

40756

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
MIAMI DIVISION

Howard Adelman and Judith  
Sclawy-Adelman,  
as Co-Personal Representatives of  
The Estate of Michael Sclawy-Adelman,

Plaintiffs,

CASE NO: 1:10-CV-22236-ASG

vs.

Magistrate: ALAN S. GOLD

Boy Scouts of America, a Foreign  
Corporation;  
The South Florida Council Inc.,  
Boy Scouts of America;  
Plantation United Methodist Church;  
Howard K. Crompton, individually; and  
Andrew L. Schmidt, individually,

Defendants.

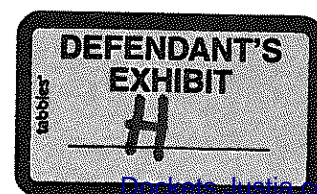
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**DEFENDANT, BOY SCOUTS OF AMERICA'S RESPONSE TO PLAINTIFFS' THIRD  
REQUEST FOR PRODUCTION**

Defendant, Boy scouts of America, files this its response to Plaintiffs' Third Request for Production and as its response states as follows:

1. **Copies of each and every document which supports the contention that the decedent's death was proximately caused by the negligence of his parents and /or the decedent himself based upon your contention contained in your Affirmative Defense (paragraph 26).**

Response: See attached. See also deposition of Plaintiffs, which are not yet in the custody of this Defendant. Discovery is still ongoing and Boy Scouts of America reserves the right to supplement this response



2. **Copies of each and every document which supports the contention that the decedent's death resulted from an intervening and super ceding cause based upon your contention contained in your Affirmative Defense (paragraphs 208 and 213).**

None. Discovery is still ongoing and Boy Scouts of America reserves the right to supplement this response.

3. **Copies of each and every document which supports the contention that the decedent's death was caused by a pre-existing or unrelated medical condition, disease, or illness based upon your contention contained in your Affirmative Defense (paragraph 214).**

Response: See attached. See also deposition of Plaintiffs, which are not yet in the custody of this Defendant. Discovery is still ongoing and Boy Scouts of America reserves the right to supplement this response.

WE HEREBY CERTIFY that a true copy of the foregoing was mailed February 18, 2011 to: Robert Dwight Peltz, Leesfield & Partners, 2350 S Dixie Hwy, Miami, FL, 33133; Greg Gaebe, Esq., Devang Desai, Esq., Gaebe, Mullen Antonelli, Esco & DiMatteo, 420 S. Dixie Highway, Third Floor, Coral Gables, FL, 33146; Frederick E. Hasty, III, Esq., Wicker, Smith, O'Hara, McCoy & Ford, P. A., 2800 Ponce de Leon Boulevard, Suite 800, Coral Gables, FL, 33134.

LANE, REESE, SUMMERS, ENNIS & PERDOMO,  
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Attorney for BSA/SFC  
2600 Douglas Road  
Douglas Centre, Suite 304  
Coral Gables, FL 33134  
(305) 444-4418

By: 

Kevin D. Franz  
Florida Bar No. 015243

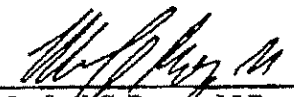

09-13212

DADE COUNTY MEDICAL EXAMINER DEPARTMENT  
TOXICOLOGY DIVISION  
Number One on Bob Hope Road  
Miami, Florida 33136-1133

SUBMITTING AGENCY: DISTRICT TWENTY MEDICAL EXAMINER DATE: 6/15/09  
M.E. CASE #: 2009-200 SUBJECT NAME: SCLAWY-ADELMAN, MICHAEL LAB #: N016-2009

TOXICOLOGY REPORT:

<u>ANALYTE</u>	<u>SAMPLE</u>	<u>RESULT</u>
VOLATILES	BLOOD	UNDETECTED
BARBITURATES	BLOOD	UNDETECTED
BENZODIAZEPINES	BLOOD	UNDETECTED
BENZOYLECGONINE	BLOOD	UNDETECTED
OPIATES	BLOOD	UNDETECTED
PSEUDOEPHEDRINE	BLOOD	DETECTED
PHENYLPROPANOLAMINE	BLOOD	DETECTED

  
 Manfred C. Borges, M.D.  
 Associate Medical Examiner  
 Date: 6/23/2009  


COPY

09-13272

10:14  
AUTO RESULT REPORT

1611 NW 12TH AVENUE  
MIAMI, FLORIDA 33136

PAGE 1

LABORATORY REPORT

NAME: SCLAWY-ADELMAN, MICHAEL  
MR#: 80429-00016  
DOB: 12/02/1990

LOC: S0429  
PHYS: LEW, EMMA O.

09-200  
ND16-09  
BLGT

F52134 COLL: 05/22/2009 UNKNOWN REC: 05/22/2009 08:59 PHYS: LEW, EMMA O.

WBC DIFFERENTIAL

*NEUTROPHILS	*75.0	[34-72]	*
*LYMPHOCYTES	23.0	[16-46]	*
*EOSINOPHILS	2.0	[0-8]	*
DIFF TYPE	MANL		
RBC MORPHOLOGY	SEE COMMENT.		
WBC MORPHOLOGY	SEE COMMENT.		
PLATELET MORPHOLOGY	SEE COMMENT.		
COMMENT			

JM  
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DUE TO THE NATURE OF THE SPECIMEN NO RBC MORPHOLOGY IS AVAILABLE. THE WBC MORPHOLOGY AND MANUAL DIFF. ARE POOR RIALABLE DUE TO SAME FACTOR. THIS SPECIMEN IS FROM MEDICAL EXAMINER OFFICE. DIFF SPECIALLY REQUESTED.

{JM} - PERFORMED BY JACKSON MEMORIAL HOSPITAL LABORATORIES. 1611 NW 12th AVENUE. MIAMI, FLA 33136

*Handwritten:*  
H  
6/25/2009  
11:20 AM  
ML

COPY

Name: Michael S. [unclear]  
Troop: 11 Council [unclear]

Camp Raven Knob  
**TRAIL TO EAGLE** 

**PERSONAL FITNESS**  
Merit Badge Requirements

If meeting any of the requirements for this merit badge is against the Scout's religious convictions, it does not have to be done if the boy's parents and the proper church officials state in writing that:

\* To do so would be against religious convictions.

\* The parents accept full responsibility for anything that might happen because of such exemption. They release the Boy Scouts of America from any responsibility.

1)

A) Before you try to meet any other requirements, have your health-care provider give you a thorough examination using the Scout medical examination form. Describe the examination. Tell what questions you were asked about your health. Tell what health or medical recommendations were made and report what you have done in response to the recommendations. Explain the following:

- 1) Why physical exams are important
- 2) Why preventative habits are important in maintaining good health
- 3) Diseases that can be prevented and how
- 4) The seven warning signs of cancer
- 5) The youth risk factors that affect cardiovascular fitness in adulthood

B) Have an examination made by your dentist. Get a statement saying that your teeth have been checked and cared for. Tell how to care for your teeth.

2) Explain to your merit badge counselor verbally or in writing what personal fitness means to you, including:

- A) Components of personal fitness
- B) Reasons for being fit in all components
- C) What it means to be mentally healthy
- D) What it means to be physically healthy and fit
- E) What it means to be socially healthy. Discuss your activity in the eight areas of healthy social fitness
- F) What you can do to prevent social, emotional, or mental problems

3) With your counselor answer and discuss the following questions:

- A) Are you free from all curable diseases? Are you living in such a way that your risk of preventable diseases is minimized?
- B) Are you immunized and vaccinated according to the advice of your health-care provider?
- C) Do you understand the meaning of a nutritious diet and know why it is important for you? Does your diet include foods from all four groups?
- D) Are your body weight and composition what you would like them to be and do you know how to modify it safely through exercise, diet, and behavior modification?
- E) Do you carry out daily activities without noticeable effort? Do you have extra energy for other activities?
- F) Are you free from habits relating to nutrition and the use of alcohol, tobacco, drugs, and other practices that could be harmful to your health?
- G) Do you participate in a regular exercise program or recreational activities?
- H) Do you sleep well at night and wake up feeling refreshed and energized for the new day?
- I) Are you actively involved in the religious organization of your choice, and do you participate in their youth activities?
- J) Do you spend quality time with your family and friends in social and recreational activities?
- K) Do you support family activities and efforts to maintain a good home life?

4) Explain the following about physical fitness:

- A) The components of physical fitness
- B) Your weakest and strongest component of physical fitness
- C) The need to have a balance in all four components of physical fitness
- D) How the components of personal fitness relate to the Scout Laws and Scout Oath

5) Explain the following about nutrition:

- A) The importance of good nutrition
- B) What good nutrition means to you
- C) How good nutrition is related to the other components of personal fitness
- D) The three components of a sound weight (fat) control program

Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council \_\_\_\_\_

6) Before doing requirements 7 and 8, complete the aerobic fitness, flexibility, muscular strength, and body composition tests as described in the *Personal Fitness* merit badge pamphlet. Record your results and identify those areas where you feel you need to improve.

**Aerobic Endurance Test**

Record your performance on one of the following tests:

- A) Run/walk as far as you can in nine minutes
- B) Run/walk one mile as fast as you can

**Flexibility Test**

Using a sit-and-reach box constructed according to specifications in the merit badge pamphlet, make four repetitions and record the fourth reach. This last reach must be held for 15 seconds to qualify.

**Muscular Strength Test**

You must use the sit-up test and EITHER the pull-up or push-up test.

- A) Sit-ups. Record the number of sit-ups done correctly in 60 seconds. The sit-ups must be done in the form explained and illustrated in the merit badge pamphlet.
- B) Pull-ups. Record the total number of pull-ups completed consistent with the procedures presented in the merit badge pamphlet.
- C) Push-ups. Record the total number of push-ups completed consistent with the procedures presented in the merit badge pamphlet.

**Body Composition Test**

Have your parent, counselor, or other adult take and record the following measurements:

- A) Circumference of the right upper arm, midway between the shoulder and the elbow, with the arm hanging naturally and not flexed.
- B) Shoulders, with arms hanging by placing the tape two inches below the top of the shoulder and around the arms, chest, and back during breath expiration.
- C) Chest, by placing the tape under the arms and around the chest and back at the nipple line during breath expiration.
- D) Abdomen circumference at navel level (relaxed).
- E) Right thigh, midway between the hip and the knee.

\*If possible, have the same person take the measurements whenever they are recorded.

7) Outline a 12-week physical fitness program using the results of your physical fitness tests. Be sure your program incorporates the endurance, intensity, and warm-up guidelines discussed in the *Personal Fitness* merit badge pamphlet. Before beginning your exercises, have the program approved by your counselor and parents

8) Complete the physical fitness program you outlined in requirement 7. Keep a log of your fitness program activity (i.e., how long you exercised; how far you ran, swam, or biked; how many exercise repetitions you completed; your exercise heart rate; etc.). Repeat the aerobic fitness, muscular strength, and flexibility tests every two weeks and record your results. After the 12<sup>th</sup> week, repeat all four tests, record your results, and show improvement in each one. Compare and analyze your pre-program and post-program body composition measurements. Discuss the meaning and benefit of your experience.

9) Describe your long-term plans regarding your personal fitness.



Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council \_\_\_\_\_

### MONDAY HANDOUT

#### Requirement 1

Before you try to meet any other requirements, have your health-care provider give you a thorough examination. He/she is to use the Scout medical examination form. A copy of the form is attached to this document, but you may want to obtain an original copy.

Describe your examination: First, my weight and height were measured. Then the doctor checked my heart/beat and looked at my eyes and ears. He then asked questions regarding my health.

What questions were you asked about your health? I was asked about any sicknesses that I had recently, any injuries that I had recently, and about any medications that I had been taking.

What recommendations did your doctor make? He recommended that I exercise more and eat more healthy foods.

What have you done about the above recommendations? I have begun to exercise more and I have worked to cut greasy and junk foods out of my diet completely.

Why are physical exams important? Physical exams are important because they help identify health problems and tell how they can be treated.

Why are preventative habits important in maintaining good health? These habits are important because they prevent injury and disease.



Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council \_\_\_\_\_

### PRE-PROGRAM Test Results Record

Name \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Body Weight: \_\_\_\_\_

*Use this form to record your physical fitness test results before beginning your physical fitness program.*

#### Aerobic Endurance Tests

Record your time or distance after completing one of the options

Nine minute run/walk: 1<sup>st</sup> Distance: \_\_\_\_\_

One mile run/walk: 1<sup>st</sup> Time: 10:43

#### Flexibility Test

Record your fourth reach distance after holding for 15 seconds.

Reach Distance: \_\_\_\_\_ inches

#### Muscular Strength Test

Record the number of sit-ups correctly completed in 60 seconds

Sit-Ups: 38

Record the number of Pull-Ups OR Push-Ups completed according to the procedures in the merit badge pamphlet. Circle the option you chose for this requirement

<u>Push-Ups</u>	Pull-Ups
Total: <u>26</u>	Total: _____

#### Body Composition Test

Record your measurements below

A) Circumference of the right upper arm, midway between the shoulder and the elbow, with the arm hanging naturally and not flexed.

Measurement: \_\_\_\_\_

B) Shoulders, with arms hanging by placing the tape two inches below the top of the shoulder and around the arms, chest, and back during breath expiration.

Measurement: \_\_\_\_\_

C) Chest, by placing the tape under the arms and around the chest and back at the nipple line during breath expiration.

Measurement: \_\_\_\_\_

D) Abdomen circumference at navel level (relaxed).

Measurement: \_\_\_\_\_

E) Right thigh, midway between the hip and the knee

Measurement: \_\_\_\_\_





Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council: \_\_\_\_\_

What diseases can be prevented and how? STDS, condoms <sup>such as AIDS</sup>

What are the seven warning signs of cancer:

lumps Wounds changes in wds sores that don't heal change in bathroom habits  
Unusual bleeding trouble swallowing hoarseness

What are some of the youth risk factors that affect cardiovascular fitness in adulthood?

Have an examination made by your dentist. Maver, DO

Get a statement saying that your teeth have been checked and cared for. Last visit 6/08 AS

Tell how to care for your teeth: Brush, floss, mouthwash

**Requirement 2**

Explain to your merit badge counselor verbally or in writing the following:

What does personal fitness mean to you: Keeping yourself healthy.

Components of personal fitness: cardiovascular health and pulmonary endurance, muscular strength and endurance, flexibility, body composition



Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council: \_\_\_\_\_

Reasons for being fit in all components: Better quality of life, less long-term problems

What it means to be mentally healthy: good self-esteem and morals, making good decisions

What it means to be physically healthy and fit: exercise, eat right, good hygiene

What it means to be socially healthy: interaction with others

What are several healthy social traits? have friends, trying new things

What can you do to prevent social, emotional, or mental problems? Be healthy.



Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council: \_\_\_\_\_

### TUESDAY HANDOUT

#### Requirement 3

With your counselor answer and discuss the following questions. Do not write anything here. Check off each topic after discussion.

- Are you free from all curable diseases?
- Are you living in such a way that your risk of preventable diseases is minimized?
- Are you immunized and vaccinated according to the advice of your health-care provider?
- Do you understand the meaning of a nutritious diet and know why it is important for you?
- Does your diet include foods from all four groups?
- Are your body weight and composition what you would like them to be and do you know how to modify it safely through exercise, diet, and behavior modification?
- Do you carry out daily activities without noticeable effort?
- Do you have extra energy for other activities?
- Are you free from habits relation to nutrition and the use of alcohol, tobacco, drugs, and other practices that could be harmful?
- Do you participate in a regular exercise program or recreational activities?
- Do you sleep well at night and wake up feeling refreshed and energized for the new day?
- Are you actively involved in the religious organization of your choice, and do you participate in their youth activities?
- Do you spend quality time with your family and friends in social and recreational activities?
- Do you support family activities and efforts to maintain a good home life?

#### Requirement 5

Explain the following about nutrition:

What is the importance of good nutrition? To get necessary vitamins and keep your body healthy.

What does good nutrition mean to you? Eating healthy foods and staying away from junk foods, fats, and oils to keep yourself healthy.

How is good nutrition related to the other components of personal fitness? keeps you healthy and gives you energy.

Explain the three components of a sound weight (fat) control program: behavior modification (changing your habits), exercise and good nutrition

Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council: \_\_\_\_\_

### Requirement 4

Explain the following about physical fitness:

What are the components of physical fitness? cardiovascular and pulmonary endurance, muscle strength and endurance, flexibility, body composition

What is your weakest component of physical fitness? cardiovascular and pulmonary endurance because I still feel tired even though my muscles aren't tired and I don't do enough cardio

What is your strongest component of physical fitness? muscle strength and endurance because my muscles are strong and ~~it~~ take a while to become tired

What is the need to have a balance in all four components of physical fitness? to keep your body healthy.

How do the components of personal fitness relate to the Scout Laws and Scout oath? You have to be healthy to be physically strong, mentally aware and morally straight and carry out the laws and oath.

Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council: \_\_\_\_\_

### POST-PROGRAM Test Results Record

Name \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Body Weight: \_\_\_\_\_

*Use this form to record your physical fitness test results after completing your physical fitness program.*

#### Aerobic Endurance Tests

Record your time or distance after completing one of the options

Nine minute run/walk: \_\_\_\_\_ 1<sup>st</sup> Distance: \_\_\_\_\_  
One mile run/walk: \_\_\_\_\_ 1<sup>st</sup> Time: \_\_\_\_\_

#### Flexibility Test

Record your fourth reach distance after holding for 15 seconds.

Reach Distance: \_\_\_\_\_ inches

#### Muscular Strength Test

Record the number of sit-ups correctly completed in 60 seconds

Sit-Ups: \_\_\_\_\_

Record the number of Pull-Ups OR Push-Ups completed according to the procedures in the merit badge pamphlet. Circle the option you chose for this requirement

Push-Ups	Pull-Ups
Total: _____	Total: _____

#### Body Composition Test

Record your measurements below

- A) Circumference of the right upper arm, midway between the shoulder and the elbow, with the arm hanging naturally and not flexed.  
Measurement: \_\_\_\_\_
- B) Shoulders, with arms hanging by placing the tape two inches below the top of the shoulder and around the arms, chest, and back during breath expiration.  
Measurement: \_\_\_\_\_
- C) Chest, by placing the tape under the arms and around the chest and back at the nipple line during breath expiration.  
Measurement: \_\_\_\_\_
- D) Abdomen circumference at navel level (relaxed).  
Measurement: \_\_\_\_\_
- E) Right thigh, midway between the hip and the knee  
Measurement: \_\_\_\_\_

Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council \_\_\_\_\_

### Requirement 8

\_\_\_\_\_ Complete the physical fitness program you outlined in requirement 7. If you would like, you can use the attached exercise log to keep a log of your fitness program activity (i.e., how long your exercised; how far your ran, swam, or biked; how many exercise repetitions you completed; your exercise heart rate; etc.) OR, you can design and use a chart of your own.

\_\_\_\_\_ Repeat the aerobic fitness, muscular strength, and flexibility tests every two weeks. You can use the TWO WEEK record of fitness chart to record your results. The chart is located at the bottom of the Exercise Log.

\_\_\_\_\_ After the 12<sup>th</sup> week, repeat all four tests, record your results, and show improvement in each one. Use the attached POST PROGRAM test results record to record your results.

Complete the following after you have completed all other requirements.

Compare and analyze your pre-program and post-program body composition measurements. What do they tell you? Did you improve in the areas that you identified earlier? \_\_\_\_\_

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Discuss the meaning and benefit of your experience: \_\_\_\_\_

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Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council \_\_\_\_\_

### THURSDAY HANDOUT

#### **Requirement 7**

Outline a 12-week physical fitness program using the results of your physical fitness tests. Be sure your program incorporates the endurance, intensity, and warm-up guidelines discussed in the Personal Fitness merit badge pamphlet. Before beginning your exercised, have the program approved by your counselor and parents.

You will need to tailor your program to fit your needs and meet your goals. When designing your fitness program, do not over commit yourself to a program that is beyond your physical capabilities.

To help you outline your physical fitness program consider the following points and questions.

- \* What physical activities do you enjoy doing?
- \* Will you exercise daily?
- \* How much time do you have on a daily basis for exercise?
- \* What equipment and/or facilities will you need for your fitness program? (gym, pool, bike, proper shoes for running, etc.)
- \* Do you have access to the equipment and/or facilities that you will need for your physical fitness program?
- \* Are there any financial issues that need to be addressed within your program? (pool passes, gym memberships, etc.)
- \* Do you have someone that you can exercise with? (Remember: never swim without a buddy!)
- \* What physical activities do you want to include in your program?
- \* Will you exercise every other day?
- \* How long will your exercise sessions last each time?

Use the area below to outline your physical fitness program.

Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council: \_\_\_\_\_

**EXERCISE LOG**

Day	Exercise Activity	Total Time	Heart Rate	Distance/Laps etc	Repetitions
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
<b>Repeat the aerobic fitness, muscular strength, and flexibility tests. Record your results.</b>					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
<b>Repeat the aerobic fitness, muscular strength, and flexibility tests. Record your results.</b>					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
<b>Repeat the aerobic fitness, muscular strength, and flexibility tests. Record your results.</b>					
43					
44					
45					
46					
47					
48	<b>Personal Fitness</b>				
49					
50					



Name: \_\_\_\_\_

Troop: \_\_\_\_\_ Council: \_\_\_\_\_

51					
52					
53					
54					
55					
56					
Repeat the aerobic fitness, muscular strength and flexibility tests. Record your results.					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
Repeat the aerobic fitness, muscular strength and flexibility tests. Record your results.					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
Repeat the aerobic fitness, muscular strength and flexibility tests. Record your final results.					

	Aerobic Fitness		Muscular Strength			Flexibility
	9min Distance	1 mile time	Sit-Ups	Push-Ups	Pull-Ups	Reach
After Two Weeks						
After Four Weeks						
After Six Weeks						
After Eight Weeks						
After Ten Weeks						

