PM

Location: Lincoln County, Illinois
Date: Daily Forecast, June 25, 2021

Summary: A cold front from the West moved in more quickly than anticipated, bringing cooler temperatures and rain. The day started out sunny with highs in the mid 80s.

By early evening clouds moved in, and scattered thunderstorms dropped 2” of rain in parts of Lincoln County. Wind gusts of 25 – 30 mph recorded with a rapidly moving front.

Low: 70°F
High: 86°F

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

Humidity: 100% by noon

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



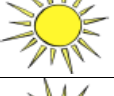

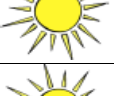

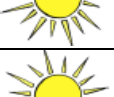
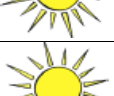







Sunrise: 6:15 AM
Sunset: 8:40 PM

Moon Phase: Full Moon

Forecaster: Diane Rubin, Ph.D.
Team Leader, NWS Central Division

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

DAILY FORECAST – LOGANVILLE, ILLINOIS
Wednesday, June 23, 2021

TIME	FORECAST	TEMP (°F)	PRECIP. (% chance)	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

(°F) PRECIP. WIND (mph)

EXHIBIT #8: Curriculum Vitae for Drew Emerson, M.D.

Drew Emerson, M.D.

81 Lost Branch Road ♦ Loganville, IL 62901 ♦ D.Emerson@lmc.org

EDUCATION

Harvard Medical School, Boston, MA

M.D. with an emphasis in Emergency Medicine, 1997

University of Maryland, Baltimore, MD

B.S. in Chemistry with a Minor in Biology, 1993

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

PROFESSIONAL EXPERIENCE

Physician, Emergency Room, Loganville Medical, Loganville, IL

Chair, Department of Emergency Medicine, 2013 to present

Clinician, Department of Emergency Medicine, 2001 to present

Professor, Loganville University, Loganville, IL

Associate Professor, Loganville University School of Medicine, 2005 to present

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

Four year Residency Program, 1997 to 2001

LICENSES AND HONORS

- Currently licensed to practice medicine in Massachusetts, Maryland, and Illinois
- Emergency Medicine Foundation Center of Excellence Award, 2016
- American College of Emergency Physicians' Leadership Award, 2014
- National Academies of Science Institute of Medicine Member

PUBLICATIONS

Over 100 scholarly peer-reviewed journal articles, including:

Ensuring Positive Outcomes after Spinal Cord Injuries (2016)

Incidence and Outcomes of Wilderness-Related Hypothermia (2014)

Advances in Treatment of Spinal Cord Injuries (2013)

Educating Appalachian Trail Through-Campers about Avoiding Hypothermia (2011)

Over 10 textbook chapters, including:

“Management of Cervical and Thoracic Spinal Cord Injuries.” In *ER Basics*. 2015

PROFESSIONAL AFFILIATIONS

- American Medical Association
- Chair, Trauma Interest Group
- Society for Academic Emergency Medicine (President 2014)
- Member, Wilderness Medicine Interest Group
- Member, Neurologic Emergency Medicine Group
- Society of Teachers of Emergency Medicine (President 2009)

EXHIBIT #9: American Red Cross Wilderness and Remote First Aid Guide: Spinal Injuries Section (3 pages)

HEAD (BRAIN), NECK AND
SPINAL INJURIES

Wilderness
and
Remote First Aid
Emergency
Reference Guide



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.

EXHIBIT #10: Curriculum Vitae for Blake Smartt, M.D.

BLAKE SMARTT, M.D.

140 Park Ridge Drive | Loganville, IL 62901 | B.Smartt@SmarttForensics.com

EDUCATION

Columbia University Medical Center, New York, NY

M.D. with High Honors in Pathology, 1999

Duncan Prize for Outstanding Research in Pathology

New York University, New York, NY

B.S. in Physiology, 1995

Phi Beta Kappa; graduated cum laude

PROFESSIONAL EXPERIENCE

Founder and Chief Executive Officer, Smartt Forensics, Inc., Lincoln City, IL

CEO, 2010 to present

Forensic Pathologist, Office of the Chief Medical Examiner, Lincoln City, IL

Medical Examiner, 2005 to 2012

Forensic Pathology Fellowship, Morgan Medical Center, Lincoln City, IL

Fellow, Office of the Chief Medical Examiner, 2003 to 2005

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

Four-year Pathology Residency Program, 1999 to 2003

LICENSES AND HONORS

- Licensed to practice medicine in New York, Texas, and Illinois
- Board Certified in Anatomic Pathology by the American Board of Pathology
- Board Eligible in Forensic Pathology by the American Board of Pathology
- Lincoln County School System "Volunteer of the Year" award, 2008
- Outstanding Young M.E. Award, Illinois Board of Medical Examiners, 2007

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, 2011 to 2012

EXHIBIT #11: Curriculum Vitae for Quinn Lawrence, M.D.

QUINN LAWRENCE, M.D.

321 Blackbird Avenue • Logansboro, IL 62903 • Q.Lawrence@uimc.org

EDUCATION

Stanford School of Medicine, Stanford, CA

M.D. with an emphasis in endocrinology, 2006

University of California - Irvine, Irvine, CA

B.S. in Biochemistry and Molecular Biology, 2002

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

PROFESSIONAL EXPERIENCE

Physician, University of Illinois Medical Center, Champaign, Illinois

Associate Clinical Professor, Department of Pediatrics, 2015 - present

Pediatric Endocrinology, 2012 - present

Physician, Wilderness Camp, Logansboro, Illinois

Volunteer Camp Physician, 2012 - present

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

Pediatric Endocrinology, 2010-2012

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

Internal Medicine Residency Program, 2006-2010; Senior Chief Resident, 2010

LICENSES AND HONORS

Licensed to practice medicine in Washington, New York, and Illinois

- American Diabetes Association, Physician Recognition Program, 2017
- Physician of the Year, Outpatient Clinic, Pediatrics, Nassau University Medical Center, 2012
- Dean's Scholar Award, Stanford School of Medicine, 2006

PUBLICATIONS

Over 15 scholarly peer-reviewed journal articles, including:

- *Type I Diabetes: A Primer for General Practitioners* (2017)
- *Hypoglycemia and Type I Diabetes: Recognition, Treatment, and Prevention* (2015)
- *Exercise and Type I Diabetes: Best Practices* (2014)

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

EXHIBIT #12: Emergency Room Report, Loganville Medical Center

LOGANVILLE MEDICAL CENTER EMERGENCY ROOM REPORT

PATIENT: James Mercer **PATIENT #:** 06261467 **BIRTHDATE:** 8/25/05
ARRIVAL: 07:58 **DATE:** 6/24/2021 **TREATING PHYSICIAN:** Dr. Drew Emerson
TEMP: 97.0 °F (*low) **BP:** 70/30 (*low) **PULSE:** 45 (*low) **RESP./MIN:** 8 (*low) **HT:** 6'0" **WT:** 162

INITIAL PATIENT PRESENTATION: Patient arrived by ambulance; no medical alert ID; on backboard with neck immobilized after potential neck injury and/or concussion; confused; semi-conscious; non-responsive to questions, weak/fatigued; headache, Bradycardia (slow heart rate); hypotensive (low blood pressure); warm dry skin; loss of sensation and motor control in extremities; scrapes and contusions on head, face, arms and legs.

PATIENT HISTORY: Patient attending camp at Loganville University; went on hike in unfamiliar area; stranded overnight and experienced storm during the night; last fluid and food consumption noted as water and a granola bar the night before; at approximately 03:00 fell down a slick hillside, struck head on a rock; patient indicated not being able to move; camp counselor and camper moved patient from stream to bank; EMTs arrived on scene at 06:40, began transport in ambulance at 07:30 per report by EMT.

TREATMENT SUMMARY

- Ran test to determine oxygen level, no airway obstruction, Result: 94% (*low)
- Patient put on oxygen
- Suffering from neurogenic shock
- Warmed IV fluids and vasopressors started, added heated blankets
- Blood drawn for CBC panel and insulin value
- Finger stick blood glucose: result: 40 mg/dl (*low)
- IV dextrose (25%) started
- Blood lab test results available (below)
- Finger stick blood glucose: result: 220 mg/dl (*high)
- Stopped IV dextrose, started IV insulin
- Finger stick blood glucose: result 118 mg/dl
- Conducted sensory and motor evaluations of hands, arms, torso and legs – no lower movement, limited movement of arms and wrists
- Conducted CT scan, results: severe spinal cord compression/partial lesion at C6 vertebrae
- Patient transferred to ICU at 1100 hours with likely serious concussion along with spinal cord injury

LAB VALUES

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

* Indicates a value outside of the "Normal Range"

Attending Physician Signature: Dr. Drew Emerson, M.D.

Lab Director Signature: Jason Griffin

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