

*md*

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
MIAMI DIVISION

CASE NO. 10-CV-22236-ASG

HOWARD ADELMAN AND JUDITH SCLAWY  
as Co-Personal Representatives of the  
ESTATE OF MICHAEL SCLAWY-ADELMAN,

Plaintiffs,

vs.

BOY SCOUTS OF AMERICA;  
THE SOUTH FLORIDA COUNCIL INC., BOY SCOUTS OF AMERICA;  
PLANTATION UNITED METHODIST CHURCH;  
HOWARD K. CROMPTON, Individually, and  
ANDREW L. SCHMIDT, Individually,

Defendants.

\_\_\_\_\_ /

**PLAINTIFFS' ANSWERS TO DEFENDANT  
BOY SCOUTS OF AMERICA'S FIRST SET OF INTERROGATORIES**

Plaintiffs' by and through undersigned counsel, and pursuant to the applicable Rules of Civil Procedure, hereby files the following answers to Defendant Boy Scouts of America's Initial Interrogatories dated July 14, 2010.

**ANSWERS TO INTERROGATORIES**

*Note: The following answers are qualified to the extent that they require facts, conclusions, and opinions that are not within the personal knowledge of the Plaintiffs. To such extent, the Plaintiffs were assisted in the preparation of the following answers by undersigned counsel. The following information is provided without waiving attorney client privilege or any attorney work product privilege.*

**Addresses: 11110 SW 11<sup>th</sup> Place  
Davie, FL 33324  
(1991-2002)**

**1262 Crossbill Court  
Weston, FL 33327  
(2002-2009)**

**Howard Adelman  
Judith Sclawy  
Elisabeth Sclawy-Adelman**

3. If decedent was suffering from any infirmity, disability, sickness, or health condition at the time of the Incident, then what was the nature of the infirmity, disability, sickness or health condition?

**ANSWER: Objection, vague and ambiguous as to the terms “infirmity, disability, sickness, or health condition.” Without waiving said objection, and to the best of our knowledge and recollection, none.**

4. Did decedent consume any alcoholic beverages or take any drugs or medication within forty-eight hours before the time of the decedent's death. If so, state the type and the amount of alcoholic beverages, drugs or medication which were consumed, and when and where each substance was consumed.

**ANSWER: None to our knowledge, other than Michael may have taken Claritin for allergies.**

5. Describe in detail each act or omission on the part of anyone that Plaintiff(s) contend was a contributing legal cause of the incident.

**ANSWER: See Exhibit 1.**

6. If there is a claim for a lost any income, benefits, or earning capacity in the past, or in the future including net accumulation to an estate, as a result of the incident, then identify the survivor or decedent whose income is affected, state the nature of each lost, the amount of the lost, and the method that was used in computing each loss.

**ANSWER: At this time, there is no claim being made for loss of income or earning capacity.**

STATE OF New York Hardell

COUNTY OF Kings, SS:

The foregoing instrument was acknowledged before me this 13 day of August, 2010,  
by HPogrebnyak who is personally known to me or who has produced FL DL  
(type of ID) as identification and who did take an oath.

M Pogrebnyak  
Signature of person taking acknowledgment

MARIA POGREBANYAK  
Name of Notary Typed/Printed

Notary  
Title/Rank

NO:01PO 6198296  
Serial Number

**MARIA POGREBANYAK**  
Notary Public, State of New York  
No. 01PO6198296  
Qualified in Kings County  
Commission Expires December 15, 2012

STATE OF New York

Judith Sclawny

COUNTY OF Kings, SS:

The foregoing instrument was acknowledged before me this 13 day of August, 2010,  
by M Pogrebnyak who is personally known to me or who has produced PL DL  
(type of ID) as identification and who did take an oath

M Pogrebnyak  
Signature of person taking acknowledgment

MARIA POGREBNIYAK  
Name of Notary Typed/Printed

NOTARY  
Title/Rank

No. 01PO6198296  
Serial Number

**MARIA POGREBNIYAK**  
Notary Public, State of New York  
No. 01PO6198296  
Qualified in Kings County  
Commission Expires December 15, 2012