



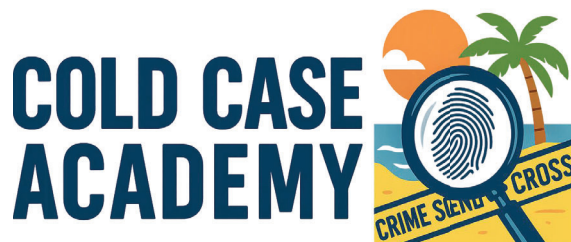
# *2025 Case Problem*

*A civil case of gross negligence*

Mark Knight, a minor,  
by and  
through his parent,  
Kal Knight

v.

Cold Case Academy



*YMCA of Greater Montgomery  
Judicial 2025*

## **CASE SUMMARY**

Mark Knight, a minor child and the only son of Kal Knight, sustained serious injuries on June 28, 2023, while attending a forensic science camp hosted by Cold Case Academy, Inc. at Skyview University in Birmingham, Alabama. On June 27, 2023, head counselor, Carson Green, led Mark and the other campers in Carson's evening activity group on an off-campus hike to a location Carson had not previously visited. The group became lost and ended up spending the night on a mountain. Around 3 a.m. on June 28, 2023, Mark awoke in a confused state, fell down the mountain, and struck his head. As a result, Mark sustained a spinal cord injury resulting in quadriplegia and a serious concussion leading to long-term memory impairment.

Mark's parent, Kal Knight, has filed a lawsuit against Cold Case Academy, Inc., arguing the company was grossly negligent in sending the campers on a hike to an unfamiliar location and is therefore liable for the damages which he sustained. The Defendant denies gross negligence, claiming no negligence or, at worst, ordinary negligence. The Defendant also claims Mark's own actions in hiding his Type I Diabetes from the camp staff led to his confusion and ensuing injuries.

***This case background is not to be used as evidence in the case.  
It is provided for background purposes only.***

# PLEADINGS

# **COMPLAINT**

(A Complaint is the document that a Plaintiff files with the court to start a lawsuit.  
It contains the Plaintiff's version of the facts of the case.  
A Plaintiff must prove the facts in the case. It is up to the jury to decide the facts.)

# **AND**

# **ANSWER**

(An Answer is the document that a defendant files in response to the Complaint.  
The Defendant must address each of the points in the Complaint  
and give his/her version of the facts.)

STATE OF ALABAMA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF SHELBY	)	Case No. 2025-CP-17-1016
	)	
Mark Knight, a minor,	)	
by and through his parent,	)	
Kal Knight,	)	
	)	
Plaintiff	)	
	)	<b>COMPLAINT</b>
vs.	)	
	)	
Cold Case Academy, Inc.,	)	<b>JURY TRIAL REQUESTED</b>
	)	
Defendant.	)	
	)	

---

The Plaintiff, Mark Knight, by and through his parent, Kal Knight and undersigned counsel, respectfully submits the following Complaint against Defendant, Cold Case Academy, Inc. In support thereof, Plaintiff states as follows:

1. Kal Knight is the parent of Plaintiff Mark Knight, a minor, and is qualified to bring this action on behalf of Mark Knight (“Plaintiff” or “Knight”).
2. Defendant, Cold Case Academy, Inc. (“Cold Case Academy”) is a corporation organized and existing under the laws of Alabama and authorized to do business within the state of Alabama.
3. From June 23 – 28, 2023, Plaintiff attended the camp held by Cold Case Academy, Inc. at Skyview University in Birmingham, Alabama.
4. Dr. Harper Stone, Cold Case Academy, Inc. CEO and Camp Director (“Stone”), and Carson Green, Cold Case Academy head counselor (“Green”), were acting as agents for Cold Case Academy, Inc. during the camp held at Skyview University.
5. Green possessed knowledge of proper emergency care protocols for spinal cord injuries from Green’s Red Cross Lifeguard Training and Wilderness and Remote First Aid Training.
6. On the late afternoon of Wednesday, June 27, 2023, Green drove Knight and other campers in a camp van to an off-site location for a hike.
7. Green had not previously visited the location to which Green drove the campers. No other camp staff or adult familiar with the location accompanied the campers.

8. Stone gave Green permission to take the campers on the trip.
9. Green and the campers did not make it back to their van before darkness fell. The campers spent the night in a make-shift shelter on a wooded mountainside.
10. At approximately 3 a.m. on Thursday, June 28, 2023, Knight left the shelter, fell down the mountainside, and landed in the stream at the bottom. At some point during the fall, Knight struck his head and was injured.
11. Knight was unable to get out of the stream under his own power. Green and camper, Reese Delaney (“Delaney”), moved Knight to the bank of the stream.
12. Green provided minimal instruction to Delaney about proper care when moving someone injured with a possible spinal cord injury.
13. More than four hours passed before Knight was transported to the emergency room at Birmingham Medical Center.
14. Knight sustained a spinal cord injury at cervical vertebrae 6 (C6), resulting in quadriplegia.
15. Knight sustained a serious concussion from the blow to his head. He continues to suffer from post-concussion syndrome months after the incident, including severe headaches and memory loss.

**FOR A FIRST CAUSE OF ACTION**  
**GROSS NEGLIGENCE**

16. The Plaintiff hereby adopts and incorporates by reference paragraphs 1 through 15.
17. Defendant breached its duty to Plaintiff by recklessly and intentionally:
  - i. Failing to verify all medical information supplied by campers upon their arrival at camp;
  - ii. Failing to establish reasonable rules and regulations regarding the scope and limitations of off-campus activities;
  - iii. Failing to communicate reasonable safety rules to all campers and camp staff; and
  - iv. Failing to institute proper oversight of authority and decisions made by agents Stone and Green.

18. By permitting Green on June 27, 2023, to take the campers to an unknown off-site location, Stone showed reckless disregard to Plaintiff's safety and breached Stone's duty to Plaintiff.
19. By permitting Green to take the campers on the hike without proper supervision or emergency contact information, Stone put Knight in harm's way, directly and proximately causing the harm which Knight suffered during the time in question.
20. By intentionally moving Knight out of the stream without first providing proper instruction to Delaney, Green recklessly put Knight at unreasonably high risk of additional long-term damages from his probable spinal cord injury.

**FOR A SECOND CAUSE OF ACTION**  
**NEGLIGENCE**

21. The Plaintiff hereby adopts and incorporates by reference paragraphs 1 through 20.
22. Defendant had a duty of care to establish reasonable rules and regulations to minimize the risk of injuries to campers on all camp-sponsored events and outings and to communicate those rules clearly to all camp staff and camp participants.
23. At all relevant times, Cold Case Academy agents Stone and Green had a duty of care toward Plaintiff to supervise, monitor, and take all reasonable and appropriate steps to ensure the safety of Plaintiff in all camp activities, both inside and outside the classroom.
24. By failing to check the weather forecast just prior to the hike, Stone and Green put Knight in harm's way when a storm made the conditions on the hike much more treacherous.
25. The Plaintiff has in the past experienced, continues to experience, and will in the future suffer from an assortment of problems associated with the harms described above, including, but not limited to, an inability to live independently and engage in normal activities of daily living, limitations in physical activities, loss of memory, depression, cognitive dysfunction, diminished educational achievement, employment impairment, and loss of the pleasures of life.
26. As a result of the foregoing, the Plaintiff has suffered damages and will in the future suffer damages caused by the gross negligence of the Defendant.

WHEREFORE, the Plaintiff Knight prays for judgment against the Defendant Cold Case Academy, Inc. for the following:

- i. Judgement against the Defendant for compensatory damages in an amount to be determined;
- ii. Judgement 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.

Hamami and McAbee, LLC

Latifa Hamami

Latifa Hamami  
Attorney for the Plaintiff Post  
Office Box 5143 Sundale, AL  
35005

Sundale, Alabama  
August 12, 2024

STATE OF ALABAMA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF SHELBY	)	Case No. 2025-CP-17-1016
	)	
Mark Knight, a minor,	)	
by and through his parent,	)	
Kal Knight,	)	
	)	
Plaintiff	)	
	)	<b>ANSWER</b>
vs.	)	
	)	<b>DEMAND FOR JURY TRIAL</b>
Cold Case Academy, Inc.,	)	<b>JURY TRIAL REQUESTED</b>
	)	
Defendant.	)	
	)	

---

NOW COMES the Defendant, Cold Case Academy, Inc., by and through undersigned counsel, and hereby responds to the allegations of Plaintiff's Complaint as follows:

**FOR A FIRST DEFENSE**

1. Each and every allegation in the Complaint not hereinafter admitted, modified, or explained is expressly denied.
2. The Defendant admits paragraphs 1 through 11.
3. The Defendant lacks sufficient knowledge or information to admit or deny the allegations contained in paragraph 12 and, therefore, denies the same.
4. The Defendant admits paragraphs 13 and 14.
5. The Defendant lacks sufficient knowledge or information to admit or deny the allegations contained in paragraph 15, therefore, Defendant denies the allegations.
6. In response to Paragraph 16, Defendant realleges its responses in paragraphs one through five above.
7. The Defendant denies paragraphs 17 through 19.
8. The Defendant denies the allegations contained in paragraphs 20 and demands strict proof thereof.

9. In response to Paragraph 21, Defendant realleges its responses in paragraphs one through eight above.
10. The Defendant admits paragraphs 22 and 23.
11. The Defendant denies paragraph 24.
12. The Defendant lacks sufficient knowledge or information to admit or deny the allegations contained in paragraph 25 and, therefore, denies the same.

**FOR A SECOND DEFENSE**

(Sole Negligence of the Plaintiff)

13. Further answering the Complaint, the Defendant would allege any injuries or damages sustained by the Plaintiff were due to and solely occasioned by the Negligence of the Plaintiff, and Defendant pleads the sole negligence of the Plaintiff as a complete bar to this action.

**FOR A THIRD DEFENSE**

(Comparative Negligence – More than 50%)

14. Further answering the Complaint, the Defendant alleges that any injury and damage sustained by the Plaintiff was caused by the negligence or willfulness of the Plaintiff combining, concurring, and contributing with the negligence or willfulness, if any, on the part of the Defendant. Because the Plaintiff's negligence or willfulness is greater than the alleged negligence or willfulness of the Defendant, the Plaintiff is barred from recovery against the Defendant.

**FOR A FOURTH DEFENSE**

(Comparative Negligence – Less than 50%)

15. Further answering the Complaint, the Defendant alleges any injuries and damages sustained by the Plaintiff were caused by the negligence or willfulness of the Plaintiff combining, concurring, and contributing with the negligence or willfulness, if any, on the part of the Defendant. Therefore, the Court should reduce any recovery awarded to the Plaintiff for the alleged injuries and damage based upon the percentage of negligence or willfulness attributed to the Plaintiff.

WHEREFORE, having fully answered the Plaintiff's Complaint, this Defendant prays the Complaint be dismissed with costs awarded to the Defendant and for such other and further relief as the Court may deem just and proper.

Sanders and Associates, PA

Sara R. Sanders

Sara Renee Sanders  
Attorney for the Defendant  
Post Office Box 3423  
Birmingham, AL 35020

Birmingham,  
Alabama August  
31, 2023

STATE OF ALABAMA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF SHELBY	)	Case No. 2025-CP-17-1016
	)	
Mark Knight, a minor,	)	
by and through his parent,	)	
Kal Knight,	)	
	)	
Plaintiff	)	
	)	
vs.	)	
	)	<b>STIPULATIONS</b>
Cold Case Academy, Inc.,	)	
	)	
Defendant.	)	
	)	

---

The parties agree and stipulate to the following:

Stipulations:

1. This case is governed by the laws of the State of Alabama. The parties are bound by the law set forth in the Jury Charges. The parties may not argue or present any statutory or case law other than what is cited in the Jury Charges in the case materials.<sup>[1]</sup>
2. 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.
3. 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 (not part of Mock Trial).
4. At all relevant times, Dr. Harper Stone and Carson Green were employees of, and acting on behalf of, Cold Case Academy, Inc. At trial, their acts and omissions will be imputed to Defendant Cold Case Academy, Inc. Cold Case Academy, Inc. is liable for any acts or omissions of Stone or Green.
5. All exhibits included in the case materials are authentic and are accurate copies of the originals. No objections to the authenticity of the exhibits will be entertained. Both parties retain the right to make objections other than to an exhibit's authenticity. The only exhibits to be used at the trial are those included in the case materials and provided by the AL Bar.
6. The parties have reserved any objections to the admissibility of any of these exhibits until the trial of the above-captioned matter. The trial exhibits may be

---

<sup>[1]</sup> This means no additional legal research may be presented at the Mock Trial proceedings.

introduced by either the Plaintiff or the Defendant, subject to the Rules of Evidence and the stipulations of the parties contained in the case materials.

7. The signatures on the witness statements and all other documents are authentic and signed under oath by each witness.
8. No witness may be examined or cross-examined as to the contents of anything not included in the case materials. This includes, but is not limited to, information found on the Internet, social media, books, magazines, and/or other publications.
9. The charge of the Court is accurate in all respects, and no objections to the charge will be entertained. The parties have no objection to the Jury Verdict Form.
10. Witnesses who reference exhibits in their affidavits are to be familiar with the contents of the entire exhibit.
11. Due to the extent of his injuries and his lack of memory regarding the events in question, Mark Knight is unable to be deposed or to testify in these trial proceedings.
12. No other testimony from the other campers is available.
13. Mark's Diabetes journal is not available as an exhibit and the accuracy of his journal is not in question.
14. No substantial change in condition occurred in Mark's second and third follow-up endocrinologist appointments; therefore, those reports are not reproduced in the materials.
15. The second weather report checked by Carson Green was confirmed to be the same as the weather forecast downloaded for Birmingham, AL June 23-30, 2023, and is not in dispute.
16. **Limitation on liability waiver:** both parties agree that the Liability Waiver (Exhibit 2) is unenforceable when a Plaintiff pursues a claim of gross negligence. That means the Liability Waiver alone is not sufficient to absolve the Defense from any responsibility or fault towards the Plaintiff. Defense teams may, however, highlight portions of the waiver to show that Plaintiff was aware and/or had the knowledge of potential risks involved.
17. Below are some terms, their pronunciation, and links to audible pronunciations. The definitions noted for each word below will be the official definition used for purposes of this case. No alternate definitions for these words may be used in the Mock Trial competitions.

<b>Word</b>	<b>Pronunciation</b>	<b>Audible Link</b>
<b>Autoimmune</b>	Au-to-im-mune	<a href="#">Link for Autoimmune</a>
	Relating to disease caused by antibodies or lymphocytes produced against substances naturally present in the body; a condition in which your own immune system mistakenly attacks your body.	
<b>Bicarbonate</b>	Bi-car-bon-ate	<a href="#">Link for Bicarbonate</a>
	An acid carbonate, derived from carbon	
<b>Concussion</b>	Con-cus-sion	<a href="#">Link for Concussion</a>
	A type of traumatic brain injury caused by a blow or jolt to the head. The injury occurs from acceleration and deceleration forces shaking the brain inside the skull.	
<b>Contusion</b>	Con-tu-sion	<a href="#">Link for Contusion</a>
	A region of injured tissue or skin in which blood capillaries have been ruptured; a bruise.	
<b>Dextrose</b>	Dex-trose	<a href="#">Link for Dextrose</a>
	A type of glucose (sugar) solution.	
<b>Diabetes</b>	Di-a-be-tes	<a href="#">Link for Diabetes</a>
	A disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine.	
<b>Diabetes – Type I</b>	Usually diagnosed in children or youth and is suspected to be an autoimmune disorder. It occurs when an infection or other trigger causes the body's immune system to attack the pancreatic cells that make insulin. People with Type 1 Diabetes make little to no insulin.	
<b>Diabetes – Type II</b>	Most common form of diabetes. People with Type II Diabetes do produce insulin, but either it is too low, or the cells are resistant to the insulin and unable to take in glucose. Also known as non-insulin-dependent diabetes.	
<b>Electropherograms or Short Tandem Repeat (STR) Analysis</b>	Elec-tro-phe-ro-grams	<a href="#">Link for Electropherograms</a>
	An electropherogram is a record that consists of the separated components of a mixture (as of proteins) produced by electrophoresis. A Short Tandem Repeat analysis is a common method in molecular biology which is used to compare specific loci on DNA from two or more samples.	

<b>Endocrine</b>	En-do·crine	<a href="#">Link for Endocrine</a>
	Internal glands that secrete hormones throughout the body; producing secretions that are distributed in the body by way of the bloodstream.	
<b>Endocrinologist</b>	En-do·cri·nol·o·gist	<a href="#">Link for Endocrinology</a>
	An endocrinologist can diagnose and treat hormone problems and the complications that arise from them. Hormones regulate metabolism, respiration, growth, reproduction, sensory perception, and movement.	
<b>Forensic Entomologist</b>	For·en·sic En·to·mol·o·gist	<a href="#">Link for Entomology</a>
	An expert in insects that relate to criminal matters.	
<b>Glucose</b>	Glu·cose	<a href="#">Link for Glucose</a>
	Glucose is a simple sugar; it comes from carbohydrate foods and is the main energy source used by the body and especially the brain. A normal fasting blood glucose level is 70 – 99 mg/deciliter.	
<b>HbA1c</b> (Hemoglobin A1c)	He·mo·glo·bin A·one·C	<a href="#">Link for Hemoglobin</a>
	Refers to Hemoglobin A1c, which is a form of hemoglobin that indicates the average plasma glucose level over a period of two to three months.	
<b>Hyperglycemia</b>	Hy·per·gly·ce·mi·a	<a href="#">Link for Hyperglycemia</a>
	Higher than normal blood sugar (glucose) level.	
<b>Hypoglycemia</b>	Hy·po·gly·ce·mi·a	<a href="#">Link for Hypoglycemia</a>
	Abnormally low blood sugar (glucose) level.	
<b>Hypothermia</b>	Hy·po·ther·mi·a	<a href="#">Link for Hypothermia</a>
	Dangerously low body temperature, below 95° Fahrenheit, which can eventually result in death. Normal body temperature is considered to be 98.6° Fahrenheit.	
<b>Insulin</b>	In·su·lin	<a href="#">Link for Insulin</a>
	A hormone, produced by the pancreas, that helps to regulate blood glucose levels by causing glucose to move out of the blood and into the body cells.	
<b>Intravenous (IV)</b>	In·tra·ve·nous	<a href="#">Link for Intravenous</a>
	Through or within a vein. Abbreviated IV.	
<b>Ketones</b>	Ke·tone	<a href="#">Link for Ketone</a>
	Ketones are alternative fuels for body cells made from the breakdown of fat when cells do not get enough glucose. High levels in uncontrolled diabetics can be life-threatening.	

<b>Cardiopulmonary Resuscitation (CPR)</b>	Car·di·o·pul·mo·nar·y Re·sus·ci·ta·tion C-P-R	<a href="#">Link for Cardiopulmonary Resuscitation</a>
	A medical procedure involving repeated compression of a patient's chest, performed in an attempt to restore the blood circulation and breathing of a person who has suffered cardiac arrest.	
<b>Cervical Vertebrae</b>	Cer·vi·cal Ver·te·bra	<a href="#">Link for Cervical Vertebrae</a>
	Cervical vertebrae are the top seven spinal vertebrae; they are located in the neck.	
<b>Computerized Tomography (CT)</b>	Com·put·er·ized To·mog·ra·phy	<a href="#">Link for Computerized Tomography</a>

A method of producing a computerized three-dimensional image of the internal structures of a solid object, such as the human body.

<b>Lactic Acid</b>	Lac·tic Ac·id	<a href="#">Link for Lactic Acid</a>
	An acid formed when muscles are strongly contracted for long periods.	
<b>Neurogenic</b>	Neu·ro·gen·ic	<a href="#">Link for Neurogenic</a>
	Giving rise to or arising from the nervous system. Neurogenic shock results in low blood pressure, which is attributed to the disruption of the autonomic pathways within the spinal cord. It can occur after damage to the central nervous system, such as a spinal cord injury and traumatic brain injury.	
<b>Plasma</b>	Plas·ma	<a href="#">Link for Plasma</a>
	The liquid portion of blood, which transports nutrients and blood cells.	
<b>Polydipsia</b>	Poly·dip·sia	<a href="#">Link for Polydipsia</a>
	Excessive or abnormal thirst.	
<b>Polyuria</b>	Poly·uria	<a href="#">Link for Polyuria</a> <a href="#">Link for Polyuria</a>
	Excessive production of urine.	
<b>Quadriplegic</b>	Quad·ri·ple·gic	<a href="#">Link for Quadriplegic</a>
	One affected with partial or complete paralysis of both the arms and legs especially as a result of spinal cord injury or disease in the neck region.	
<b>Subcutaneous</b>	Sub·cu·ta·ne·ous	<a href="#">Link for Subcutaneous</a>
	Beneath the skin.	
<b>Vasopressor</b>	Va·so·pres·sor	<a href="#">Link for Vasopressor</a>
	A chemical that contracts the muscles in capillaries and arteries, raising blood pressure.	

STATE OF ALABAMA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF SHELBY	)	Case No. 2025-CP-17-1016
	)	
Mark Knight, a minor,	)	
by and through his parent,	)	
Kal Knight,	)	
	)	
Plaintiff	)	
	)	
vs.	)	<b>JURY INSTRUCTIONS</b>
	)	
Cold Case Academy, Inc.,	)	
	)	
Defendant.	)	
	)	

---

**Note:**  
**Jury instructions are NOT to be read to the jury on the day of the Mock Trial Competition.**

The following instructions will be read to the jury at the conclusion of the presentation of evidence during the trial.

**A. Bifurcated Trial**

The parties agree that the only issue to be decided is liability for the injuries suffered by Mark Knight. If liability is found, the parties agree to have a separate hearing to decide damages. This means that you will decide only the liability in this trial, and you are not to consider the amount of award, if any.

**B. The Jury: Finders of the Facts**

Under our Constitution and Code of Laws, only you – the jury – can make the findings of fact in this case. I am not permitted to tell you how I feel about the evidence that has been presented. And, throughout this trial, I have intended to be fair and impartial toward each of the parties involved.

To determine the facts in this case, you will have to evaluate the credibility – or believability of the witnesses. You are the sole judges of the credibility of the witnesses, and, in considering their credibility, you may take into consideration many things, such as:

- (1) Your impression of the appearance and manner of the witness on the stand, sometimes referred to as the demeanor of the witness.
- (2) Was the witness forthright or hesitant?
- (3) Was the witness's testimony consistent, or did it contain discrepancies?
- (4) How did the witness come to know the facts about which he or she testified?

- (5) Did the witness have a cause or a reason to be biased and prejudiced in favor of the testimony he or she gave?
- (6) Was the testimony of the witness corroborated or made stronger by other testimony and evidence, or was it made weaker or impeached by such testimony and evidence?

You can believe as much or as little of each witness's testimony as you think proper. You may believe the testimony of a single witness against that of many witnesses – or just the opposite.

Of course, you do not determine your verdict merely by counting the number of witnesses presented by each side.

### **C. Expert Testimony**

You have also heard the testimony of witnesses who have special knowledge, skill, experience, training or education in the field of a particular profession or occupation, who have given their opinions as experts about matters in which they are skilled. In determining the weight to be given such an opinion, you should consider the qualifications and credibility of the experts and the reasons given for their opinions. You are not bound by such opinions. Give them the weight, if any, to which you deem them to be entitled.

### **D. Circumstantial Evidence**

There are two types of evidence generally presented during a trial – direct evidence and circumstantial evidence. Direct evidence is the testimony of a person who asserts or claims to have actual knowledge of a fact, such as an eyewitness. Circumstantial evidence is proof of a chain of facts and circumstances indicating the existence of a fact in issue. The law makes absolutely no distinction between the weight or value to be given to either direct or circumstantial evidence. Nor is a greater degree of certainty required of circumstantial evidence than of direct evidence.

You should weigh all the evidence in the case in arriving at a verdict.

### **E. The Judge: Instructor of the Law**

The same Constitution and laws that make you the finders of the facts also make me the instructor of the law. You must accept the law as I give it to you. If I am wrong, there is another place and time for that error to be corrected. But for now, you must accept the law as I give it to you – and I caution you that it does not mean what you think the law should be, but what I tell you it is.

### **F. Elements of a Cause of Action**

To state a cause of action against a Defendant, the law requires a Plaintiff to set out in the complaint the essential claims that make up the Cause of Action. The causes of action in this complaint are Gross Negligence and Negligence. In the complaint, the Plaintiff in this action has set forth the essential elements of that cause of action, each of which is denied by the Defendant.

## **G. Defenses**

In the Answer to the Plaintiff's Complaint, the Defendant has set forth various defenses.

In the first defense the Defendant admits the truthfulness of certain claims – such as the time and date of the occurrence – but denies each and every claim that would make it responsible for the Plaintiff's injuries.

By doing this, the Defendant is placing upon the Plaintiff the burden of proving those necessary elements.

In addition to this general defense, the Defendant put forth the affirmative defenses of Sole Negligence of the Plaintiff, Comparative Negligence – More than 50%, and Comparative Negligence – Less than 50%. The burden is on the Defendant to prove these defenses.

## **H. Burden of Proof**

The Plaintiff has the burden of proof. The Plaintiff must meet this burden by proving the claims by the preponderance – or the greater weight – of the evidence. So, what do we mean by the greater weight of the evidence? Simply this. Imagine a traditional set of scales. When the case begins, the scales are even. After all the evidence has been presented, if the scales remain even or if they tip – ever so slightly – in favor of the Defendant, then the Plaintiff will have failed to meet the burden of proof, and your verdict should be for the Defendant.

If, on the other hand, the scales tip – no matter how slightly – in favor of the Plaintiff, then the Plaintiff will have met the burden of proof, and your verdict would be for the Plaintiff.

Of course, there is no way to weigh evidence, except through the exercise of your good common sense and judgment. It is entirely a mental process. The evidence you should give the most weight to is that which convinces you of its truth, regardless of the source from whom it comes.

## **I. Impartial Jury**

You have been sworn to give both parties in this case a fair and impartial trial. When you have done so, you will have complied with your oath, and no one will have a right to criticize your verdict. You must not be influenced by opinions or expressions of opinion you might have heard outside of this courtroom, but rather must base your verdict only on the testimony of the sworn witnesses who took the stand, along with the other evidence introduced during the trial.

You must not be swayed by caprice, passion, prejudice or sympathy for or against either party in this case. Remember, you have no friends to reward or enemies to punish. Both parties are entitled to a fair and impartial trial at your hands.

## **J. Gross Negligence - Defined**

Gross negligence is the intentional, conscious failure to do something which it is incumbent upon one to do or the doing of a thing intentionally that one ought not to do. Negligence is the failure to exercise due care, while gross negligence is the

failure to exercise even the slightest care. Gross negligence is a relative term, and means the absence of care that is necessary under the circumstances.

A defendant is guilty of gross negligence if s/he is so indifferent to the consequences of his/her conduct as not to give slight care to what s/he is doing.

## **K. Negligence**

This is an action in which the Plaintiff claims that s/he has suffered injuries to his/her person for which the Defendant is responsible in damages.

There are three essential elements of the Plaintiff's cause of action. They are denied by the Defendant's answer. Since the Plaintiff has initiated and brought this lawsuit against the Defendant, the burden of proof is upon him/her to establish all three by the greater weight or preponderance of the evidence:

- (1) That the Defendant was negligent or careless and/or reckless, willful or wanton, in one or more of the particulars of wrongful conduct alleged in the complaint;
- (2) That the Plaintiff was injured or damaged in his/her person or property or both;
- (3) That the Defendant's negligence or carelessness and/or recklessness, willfulness, and wantonness, in one or more of the particulars as alleged in the complaint, was the proximate cause of the Plaintiff's injuries.

What is negligence? Negligence is defined in the law as the absence of due (or ordinary) care. The word carelessness conveys the same idea as negligence. Negligence is the breach of a duty of care owed to the Plaintiff by the Defendant. Negligence is the failure, by omission or commission, to exercise due care as a person of ordinary reason and prudence would exercise in the same circumstances. It is the doing of some act which a person of ordinary prudence would not have done under similar circumstances or failure to do what a person of ordinary prudence would have done under similar circumstances.

In determining whether a particular act is negligent, the test you apply is what would a person of ordinary reason and prudence do under those circumstances at that time and place.

It is incumbent upon the Plaintiff to prove the Defendant was negligent in one or more of the particulars as alleged in the Complaint. It is not required that the Plaintiff prove them all, but it is absolutely essential that the Plaintiff prove at least one. Otherwise, you would be required to find a verdict for the Defendant.

Negligence is a fact which, like any other fact in the case, must be proved. The mere happening of an accident, or the filing of a complaint, or the fact that damages

have been sustained, raises no presumption of negligence. A surmise or conjecture that the Defendant was negligent is not evidence thereof. The bare fact that an innocent party sustained injury or damage does not place any responsibility on another party unless you find that there was some act of negligence on the part of that party which caused the injury or damage.

If you find that the Plaintiff has proved the Defendant was negligent [and/or reckless, willful, and wanton], then your next inquiry would be whether the Plaintiff has proved that such negligence was the proximate cause of the injury or damage. Negligence is not actionable unless it proximately causes the Plaintiff's injuries. A Plaintiff may only recover for injuries proximately caused by the Defendant's negligence.

[See Negligence - Proximate Cause]

Even if you should find that the Plaintiff has proved the Defendant was negligent [or reckless, willful, and wanton], but has failed to prove that such negligence [or recklessness, willfulness, and wantonness] was a proximate cause of the injury, the Plaintiff would have failed to make out his/her case and you would be required to find for the Defendant. However, if the Plaintiff has proved these two propositions, then it would be necessary for him/her to prove his/her damages.

#### **L. Negligence – Proximate Cause**

Negligence is not actionable unless it proximately causes the Plaintiff's injuries. Proximate cause is the efficient or direct cause of an injury.

Proximate cause requires proof of both causation in fact and legal cause. Causation in fact is proved by establishing the Plaintiff's injury would not have occurred "but for" the Defendant's negligence. Legal cause is proved by establishing foreseeability.

The touchstone of proximate cause in Alabama is foreseeability. That is, foreseeability of some injury from a negligent act or omission is a prerequisite to its being a proximate cause of the injury for which recovery is sought. The test of foreseeability is whether some injury to another is the natural and probable consequence of the complained of act. The Defendant may be held liable for anything which appears to have been a natural and probable consequence of his/her negligence.

Foreseeability is not determined from hindsight, but rather from the Defendant's perspective at the time of the complained of act.

The law requires only reasonable foresight. When the injury complained of is not reasonably foreseeable in the exercise of due care, there is no liability. It is not necessary for a Plaintiff to demonstrate the Defendant should have foreseen the particular event which occurred but merely that the Defendant should have foreseen

his or her negligence would probably cause injury to someone. Negligent conduct is the proximate cause of injury if that injury is within the scope of the foreseeable risks of the negligence.

While it is not necessary that the Defendant must have contemplated or could have anticipated the particular event which occurred, liability cannot rest on mere possibilities. The Defendant cannot be charged with that which is unpredictable or that which could not be expected to happen. A Plaintiff therefore proves legal cause by establishing the injury in question occurred as a natural and probable consequence of the Defendant's negligence. In determining whether a consequence is one that is natural and probable, the Defendant's conduct must be viewed in the light of the attendant circumstances.

Proximate cause does not mean the sole cause. The Defendant's conduct can be a proximate cause if it was at least one of the direct, concurring causes of the injury.

The law defines proximate cause of an injury to be something that produces a natural chain of events which, in the end, brings about the injury. In other words, proximate cause is the direct cause, without which the injury would not have occurred. If the accident would have happened as a natural and probable consequence, even in the absence of the alleged breach, then the Plaintiff has failed to demonstrate proximate cause.

Further, where the cause of the Plaintiff's injury may be as reasonably attributed to an act for which the Defendant is not liable as to one for which he or she is liable, the Plaintiff has failed to carry the burden of establishing that his/her injuries were the proximate result of the Defendant's negligence.

**M. Verdict Form**

Now, your possible verdicts in this case will be as those outlined in the Jury Verdict Form. On each of these questions, your decision must be unanimous -- that is, it must be agreed to by all of you.

**N. Verdict**

The foreperson will preside over the deliberations of the jury. When you have reached a verdict, you may knock on the door and we will take the verdict. Of course, if you have any questions before that, also knock on the door and we will take your questions – whether verbally or in writing.

So, please retire now to the jury room; however, do not begin deliberations until you are instructed to do so. There are some matters I must first take up with the attorneys.

STATE OF ALABAMA	)	IN THE COURT OF COMMON PLEAS
	)	
COUNTY OF SHELBY	)	Case No. 2025-CP-17-1016
	)	
Mark Knight, a minor,	)	
by and through his parent,	)	
Kal Knight,	)	
	)	
Plaintiff	)	
	)	
vs.	)	<b>JURY VERDICT FORM</b>
	)	
Cold Case Academy, Inc.,	)	
	)	
Defendant.	)	
	)	

---

We, the jury, find as follows:

**1-A. Was the Defendant negligent and, if so, was that negligence the proximate cause of the Plaintiff's damages?**

**YES                      NO**

If you answered no; please stop your deliberations, sign the Jury Verdict Form, and notify the bailiff.  
If you answered yes, proceed to Question 1-B.

**1-B. Was the Defendant grossly negligent and, if so, was that negligence the proximate cause of the Plaintiff's damages?**

**YES                      NO**

Proceed to Question 2.

**2. If you indicated yes to either question above, indicate the percentage of each party's negligence that proximately caused the Plaintiff's injuries. (The percentages must add up to one hundred percent.)**

Defendant's Negligence	%
<hr/>	
Plaintiff's Negligence	%
<hr/>	
<b>Total Negligence</b>	<b>100 %</b>

---

Jury Foreperson

**WITNESSES  
and  
AFFIDAVITS**

## WITNESS LISTING

<b>PLAINTIFF</b>	
Kal Knight	Plaintiff / Parent
Reese Delaney	Friend / Camper
Kinley Harmon, M.D.	ER Physician

<b>DEFENSE</b>	
Harper Stone, M.D.	Defendant / CEO
Carson Green	Head Counselor
Chris Bennett, M.D.	Endocrinologist

Affidavit of  
**Kal Knight**

---

1           1.       My name is Kal Knight. I am 42 years old, and I live at 456 Hess Circle,  
2       Sundale, Alabama. I earned my B.S. in Business Operations and my M.B.A. from  
3       the University of Alabama. I have a love for travel, so working in the hospitality  
4       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 Dutch Jewel Resorts, Inc., a  
6       sophisticated chain of hotels and resorts spanning the globe. I probably spent one or  
7       two weeks each month traveling. Unfortunately, all of the traveling put a strain on my  
8       marriage, and Taryn divorced me in 2014. The best two days of my life before the  
9       divorce were the day I married Taryn and the day Mark was born – August 25, 2006.  
10      Taryn initially got primary custody of Mark, but when Taryn remarried in January of 2023  
11      and moved to Canada, Mark asked to come live with me to stay in the same school. Of  
12      course, I said yes. Before Mark was injured, I used to travel at company expense to all  
13      of our locations each year, as well as visiting potential new properties for acquisition.  
14      2.       Mark and I had grown somewhat apart after the divorce, so having him  
15      with me full time was an adjustment for both of us. Having no other family nearby, I  
16      looked into hiring someone to be with him overnight when I was out of town. But Mark  
17      convinced me it was not necessary since he was almost 16 years old and was mature  
18      and responsible. We agreed I would call him every night to chat when I was traveling,  
19      and he knew I was only a phone call away. Mark spent a lot of time with his best friend,  
20      Reese Delaney, in the evenings and on weekends when I was gone. Reese's family is  
21      only a couple of blocks away.

22           3.       Mark was a natural leader, with many friends. He was a straight-A student  
23 and first in his sophomore class at Mallard Pines High School here in Sundale. Mark  
24 planned to study chemistry in college because he wanted to be a forensic analyst. So  
25 as a freshman, he set his sights on getting into the Alabama School of Science and  
26 Technology (ASST) for his last two years of high school. ASST has a rigorous  
27 application process because it is a state-supported boarding school for the best  
28 students in Alabama. In early February of 2023, Mark got his acceptance letter.

29           4.       In his ASST acceptance package, Mark received a list of summer  
30 enrichment programs. One of them was the Cold Case Academy Camp at Skyview University  
31 in Birmingham, Alabama. I noticed the camp was accredited by the National Camp  
32 Association (NCA), which is a voluntary process to assure consumers it follows  
33 government and industry safety standards. NCA accreditation was important to me. The  
34 NCA has about a dozen mandatory standards to be met in order to receive and  
35 maintain accreditation, and several hundred additional recommended standards. I am  
36 familiar with the NCA accreditation standards because some of our resorts offer  
37 summer camps for children of guests, and we work hard to maintain our NCA  
38 accreditation. [Exhibit #1](#) lists the mandatory standards for the NCA accreditation.

39           5.       Mark begged to go to the Cold Case Academy Camp, and since it was  
40 accredited by the NCA and recommended by ASST, I said yes. The timing was perfect  
41 because I would be in Greece the fourth week in June, and Mark would typically be at  
42 home while I am away. Mark filled out the camp application and encouraged Reese to  
43 also apply. By the end of March, he and Reese were both accepted to the camp, and  
44 we made plans for Reese's parents to take them both to camp. I filled out the

45 confirmation form, signed the waiver, and sent in the paperwork along with the deposit  
46 money immediately to confirm Mark's spot. A copy of the Cold Case Academy Confirmation  
47 and Liability Waiver Form is marked as [Exhibit #2](#).

48 6. In mid-April, Mark started complaining of feeling thirsty and hungry all of  
49 the time, even though he was eating an enormous amount of food like most teenage  
50 boys. In fact, he was even losing weight, and seemed tired all of the time too. He also  
51 needed to use the bathroom frequently and complained of blurry vision. Fortunately, I  
52 was home, so I made an appointment for him on Friday, April 20, 2023, with the family  
53 doctor, Dr. Bruce Manor. We were shocked when Dr. Manor tested Mark's blood sugar  
54 level and found it was 380. He told us a random blood sugar test result above 200  
55 indicates possible [Diabetes](#) (di·a·be·tes). Dr. Manor also found something harmful  
56 called "[ketones](#)" (ke-tones) in Mark's urine, which can be a sign of Diabetes. High levels  
57 of ketones uncontrolled in diabetics can be life-threatening.

58 7. Dr. Manor called ahead to the Medical University of South Alabama  
59 (MUA) to let them know of Mark's results and then sent us to MUA in Charleston the  
60 same day. Mark was admitted to the hospital and stayed two days. A copy of his  
61 admittance report is marked as [Exhibit #3](#). At MUA, we met with Dr. Chris Bennett, a  
62 pediatric [endocrinologist](#) (en·do·cri·nol·o·gist) who specializes in diseases caused by  
63 problems with hormones. We learned Mark's pancreas was no longer making [insulin](#)  
64 (in·su·lin), so he was diagnosed with Type I Diabetes. Insulin is a hormone, produced  
65 by the pancreas, that helps to regulate blood [glucose](#) (glu·cose) levels by causing  
66 glucose to move out of the blood and into the body cells. Without insulin, the glucose

67 stays in the blood. When Mark's pancreas quit making insulin, his blood sugar  
68 skyrocketed, leading to the symptoms he was experiencing.

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

74 9. We were given information on a diabetic diet from the American Diabetes  
75 Association, and how Mark's meal times needed to be consistent so his insulin shots  
76 would have the right effect. [Exhibit #4](#) is in the information sheet on [hypoglycemia](#)  
77 (hy·po·gly·ce·mi·a) from the American Diabetes Association given to us by Dr. Bennett.  
78 The dietitian said Mark should always have snacks available in case his sugar got too  
79 low. Finally, he was told how exercise was helpful, but during exercise he needed to  
80 check his blood sugar. After Mark was discharged on Sunday, April 22, 2023, we were  
81 scheduled for weekly follow-up visits until Dr. Bennett was sure Mark's blood sugar was  
82 under control. It was all pretty overwhelming, but Mark seemed to take it in stride, better  
83 than I did. This new information was easy to him because he loved all of the sciences.  
84 Mark's calmness was reassuring to me, and I figured we would get through this.

85 10. When we got home from the stay at MUA, we immediately threw out all  
86 the sweets we had in the house. We learned about needing to eat more lean meat and  
87 vegetables. I love dessert, so this was going to be a big change for me too. He already  
88 did most of our cooking because of my work schedule, and I must admit the food he

89 prepared was pretty good. Of course, I read the doctor's handouts on Type I Diabetes,  
90 but I mainly relied on Mark to keep track of what he should eat.

91 11. Mark tested his blood sugar before and after meals for the next week, as  
92 well as before bedtime. He seemed to pick up pretty quickly on what to do to keep his  
93 blood sugar at the recommended level. We saw Dr. Bennett again on April 27, 2023,  
94 and Dr. Bennett was pleased with Mark's daily blood sugar levels as noted in the follow-  
95 up report marked as [Exhibit #5](#). Dr. Bennett talked with Mark about continuing to keep  
96 his sugar under tight control through frequent monitoring and adjustments. We came  
97 back for two more follow-up visits, and when Mark's blood sugar levels stayed under  
98 control, Dr. Bennett said we could wait three months to come again.

99 12. Dr. Bennett recommended we get Mark a medical ID necklace or bracelet  
100 and tell his close friends about the diagnosis in order to help them recognize symptoms  
101 of low blood sugar. I got an ID necklace for Mark, but he rarely wore it. Mark told the  
102 school nurse about his Diabetes so he could administer his insulin at school, but he kept  
103 it a secret from everyone else, even Reese. He told me he did not want his friends to  
104 treat him differently. I encouraged Mark to tell Reese, but I did not want to interfere in  
105 Mark's decision. I figured Mark was mature enough to make his own choices, and since  
106 we were still in the early stages of him living with me full-time, I did not want to cause  
107 tension between us. I wish now that I had been more insistent about the ID necklace  
108 and told Reese and Reese's family about Mark's Diabetes.

109 13. Before we knew it, it was Saturday, June 23, 2023, and time for Mark and  
110 Reese to go to camp. I had to be at the airport by 6 a.m. for my flight to Greece the  
111 same day, so I woke Mark at 4:15 a.m. to tell him goodbye. I had not planned to wake

112 him up, but as I was about to walk out the door I realized we never informed the camp  
113 about his Diabetes. We sent in his registration forms prior to his diagnosis, so the  
114 Diabetes was not on his camp form. Mark sleepily assured me he would say something  
115 to the camp nurse. I barely made it through airport security in time for my flight, so I did  
116 not have time to call the camp myself.

117         14. At 9 a.m., Mark texted me saying he and Reese were in the Delaney's  
118 SUV, on the four hour trip to Birmingham. Mark texted about having packed enough insulin  
119 in his backpack since the insulin was stored at room temperature. When I got his text  
120 after landing that evening, I replied back to have a good week and said I would call him  
121 every morning at 7 a.m. Eastern Daylight Time (EDT), which was 2 p.m. in Greece.

122         15. True to my word, I called him at 7 a.m. (his time) on Sunday morning.  
123 Mark told me the camp was great so far. On Saturday afternoon Dr. Harper Stone,  
124 Cold Case Academy CEO, told them lots of stories about Dr. Stone's prior work as a medical  
125 examiner. Then Mark met his activity group camp counselor, Carson Green, who was  
126 studying biochemistry at Skyview University. The campers worked in academic focus  
127 groups during the day and did evening recreation with their activity group. Mark happily  
128 reported that he and Reese had been placed in the same focus and activity groups. I  
129 asked whether he had told the camp nurse about his Diabetes. He said, "Not yet, but I  
130 will do it first thing today." Then he told me he needed to shower and head off to  
131 breakfast. He also said it would be better if he called me once he was up and moving.  
132 My schedule was flexible in the afternoons, so we agreed for Mark to always call me  
133 between 7:00 and 7:30 a.m. EDT to check in.

134           16.     After I hung up from talking with Mark, I tried calling the camp phone  
135     number myself, to tell them about his Diabetes. The call went straight to voicemail, and  
136     the mailbox was full so I could not leave a message. I knew Mark was reliable, so I  
137     figured he would tell them.

138           17.     Mark called me as promised Monday through Wednesday, and it was  
139     great to hear his excitement about everything he was learning. He told me the camp  
140     instructors were outstanding. He especially liked his camp counselor, Carson Green.  
141     Mark said they were getting to analyze “evidence” from a “murder scene” on campus.  
142     He started telling me all about “[electropherograms](#)” (elec·tro·phe·ro·grams) and “STR”  
143     analysis. It made no sense to me at all, but I could tell Mark was loving every minute of  
144     it. In the excitement of hearing about his camp activities, I forgot to confirm if he told the  
145     camp nurse and other staff about his Diabetes. After finishing up with work, I called the  
146     camp directly on Wednesday, June 27, 2023, at approximately 9 p.m. my time and 2  
147     p.m. Mark’s time. I dialed the camp’s main number and specifically asked to speak with  
148     Carson Green, Mark’s counselor. The call went straight to voicemail. I called even  
149     though I knew Mark was mature and responsible, because I wanted the camp to know  
150     that he had packed an ample supply of insulin in his backpack to treat his Diabetes. I  
151     left that voicemail and now they say they did not receive it until after the accident.

152           18.     On Thursday June 28, 2023, I waited for Mark’s call, but he never called.  
153     At 2:40 p.m. my time or 7:40 a.m. Mark’s time, I tried to call him, just to touch base, but  
154     my call went to voicemail. I was a little concerned, but I figured maybe he had overslept  
155     and had to rush to his first session. So, I texted him and asked him to call later in the  
156     day if he could. At 3:40 p.m. my time and 8:40 a.m. Mark’s time, my phone rang. I

157 breathed a sigh of relief until I realized it was not Mark's phone number. It was Dr.  
158 Stone, who said Mark had been in a serious accident and was taken to Birmingham Medical  
159 Center. I told Dr. Stone to do everything to take care of my child until I could get there. I  
160 do not remember much else of what Dr. Stone said. I got off the phone and booked the  
161 first flight to Birmingham. I arrived by 4 p.m. the next afternoon, and I rushed right to the  
162 hospital. I almost passed out when I saw Mark in the ICU, on a ventilator with a neck  
163 brace and tubes coming out all over. A surgeon had already operated on Mark's spine  
164 to help prevent further injury.

165         19. Dr. Stone talked with me at the hospital. I learned Mark and his group had  
166 gone on a hike Wednesday afternoon, gotten lost, and had to spend the night on the  
167 trail in a heavy rainstorm. Apparently, Mark got up in the middle of the night to use the  
168 bathroom. He slipped and fell down a steep slope and hit his head. It was morning  
169 before the campers were rescued and Mark was taken to the hospital. No one knew  
170 where they were until one of the campers and head counselor made it out to their van  
171 once daylight broke.

172         20. Mark was in the hospital for three weeks before he was moved to a nearby  
173 rehab center in Sundale, where he stayed an additional six months. I hated that Mark  
174 spent his sixteenth birthday in rehab. Once at home, I added a wheelchair ramp and  
175 had the downstairs den converted into an accessible bed and bath. Mark receives in-  
176 home assistance on a daily basis, since I need to work and pay bills.

177         21. Now Mark is a [quadriplegic](#) (quad·ri·ple·gic), and they say he will never  
178 walk again. He broke his neck at vertebra C6 in the fall, and he has limited movement of  
179 his arms and only partial use of his wrists. I was provided details about spinal cord

180 injuries with his ER paperwork provided by Dr. Harmon, which are marked respectively  
181 as [Exhibit #12](#) and [Exhibit #13](#). He also suffered a serious concussion, has terrible  
182 headaches, and memory issues. He cannot remember anything about what happened  
183 from his time at camp. It is not yet certain whether the memory loss is permanent. Either  
184 way, it is clear Mark's future is vastly different than what he and I had imagined.  
185 Because the head injury impacted his memory so greatly, he will never be able to go to  
186 college, much less ASST. He has not been back to school since he fell. The doctors say  
187 he will probably never be able to live independently. I have Mark on my medical  
188 insurance, but my share of the bills is enormous, and they are still piling up.

189         22. I know I signed a camp liability waiver form. I do not know for sure whether  
190 Mark told the camp about his Diabetes, although he promised me he would tell them,  
191 and I have never known him to break a promise. Even still, I called the camp to be sure  
192 they knew and left a voicemail to that effect. But either way, the camp should never  
193 have sent those kids on that hike in the first place. NCA standards require two adults be  
194 present on any hike off-site, but Carson was the only counselor on the hike. I looked up  
195 the Wednesday weather forecast when I got to Birmingham that Friday, and it had clearly  
196 indicated a storm arrived sometime Wednesday evening. A copy of the National  
197 Weather Service forecast for Birmingham, Alabama on Wednesday, June 27, 2023, is  
198 marked as [Exhibit #7](#).

199         23. And why did no one know where they were? We would never allow our  
200 resort staff to take campers to a location we had not checked out thoroughly  
201 beforehand. Even going to an unfamiliar site, Carson should have managed to get the  
202 campers off the steep slope before dark. All they had to do was retrace their steps

203 before it got too late. Or, they should have found a safer place to settle down for the  
204 night, if they were lost. The whole thing was crazy. That hike violated several of the  
205 NCA standards they are supposed to follow. Money can never make things right, but the  
206 camp needs to pay not only to help me with all the medical bills, but to make sure they  
207 never put any other campers at risk.

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add at this time.  
The material facts are true and correct.

Signed,  
Kal Knight  
Kal Knight

SIGNED AND SWORN to me before 8:00 a.m. on the day of this round of the 2025  
High School Mock Trial Competition.

Anthony Roberts  
Anthony Roberts, Notary Public  
State of Alabama  
My Commission Expires: 10/24/26

Affidavit of  
**REESE DELANEY**

---

1           1.       My name is Reese Delaney. I am 18 years old and a senior at Mallard  
2 Pines High School here in Sundale. I live at 321 Wildewood Downs Drive, about two  
3 blocks away from my best friend, Mark Knight. Mark and I have hung out together  
4 since elementary school, when we got our “Mad Scientist” chemistry sets and pretended  
5 to investigate crime scenes in our backyards. I always acted as the “sketch artist” so we  
6 could “preserve the evidence” to keep in our investigator notebooks. We had great  
7 plans to attend the University of Alabama (UA), double-major in chemistry and  
8 forensic science, and then get jobs as forensic analysts. We talked about it when Mark  
9 ate dinner at my house, which was several times a week after his parents split up. I still  
10 cannot believe Mark is paralyzed. I try to spend as much time as I can with Mark, but  
11 with Mark’s memory loss, it is hard to hold a conversation. Cold Case Academy should pay  
12 for what happened to Mark. I wish we never heard of the Cold Case Academy camp.

13           2.       Mark is the one who wanted us to go to Cold Case Academy camp. He learned  
14 about it after he got into the Alabama School of Science and Technology (ASST) for his  
15 last two years of high school. We both applied, but I was not accepted. Mark was first in  
16 our class, and he had a way of connecting with people. It did not matter if they were  
17 school principals or janitors – Mark could talk to anyone and be totally at ease. I have  
18 lots of friends, but I am not nearly as social as Mark. It was no surprise that he aced the  
19 ASST interview. I was going to miss him at Mallard Pines High School, but I was excited  
20 for him. I felt better when he said we would still take classes and study together at UA.  
21 When he suggested we attend the Cold Case Academy camp, I thought it would be a great

22 way to have fun before he headed to ASST in the fall. We were both accepted to the  
23 camp and submitted our confirmations, signed waivers, and deposits immediately. The  
24 confirmation and liability waiver form, marked as [Exhibit #2](#), is exactly the same as the  
25 one I completed and my parents signed.

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

31         4.       When we were 12 years old, he led us hiking for two hours along a stream  
32 behind my house. It felt like we were pioneers in the wilderness. We saw deer and  
33 foxes, and even tracks for raccoons. It was pretty cool. It got late in the afternoon and I  
34 wanted to turn around, but we came to a spot where you could climb up a cliff  
35 overlooking where the stream pooled. It was maybe 20 feet high. We had no idea how  
36 deep the water was.

37         5.       All of this made me nervous because I do not like heights, but I followed  
38 him anyway. All of a sudden, Mark yelled “Woo Hoo” and leapt off the cliff towards the  
39 water. I was shocked and terrified that Mark would break a leg or worse. If he had, I  
40 could never have gotten him to safety by myself. Luckily, the water turned out to be  
41 pretty deep, so Mark came up laughing and saying “Come on, Reese, try it! The water is  
42 fine.” No way was I going to jump, so I climbed carefully back down the cliff. I told him  
43 we needed to get back before dinner, so no one would know of our adventure. Probably  
44 once or twice a year, Mark would do some crazy stunt. Somehow, he always escaped

45 without injury. I figured he had good luck on his side.

46           6.       At 9 a.m. on June 23, 2023, we piled in my family's Expedition to go to  
47 Cold Case Academy camp. Mark and I were both really excited. The camp had different  
48 Crime Scene Investigation (CSI) topics to focus on, like fingerprint analysis, DNA  
49 analysis, impression and pattern evidence, and more. We both knew right away we  
50 wanted to be in the DNA analysis group. We even watched Sundale City Forensic  
51 Specialist Beth Kirby testify in the Emerson trial. Her testimony was a key factor in  
52 Emerson's conviction and watching Ms. Kirby at trial convinced us even more about  
53 becoming forensic analysts.

54           7.       I have to admit, the camp started out great. At registration, we got our  
55 dorm keys and reviewed our camp forms to make any needed changes. We all had  
56 private dorm rooms. We unpacked our bags and headed to the lecture hall to be  
57 greeted by Dr. Harper Stone, the Cold Case Academy CEO. Dr. Stone told us how the forensic  
58 camps were started in 2010 at Skyview University, and camps were now held at twenty  
59 colleges. Dr. Stone does not go to all of the camps, but always teaches at Skyview  
60 University because Dr. Stone lives in Birmingham. The location was terrific: a tree-lined  
61 campus with cutting-edge labs and forest covered mountains all around. Dr. Stone  
62 shared some awesome stories about working as a Medical Examiner (ME) before  
63 starting Cold Case Academy. Next, Dr. Stone explained that we had all been assigned to  
64 different co-ed, 10-student groups for evening recreation activities. Mark and I had the  
65 same counselor, Carson Green, a student majoring in biochemistry at Skyview. Mark  
66 and I were pumped to be put in the DNA focus group together and the same evening  
67 activity group too, both led by Carson. It seemed as if things could not get any better.

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

75           9.       After supper, we did activities with our assigned evening activity groups.  
76 Some of the campers complained about their counselors, but Carson was pretty cool.  
77 Because Carson had such fun outdoor evening events planned, Mark and I checked the  
78 weather for the week to see what the weather would be like. A copy of the weekly  
79 forecast for June 23 – 30, 2023, is marked as [Exhibit #6](#). Carson made a real effort  
80 trying to get to know each of us. Of course, with his great people skills, Mark hit it off  
81 with Carson in no time. On Saturday night, everyone went on a campus-wide scavenger  
82 hunt to learn their way around, and the winning team earned a pizza party. With Carson,  
83 the head counselor, on our team – we won the prize by a landslide.

84           10.      The next three evenings were just as fun. On Sunday, we played Ultimate  
85 Frisbee. We began at 7 p.m. and played for nearly two hours until it got dark around 9  
86 p.m. I remember Mark taking a break midway to get something out of his backpack and  
87 then drank a can of orange juice. When Carson asked Mark if he was okay, he said,  
88 “Never better!” and jumped right back in the game. I had never seen Mark take a break  
89 before – I often took one to use my asthma inhaler – but I did not think much of it. On  
90 Monday, we went canoeing on the campus lake, ending with a massive water fight with

91 our paddles. It was awesome. I remember Mark taking a quick trip to his dorm room  
92 right beforehand and drinking some more OJ on the way to the lake. When I kidded him  
93 about all the OJ, he just said "I'm trying to build in healthy habits before I go off to  
94 ASST. OJ is way better for you than that soda you drink!" I could not argue with that  
95 point, so I changed the subject. Tuesday night after our sessions, our group went  
96 swimming at the university pool. Mark took a break from swimming and disappeared for  
97 about 15 minutes. I have no idea what he was doing, but he was fine when he got back.

98         11. On Wednesday, Carson told us we had a special outing that night and we  
99 would bring a picnic dinner, hike along a stream not far from campus, and swim at the  
100 base of a waterfall. Carson had never gone there before, but one of Carson's friends  
101 was coming along to guide us. The waterfall was supposed to be near a scenic overlook  
102 like none other. For just a second, I had a flash back as I recalled our adventure when  
103 we were twelve, but I put it out of my mind. What could go wrong?

104         12. Carson told us all to grab our backpacks and bring water, a light jacket in  
105 case us kids got wet, and a towel. Carson said to wear decent shoes for hiking and to  
106 meet at the camp's van by 5:30 p.m. Carson also announced if anyone felt like they  
107 were not up for a short hike, they could join a different group just for that night. But we  
108 all thought it sounded like fun, so we went and got our stuff. By 5:30 p.m., all ten of us in  
109 our activity group were at the camp's van. Carson said the friend who was coming along  
110 to guide us had just indicated not being able to make it, but Carson had directions. It  
111 was a beautiful day – partly cloudy with temperatures in the mid 80's – so none of us  
112 brought light jackets despite Carson's suggestion. We all wore bathing suits or shorts

113 and t-shirts, and two in the group had towels. The rest of us said we would air-dry as we  
114 walked back to the van. Everyone wore tennis shoes, so Carson decided we were okay.

115         13. Carson already had the food and drinks loaded, so we piled in the van.  
116 About 20 minutes later we parked at a scenic overlook. A narrow dirt trail led off to the  
117 right. The trail did not have a sign or a marker. We enjoyed the view for a bit and then  
118 we started down the trail. I remember the time was 6:15 p.m. because I glanced at my  
119 watch. Carson said we would leave the food in the van and send two of us back for it  
120 after we found the waterfall. Carson's friend said we would only have to hike for about  
121 15 minutes or so to find the spot, so Carson figured it would be easy to come back for  
122 the food after we swam in the water for a little while.

123         14. At the beginning, the path was maybe 70 feet above the stream. It sloped  
124 gently down, and soon we crossed the stream at a shallow place where we could jump  
125 from one rock to another. We followed the path to the left, going in a downstream  
126 direction. A bit later we came to a fork in the path. The right-hand trail went up and away  
127 from the stream, while the left-hand trail forked down and closer to the stream. Carson  
128 decided we should take the lower path since the waterfall and picnic area would be by  
129 the stream. After a little ways, the path became more narrow, was covered in leaves,  
130 and sloped down sharply. Carson thought we were probably on a deer trail, not the  
131 hiking trail. But Carson decided to keep walking along the stream because it would be  
132 hard to climb back up, and we ought to be almost near the waterfall.

133         15. The trail ended soon after we reached the stream, so we started rock-  
134 hopping and wading downstream in the water, which was maybe a foot deep. The  
135 current was pretty gentle. The stream water was cold coming off the mountain, but the

136 air was warm. We were having so much fun talking, that no one knew how long we had  
137 walked. It was definitely way more than 10 to 15 minutes. At one point, we saw a  
138 clearing on the right, which looked like it might connect to a trail. But we were enjoying  
139 our exploration, so we kept going along in the stream.

140         16. Finally, I looked at my watch and realized it was 7:30 p.m. We had been  
141 walking for more than an hour and had not seen a waterfall or calm pool area with a  
142 clearing beside it. I told Carson the time, and Carson seemed surprised it was so late.  
143 Carson's cell phone had died and Carson was not wearing a watch. I said maybe we  
144 should head back since darker clouds had moved in, the air was cooling off, and some  
145 of us were starting to shiver. Carson agreed and we turned around. The banks were  
146 steep, so we had to keep walking in the stream. After several campers said they were  
147 hungry, Carson pulled granola bars out of a backpack and told us to share the water  
148 some campers had brought. A few campers did not eat anything, but Mark and I each  
149 ate a granola bar. As we struggled back upstream, the current seemed stronger than  
150 before. We had to keep stopping to rest and catch our breath. At one point, I even had  
151 to use the asthma inhaler I always carry.

152         17. By this time it was getting pretty dark, and it felt as though it might rain.  
153 We never saw the clearing we saw earlier. Carson said we needed to climb up the bank  
154 to get away from the cold stream and to avoid [hypothermia](#) (hy·po·ther·mi·a). A few  
155 campers tried to use the GPS on their cell phones, but they did not have a cell signal.  
156 We all started climbing up the left bank of the stream – the side away from the road –  
157 because it was a little easier. It was still a hard climb because there were lots of vines  
158 and thorns, and no path at all. Several of the campers were visibly upset and struggling

159 to climb. After we had gone maybe halfway up the steep mountain to reach warmer air,  
160 Carson decided we should stay put rather than climb any further. We all used our feet  
161 and hands to try to dig out a level place to sit. A few of us tried building a rough lean-to  
162 for shelter with some downed branches, using our cell phone flashlights to help us see.

163         18.     Knowing what a bad situation we were in, Carson and one of the other  
164 campers, Abbey, hiked farther up the mountain to try and call 911 on Abbey's cell  
165 phone. When they came back, Carson said they had reached 911 right before Abbey's  
166 cell phone died and help was on the way. It was about 10 p.m. by that point and then it  
167 started raining lightly.

168         19.     We all tried to huddle together under the lean-to, but it was not effective. It  
169 then started pouring rain, and soon we were all drenched and shivering. The  
170 temperature dropped and it was getting windy. Carson said if anyone needed to leave  
171 the "shelter" to use the bathroom, a buddy should go along to make sure they were  
172 okay. While most of us stayed put, a couple of the girls who ventured out said it was  
173 slippery and they almost fell down the mountain in the dark. We took turns yelling "help"  
174 every few minutes, in case the rescuers were near. After a while the rain stopped. We  
175 never heard the rescuers, so we stopped yelling and eventually dozed off.

176         20.     Around 3 a.m., I woke up because Mark bumped into me. I looked at my  
177 watch and said, "What are you doing?" Mark rubbed his head and seemed confused,  
178 asking "Where are we? What's going on?" I told him we were lost in the woods on a  
179 hike for camp, and he said "Camp?" like he did not know what I meant. I said, "Go back  
180 to sleep," but he said "No, I gotta go," so I figured he needed to use the bathroom. The  
181 ground was wet and it was dark, so I said, "Can't you wait?" But, Mark was already up

182 and stumbling out of the lean-to. I groaned and started to get up when I heard Mark  
183 scream. Then I heard sounds of sliding and branches breaking, followed by a loud  
184 “wham” down below, and a cry for help. Carson leaped up and said, “What was that?” I  
185 yelled, “It was Mark. He slipped and fell.” Carson told us to stay put, but I ignored  
186 Carson and went down the slope as quickly as I could. It was kind of scary trying to get  
187 to him in the dark and not fall myself because the ground was wet and slippery.

188         21. We found Mark lying face up on a rock in the stream, crying and saying, “I  
189 can’t move!!” We could not leave him in the freezing water, so Carson supported his  
190 neck and shoulders. I supported his legs, and we moved him to the bank. Carson kept  
191 telling me to hurry, we needed to get Mark out of the stream quickly. Carson tried to  
192 instruct me on how to move Mark safely, but I was so scared and shaken it was hard to  
193 concentrate. I slipped once when we were carrying Mark, and Carson almost dropped  
194 his upper body. When we finally got Mark to the bank, we had to feel around with our  
195 feet to find a level place because it was so dark. At last, we found a good spot. Carson  
196 put a jacket over Mark to keep him warm, then had me yell up and tell the campers what  
197 happened and for them to stay put. After that, I told Carson I wanted to hike up the  
198 stream the way we came from, to see if I could get to the van and go for help. Carson  
199 said it was too dark and dangerous – what if I got hurt, too? We had to wait for daylight.  
200 So, we both stayed beside Mark talking to him trying to keep him calm and awake.

201         22. When it began getting light around 5:45 a.m., Carson and another camper  
202 started hiking out along the stream, while I stayed with Mark. About 40 minutes later,  
203 Carson came back with several deputies. Carson said the deputies called for an  
204 ambulance, and the camper stayed behind to guide the Emergency Medical

205 Technicians (EMTs) to us. The deputies also said they had been searching and calling  
206 for us all night, but we never heard them. A little later, the EMTs reached us at the bank  
207 of the stream. They talked with Carson and me to learn what happened. Then they  
208 carried Mark out on a backboard with a neck brace, and by 7:30 a.m., the ambulance  
209 left for the hospital. Carson drove the rest of us back to camp. By 8:30 a.m. we were  
210 greeted by Dr. Stone in the parking lot and shared what happened. I was really shaken  
211 up. I wanted to go see Mark in the hospital, but they said no, not right now. I could not  
212 bear to stay at the camp any longer. I wanted to leave after what happened to Mark, so I  
213 called my parents and asked them to pick me up. After getting back home after the  
214 incident, I created a map using my computer to retrace our steps, but it got so confusing  
215 I just quit with the sketch. I am not exactly sure how far down the stream we went.

216         23. I later learned Mark has [Diabetes](#) (di·a·be·tes), and hiking for hours with  
217 not enough food or drink probably lowered his blood sugar and made him confused. I  
218 had no idea he had Diabetes since he never told me. Surely, he would have told the  
219 camp staff, though. We did not have to get a sports physical before camp, but I made  
220 sure to put down my asthma meds on the camp release form anyway. I have attended  
221 other camps which required a sports physical within ten days of arrival. If  
222 Cold Case Academy had required a physical, they would have known about Mark's Diabetes.

223         24. I liked Carson and felt that we were cared about. But the camp should  
224 never have let Carson take us on a hike without knowing where to go. Or at the least,  
225 we should have turned around much sooner. Carson should have kept track of the time  
226 better and made sure Caron's cell phone was fully charged. If we would have had  
227 another adult with us, one adult could have hiked out to the van without leaving the

228 campers all alone. And, someone should have known where to find us when we were  
229 not back by dark. We should never have been stuck on a mountain all night in a  
230 rainstorm. If we would have done the regular evening activities, instead of going on that  
231 stupid hike, none of this would have ever happened, and Mark and I would be going to  
232 UA together in the fall of 2025. Now Mark's life is changed forever all because the  
233 camp did not do what they should have.

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add at this time.  
The material facts are true and correct.

Signed,

Reese Delaney

Reese Delaney

SIGNED AND SWORN to me before 8:00 a.m. on the day of this round of the 2025  
High School Mock Trial Competition.

William Smith

William Smith, Notary Public  
State of Alabama  
My Commission Expires: 12/08/26

Affidavit of  
**KINLEY HARMON, M.D.**

---

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

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

15           3.       We see a wide variety of cases in the ER, including people injured during  
16 accidents while skiing, hiking, or canoing in the surrounding mountains. Jefferson  
17 County is one of the most beautiful regions in Alabama, drawing many tourists  
18 from across the state and even as far away as California. I am a big proponent of  
19 outdoor activities, and few places have as many opportunities to enjoy nature.  
20 Unfortunately, some outdoor enthusiasts forget to use wisdom and caution, putting  
21 themselves and others at risk. Every summer we see youths who break their arms or

22 sustain concussions at local camps, and we also see our share of middle-aged  
23 “weekend warriors” who injure themselves while kayaking or hiking in the national  
24 forest. Fortunately, due to our outstanding Department of Emergency Medicine at BMC,  
25 we are able to bring about a positive outcome in almost all circumstances.

26 4. Sadly, that was not the case for Mark Knight on the morning of June 28,  
27 2023, according to the ER report marked as [Exhibit #12](#). I began working at 6:45 a.m.,  
28 and at 7:58 a.m. the ambulance carrying Mark Knight arrived at the ER. The  
29 Emergency Medical Technicians (EMTs) had called ahead to warn us of a possible  
30 spinal cord injury. Mark was brought in on a backboard with his head and neck  
31 stabilized in a [cervical](#) (cer-vi-cal) collar. He appeared to be in shock, was confused,  
32 and unable to answer questions. Immediately, I went to work on Mark to stabilize and  
33 prepare him for admission to the Intensive Care Unit, or ICU. The lead EMT gave us a  
34 quick report on Mark. He said Mark was with other campers from a camp held at  
35 Skyview University who got lost while hiking and were stranded overnight in a storm. At  
36 approximately 3 a.m., according to the camp counselor, Mark apparently got up to use  
37 the bathroom, slipped, and plunged down a mountainside into the stream below, hitting  
38 his head on a rock. When the camp counselor reached Mark, he was crying and  
39 complaining he could not move. The camp counselor and one of the campers moved  
40 Mark from the cold water, placing him on the bank of the stream. They kept Mark awake  
41 and as warm as they could until daylight when they could find their way out. They said  
42 Mark last consumed fluid and food the night before. They found rescue personnel who  
43 had been searching for them all night. The deputies hiked in to stay with Mark until the  
44 EMTs could reach and transport him. By 7:30 a.m., Mark was on his way to the ER.

45           5.       We immediately began evaluating Mark following the “A, B, C, D, E”  
46 protocol – airway, breathing, circulation, disability/neurologic status, and  
47 exposure/environmental control. Mark’s airway was not obstructed. His breathing was  
48 decreased, so we put him on oxygen to ensure adequate levels of oxygen in the blood.  
49 His pulse and blood pressure were low, but these values did not appear to be the result  
50 of internal or external bleeding. Rather, Mark was suffering from “neurogenic”  
51 (neu-ro-gen-ic) shock” as a result of an apparent spinal cord injury. If not treated  
52 quickly, neurogenic shock can lead to organ dysfunction and even death. Lastly, we  
53 examined Mark thoroughly for any signs of additional injuries. He had scrapes and  
54 **contusions** (con-tu-sion) on his head, face, arms, and legs, but they were not serious.  
55 After the physical examination, we covered Mark with heated blankets to keep him  
56 warm.

57           6.       To stabilize Mark’s condition, we started him on warmed **intravenous**  
58 (in-tra-ve-nous) (IV) fluids and **vasopressor** (va-so-pres-sor) medications to raise his  
59 body temperature and blood pressure back to normal. We drew blood and sent it off to  
60 the lab to check for abnormalities. A finger stick blood sugar test revealed Mark had  
61 **hypoglycemia** (hy-po-gly-ce-mi-a), or low blood sugar, so we added IV **dextrose**  
62 (dex-trose), a type of **glucose** (glu-cose) (sugar) solution, right away. Forty-five minutes  
63 later, the initial blood tests revealed Mark’s **insulin** (in-su-lin) level was considerably low,  
64 and we realized Mark appeared to have Type I **Diabetes** (di-a-be-tes). As a diabetic,  
65 Mark’s cells would not be able to use the dextrose we had given him. A second finger  
66 stick glucose test revealed his blood glucose level was now high. This was not  
67 surprising since Mark had very little insulin to move the glucose from his blood into his

68 cells. We stopped the dextrose and started IV insulin to make sure his blood glucose  
69 level returned to the appropriate range. Mark's **lactic acid** (lac-tic ac-id) level was also  
70 elevated, most likely due to his uncontrolled Diabetes and trauma from the accident.  
71 Mark was not wearing any medical identification to inform us of his Diabetes, delaying  
72 us from giving him proper treatment.

73         7.       During all of this time, we kept Mark's head and neck immobilized. He  
74 remained confused and non-responsive to our questions. When we conducted sensory  
75 and motor evaluations of his hands, arms, torso, and legs; he did not appear able to  
76 move his lower limbs, and he had only limited movement of his arms and wrists. As  
77 soon as he was stable, we ordered spinal **Computerized Tomography (CT)** scans. The  
78 scans revealed Mark indeed had broken his neck as a result of the fall. He had what we  
79 term an incomplete spinal injury at C6, or **cervical** (cer-vi-cal) **vertebra** (ver-te-bra)  
80 number 6. An incomplete spinal injury means some functions below the injury may be  
81 unaffected. In Mark's case, a severe compression and partial lesion of the spine had  
82 occurred at the C6 vertebra, rendering him a partial **quadriplegic** (quad-ri-ple-gic). A  
83 quadriplegic is an individual who has lost partial or total control of the trunk, arms, and  
84 legs. **Exhibit #13** describes the various kinds of spinal cord injuries, which was provided  
85 to the family along with the ER report.

86         8.       In addition, Mark appeared to have sustained a serious concussion. A  
87 **concussion** (con-cus-sion) is a type of traumatic brain injury caused by a blow or jolt to  
88 the head. The injury occurs from acceleration and deceleration forces shaking the brain  
89 inside the skull. Most concussions do not lead to a loss of consciousness, but they often  
90 lead to mental foginess or confusion. It was difficult in the ER to determine to what

91 extent Mark's confusion was the result of a concussion as opposed to resulting from  
92 hypoglycemia (hy-po-gly-ce-mi-a) and/or shock. We noted the likelihood of a  
93 concussion in our report as an issue to be addressed during his hospital admission and  
94 follow-up care.

95 9. After the CT scan results were obtained, Mark was admitted to ICU at 11  
96 a.m. Shortly after being moved to ICU, Dr. Harper Stone the director of Cold Case  
97 Academy, asked for an update on Mark Knight. Dr. Stone provided me a copy of the  
98 liability waiver, marked as Exhibit #2, showing oversight authority for Mark until his parent  
99 could arrive from Greece. Mark underwent emergency decompression and spinal fusion  
100 surgery within six hours of admission to stabilize his spine and prevent additional  
101 injuries. Mark remained in ICU for three days and in our hospital for over three weeks  
102 until he could be moved to a rehab facility near his home. I usually do not follow my  
103 patients after they leave the ER. I know they are in good hands here, and I am eager to  
104 get home to my family. Mark's case was different. He reminded me of my own son, and  
105 how quickly life changes in an instant. I cannot imagine the horror of having my son  
106 injured so severely at a camp, especially when the camp was not even a wilderness  
107 camp. I visited Mark several times per week while he was at BMC and followed his  
108 situation closely, reading his chart, and talking with his attending physician.

109 10. Mark was unable to tell us the sequence of events during his injury, either  
110 on the day of admission or afterward during his recovery, due to his confusion and  
111 memory loss. It is difficult to know whether he sustained his neck injury during the fall  
112 down the mountain. Perhaps the injury came from hitting a tree, a rock, or both. From  
113 the information the EMTs obtained on the scene from the camp counselor, Mark was

114 already unable to move his legs or arms when the camp counselor reached him after  
115 his fall. Anyone with a suspected spinal cord injury should not be moved, if at all  
116 possible, until medical personnel arrive. However, I do not fault the counselor for  
117 moving him out of the stream and onto the bank. Mark could have died from  
118 [hypothermia](#) (hy·po·ther·mi·a) if he had remained in the cold water for hours. To avoid  
119 further injury, great care should be taken during any movement. As someone with an  
120 interest in Wilderness Medicine, I am a certified Red Cross Wilderness First Aid  
121 Instructor. According to [Exhibit #9](#), the Red Cross Wilderness and Remote First Aid  
122 Emergency Reference Guide, I know moving Mark was not without risk. According to  
123 the EMTs, the camp counselor tried to support Mark's neck when moving him.  
124 Nonetheless, it is possible further injury resulted from the move.

125         11. Mark had regained some ability to move his arms and some control over  
126 his wrists by the time he left BMC. He had minimal control over his hands and fingers,  
127 and given the nature of his injury, it is unlikely to change over time even with intensive  
128 rehabilitation. He will likely gain the ability to control a motorized wheelchair, but he will  
129 need assistance with feeding, toileting, dressing, bathing, and other activities of daily  
130 living. He will also need assistance with monitoring his blood glucose level and  
131 administering insulin to control his Diabetes.

132         12. Prolonged observation confirmed Mark sustained a concussion during the  
133 fall, which manifested into headaches, difficulty concentrating, and memory problems.  
134 These post-concussion symptoms may resolve over time, although it is not guaranteed.  
135 The recommended treatment for concussions is rest, both physical and mental. Yet, the  
136 stress of his condition and the extensive rehabilitation required to try to regain other

137 skills made it more difficult for Mark to achieve the proper post-recovery rest.  
138 Unfortunately for Mark, as the brain attempts to heal following a concussion, physical or  
139 cognitive activity can cause symptoms to worsen and even lead to additional long-term  
140 problems.

141           13. I have cared for 16 previous patients with a C6 injury in my career. The  
142 combination of Diabetes, post concussive syndrome, and spinal cord injury puts Mark in  
143 a uniquely difficult situation. As a result, it is hard to predict his situation five or ten years  
144 from now. With my 19 years of experience in the ER and specific concentration in  
145 trauma and neurological injuries, I am certain Mark will require significant assistance  
146 throughout his life and will certainly never be able to live independently. Based on the  
147 extent of his injuries, I also think it is highly unlikely that Mark will ever be able to attend  
148 college or obtain employment that would enable him to be financially independent as a  
149 result of the concussion's severely impacting his memory. There has been much  
150 discussion about the Diabetes diagnosis and what that meant to Mark. Quite frankly,  
151 what everyone needs to understand is that Mark was on a hike lost in the wilderness  
152 with unknown terrain or weather conditions. The injuries Mark sustained and we treated  
153 were life threatening, which came directly from falling down a mountainside in wet and  
154 slippery conditions.

155           14. In preparing for this trial, I reviewed all of Mark's medical records to  
156 include the MUA Admittance Report, information sheet on hypoglycemia, and MUA  
157 follow-up report, respectively marked as [Exhibit #3](#), [Exhibit #4](#), and [Exhibit #5](#). Had Dr.  
158 Bennett done a proper job of counseling Mark as to the severity of a Diabetes  
159 diagnosis, or insisted upon Mark wearing a medical alert identification, we would have

160 had the tools to properly do our job at the time of admission. Instead, and because of  
161 the poor work of Dr. Bennett, there was over an hour of time in which Mark was not  
162 treated in the most efficient way possible. The glucose problem he was suffering in  
163 addition to the spinal injury and concussion could have worsened his condition.

164         15. All of the conclusions I reached, tests I performed, and significant  
165 observations I made are contained in this affidavit and the Birmingham Medical Center  
166 Emergency Room report for Mark Knight. All of my conclusions were drawn to the  
167 prevailing standard of certainty in my field. All of my tests and actions followed the  
168 standard protocol for the Emergency Room at BMC for an injury of this type, and all  
169 BMC protocols follow the standards in my field.

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add at this time.  
The material facts are true and correct.

Signed,  
Kinley Harmon, M.D.  
Kinley Harmon

SIGNED AND SWORN to me before 8:00 a.m. on the day of this round of the 2025  
High School Mock Trial Competition.

C.H. Gallant  
C.H. Gallant, Notary Public  
State of Alabama  
My Commission Expires: 12/5/26

Affidavit of  
**Harper Stone, M.D.**

---

1           1.       I am Dr. Harper Stone. I am 47 years old. I now live in Birmingham, Alabama.  
2 I moved down here from Brooklyn. My spouse, the twins, and I thought we were staying  
3 in Birmingham temporarily for my forensic pathology fellowship but when the fellowship was  
4 completed, we decided to stay. Of course, we go back home to visit our relatives and  
5 have great pasta you cannot find anywhere else. Birmingham is our home now. We  
6 actually moved to Alabama in 2003 at the start of my fellowship.

7           2.       I founded Cold Case Academy, Inc., a camp for forensic science in 2010, where  
8 I also serve as the CEO. I created Cold Case Academy to introduce young people to the  
9 exciting careers available in forensics. Of course, I am deeply distressed by the injuries  
10 Mark Knight sustained while at our 2023 Skyview camp. I do not believe our camp  
11 should be found liable for what happened. The accident was a tragedy. Sadly, Mark's  
12 own choices were the main factor leading to his confusion and resulting injury.

13          3.       Prior to starting Cold Case Academy, I worked as a Medical Examiner (ME).  
14 The path to becoming an ME is a rigorous one. After graduating from New York  
15 University, I completed my Medical Doctor (MD) in pathology at Columbia University  
16 Medical Center in New York. I then did my four-year residency at the University of  
17 Texas Southwestern Medical Center in Dallas. Before becoming a forensic pathologist,  
18 I completed an intense two-year fellowship in forensic pathology at Birmingham Medical  
19 Center, where I conducted more than 300 autopsies. It was at Birmingham Medical Center  
20 where I fell in love with the town of Birmingham. Of course my history and additional details  
21 are noted in my curriculum vitae, which is marked as [Exhibit #10](#).

22           4.       I immensely enjoyed my work as an ME for the Office of Chief Medical  
23 Examiner here in Birmingham. Every day was different, and I was an integral part of cases  
24 ranging from domestic violence, drownings, accidents, shootings, etc. However, the  
25 office where I worked was underfunded and understaffed, and, in 2009, three of us were  
26 reprimanded for substandard autopsy practices. For a little while it looked as though our  
27 medical licenses might be suspended for a year. The state licensing board chose to fine  
28 each of us \$1,500 and place us on a year's probation instead. I completed the probation  
29 without incident. That situation was a slap in the face to my professionalism, especially  
30 after having just been awarded the Outstanding Young M.E. Award by the Alabama Board of  
31 Medical Examiners in 2007.

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

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

45           7.       The camp was a huge success, and I had to turn away more campers  
46 than I accepted. Clearly, I was onto something, so I revised my curriculum for the next  
47 year, took more time off from work, and held camps at both Skyview and Gramby. I  
48 recruited experts to help lead the teaching sessions. I also employed college students  
49 majoring in chemistry or forensic science to mentor the campers as camp counselors.  
50 By keeping the camper/instructor ratio low, I was able to offer a high quality, unique  
51 experience to campers. The news media gave me a lot of free publicity and, in 2012, I  
52 expanded into North Alabama and Georgia locations. By the end of the summer, it was  
53 clear I either had to sell the business or leave the ME's office to work full-time on the  
54 camps. I could not do both any longer.

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

65           9.       Even before I stopped working as an ME, I researched learning styles,  
66 camp operations, and best business practices. I wanted to make sure my camps were  
67 informative, challenging, and age-appropriate. I designed the camps to include the

68 newest research, as well as hands-on activities where the campers applied what they  
69 learned. We would set up a crime scene, complete with DNA evidence, fingerprint  
70 evidence, insect samples, etc. just like a forensic scientist would actually face. The  
71 campers worked in teams to analyze the evidence and determine which of several  
72 suspects committed the crime. The campers loved the lab sessions, and they took their  
73 investigations seriously. Every year campers wrote me afterwards telling me how the  
74 experience had completely changed or reinforced their career plans.

75         10. I knew outstanding instructors and counselors were crucial to our success.  
76 I recruited local forensic experts, forensic [entomologists](#) (en-to-mol-o-gists), ballistics  
77 experts, college professors, and experienced MEs to teach. I developed the training  
78 materials to help the instructors. I also made sure our counselors were intelligent,  
79 enthusiastic, and dependable. All of our counselors filled out detailed applications with  
80 personal essays and submitted two personal recommendations. They are required to  
81 pass a physical and a criminal background check. They are also required to have basic  
82 first aid and [Cardio-Pulmonary Resuscitation](#) (Car-di-o-pul-mo-nar-y Re-sus-ci-ta-tion)  
83 (CPR) certifications. All counselors had to be approved by the University motor pool to  
84 drive the camp's vans, where each camp was located. A clear driving record for the  
85 twelve months preceding was required as well.

86         11. Even before accreditation, we tracked our reported injuries for all of our  
87 camp locations. Every year it is the typical bumps and bruises from the evening  
88 activities, sprains, or lab-related injuries. I require each site to have a camp nurse, a  
89 doctor, and at least one counselor with advanced First Aid training. But at Skyview, I  
90 served as the medical resource in addition to having a counselor with advanced first aid

91 training. I put medical measures in place when we applied for accreditation from the  
92 National Camp Association (NCA), which we received in 2013. Accreditation is  
93 important to me because it demonstrates we uphold the best practices and standards of  
94 the industry. [Exhibit #1](#) lists the NCA mandatory standards for accreditation.

95         12. Our camps are not cheap. In 2023, the tuition for a weeklong camp was  
96 \$2,000, but the vast majority of participants agreed the cost was well worth the  
97 experience and education. We also set aside money for need-based awards because I  
98 did not want to turn anyone away due to cost. Of the more than 2,000 campers who  
99 attended our camps in 2021, 10% received a full or partial scholarship. It is an insane  
100 amount of money coming into the camp, but it is not as much as it seems considering all  
101 of the camp expenses associated with each location. Our hard work paid off, and in  
102 2021 we won a coveted “New York Life Excellence in Summer Learning Award” from  
103 the National Summer Learning Association.

104         13. At first, I attended every camp, teaching at least one session and  
105 observing the other instructors to ensure they were providing the interactive, high quality  
106 teaching that was our hallmark. As our number of camps grew, it became impossible to  
107 visit every location every year. However, I still visited every new site and any site  
108 experiencing difficulties. I surrounded myself with the very best people, made sure they  
109 had the Cold Case Academy vision, and then gave them the freedom to implement ideas to  
110 help us improve. By training, supporting, and empowering our employees; our company  
111 upholds the principles taught to the campers: creativity, integrity, diligence, attention to  
112 detail, and teamwork. Our staff know they are valued, and they respond by becoming  
113 enthusiastic and creative leaders.

114           14.    Our first camp was at Skyview University. I continue to serve as Skyview  
115 University Camp Director and also teach the blood analysis session because I enjoy the  
116 camp location, and it is close to home. I am not the only one who loves it at Skyview  
117 University, so it is easy to recruit nationally recognized instructors and top-notch  
118 counselors here.

119           15.    I promoted Carson Green to head counselor at Skyview University in  
120 January 2023, because Carson did such an outstanding job the previous year. Carson  
121 attended our camp at Skyview as a rising junior in high school. I remember Carson as  
122 engaging and brilliant. I have never had a camper ask such probing questions about the  
123 course material before or since. I did not realize Carson was attending Skyview  
124 University until I received quite an impressive application for counselor in 2021. It  
125 included lifeguarding, First Aid, CPR, and the Wilderness and Remote First Aid  
126 certifications. Not to mention, Carson wants to be an ME. Of course, I hired Carson  
127 given those credentials. I felt like Carson would understand how to help the campers get  
128 the most out of the camp experience. In fact, Carson contributed in ways I had not  
129 expected. Prior to Carson joining our staff, our evening activities needed improvement.  
130 Carson suggested we take advantage of the recreational opportunities in the area –  
131 arranging trips for tubing, hiking in the nearby national forest, and kayaking. The  
132 campers loved the adventures, and Carson was voted their favorite counselor at the  
133 end of the 2022 camp. Carson had demonstrated exactly the kind of creativity and  
134 initiative we encouraged at Cold Case Academy, which is why Carson was promoted. I was  
135 glad when Carson accepted the promotion because the camp counselors, while less

136 accomplished than the expert instructors, are the unsung heroes who can make or  
137 break the experience for the campers.

138           16. Carson and I corresponded via email in the final months leading up to the  
139 summer camp at Skyview University. Carson made specific, detailed recommendations  
140 for improving the overall effectiveness of the camp counselors, suggesting a quiz on  
141 basic First Aid techniques as well as short daily debriefings right after the classroom  
142 sessions ended. Carson proposed that all campers participate in a campus-wide  
143 scavenger hunt on the night of arrival to familiarize them with Skyview's campus. On  
144 subsequent evenings, Carson would arrange for three different recreational options  
145 from which the campers could choose. Since Carson attended Skyview University  
146 during the school year, Carson had the knowledge and contacts to set up everything  
147 beforehand. I thought the ideas sounded excellent, so I asked Carson to develop a  
148 proposed schedule for my review. In early March, Carson submitted a detailed plan,  
149 which included everything from capture the flag and Ultimate Frisbee, to kayaking and  
150 hiking in the nearby national forest. I was impressed, and I gave Carson permission to  
151 finalize all of the specifics. I even passed it on to our head counselors in other camp  
152 locations, encouraging them to implement something similar at their own sites.

153           17. We had our largest enrollment ever at Skyview University in 2023, with  
154 100 campers in all. Many of them already had impressive resumes, including several  
155 about to enroll at the Alabama School of Science and Technology (ASST). I intentionally  
156 put those campers in Carson's DNA focus group and/or evening activity group since I  
157 knew Carson was a graduate of ASST. Mark Knight was one of the new ASST  
158 campers, and even among that impressive group, Mark stood out as exceptional. He

159 picked up the information quickly, no matter how complex. I observed that he was  
160 outgoing and encouraging to the other campers, taking time to help them with their labs  
161 and making sure the shy campers were not left out. The other instructors were  
162 impressed by Mark as well.

163         18. The start of camp went off without a hitch. The campers were enthusiastic  
164 about the classroom and lab sessions, and they all seemed to enjoy the recreational  
165 evening activities. On Tuesday afternoon, June 26, 2023, Carson asked for permission  
166 to take the evening activity group on a special trip to a nearby waterfall near Skyview  
167 University after the Wednesday sessions, but not in the previously discussed National  
168 Forest. Carson told me Jamie Gray, one of our 2022 camp counselors, would  
169 accompany the group. I was a bit leery of letting one group go off on such a  
170 spontaneous outing, but I knew Carson had extensive first aid training and was familiar  
171 with the area. Carson had always been completely reliable, so I gave permission for the  
172 trip and reminded Carson to be back before dark.

173         19. At 9:15 p.m. Wednesday night, one of the camp counselors called me to  
174 say Carson was not back yet and did not answer the cell. I realized at that point I did not  
175 know exactly where Carson had gone, and no one else knew either. We tried calling  
176 Carson's cell, but it went straight to voicemail. We also tried calling Carson's campers'  
177 cell numbers with no luck. Shortly after 10 p.m., the sheriff's department called saying  
178 Carson Green called 911 reporting they were lost on a nearby mountain. The deputy  
179 said he had an idea where they were and was sending deputies to search for them  
180 based on the vicinity of the closest cell tower pinged from the call. Right about then, it  
181 started raining pretty hard, which surprised me. I had checked the weekly National

182 Weather Service forecast on Saturday, June 23rd, and it predicted sunny conditions all  
183 day Wednesday. This particular forecast for June 23 – July 30, 2023, in Birmingham is  
184 marked as [Exhibit #6](#). Two hours passed and I had not heard any updates from the  
185 sheriff's department, so I called them only to learn the group had not been found yet. I  
186 checked back all night and got the same answer, which made no sense to me. How  
187 could they not have located them? I was quite concerned since we were experiencing  
188 heavy rain and lower-than-expected temperatures. But, I was pretty confident all would  
189 be okay given Carson's extensive outdoor experience and first aid training.

190         20.     At 6:30 a.m. on Thursday morning, June 28, 2023, the sheriff's  
191 department called to say the group had been found, but one of the campers was  
192 injured. He did not know the extent of the injury, but an ambulance was on the way. He  
193 promised to have someone call me as soon as they knew more. A little before 8 a.m.  
194 the deputy called back with an update and said Mark Knight was hurt with a possible  
195 spinal cord injury. Mark was being taken to Birmingham Medical Center (BMC) Emergency  
196 Room (ER). The deputy said everyone else was cold, wet and hungry, but otherwise  
197 fine. The deputy asked for me to stay put because the group was on their way back to  
198 campus. After I collected my thoughts, I called Mark's emergency contact, Kal Knight,  
199 right away and told Kal what I knew. Kal was understandably upset and said to look  
200 after Mark. Kal hung up quickly in order to book a flight back to Birmingham from Greece.

201         21.     The campers arrived back on campus at 8:30 a.m., and Carson  
202 immediately told me what happened. I learned that the group got lost because Jamie  
203 Gray, who was supposed to guide them, called out sick at the last minute. Instead of  
204 canceling, Carson went ahead with the trip. Carson admitted having never been to the

205 waterfall before and stated getting directions from Jamie. Carson was especially  
206 distraught about the whole thing, as we all were. I reserved judgment on whether to fire  
207 Carson until I could find out more details. I talked with the other nine campers in the  
208 group, and while they were all upset about what happened to Mark, most of them spoke  
209 up in defense of Carson. They said Carson had done everything possible to keep them  
210 safe. Carson indicated taking great effort to treat Mark with the best care possible using  
211 training learned in the Wilderness and Remote First Aid certification, which is marked as  
212 [Exhibit #9](#). Reese Delaney was less of an advocate for Carson, but even Reese said  
213 Carson's first aid training had been helpful in getting Mark out of the water and keeping  
214 Mark from getting [hypothermia](#) (hy·po·ther·mi·a).

215         22. At lunch time, I went to the hospital to check on Mark. Because Mark was  
216 one of my campers, I was responsible for making medical decisions for Mark in the  
217 absence of a parent. I take this responsibility seriously and will always do what is best  
218 for the camper. I brought Mark's confirmation and liability waiver form with me to the  
219 hospital, which is marked as [Exhibit #2](#). I spoke to Dr. Harmon, the ER doctor and  
220 showed my authorization oversight for Mark until his parent could arrive. I was  
221 distressed to hear Mark had already been moved to ICU, which is where I was going  
222 next. Dr. Harmon said he had a spinal cord injury and a possible [concussion](#)  
223 (con·cus·sion). I was also shocked to learn Mark had [Diabetes](#) (di·a·be·tes), which  
224 affected his health and decision-making abilities after exercising so long without enough  
225 nourishment. None of us knew about Mark's Diabetes. I double checked the waiver form  
226 again and it was not mentioned on the signed form. I later checked with all of our staff.  
227 Mark never said anything to the staff at registration, to the camp nurse, to Carson, or to

228 anyone else. Obviously, if we had known about Mark's Diabetes, Carson would never  
229 have taken him on the hike.

230         23. That evening when I returned from the hospital, Carson came to my office.  
231 Carson informed me that once our voicemail system came back online from an outage  
232 the previous day, a message had been left by Kal Knight. The voicemail was to notify  
233 us of Mark's diabetic condition. It was not a surprise, since I had already learned about  
234 Mark's Diabetes from Dr. Harmon in the emergency room earlier in the day. I do not  
235 understand why Kal Knight waited so late to tell us about Mark's condition.

236         24. I cannot tell you how deeply we regret what happened to Mark. It was  
237 upsetting to see Mark in the hospital and to talk with Kal about the injuries. However, I  
238 do not think any of our actions were grossly negligent. While it showed bad judgment for  
239 Carson to lead a hike to an unfamiliar place, Carson otherwise used advanced  
240 wilderness first aid training to try to keep everyone safe, and all the other campers came  
241 back without injury. As an M.D., I know the importance of being informed about Mark's  
242 health condition, so we could take it into account in planning activities. I hope and pray  
243 Mark will experience significant recovery. I can only imagine what a nightmare this is for  
244 Mark and Kal. I wish I had denied Carson's request to take the campers on that  
245 particular hike. But as horrible as Mark's injury is, our camp did not have all of the  
246 information we needed to make sure Mark stayed safe. The Knights should never have  
247 hidden his Diabetes from us. Because they did hide it, I do not think we should be found  
248 liable for Mark's injuries.

**[Witness addendum for Harper Stone, M.D. is on the next  
page.]**

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add at this time. The material facts are true and correct.

Signed,

Harper Stone, M.D.

Harper Stone

**SIGNED AND SWORN**

A.G. Molli

A.G. Molli, Notary Public  
State of Alabama

My Commission Expires: 12/15/26

Affidavit of

**CARSON GREEN**

---

1           1.       My name is Carson Green. I am 22 years old and a senior at Skyview  
2 University in Birmingham. I grew up nearby in Coker as the oldest of three kids. I always  
3 knew I wanted to go to Skyview University. It is the perfect size – 10,000 students – and  
4 has one of the country’s top chemistry departments. Before I enrolled here in 2021, I  
5 attended the Alabama School of Science and Technology (ASST) for my last two years  
6 of high school. At ASST, I had a chance to research how chemical changes in the body  
7 enable a medical examiner (ME) to determine the time of death. I have always wanted  
8 to be an ME, so after I earn my B.S. in biochemistry, I plan to attend medical school and  
9 specialize in pathology.

10           2.       ASST sent me a list of recommended summer camps for 2019. One was  
11 the Cold Case Academy camp at Skyview University for high school students. When I saw  
12 Dr. Harper Stone, a former ME, led the camp, I signed up right away. I loved every minute  
13 except for the mandatory evening recreation. We had to do lame activities like trivia  
14 games and tennis. If the camp was going to make us do recreation instead of more  
15 forensics, at least it should be fun stuff like kayaking or hiking in the mountains nearby.

16           3.       I graduated first in my class at ASST and was awarded a full academic  
17 scholarship to Skyview University, which was a dream come true. I decided to earn a  
18 B.S. in biochemistry with a minor in forensic science. The summer before my  
19 sophomore year, I went on an eight-day Outward Bound Backpacking and Rock-  
20 Climbing trip. When I got back I lifeguarded the rest of the summer at Skyview  
21 University’s pool while taking two classes. That was my second summer lifeguarding for

22 Skyview and my fourth summer as a lifeguard. The two summers lifeguarding during  
23 high school was done at the YMCA. I had been keeping up my Red Cross First Aid,  
24 [Cardio-Pulmonary Resuscitation](#) (Car·di·o·pul·mo·nar·y Re·sus·ci·ta·tion) (CPR), and  
25 lifeguarding certifications. The Red Cross lifeguarding manual is incredibly detailed:  
26 almost 300 pages on everything including first aid, water rescue, spinal injuries, and  
27 CPR. During my four summers as a lifeguard, I saved two children from drowning and  
28 performed CPR once.

29         4.       In the summer of 2022, I got a job as a biochemistry research assistant,  
30 but I arranged to take a week off to be a summer camp counselor for the  
31 Cold Case Academy camp. I wanted to give the campers a great experience like I had. I  
32 spent time individually with each student and made sure they did not feel homesick or  
33 isolated. Dr. Stone welcomed staff input, so I suggested we change the evening  
34 recreational activities, substituting trivia games and tennis with Ultimate Frisbee and  
35 capture the flag. I thought those activities would be more fun and would allow the  
36 campers to interact more. I also proposed taking the campers kayaking, hiking, and  
37 tubing on the river.

38         5.       Dr. Stone agreed to my suggestions, and the campers had a blast. Dr.  
39 Stone told all of the campers about the new activities being my idea, and I was voted  
40 “Favorite Camp Counselor.” At the end of the week, Dr. Stone asked me to come back  
41 as head counselor in 2023. Of course, I said yes. As part of my new responsibilities as  
42 head counselor, I had to learn all of the standards contained in the National Camp  
43 Association mandatory standards for accreditation, marked as [Exhibit #1](#). This would  
44 allow me to better facilitate the continuing accreditation of Cold Case Academy camps.

45           6.       In the fall of 2022, I joined the Skyview University Venture Club, which  
46 included camping, rock-climbing, and kayaking on weekends. In September 2022, I  
47 arranged for Dr. Whitley, a Red Cross volunteer, to teach us their 16 hour “Wilderness  
48 and Remote First Aid” course on campus. The knowledge came in handy when a  
49 Venture Club member flipped his kayak in a river and struck his head on a rock. The  
50 rest of us used our training to assess the situation, get him out of the river while  
51 immobilizing his neck, and keep him warm and calm until emergency personnel reached  
52 us an hour later. Fortunately, he was okay, but it scared us all. The Emergency Medical  
53 Technician (EMT) told us we had done everything right, which was a big reason our  
54 friend was not permanently injured.

55           7.       As the 2023 Cold Case Academy camp was getting closer, we pre-assigned the  
56 campers to academic focus groups in order to work together analyzing evidence during  
57 the daytime, and assigned campers to activity groups to hang out together in the  
58 evenings. Some of the campers in my DNA evidence focus group were also in my  
59 evening activity group. Reading over the essays each student submitted, I was excited  
60 to see one of my campers, Mark Knight, would be attending ASST in the fall. I figured I  
61 could give him the inside scoop on the school, and maybe even convince him to come  
62 to Skyview after graduation instead of our arch rival.

63           8.       Dr. Stone let me organize the evening activities, so I planned three options  
64 almost every night to give each of the ten groups variety. With ten students per group,  
65 and multiple options each night, each of the three options were pretty much guaranteed  
66 to have at least two counselors per activity. On Saturday afternoon, I checked the  
67 National Weather Service weekly forecast for the coming week of June 23 – 30, 2023,

68 which is marked as [Exhibit #6](#). Rain was predicted for Friday and Saturday, but every  
69 other night was supposed to be clear or partly cloudy with daytime temperatures in the  
70 mid-90s. When the weekly forecast on Monday was still the same as Saturday's, I did  
71 not bother to check it again. I didn't think about it at the time but I know in Birmingham that  
72 surprise showers crop up now and again.

73         9. All of my focus group campers were great, but Mark stood out. He was  
74 brilliant, yet personable and humble, and a leader in every sense of the word. His friend  
75 Reese Delaney, although quieter, was also impressive. The two of them made a terrific  
76 team, and as a result, my group was cohesive, organized, respectful, and tons of fun. It  
77 seemed pretty clear to me the two would easily solve the "crime scene" DNA evidence  
78 and gain lots of attention from the professors at Skyview. I was sure if they applied to  
79 Skyview, both Mark and Reese would be given substantial, if not full, scholarships.

80         10. On Wednesday, June 27, 2023, the three evening activities were dodge  
81 ball, swimming at the University pool, or taking vans to the nearby national forest to  
82 hike. The day before, I asked Dr. Stone for permission to take my evening activity group  
83 off campus on a special hike. On Monday, the Venture Club President, Jamie Gray,  
84 called me to talk about our plans for the fall semester. She told me about an incredible  
85 waterfall she had seen nearby and suggested I take my campers there. I was not  
86 familiar with the spot, but Jamie said she would guide us. I did not quite tell all of that to  
87 Dr. Stone. In our conversation, I implied I had been to the waterfall before. Dr. Stone was  
88 hesitant at first, but when I mentioned Jamie had been a Cold Case Academy counselor in  
89 2021, and I had Wilderness First Aid Training, Dr. Stone agreed. I was not asked to

90 provide specifics, but I promised to get us back before dark. I knew sunset was around  
91 9 p.m., so I assured Dr. Stone we would be back in time.

92           11. I did not mention our trip to the other camp counselors because I wanted it  
93 to be just my group. Later Wednesday afternoon, I was in my office packing for the hike  
94 that night. I was expecting a call from fleet services about the van we were going to use,  
95 so I attempted to check voicemail. I discovered there was something wrong with our  
96 voicemail. I called to report the voicemail issue to the University's IT department and  
97 learned a work ticket had already been placed for it to be fixed.

98           12. The dining hall made boxed dinners for us, and I put the food and water in  
99 the van. Right after class, I told my campers about the plan and said if anyone was not  
100 up for the hike, they could join another group that night. Everyone was excited, so I told  
101 them to wear good walking shoes and to bring a towel, water, and a light jacket. If they  
102 wanted to bring a backpack for everything, they could. They were to meet at the van by  
103 5:30 p.m. When Jamie had not arrived by 5:15 p.m., I texted to ask where she was. She  
104 called me right back, said she had a bad migraine, and she hated to bail on me. She  
105 assured me we could not miss the waterfall because it was only a 15-minute hike from  
106 the scenic overlook parking area. She gave me detailed directions, and since everyone  
107 was so excited about it, I decided to go ahead rather than cancelling. I knew without  
108 Jamie along, I did not have another adult leader helping with our group. I decided it was  
109 okay because one of the campers had just turned 18.

110           13. We left Skyview just after 5:30 p.m. and got to the overlook parking area a  
111 little before 6:00 p.m. After enjoying the view for a few minutes, we walked down the  
112 trail to the right of the van. Most everyone decided to leave their stuff in the van. I

113 decided we would leave the food in the van until we found the waterfall and then send  
114 two campers back for it later. The area was beautiful with magnificent scenery, sounds,  
115 and wildflowers in full bloom. The trail led to a place where we could cross the stream  
116 by rock-hopping, which the campers really liked. The path turned left and sloped up and  
117 away from the stream, and then we came to a fork. One trail led back down to the  
118 stream, but the other led away from it. Jamie had not said anything about a fork in the  
119 path, but I assumed we should stay closer to the stream. Soon the trail got extremely  
120 narrow, like a trail used by deer or other animals, and then it disappeared altogether as  
121 we reached the stream. I figured we did not have much farther to go, so we rock-  
122 hopped and waded downstream. The water was quite cold, but the air was warm, and  
123 everyone was having fun so we kept going. When it felt like we had been walking for  
124 about twenty minutes, I pulled out my cell phone to check the time and saw that the cell  
125 phone was dead. I was not worried though, because some of the campers had phones,  
126 and we were not planning to go much farther.

127         14. Everyone kept laughing and chatting, and the time got away from us.  
128 Eventually, Reese came to me and said it was 7:30 p.m., we had been walking for more  
129 than an hour, and had never seen a waterfall. Surprised, I called everyone together and  
130 said we had better turn around. The banks were pretty steep where we were, with rocky  
131 overhangs at the water's edge. We had no choice but to keep walking in the water.  
132 Having turned around now, we were going against a stronger current. And, it was  
133 beginning to get cloudy and cooler. Some of the campers were tired and hungry, so I  
134 stopped and offered everyone granola bars I had brought in my backpack, as well as  
135 getting the campers to share the water some of them had with each other. Most

136 campers were grateful for the snack. Mark seemed especially grateful for the water and  
137 granola bar. We started walking again, but we had to keep stopping for a few campers  
138 to catch their breath. I even remember Reese using an asthma inhaler at one point.

139         15.     It was getting pretty dark. I was surprised to see it looking like rain clouds  
140 were coming when the weather report on Monday did not indicate rain until Friday. I told  
141 the campers we needed to get away from the cold stream. We were already wet and  
142 continued exposure with the temperatures dropping could lead to [hypothermia](#)  
143 (hy·po·ther·mi·a). Some of the campers tried to use their cell phones for GPS to help us  
144 find our way back, but they did not have a signal. We started climbing up the left bank to  
145 get out of the water and the higher we would climb the warmer the air would be. It was a  
146 steep slope, and several campers were struggling. Mark was one of them, which  
147 surprised me. I had seen Mark participating in the scavenger hunt, Ultimate Frisbee,  
148 canoeing, and swimming earlier in the week; all of which led me to believe he was in  
149 good shape. The slope had lots of vines and brush, so after we got about halfway up, I  
150 decided we needed to stop. It was getting too dark and dangerous to go any farther.  
151 The winds were beginning to pick up and the trees were swaying a good bit. Between  
152 the cell phones searching for signal and using the cell phone flashlights because it was  
153 dark and cloudy, we were killing the cell batteries and we needed a cell phone to call for  
154 help. While most of the campers tried to level the ground and make a rough lean-to out  
155 of branches, I asked a student with a working cell phone to hike farther up the slope  
156 with me to check for a better cell signal. We barely got a call out to 911 around 10:00  
157 p.m. giving as much information as I could before the cell phone died, so we went back

158 to tell the rest of the campers help was on the way. By 10:30 p.m. all the cell phone  
159 batteries were dead, but we knew rescuers would be coming soon.

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

169           17.     It rained for a couple of hours, I think, and then it tapered off. There were  
170 still no signs of help, so eventually we all dozed off. Next thing I knew, I woke up to hear  
171 a scream, the sound of someone crashing through brush, and then an awful thud and  
172 another scream. I yelled, "What was that?" Reese jumped up and said "It's Mark. He  
173 just fell down the mountainside." I told the other campers to stay put. I made my way  
174 quickly down the mountainside towards Mark's cries for help and Reese was right  
175 behind me. In the stream is where we found Mark lying in the water face up with his  
176 head on a rock. He was crying and saying in a panic "I can't move. Help me." I knelt  
177 down beside him and told him we were there and we would get him out of the stream.  
178 When I asked if he could move his legs or arms, he said "No. I can't move. What's  
179 happening? Help me, help me . . . ." My heart was racing. I kept wanting to wake up and  
180 say it was a bad dream. But I took a deep breath and remembered my first aid training. I

181 was pretty sure Mark had a neck injury making it dangerous to move him, but it was  
182 more dangerous to leave him in the cold water for fear of hypothermia. I told Reese we  
183 needed to move Mark while keeping his neck very still, and I carefully explained what  
184 we would do, to make sure Reese understood. Then I placed my hands under Mark's  
185 shoulders and stabilized his head and neck, and we started to move Mark out of the  
186 water and onto the bank of the stream. Reese had trouble walking on the rocks and  
187 slipped once, and I almost dropped Mark myself. I am afraid the sudden motion may  
188 have hurt his neck more. We felt around with our feet to find a flat spot to put Mark  
189 down. I covered him with my jacket to keep him warm. I would not have known how to  
190 handle this situation had it not been for my Red Cross Wilderness and Remote First Aid  
191 training. An excerpt from the reference guide is marked as [Exhibit #9](#).

192         18. Reese begged to hike up to the slope and get help, but I said no. It was  
193 still too dark; we had no idea where we were; and what if Reese got hurt or further  
194 separated from our group. We had to wait until we could see with the morning light. So  
195 for the longest two hours of my life, we stayed beside Mark, talking to him in an attempt  
196 to keep him awake. Mark got more confused as time passed, and I was afraid he might  
197 be going into shock. As soon as it started to get light, one camper from the lean-to and I  
198 hiked out while the others carefully came down to the bank to stay with Reese and  
199 Mark. We had only hiked a little ways when we rounded a bend and recognized where  
200 we were: at the base of the narrow trail we originally took down to the stream. We  
201 scrambled as fast as we could up the bank and ran out to the van, where we found  
202 three sheriff's deputies about to start down the trail. We told them what happened and  
203 they immediately called for an ambulance. We led the deputies to Mark, while the

204 camper stayed at the van to guide the EMTs when they arrived. The deputies put their  
205 coats on Mark to make him warmer and, after the EMTs arrived, the deputies and EMTs  
206 talked with me and Reese to find out what happened. The EMTs put a neck brace on  
207 Mark, he was moved onto a backboard, and then he was carefully carried to the  
208 ambulance. When I looked at the clock on the van as the ambulance was leaving, it was  
209 7:30 a.m. The deputies helped get the rest of the campers back to the van safely. We  
210 left the parking area about 8 a.m. and headed back to Skyview.

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

220           20.    All of us were shaken up and wanted to go to the hospital to check on  
221 Mark, but we were not allowed to go right then. Reese came to my office, called home,  
222 and asked to be picked up. After Reese left my office, I noticed I had voicemail. I  
223 checked my messages and that is when I heard a message from Kal Knight saying  
224 that Mark was a diabetic and that he had insulin in his backpack. I was shocked to hear  
225 this and immediately went to Dr. Stone's office, who had already left for the hospital. I  
226 returned later that day to Dr. Stone's office and shared what I had learned from the

227 voicemail. Dr. Stone confirmed learning about the Diabetes from the emergency room  
228 doctor earlier in the day.

229         **21.**       When I tried to visit Mark in ICU the next evening, the person at the  
230 hospital information desk told me Kal Knight had specifically stated I was not allowed  
231 to see Mark. I am devastated by what happened to Mark. I had hoped we would be  
232 friends after camp ended. I am still in shock about what happened to him, and I wish we  
233 could all go back and undo that night. I keep thinking about what I could have done  
234 differently. I saw Mark struggling more than the others when we turned around to hike  
235 back, which surprised me because he seemed to be in good shape during our other  
236 activities. I just figured he stayed up too late the night before and was tired. When I  
237 learned later that Mark had Diabetes, I was shocked. His liability form did not mention it,  
238 and he never said anything to any of us at camp about his Diabetes. I saw Mark's  
239 signed Confirmation and Liability Waiver Form myself, which is marked as [Exhibit #2](#). I  
240 am certainly no expert on Diabetes, although they talked a little about it at my first aid  
241 classes. But if I had known about Mark's Diabetes, I would have made him stay with  
242 another group or done another activity instead. It was a fluke thing for us to get so lost  
243 wet, and hungry – but otherwise we were fine. I do not know why Mark did not tell us  
244 about his Diabetes so we could watch out for him. This makes no sense to me. I would  
245 give anything to be able to live that day over and not go on that hike. I tried to do my  
246 best with what I knew, but I did not have all the information I needed to keep Mark safe.  
247 I think we as a camp staff did what we could to give the campers a memorable and safe  
248 experience. If we had only known about Mark's Diabetes, we would have done things  
249 differently.                                 **[Witness addendum for Carson Green is on the next page.]**

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add at this time.  
The material facts are true and correct.

Signed,  
Carson Green  
Carson Green

SIGNED AND SWORN

Miriam Wrenn  
Miriam Wrenn, Notary Public  
State of Alabama  
My Commission Expires: 12/08/26

Affidavit of  
**CHRIS BENNETT, M.D.**

---

1           1.       My name is Chris Bennett. I am 40 years old and live at 321 Saluda  
2 Avenue, Sundale, Alabama. I am originally from southern California. I grew up  
3 surfing. I guess you could say I have gone coast to coast with my education and career.  
4 After the University of California – Irvine and Stanford for medical school, I decided I  
5 wanted something different and did my residency in New York. It was a total culture  
6 shock and way too cold. After my residency, I was brought on as a fellow in the pediatric  
7 endocrinology unit of Nassau University Medical Center/ SUNY. When my fellowship  
8 was completed, a position opened up at the Medical University of Alabama  
9 (MUA) in Charleston and I jumped on it. The weather is a lot better here, and closer to  
10 what I grew up with, though the waves are nonexistent compared to home. I love my work too  
11 much to settle down, so it is just me and the two dogs at the house. I do not have kids,  
12 so I have volunteered for the last eight years as a camp doctor for the local Wilderness  
13 camp for boys and girls between the ages of 6 and 16. Needless to say, I am very  
14 knowledgeable about camp operations, the National Camp Association mandatory  
15 standards for accreditation, as well as all of the first aid certification requirements. Given  
16 my experience, I am familiar with the contents of [Exhibit #1](#) and [Exhibit #9](#).

17           2.       Since 2012, I have worked as a pediatric [endocrinologist](#)  
18 (en·do·cri·nol·o·gist) at MUA. In my clinical practice, I see children and teens who  
19 have diseases of the [endocrine](#) (en·do·crine) system, such as growth disorders and  
20 Type I [Diabetes](#) (di·a·be·tes). In layman’s terms, the endocrine system is made up of  
21 glands throughout the body that secrete hormones, which are chemicals that regulate

22 metabolism, mood, growth and development, and other cellular processes. In 2015, I  
23 was asked to serve as an Associate Clinical Professor in the Department of Pediatrics  
24 at the medical school, teaching medical students about these topics. My curriculum  
25 vitae outlining my experience is marked as [Exhibit #11](#).

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

35 4. Our department is one of the best in the country, and we provide excellent  
36 care to our patients. We follow patients with Type I and Type II Diabetes. Type I  
37 Diabetes is usually diagnosed in children or teens and is suspected to be an  
38 [autoimmune](#) (au-to-im-mune) disorder. It occurs when an infection or other trigger  
39 causes the body's immune system to attack the pancreatic cells that make [insulin](#)  
40 (in-su-lin). As a result of this immune system attack, people with Type I Diabetes make  
41 little to no insulin.

42 5. Type II Diabetes is the more common form of the disease, responsible for  
43 95% of all cases in the United States according to the Centers for Disease Control  
44 (CDC). People with Type II Diabetes do produce insulin. But either the amount of insulin

45 they produced is too low, or their cells are resistant to the insulin and unable to take in  
46 glucose. Type II Diabetes more commonly occurs in adults and among those who are  
47 overweight and inactive. With the rise of obesity in America, we are seeing Type II  
48 Diabetes more often in young people than previously seen.

49         6.       Our bodies need insulin in order to move **glucose** (glu·cose), a type of  
50 sugar, out of the blood and into our cells where it can be stored and used for energy.  
51 Glucose is the main fuel used by cells throughout the body and especially by the brain.  
52 We primarily consume glucose in complex carbohydrates, such as starches, as  
53 starches are formed from chains of glucose molecules that are broken apart during  
54 digestion. When the pancreas no longer makes insulin, the blood glucose levels rise,  
55 and our cells do not get the glucose needed. To compensate, the body breaks down  
56 fats for fuel, producing acidic waste products called **ketones** (ke·tones), which are  
57 poisonous at high levels. Ketones are acidic, lowering the pH of the blood and altering  
58 **plasma lactic acid** (lac·tic ac·id) levels and **bicarbonate** (bi·car·bon·ate) levels as the  
59 body attempts to compensate for the increased acidity.

60         7.       In a typical year, I see between 75 to 100 patients newly diagnosed with  
61 Type I Diabetes. Mark Knight was one of those patients. He was admitted to our clinic  
62 from April 20 – 22, 2023. Mark had gone to see his family doctor with symptoms  
63 indicative of Diabetes: **polydipsia** (poly·dip·sia – excessive thirst), **polyuria** (poly·uria –  
64 excessive urination), unusual hunger, fatigue, unexplained weight loss, and blurry  
65 vision. Diagnostic tests revealed high blood sugar and the presence of ketones in his  
66 urine, indicating he had Diabetes. Because of Mark's age, 15 at the time, and normal  
67 body weight, his doctor suspected he had Type I Diabetes rather than Type II.

68           8.       When Mark reached MUA, we ran a number of diagnostic blood tests.  
69   As expected, his blood glucose level was elevated, and glucose and ketones were  
70   present in his urine. We tested Mark's blood insulin level, and the test revealed he was  
71   not making insulin, confirming the diagnosis of Type I Diabetes. According to [Exhibit #3](#),  
72   Mark was admitted to MUA to get his blood glucose under control and to educate him  
73   on the many facets of dealing with his disease.

74           9.       At MUA, we use a team approach to care for individuals newly  
75   diagnosed with Type I Diabetes. Our first step was to give Mark insulin to bring his  
76   blood glucose level back down to normal, and to devise the appropriate type, dose, and  
77   timing of insulin injections to be in the normal range after discharge. Our Diabetes nurse  
78   educators instructed Mark and Kal Knight in using a lancet, which is a small needle,  
79   and glucose meter to test his blood before meals and at bedtime. Testing is important in  
80   determining the proper insulin dose. The nurse educators also showed him how to  
81   record his meter readings, insulin doses, and dietary intake. We instructed Mark to keep  
82   detailed records when returning home in order for us to review them on his weekly  
83   follow-up visits to determine whether any adjustments to his regimen were needed.

84           10.     In addition, a registered dietitian met with Mark and Kal Knight to discuss  
85   an appropriate diabetic diet, given Mark's age, weight, and activity level. The dietitian  
86   covered in great detail the signs and symptoms of [hypoglycemia](#) (hy·po·gly·ce·mi·a),  
87   commonly called low blood sugar, and [hyperglycemia](#) (hy·per·gly·ce·mi·a), known as  
88   high blood sugar, as well as the steps to take should either of those conditions occur.  
89   The dietitian discussed the need to monitor his blood glucose level more closely when  
90   exercising in order to avoid hypoglycemia. The informational handout on hypoglycemia

91 created by the American Diabetes Association, marked as [Exhibit #4](#), was given to the  
92 Knights before Mark's discharge from MUA. Kal seemed quite stressed and a bit  
93 confused by all of the instructions, but Mark took everything in stride. When I  
94 commented on Mark's unusually rapid understanding of the concepts and details, he  
95 told me chemistry was his favorite subject in school, with biology as a close second, so  
96 this information made perfect sense to him. Kal confirmed what Mark said, adding how  
97 Kal was a marketing person, so Kal found the medical discussion a bit difficult to follow.  
98 Kal indicated being glad Mark seemed so comfortable with everything, adding how Kal  
99 would rely on Mark to explain it all again at home.

100           11. One aspect I addressed in some detail with both Mark and Kal is the fact  
101 that Type I Diabetes is a chronic, lifelong condition for which we have no cure. Since  
102 Mark's pancreas no longer makes insulin, Mark will need to monitor and tightly control  
103 his glucose level every day for the rest of his life. Close control of his blood glucose  
104 level can help forestall the development of many long-term complications such as nerve  
105 and blood vessel damage, susceptibility to skin sores and infection, eye disease, kidney  
106 disease, heart attack, and stroke; which can be hard for teenagers to imagine as ever  
107 afflicting them.

108           12. Of more immediate concern is recognizing how severe hypoglycemia can  
109 be life-threatening – causing accidents, injuries, coma, or death. I encouraged Mark and  
110 Kal to get Mark a medical ID wristband or necklace to have with him at all times. In the  
111 event of an accident or emergency, the ID would alert medical personnel to his  
112 condition. I also encouraged them to tell close family and friends about his diagnosis so  
113 they could help him identify any symptoms of hypoglycemia. Most newly diagnosed

114 patients follow my recommendation, but some choose otherwise. Mark expressed  
115 concerns about how wearing an ID would make his friends view him differently. I  
116 acknowledged Mark's concerns and encouraged him to think about how he might feel if  
117 his close friend were diagnosed with Diabetes. Surely, he would support the friend and  
118 be happy to help watch out for him or her. I stressed that if Mark decided to keep the  
119 news private, it was even more important for him to wear a Diabetes medical ID when  
120 leaving home. Mark listened carefully and seemed to understand the reasoning behind  
121 my instructions.

122       13. By Sunday, April 22, 2023, Mark was ready to be discharged from MUA.  
123 I told Mark to return for a follow-up visit on Friday, April 27, 2023, and to bring his  
124 journal of dietary, blood glucose, and insulin records with him. Mark and Kal both came  
125 to the appointment, and I was pleased with the thoroughness of Mark's journal. His  
126 blood glucose had been kept close to normal for much of the week. We checked his  
127 [hemoglobin A1c](#) (he·mo·glo·bin A-one-C) levels or HbA1c, a test which shows the  
128 average blood glucose level during the preceding two to three months rather than at the  
129 instant of drawing blood. The HbA1c level was a bit elevated, which was to be expected  
130 given the recent nature of his diagnosis. I questioned Mark about any problems or  
131 issues after his discharge, and he reported all had gone well. His understanding of how  
132 to monitor and maintain an appropriate diet and blood glucose level was excellent. He  
133 did not report any instances of hypoglycemia. All of the data from this appointment and  
134 tests are reflected in [Exhibit #5](#).

135       14. As per our regular protocol, we scheduled follow-up visits for the next two  
136 weeks. Mark and Kal kept both Friday appointments, and Mark's journal indicated he

137 was keeping his glucose under excellent control. Mark decided not to reveal his  
138 diagnosis to his friends, so I reviewed the pros and cons of his decision. On the last  
139 follow-up visit, Mark still did not have a medical ID bracelet or necklace. I strongly urged  
140 them to get one, especially if he chose not to tell his friends about his Diabetes. Kal  
141 assured me they would order one that same day, and Mark reluctantly said he  
142 understood why it would be wise to wear a medical ID. I asked him to commit to wearing  
143 it, at least when he was not with Kal. He unenthusiastically said okay, but he did not  
144 look me in the eye. Since his insulin schedule and dietary regimen were keeping his  
145 glucose under control, I told them he could wait three months for his next appointment,  
146 reminding him to contact us with any questions as they arise.

147         15. Our standard procedure for newly diagnosed children with Diabetes is to  
148 hold one-on-one meetings with only the parents. This allows our staff to stress the  
149 importance of maintaining proper blood glucose levels, and to remind parents of the  
150 importance of notifying schools and other organizations who would care for the child in  
151 the parent's absence about the diagnosis. In this instance, Mark was so knowledgeable,  
152 I did not feel the need to educate Kal Knight any further. So, I did not have a separate  
153 meeting with Kal Knight on the rigors of maintaining Diabetes care, which would have  
154 included the importance of notifying schools and other organizations.

155         16. Before it was time for Mark's next visit in September, he was injured in an  
156 accident in June at the Cold Case Academy camp. I actually first heard about this tragedy  
157 have not seen Mark since early May 2023, as he has been followed by a physician at  
158 through a story on WYSC news. I was clearly distressed to hear about the incident and  
159 the rehab center where he was being treated and his new team of doctors.

160           17. I will admit I was surprised, and, to be honest, reluctant when I was initially  
161 contacted and asked to testify by the defense counsel. But after I studied Mark's chart  
162 from his admittance with us, marked as [Exhibit #3](#); and Mark's emergency room (ER)  
163 report at Birmingham Medical Center (BMC) marked as [Exhibit #12](#), and the spinal cord  
164 injuries information sheet, marked as [Exhibit #13](#); I concluded it was appropriate to  
165 testify for the defense. This is my first time testifying as an expert witness. I am being  
166 paid \$10,000 for my preparation and testimony in today's case.

167           18. It is my expert medical opinion that Mark's tragic accident occurred in  
168 large part because Mark was suffering from hypoglycemia. Hiking non-stop for several  
169 hours with little to no oral intake would lead to hypoglycemia in an individual with Type I  
170 Diabetes. Mark's finger stick blood glucose level obtained by the ER staff got a reading  
171 of 40 mg/dl, which confirmed the blood sugar was low.

172           19. All of the campers had been subjected to the same conditions on the  
173 mountainside, but Mark was the only one injured. Based upon my prior appointments  
174 and records of Mark, he was relatively fit and healthy. However, an individual with a  
175 blood glucose level of 40 mg/dl would be highly likely to be dizzy, uncoordinated, and  
176 confused. Awakening in the middle of the night on a wet mountainside would make such  
177 an individual much more likely to trip, fall, and sustain injuries.

178           20. Hypoglycemia causes weakness, fatigue, headaches, poor coordination,  
179 and difficulty in thinking clearly. According to the ER report I analyzed in preparing for  
180 today's testimony, Mark was exhibiting all of these symptoms when admitted. The ER  
181 report contained notations from the Emergency Medical Technicians (EMTs) indicating  
182 at some point in the evening Mark's last food consumption was a granola bar.

183 Regardless of the brand of granola bar, it would not have been enough food to prevent  
184 hypoglycemia and keep his blood glucose at appropriate levels. Mark's evident decision  
185 not to wear a medical ID compounded the problem, preventing the EMTs and ER  
186 physician from giving Mark appropriate care as quickly as would otherwise have been  
187 given in such a case. The impact of this prolonged hypoglycemia is unclear. However,  
188 glucose is the primary energy source used by the brain, and glucose metabolism is  
189 already altered in a concussed brain. The delay in restoring Mark to an appropriate  
190 blood glucose level may have increased his risk of developing post-concussive  
191 syndrome.

192         21. Mark's severe injuries are heart-breaking, and I am deeply saddened by  
193 what happened. The tragedy is compounded by the knowledge that the accident might  
194 not have happened if his Diabetes had been made known. Not to mention, the ER  
195 doctor rushed to perform treatment without testing why Mark's glucose was so low.

196         22. All of the conclusions I reached, tests I performed, and significant  
197 observations I made are contained in this affidavit and in the MUA Admittance Report  
198 and Endocrine Outpatient follow-up form for Mark Knight. All of my conclusions were  
199 drawn to the prevailing standard of certainty in my field. All of my tests and actions  
200 followed the standard protocol for MUA for diagnosis and treatment of Type I  
201 Diabetes, and all MUA protocols follow the standards in my field.

**[Witness addendum for Chris Bennett, M.D. is on the next page.]**

**WITNESS ADDENDUM**

I have reviewed this statement, and I have nothing of significance to add at this time.  
The material facts are true and correct.

Signed,  
Chris Bennett, M.D.  
Chris Bennett, M.D.

SIGNED AND SWORN to me

Michala Watson  
Michala Watson, Notary Public  
State of Alabama  
My Commission Expires: 4/3/26

# **EXHIBITS**

## EXHIBITS AVAILABLE TO BOTH PARTIES

The parties have stipulated to the authenticity of the trial exhibits listed below. The Court will, therefore, not entertain objections to authenticity of these trial exhibits. The parties have reserved any objections to the admissibility of any of these exhibits until the trial of the above-captioned matter. The trial exhibits may be introduced by either the Plaintiff or the Defendant, subject to the Rules of Evidence and the stipulations of the parties contained in the materials.

#	EXHIBIT DESCRIPTION
1	National Camp Association Mandatory Standards for Accreditation
2	Cold Case Academy Confirmation and Liability Waiver Form
3	MUA Admittance Report, April 20, 2023
4	Information Sheet on Hypoglycemia
5	MUA Endocrine Outpatient Follow-Up Report, April 27, 2023
6	Weekly Weather Forecast for June 23 – 30, 2023 (Birmingham, AL)
7	Weather Forecast for June 27, 2023 (Birmingham, AL)
8	Curriculum Vitae for Kinley Harmon, M.D.
9	American Red Cross Wilderness and Remote First Aid Guide: Spinal Injuries Section
10	Curriculum Vitae for Harper Stone, M.D.
11	Curriculum Vitae for Chris Bennett, M.D.
12	Emergency Room Report, Birmingham Medical Center
13	Spinal Cord Injuries Information Sheet

The parties reserve the right to dispute any other legal or factual conclusions based on these items and to make objections to these items based on other evidentiary issues.

## **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?

## **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)?

# **COLD CASE ACADEMY**



## **2023 Camp Confirmation**

**June 23 – 30, 2023**

**Location:  
Skyview University Birmingham, Alabama**

Congratulations! Your application to the 2023 Cold Case Academy Camp at Skyview 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, 2023** to:

2023 Camp  
Skyview Campus Cold Case Academy, Inc.  
140 Park Ridge Drive Birmingham, AL 29888

- Submit remaining \$1,500 fee to the above address by **Monday, June 4, 2023**.
- Questions? Contact Dr. Harper Stone –  
[H.Stone@ColdCaseAcademy.com](mailto:H.Stone@ColdCaseAcademy.com) Or at the main number, (205) 555-2612

\* Cold Case Academy Camps are accredited by the National Camp Association and uphold industry safety standards.

**2023 CONFIRMATION AND LIABILITY WAIVER FORM**

**Participant Name:** Mark Knight **Date of Birth:** August 25, 2006  
**Gender:** male **Cell Number:** (205) 555-0198  
**Street Address:** 456 Hess Circle, Sundale, Alabama 35244  
**Email:** mKnight@gmail.com  
**School:** Alabama School of Science & Technology (starting Fall 2023 as a  
Jr.) **Grade for Fall 2023:** 11  
**Parent/Legal Guardian:** Kal Knight  
**Emergency Contact (name/cell number):** Kal Knight, cell# 205-555-8910  
**Height:** 6'0 **Weight:** 165 lbs. **Blood Type:** O+  
**Medications:** none  
**Last Tetanus:** March 8, 2023  
**Food Allergies:** none  
**Restrictions / Important Health Information:** none  
**Accommodations / Assistances Needs:** n/a

I, the undersigned, residing in the County of SHELBY state of Alabama, 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 Cold Case Academy, Inc., including but not limited to classroom sessions, field trips, and recreational activities. I hereby jointly and severally release, discharge and/or otherwise indemnify Cold Case Academy, 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 Cold Case Academy, 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 Cold Case Academy, 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 Cold Case Academy, 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:** Kal Knight  
**Date:** March 30, 2023

# EXHIBIT 3

## MEDICAL UNIVERSITY OF ALABAMA

### ADMITTANCE REPORT

**PATIENT:** Mark Knight      **PATIENT#:** 0571438      **BIRTHDATE:** 8/25/06  
**ARRIVAL:** 04/20/23 – 15:00      **TREATING PHYSICIAN:** Chris Bennett, 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. Bruce Manor for confirmation of possible Diabetes. Presenting symptoms: polydipsia, polyuria, blurred vision, unusual hunger, unexplained weight loss, and fatigue. Tests conducted by Dr. Manor revealed Mark 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 MUA 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.

Chris Bennett, M.D.

Chris Bennett, M.D.

# 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

## MEDICAL UNIVERSITY OF ALABAMA

### ENDOCRINE OUTPATIENT FOLLOW-UP REPORT

**PATIENT:** Mark Knight                      **PATIENT#:** 0571438                      **BIRTHDATE:** 8/25/06  
**ARRIVAL:** 04/27/23 – 16:30                      **TREATING PHYSICIAN:** Chris Bennett, M.D. **HT:**  
**TEMP:** 99.3 °F    **BP:** 105/64    **PULSE:** 72 **RESP./MIN:** 20    6'0"    **WT:** 165 lbs.

#### History

Mark Knight is a 17-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. Mark 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** (sub-cu-ta-neous - beneath the skin) each 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 Mark 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 Mark and Kal Knight.

Chris Bennett, M.D.

Chris Bennett, M.D.

# EXHIBIT 6A

## National Weather Service Forecast

Weekly Weather Forecast for June 23 – 30, 2023

Birmingham County, Alabama

Issued: Saturday, June 23, 2023, 1:00 PM EDT

---

### Summary:

Expect seasonal weather this week. Morning lows will range between **71°F – 74°F**, with daytime highs between **90°F – 95°F**.

- **Sunny** conditions are expected early in the week.
- **Clouds** will build by **Thursday**.
- **Rain** is likely on **Friday and Saturday**.

Anticipated total rainfall: **0.3 – 0.6 inches**, depending on location.

Winds will be calm (0–5 mph) through Thursday, increasing to **10–15 mph gusts** Thursday night through Saturday.

---

### Sun Times:

- **Sunrise:**
  - 6:14 AM (6/23)
  - 6:16 AM (6/30)
- **Sunset:**
  - 8:40 PM (6/23)
  - 8:40 PM (6/30)

### Moon Phase:

- **Full Moon on June 28**

### Location:

Birmingham County, Alabama

### Date Range:

Seven-Day Forecast: **June 23 – June 30, 2023**

---

### Temperature:

- **Lows:** 71°F – 74°F
- **Highs:** 90°F – 95°F

### Rain Probability:

- 0% chance **Saturday–Wednesday**
- Rising to:
  - 20% on **Thursday**
  - 35% on **Friday**
  - 50% on **Saturday**

### Humidity:

- 65–70% **Saturday–Wednesday**
  - Rising to 95–100% **Friday–Saturday**
- 

### • **Forecaster:**

**Diane Rubin, Ph.D.**

Team Leader, NWS Atlantic Division

















---

### Note:

Forecasts are subject to change.

Please check back regularly for updates.

**EXHIBIT 6B****WEEKLY WEATHER FORECAST - BIRMINGHAM, ALABAMA**

	6 AM FORECAST	TEMP (°F)	PERCIPITATION (% chance of rain)	6 PM FORECAST	TEMP (°F)	PERCIPITATION (% chance of rain)
SATURDAY	 Sunny	71	0%	 Sunny	90	0%
SUNDAY	 Sunny	73	0%	 Sunny	95	0%
MONDAY	 Sunny	73	0%	 Sunny	93	0%
TUESDAY	 Sunny	73	0%	 Sunny	94	0%
WEDNESDAY	 Sunny	73	0%	 Sunny	94	0%
THURSDAY	 Sunny	73	0%	 Cloudy	94	20%
FRIDAY	 Rain	73	35%	 Rain	93	35%
SATURDAY	 Rain	74	50%	 Rain	93	50%

## EXHIBIT 7A

# National Weather Service Forecast

### Date:

Daily Forecast – June 27, 2023

### Location:

Birmingham County, Alabama

### Summary:

A cold front from the Midwest moved in more quickly than anticipated, bringing cooler temperatures and evening rain. The day began with sunshine and highs in the mid-80s.

By early evening, clouds developed and scattered thunderstorms brought up to 2 inches of rain across parts of Birmingham County. Wind gusts between 25–30 mph were recorded with the rapidly advancing front.

### Temperatures:

- Low: 70°F
- High: 86°F

### Rain Probability:

- 10% by noon
- Rising to **90% by 10 PM** in most parts of the county

### Humidity:

- 100% by noon

### Wind:

- 0–5 mph in the morning
- Increasing to **10–15 mph by 8 PM**
- Gusts up to **30 mph** possible by midnight

 **Sunrise: 6:15 AM**

 **Sunset: 8:40 PM**

 **Moon Phase: Full Moon**

 **Forecaster:**

Diane Rubin, Ph.D.

Team Leader, NWS Atlantic Division

### Note:
















Forecasts are always subject to change.

Please check back regularly for the latest updates.

# EXHIBIT 7B

## DAILY FORECAST – Birmingham, Alabama

Wednesday, June 27, 2023

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

## EXHIBIT 8

### **Kinley Harmon, M.D.**

81 Lost Branch Road ♦ Birmingham, Alabama 29888 ♦ K.Harmon@mmcer.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, Birmingham Medical**, Birmingham, Alabama

Chair, Department of Emergency Medicine, 2013 to present

Clinician, Department of Emergency Medicine, 2001 to present

**Professor, Skyview University**, Birmingham, Alabama

Associate Professor, Skyview 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 Alabama
- 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

HEAD (BRAIN), NECK AND  
SPINAL INJURIES

## Wilderness and Remote First Aid Emergency Reference Guide



**American  
Red Cross**

### Spinal Injuries

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

#### Mechanism of Injury

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

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

## Moving a Patient with a Head or Spinal Injury

### *Log Roll (To check for injury)*

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

#### To give CARE:

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



Figure 8

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

### *BEAM (To move a short distance)*

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

#### To give CARE:

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

## Cautions About Moving a Spine-Injured Patient

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

### Special Considerations: Focused Spine Assessment

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

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

### CALLING for Help: Guidelines for Evacuation

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

## EXHIBIT 10

# Harper Stone, M.D.

140 Park Ridge Drive | Birmingham, AL 29888 | J.Stone@Cold  
Case Academy.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, Cold Case Academy, Inc.**,

Birmingham, AL

CEO, 2010 to present

**Forensic Pathologist, Office of the Chief Medical Examiner**, Birmingham, AL

Medical Examiner, 2005 to 2012

**Forensic Pathology Fellowship, Birmingham Medical Center**, Birmingham, AL

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 Alabama Board Certified in Anatomic Pathology by the American Board of Pathology
- Board Eligible in Forensic Pathology by the American Board of Pathology
- Jefferson County School System "Volunteer of the Year" award, 2008
- Outstanding Young M.E. Award, Alabama 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

## CHRIS BENNETT, M.D.

321 Saluda Avenue • Sundale, Alabama 35244 • C.Bennett@scmusc.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, Medical University of Alabama, Charleston, Alabama**

Associate Clinical Professor, Department of Pediatrics, 2015 - present

Pediatric Endocrinology, 2012 - present

**Physician, Wilderness Camp, Sundale, Alabama**

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 Alabama

- 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****BIRMINGHAM MEDICAL CENTER EMERGENCY ROOM REPORT**

**PATIENT:** Mark Knight      **PATIENT #:** 06261467      **BIRTHDATE:** 8/25/02      **ARRIVAL:** 7:58  
**DATE:** 6/28/18      **TREATING PHYSICIAN:** Dr. Kinley Harmon      **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 Skyview 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 mountainside, 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:** \_\_\_\_\_ Kinley Harmon, 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