

JS 44 (Rev. 12/07)

### CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

<p><b>I. (a) PLAINTIFFS</b> RON SOLT, et al.</p> <p><b>(b) County of Residence of First Listed Plaintiff</b> <u>LUZERNE COUNTY</u> (EXCEPT IN U.S. PLAINTIFF CASES)</p> <p><b>(c) Attorney's (Firm Name, Address, and Telephone Number)</b> Locks Law Firm, 601 Walnut St, Suite 720E, Phila., PA 19106 (215) 893-0100</p>	<p><b>DEFENDANTS</b> NATIONAL FOOTBALL LEAGUE, et al.</p> <p>County of Residence of First Listed Defendant <u>New York County</u> (IN U.S. PLAINTIFF CASES ONLY)</p> <p>NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.</p> <p>Attorneys (If Known)</p>
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<p><b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)</p> <p><input type="checkbox"/> 1 U.S. Government Plaintiff</p> <p><input type="checkbox"/> 2 U.S. Government Defendant</p> <p><input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p> <p><input checked="" type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>	<p><b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)</p> <table border="0" style="width:100%;"> <tr> <td style="width:33%;">Citizen of This State</td> <td style="width:10%;"><input checked="" type="checkbox"/> PTF 1</td> <td style="width:10%;"><input type="checkbox"/> DEF 1</td> <td style="width:33%;">Incorporated or Principal Place of Business In This State</td> <td style="width:10%;"><input type="checkbox"/> PTF 4</td> <td style="width:10%;"><input type="checkbox"/> DEF 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input type="checkbox"/> 5</td> <td><input checked="" type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> </table>	Citizen of This State	<input checked="" type="checkbox"/> PTF 1	<input type="checkbox"/> DEF 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF 4	<input type="checkbox"/> DEF 4	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Citizen of This State	<input checked="" type="checkbox"/> PTF 1	<input type="checkbox"/> DEF 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> PTF 4	<input type="checkbox"/> DEF 4														
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 5														
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6														

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<p><b>PERSONAL INJURY</b></p> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input checked="" type="checkbox"/> 360 Other Personal Injury	<p><b>PERSONAL INJURY</b></p> <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <p><b>PERSONAL PROPERTY</b></p> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <p><b>LABOR</b></p> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations & Disclosure Act <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Safety Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act <p><b>IMMIGRATION</b></p> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <p><b>PROPERTY RIGHTS</b></p> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <p><b>SOCIAL SECURITY</b></p> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <p><b>FEDERAL TAX SUITS</b></p> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<p><b>REAL PROPERTY</b></p> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<p><b>CIVIL RIGHTS</b></p> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<p><b>PRISONER PETITIONS</b></p> <input type="checkbox"/> 510 Motions to Vacate Sentence <p><b>Habeas Corpus:</b></p> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition			

**V. ORIGIN** (Place an "X" in One Box Only)

1 Original Proceeding     2 Removed from State Court     3 Remanded from Appellate Court     4 Reinstated or Reopened     5 Transferred from another district (specify)     6 Multidistrict Litigation     7 Appeal to District Judge from Magistrate Judgment

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
28 U.S.C. 1332

Brief description of cause: Other Personal Injury

**VII. REQUESTED IN COMPLAINT:**     CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23    DEMAND \$ in excess of \$5 million    CHECK YES only if demanded in complaint:    JURY DEMAND:  Yes     No

**VIII. RELATED CASE(S) IF ANY** (See instructions):    JUDGE Brody    DOCKET NUMBER 12-0092

DATE 1/18/2012    SIGNATURE OF ATTORNEY OF RECORD [Signature]

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

## INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

### Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

**I. (a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

(b) County of Residence. For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

(c) Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

**II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.C.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.

United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.

United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.

Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.

Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; federal question actions take precedence over diversity cases.)

**III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

**IV. Nature of Suit.** Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerks in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.

**V. Origin.** Place an "X" in one of the seven boxes.

Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.

Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.

Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.

Appeal to District Judge from Magistrate Judgment. (7) Check this box for an appeal from a magistrate judge's decision.

**VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553  
Brief Description: Unauthorized reception of cable service

**VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.

Demand. In this space enter the dollar amount (in thousands of dollars) being demanded or indicate other demand such as a preliminary injunction.

Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

**VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

**Date and Attorney Signature.** Date and sign the civil cover sheet.

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**


**CASE MANAGEMENT TRACK DESIGNATION FORM**

RON SOLT, et al. : CIVIL ACTION  
 :  
 v. :  
 NATIONAL FOOTBALL LEAGUE, et al. :  
 : NO.  
 :

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ( )
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ( )
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ( )
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ( )
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.)
- (f) Standard Management – Cases that do not fall into any one of the other tracks. ( )

1-18-12	 Gene Locks	Plaintiffs
<b>Date</b>	<b>Attorney-at-law</b>	<b>Attorney for</b>
(215) 893-3434	(215) 893-3444	glocks@lockslaw.com
<b>Telephone</b>	<b>FAX Number</b>	<b>E-Mail Address</b>

**Civil Justice Expense and Delay Reduction Plan**  
**Section 1:03 - Assignment to a Management Track**

- (a) The clerk of court will assign cases to tracks (a) through (d) based on the initial pleading.
- (b) In all cases not appropriate for assignment by the clerk of court to tracks (a) through (d), the plaintiff shall submit to the clerk of court and serve with the complaint on all defendants a case management track designation form specifying that the plaintiff believes the case requires Standard Management or Special Management. In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a case management track designation form specifying the track to which that defendant believes the case should be assigned.
- (c) The court may, on its own initiative or upon the request of any party, change the track assignment of any case at any time.
- (d) Nothing in this Plan is intended to abrogate or limit a judicial officer's authority in any case pending before that judicial officer, to direct pretrial and trial proceedings that are more stringent than those of the Plan and that are designed to accomplish cost and delay reduction.
- (e) Nothing in this Plan is intended to supersede Local Civil Rules 40.1 and 72.1, or the procedure for random assignment of Habeas Corpus and Social Security cases referred to magistrate judges of the court.

**SPECIAL MANAGEMENT CASE ASSIGNMENTS**  
**(See §1.02 (e) Management Track Definitions of the**  
**Civil Justice Expense and Delay Reduction Plan)**

Special Management cases will usually include that class of cases commonly referred to as "complex litigation" as that term has been used in the Manuals for Complex Litigation. The first manual was prepared in 1969 and the Manual for Complex Litigation Second, MCL 2d was prepared in 1985. This term is intended to include cases that present unusual problems and require extraordinary treatment. See §0.1 of the first manual. Cases may require special or intense management by the court due to one or more of the following factors: (1) large number of parties; (2) large number of claims or defenses; (3) complex factual issues; (4) large volume of evidence; (5) problems locating or preserving evidence; (6) extensive discovery; (7) exceptionally long time needed to prepare for disposition; (8) decision needed within an exceptionally short time; and (9) need to decide preliminary issues before final disposition. It may include two or more related cases. Complex litigation typically includes such cases as antitrust cases; cases involving a large number of parties or an unincorporated association of large membership; cases involving requests for injunctive relief affecting the operation of large business entities; patent cases; copyright and trademark cases; common disaster cases such as those arising from aircraft crashes or marine disasters; actions brought by individual stockholders; stockholder's derivative and stockholder's representative actions; class actions or potential class actions; and other civil (and criminal) cases involving unusual multiplicity or complexity of factual issues. See §0.22 of the first Manual for Complex Litigation and Manual for Complex Litigation Second, Chapter 33.

UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: 5 Hickory Wood Drive, Wilkes-Barre, PA 18705

Address of Defendant: 280 Park Avenue, New York, NY 10017

Place of Accident, Incident or Transaction: (Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock? (Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a)) Yes No

Does this case involve multidistrict litigation possibilities? Yes No

RELATED CASE, IF ANY: Case Number: 12-0092 Judge Brody Date Terminated: N/A

Civil cases are deemed related when yes is answered to any of the following questions:

- 1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?

CIVIL: (Place check in ONE CATEGORY ONLY)

A. Federal Question Cases:

- 1. Indemnity Contract, Marine Contract, and All Other Contracts
2. FELA
3. Jones Act-Personal Injury
4. Antitrust
5. Patent
6. Labor-Management Relations
7. Civil Rights
8. Habeas Corpus
9. Securities Act(s) Cases
10. Social Security Review Cases
11. All other Federal Question Cases (Please specify)

B. Diversity Jurisdiction Cases:

- 1. Insurance Contract and Other Contracts
2. Airplane Personal Injury
3. Assault, Defamation
4. Marine Personal Injury
5. Motor Vehicle Personal Injury
6. Other Personal Injury (Please specify)
7. Products Liability
8. Products Liability — Asbestos
9. All other Diversity Cases (Please specify)

ARBITRATION CERTIFICATION

(Check Appropriate Category)

I, Gene Locks, counsel of record do hereby certify: Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs; Relief other than monetary damages is sought.

DATE: 01/18/2012

Gene Locks Attorney-at-Law

12969 Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: Attorney-at-Law Attorney I.D.#

**UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

RON SOLT, JOE PANOS,  
RICH MIANO, LORI MIANO  
GENNARO DiNAPOLI,  
ADAM HAAYER, SUMMER HAAYER,  
DAN BUENNING, ASHLEY BUENNING,  
CRAIG HEIMBURGER, and  
DAWN HEIMBURGER  
in their individual capacity and  
on behalf of all others similarly situated,

PLAINTIFFS,

v.

NATIONAL FOOTBALL LEAGUE,  
NFL PROPERTIES LLC, and  
JOHN DOES 1 through 100, inclusive,

DEFENDANTS.

CIVIL ACTION NO: \_\_\_\_\_

JURY TRIAL DEMANDED

PLAINTIFFS' CLASS ACTION  
AND INDIVIDUAL COMPLAINT  
FOR DAMAGES AND  
DEMAND FOR JURY TRIAL

1. Declaratory Judgment
2. Medical Monitoring
3. Conspiracy to Defraud
4. Fraudulent Concealment
5. Fraud
6. Negligent Concealment
7. Negligence
8. Loss of Consortium

LOCKS LAW FIRM

Gene Locks, Esq. (PA ID No. 12969)  
Michael B. Leh, Esq. (PA ID No. 42962)  
David D. Langfitt, Esq. (PA ID No. 66588)  
601 Walnut Street, Suite 720 East  
Philadelphia, PA 19106

*Attorneys for Plaintiffs*



Football League players), and their spouses as a result of the defendants' intentional tortious misconduct (by voluntary undertaking), negligence, fraud, and conspiracy.

2. This action arises from the pathological and debilitating effects of head injuries and concussions that have afflicted present and former professional football players in the National Football League (the "NFL"). For many decades, evidence has linked repetitive traumatic brain injury to long-term neurological problems in many sports. The NFL, as the organizer, marketer, and face of the most popular sport in the United States, in which head trauma is a regular occurrence, was aware of the evidence and the risks associated with repetitive traumatic brain injuries and concussions for decades, but deliberately ignored and actively concealed the information from the Plaintiffs, the Class members, and all others who participated in organized football at all levels.

3. Moreover, in or around 1994 and possibly earlier, the NFL voluntarily inserted itself into the scientific research and discussion concerning the relationship between concussions and short-term and long-term impairment of the brain. After doing so, the NFL then intentionally and fraudulently misled present and former players, and all people who reasonably rely upon the NFL's expertise about its own sport, regarding the short-term and long-term risks posed by concussions and head trauma.

4. Rather than warn players that they risked permanent brain injury if they returned to play too soon after sustaining a concussion, the NFL actively deceived players, by misrepresenting to them that concussions did not present serious, life-altering risks.

5. The NFL, through its own initiative and voluntary undertaking, created the Mild Traumatic Brain Injury Committee (the "MTBI Committee") in 1994 to research and ameliorate the impact of concussions on NFL players. Notwithstanding this purported



purpose, and despite clear medical evidence that on-field concussions led directly to brain injuries with tragic results for players at every level of the sport, the NFL failed to inform its current and former players of the true risks associated with such head trauma and purposefully misrepresented and/or concealed medical evidence on that issue.

6. Athletes who suffered repetitive traumatic brain injuries and/or concussion in other professional sports were restricted from playing full games or even seasons, yet NFL players who had similar trauma were regularly returned to play.

7. The NFL's active and purposeful concealment and misrepresentation of the severe neurological risks of repetitive traumatic brain injury exposed players to dangers they could have avoided had the NFL provided them with truthful and accurate information. Many of these players, including Class members, have suffered brain damage and latent neurodegenerative disorders and diseases as a result of the NFL's acts and/or omissions.

#### **JURISDICTION AND VENUE**

8. This Court has original jurisdiction pursuant to 28 U.S.C. § 1332(d)(2) and (d)(6) because there are more than 100 class members and because the amount in controversy of the class members' claims aggregated, upon information and belief, exceeds five million dollars (\$5,000,000) exclusive of interest and costs, and at least one Class member is a citizen of a state different from Defendants. This Court has supplemental jurisdiction of Plaintiffs' state law claims pursuant to 28 U.S.C. § 1367.

9. This Court also has additional jurisdiction over the **Symptomatic Subclass** pursuant to 28 U.S.C. § 1332(a)(1) and (b) and/or 28 U.S.C. § 1332(d)(2), (6) and (11) because within the **Symptomatic Subclass** there exist claims for monetary relief for 100 or more persons which Plaintiffs propose to be tried jointly on the ground that the Plaintiffs' claims involve common

questions of law or fact. At least one member of the Symptomatic Subclass is a citizen of a state different from the Defendants, and the amount in controversy of each **Symptomatic Subclass** Plaintiff exceeds \$75,000.00, exclusive of interest and costs. The amount in controversy for all Plaintiffs in this mass action exceeds \$5,000,000.00, exclusive of interest and costs. This matter can be tried jointly in that the Plaintiffs' claims involve common questions of law or fact. None of the exclusions set forth in 28 U.S.C. § 1332(d)(11)(B)(ii) apply.

10. Venue is proper in this district pursuant to 28 U.S.C. § 1391(a) and/or (b), because a substantial part of the events or omissions that give rise to the claims occurred within the Commonwealth of Pennsylvania and this district, and the Defendants conduct a substantial part of their business within this judicial district.

#### **PARTIES**

11. Plaintiff Ron Solt is fifty years old and resides in Wilkes Barre, Pennsylvania. Mr. Solt played in the NFL for ten seasons from 1984 to 1993. During that time period, Mr. Solt played on the offensive line for the Indianapolis Colts and Philadelphia Eagles and suffered at least one concussion during an NFL game while playing for the Philadelphia Eagles. During practices for both the Colts and the Eagles, Mr. Solt sustained multiple head traumas and concussions that were never diagnosed medically. Mr. Solt suffers from substantial memory loss and persistent ringing in his ears.

12. Plaintiff Joe Panos is forty-one years old, resides in Okauchee, Wisconsin and played in the NFL as an offensive lineman for seven seasons between 1994 and 2000. Mr. Panos played offensive guard for the Philadelphia Eagles and Buffalo Bills and sustained concussions during his playing days for those teams. Mr. Panos currently suffers from headaches, memory loss, irritability, rage, mood swings, and sleeplessness.

13. Plaintiff Rich Miano is forty-nine years old and resides in Honolulu, Hawaii. Mr. Miano played as a defensive back for ten seasons in the NFL between 1985 and 1995. Mr. Miano played for the Atlanta Falcons, Philadelphia Eagles, and New York Jets. He sustained at least one concussion while he played in the NFL, but is currently asymptomatic.

14. Plaintiff Lori Miano is married to plaintiff Rich Miano and resides at the same address.

15. Plaintiff Gennaro DiNapoli is thirty six years old, resides in Newtown, Connecticut, and is unmarried. Mr. DiNapoli played on the offensive line for the Dallas Cowboys, Tennessee Titans, and Oakland Raiders between 1998 and 2004. Mr. DiNapoli sustained repeated head impacts during his NFL career and is at an increased risk of latent brain disease. As a result, Mr. DiNapoli currently suffers from severe depression for which he takes multiple prescribed medications. He also suffers from memory loss, headaches, anxiety and mood swings.

16. Plaintiff Adam Haayer, is thirty four years old and resides at Prior Lake, Minnesota. He is married to plaintiff Summer Haayer, with whom he resides. Between 2001 and 2006, Mr. Haayer played as an offensive lineman in the NFL for the Tennessee Titans, the Minnesota Vikings, the Arizona Cardinals, and the St. Louis Rams. On at least four occasions, Mr. Haayer sustained concussions or concussion-like symptoms while playing for the aforementioned teams. Mr. Haayer currently suffers from memory loss, depression, and anxiety.

17. Plaintiff Summer Haayer is married to plaintiff Adam Haayer and resides at the same address.

18. Plaintiff Daniel Buenning is thirty years old and resides in Waupaca, Wisconsin with his wife, plaintiff Ashley Buenning. Mr. Buenning played as an offensive

lineman in the NFL for four seasons from 2005 to 2008. Mr. Buenning played for the Tampa Bay Buccaneers from 2005-2007 and for the Chicago Bears in 2008. He currently suffers from substantial memory loss, depression, trouble concentrating, short attention span, and mood swings.

19. Plaintiff Ashley Buenning is the wife of plaintiff Dan Buenning and resides at the same address.

20. Plaintiff Craig Heimburger is thirty-four years old, resides in Millstadt, Illinois, and is married to plaintiff Dawn Heimburger. Plaintiff Craig Heimburger played on the offensive line for the Green Bay Packers, Cincinnati Bengals, Buffalo Bills, and Houston Texans between 1999 and 2002. Mr. Heimburger sustained multiple head impacts and concussions during his years in the NFL and currently suffers from dizziness, memory loss, and intense headaches and other physical symptoms that have arisen from the head injuries he sustained in the NFL.

21. Plaintiff Dawn Heimburger is married to plaintiff Craig Heimburger and resides at the same address.

22. The names of other plaintiffs, similarly situated, are known to the Defendant NFL and/or easily obtained by the NFL. When those names are provided by the NFL, plaintiffs will seek leave of court to amend this complaint by setting forth same.

23. The names and capacities of Defendants DOES 1 through 100, inclusive whether individual, corporate, associate or otherwise, are unknown to Plaintiffs at the present time. When Plaintiffs ascertain the names and capacities of those Defendants, they will seek leave of court to amend this complaint.

24. All Defendants, and each of them, were in some fashion legally responsible for the injuries and damages complained of herein.

25. At all times herein mentioned, Defendants, and each of them, were the agents, servants, and employees each of the other, acting within the course and scope of said agency and employment.

26. Defendant NFL, which maintains its offices at 280 Park Avenue, New York, New York, is an unincorporated association consisting of the 32 separately owned and independently-operated professional football teams listed below. The NFL is engaged in interstate commerce in the business of, among other things, promoting, operating, organizing, and regulating the major professional football league in the United States. The NFL is not, and has not, been the employer of the Plaintiffs, who were employed during their respective careers in professional football by the independent clubs (hereinafter “Teams” or “Clubs”) set forth below. The United States Supreme Court held in *American Needle, Inc. v. NFL*, 130 S. Ct. 2201, 2212-13 (2010) that each team that is a member of the NFL is a legally distinct and separate entity from both the other teams and the NFL itself.

27. The 32 separately owned and independently-operated teams are:

<b>NFL Team Owner</b>	<b>State of Organization</b>	<b>Team Name (City)</b>
Arizona Cardinals, Inc.	Arizona	Arizona Cardinals
Atlanta Falcons Football Club LLC	Georgia	Atlanta Falcons
Baltimore Ravens Limited Partnership	Maryland	Baltimore Ravens
Buffalo Bills, Inc.	New York	Buffalo Bills
Panthers Football LLC	North Carolina	Carolina Panthers
Chicago Bears Football Club, Inc.	Delaware	Chicago Bears
Cincinnati Bengals, Inc.	Ohio	Cincinnati Bengals

Cleveland Browns, Inc.	Delaware	Cleveland Browns
Dallas Cowboys Football Club, Ltd.	Texas	Dallas Cowboys
Denver Broncos Football Club	Colorado	Denver Broncos
Detroit Lions, Inc.	Michigan	Detroit Lions
Green Bay Packers, Inc.	Wisconsin	Green Bay Packers
Houston NFL Holdings LP	Delaware	Houston Texans
Indianapolis Colts, Inc.	Delaware	Indianapolis Colts
Jacksonville Jaguars, Ltd.	Florida	Jacksonville Jaguars
Kansas City Chief Football Club, Inc.	Texas	Kansas City Chiefs
Miami Dolphins, Ltd.	Florida	Miami Dolphins
Minnesota Vikings Football Club LLC	Minnesota	Minnesota Vikings
New England Patriots, LP	Delaware	New England Patriots
New Orleans Louisiana Saints LLC	Texas	New Orleans Saints
New York Football Giants, Inc.	New York	New York Giants
New York Jets Football Club, Inc.	Delaware	New York Jets
Oakland Raiders LP	California	Oakland Raiders
Philadelphia Eagles Football Club, Inc.	Delaware	Philadelphia Eagles
Pittsburgh Steelers Sports, Inc.	Pennsylvania	Pittsburgh Steelers
San Diego Chargers Football Co.	California	San Diego Chargers
San Francisco Forty Niners Ltd.	California	San Francisco 49ers
Football Northwest LLC	Washington	Seattle Seahawks
The Rams Football Company LLC	Delaware	St. Louis Rams

Buccaneers Limited Partners	Delaware	Tampa Bay Buccaneers
Tennessee Football, Inc.	Delaware	Tennessee Titans
Washington Football Inc.	Maryland	Washington Redskins

28. Defendant NFL Properties, LLC is the successor-in-interest to National Football League Properties, Inc. (“NFL Properties”) and a limited liability company organized and existing under the laws of the State of Delaware with its headquarters in the State of New York. NFL Properties is engaged in, among other activities, approving, licensing, and promoting equipment used by all the NFL teams. NFL Properties regularly conducts business in Pennsylvania.

29. The Defendants National Football League and NFL Properties shall be referred to collectively herein as the “NFL”.

30. The NFL caused or contributed to the injuries and increased risks to Plaintiffs and Class members through its acts and omissions (a) by failing to disclose the true risks of repeated traumatic brain and head impacts in NFL football; (b) by failing to take appropriate steps to prevent, minimize, and/or mitigate repeated traumatic brain and head impacts in NFL football; and (c) by deliberately creating false scientific studies and spreading misinformation concerning the cause and effect relation between brain trauma in NFL games and practices and latent neurodegenerative disorders and diseases.

31. On information and belief, NFL policies and decisions relevant to the conduct alleged herein occurred primarily in the NFL corporate offices in New York City.

32. On information and belief, those policies and decisions were part of a conspiracy whose objectives were to prevent players from having accurate and correct scientific

information regarding the cause and effect relationship between (a) concussions and brain trauma during NFL games and practices and (b) long-term neurological brain damage, including the early onset of dementia, memory loss, and Chronic Traumatic Encephalopathy (“CTE”).

33. Another objective of the conspiracy was to prevent persons bargaining on behalf of players to have sufficient knowledge to demand that policies, procedures, and conditions be included in the Collective Bargaining Agreements and other contracts that were sufficient for the protection of players in connection with brain trauma and concussions.

34. The NFL conspiracy also included a third objective, which was to deprive players of their right to seek damages for concussion-related injuries in court by using the Collective Bargaining Agreements as a bar to any civil court action by players.

35. However, since the public and widely promoted position of the NFL was that concussions in NFL games and practices were not a long-term risk to players and unconnected to brain degeneration and the brain disorders of early dementia and CTE, the Collective Bargaining Agreements cannot be the source of the duties of the NFL as to concussions.

36. Moreover, the voluntary insertion of the NFL into concussion research and public discussion meant that the NFL had a duty (a) to make truthful statements; (b) not to wrongfully advance improper, biased, and falsified industry-generated studies; and (c) not to discredit well-researched and credible studies that came to a conclusion that did not comport with the NFL’s financial and political interests.

37. This duty extended not merely to NFL players, but also to all persons who play the game of football nationwide at every level; that is, millions of children, high school students, and college students.



38. In light of the NFL conspiracy, Plaintiffs seek a declaration that no Collective Bargaining Agreements are a bar to this lawsuit, because they were induced by fraud.

39. Third parties that conspired with the NFL in the conspiracy and other tortious conduct alleged herein include, but are not limited to, the Teams, physicians and health care providers who contracted with the Teams and NFL, NFL Properties, LLC, and various persons in leadership positions in the NFL, the Teams, and NFL Properties, LLC.

### **CLASS ACTION ALLEGATIONS**

40. This action is brought and may properly be maintained as a class action, pursuant Rule 23(a), Rule 23(b)(1) and (b)(2) of the Federal Rules of Civil Procedure for declaratory and/or equitable relief and medical monitoring as a result of the misconduct by the NFL, and/or pursuant Rule 23(a), Rule 23(b)(1) and (b)(2), and Rule 23(c)(4) only as to the issue of Defendants' liability as a result of conspiracy, fraudulent concealment, fraud, negligent misrepresentation, negligence, and/or loss of consortium.

41. Plaintiffs bring this action on behalf of themselves and all members of the following class (the "Class"):

All retired or former professional football players in the United States who were employed by any member club that was part of the association called the NFL, but are not now salaried employees of the NFL or any member club.

42. Plaintiffs also bring this class action pursuant to Rule 23(a), Rule 23(b)(1) and (b)(2), and Rule 23(c)(4) of the Federal Rules of Civil Procedure, on behalf of themselves and all members of the following subclass (which is subsumed within and/or a part of the Class) for declaratory and/or equitable relief and for continual medical monitoring beyond that provided to the Class as a whole as a result of the misconduct by the NFL, and/or pursuant Rule 23(a), Rule 23(b)(1) and (b)(2), and Rule 23(c)(4) only as to the issue of Defendants' liability as a

result of conspiracy, fraudulent concealment, fraud, negligent misrepresentation, negligence, and/or loss of consortium (“**Non-Concussion Subclass**”):

All other Class members who are asymptomatic and did not sustain any concussion while playing football in the NFL, as determined by the medical monitoring conducted on the Class as a whole.

43. Plaintiffs also bring this class action, pursuant Rule 23(a), Rule 23(b)(1) and (b)(2), and Rule 23(c)(4) of the Federal Rules of Civil Procedure, on behalf of themselves and all members of the following subclass (which is subsumed within and/or a part of the Class) for declaratory and/or equitable relief and for continual medical monitoring, and/or pursuant Rule 23(a), Rule 23(b)(3) and Rule (c)(4) of the Federal Rules of Civil Procedure, for damages from conspiracy, fraudulent concealment, fraud, negligent misrepresentation, negligence, and/or loss of consortium as a result of the misconduct by the NFL (“**Symptomatic Subclass**”):

All Class members who suffered and/or presently suffer from conditions and/or symptoms as a result of one or more concussion(s), or from concussion-like symptoms and/or concussion-related conditions from repetitive traumatic brain injury, such conditions and/or symptoms including concentration problems, memory loss, mood swings, personality changes, headache, fatigue, dizziness, insomnia and excessive drowsiness; episodic disorientation; lack of insight, poor judgment, poor to little impulse control; signs and symptoms of Parkinson’s Disease or Alzheimer’s Disease (and other conditions that discovery may reveal are related) from their playing football in the NFL.

44. Plaintiffs also bring this class action, pursuant Rule 23(a), Rule 23(b)(1) and (b)(2), and Rule 23(c)(4) of the Federal Rules of Civil Procedure, on behalf of themselves and all members of the following subclass (which is subsumed within and/or a part of the Class) for declaratory and/or equitable relief and for additional intensive and continual medical monitoring beyond that provided to the Class as a whole as a result of the misconduct by the NFL, and/or pursuant Rule 23(a), Rule 23(b)(1) and (b)(2), and Rule 23(c)(4) only as to the issue

of Defendants' liability as a result of conspiracy, fraudulent concealment, fraud, negligent misrepresentation, negligence, and/or loss of consortium ("**Concussion Subclass**"):

All Class members who are asymptomatic but have sustained one or more concussion(s), as determined by the medical monitoring conducted on the Class as a whole, while playing football in the NFL.

45. Concurrently or alternatively, Plaintiffs also bring this action on behalf of themselves and all member of the **Symptomatic Subclass** as a mass action pursuant to 28 U.S.C. § 1332(d)(11) in that there are claims for monetary relief for 100 or more persons which **Symptomatic Subclass** Plaintiffs propose to be tried jointly on the ground that the **Symptomatic Subclass** Plaintiffs' claims involve common questions of law or fact, as further set forth hereinafter.

46. With respect to the **Symptomatic Subclass**, there exist, upon information and belief, 100 or more persons who suffered and/or suffer symptoms from one or more concussion(s) or from concussion-like symptoms and/or concussion-related conditions, including concentration problems, mood swings, memory loss, personality changes, headache, fatigue, dizziness, insomnia and excessive drowsiness, episodic disorientation, lack of insight, poor judgment, poor or little impulse control, signs and symptoms of Parkinson's Disease or Alzheimer's Disease, and other conditions that discovery may reveal are related to playing football in the NFL.

47. The Class and subclasses are so numerous and geographically so widely dispersed that joinder of all members is impracticable. Upon information and belief, Plaintiffs believe that there are at least hundred, if not thousands, of persons who would satisfy the definition of the Class as set forth herein. Although the exact number and identities of individual Class members are presently unknown, the number of Class members can easily be ascertained from Defendants' records and other appropriate discovery.

48. There are questions of law and fact common to the Class and subclasses.

These questions include but are not limited to the following issues:

- a) Whether repetitive traumatic brain injury during play in the NFL cause latent neurodegenerative brain disorders, memory loss and/or brain disease;
- b) Whether Defendants had a policy and/or practice of concealing from the Plaintiffs, the Class, and the public the medical and/or factual evidence demonstrating that repetitive traumatic brain injury and/or concussions cause permanent brain damage, memory loss, and/or other neurological disorders and degeneration;
- c) Whether Defendants' policies, procedures and/or conduct of concealing from the Plaintiffs, the Class and the public the medical and/or factual evidence demonstrating that repetitive traumatic brain injury and/or concussions cause permanent brain damage and/or other permanent neurological deterioration and disorders, including memory loss, would render Defendants' liable on a class-wide and/or subclass-wide basis to the Plaintiffs, the Class and/or subclasses under a conspiracy to defraud cause of action;
- d) Whether Defendants' policies, procedures and/or conduct of concealing from the Plaintiffs, the Class and the public the medical and/or factual evidence demonstrating that repetitive traumatic brain injury and/or concussions cause permanent brain damage and/or other permanent neurological deterioration and disorders, including memory loss, would render Defendants' liable on a class-wide and/or subclass-wide basis to the Plaintiffs, the Class and/or subclasses under a fraudulent concealment cause of action;
- e) Whether Defendants' policies, procedures and/or conduct of concealing from the Plaintiffs, the Class, and the public the medical and/or factual evidence demonstrating that repetitive traumatic brain injury and/or concussions cause permanent brain

damage and/or other permanent neurological deterioration and disorders, including memory loss, would render Defendants liable on a class-wide and/or subclass-wide basis to the Plaintiffs, the Class and/or subclasses under a fraud cause of action;

f) Whether Defendants' policies, procedures and/or conduct of concealing from the Plaintiffs, the Class, and public the medical and/or factual evidence demonstrating that repetitive traumatic brain injury and/or concussions cause permanent brain damage and/or other permanent neurological deterioration and disorders, including memory loss, would render Defendants liable on a class-wide and/or subclass-wide basis to the Plaintiffs, the Class and/or subclasses under a negligent misrepresentation cause of action;

g) Whether Defendants' policies, procedures and/or conduct of concealing from the Plaintiffs, the Class and the public the medical and/or factual evidence demonstrating that repetitive traumatic brain injury and/or concussions cause permanent brain damage and/or other permanent neurological deterioration and disorders, including memory loss, would render Defendants liable on a class-wide and/or subclass-wide basis to the Plaintiffs, the Class and/or subclasses under a negligence cause of action;

h) Whether Defendants' policies, procedures and/or conduct of concealing from the Plaintiffs, the Class and the public the medical and/or factual evidence demonstrating that repetitive traumatic brain injury and/or concussions cause permanent brain damage and/or other permanent neurological deterioration and disorders, including memory loss, would render Defendants liable on a class-wide and/or subclass-wide basis to the Plaintiffs, the Class and/or subclasses under a loss of consortium cause of action;

i) Whether, as a result of Defendants' misconduct as alleged herein, Plaintiffs, the Class, **Concussion** and **Non-Concussion Subclasses** are entitled to the declaratory

and/or equitable relief, including the different medical monitoring needed for the Class a whole, and that needed for the **Concussion** and **Non-Concussion Subclasses**;

j) Whether medical monitoring protocols for Plaintiffs, the Class and **Concussion** and **Non-Concussion Subclasses** can be developed, implemented and paid for by Defendants;

k) Whether Defendants owed any duties of care to Plaintiffs and the Class and/or subclasses;

l) Whether Defendants, through their own voluntary undertaking, were negligent in their response to the health effects of repetitive traumatic brain injuries as a result of multiple head suffered by the Plaintiffs, Class, and subclasses;

m) Whether Defendants' misconduct as alleged herein proximately caused any of the damages suffered by Plaintiffs and other members of the **Symptomatic Subclass**;

n) Whether Defendants misconduct caused members of the Class to be subjected to risks of repeated traumatic brain and head impacts and the excess risk of latent neurodegenerative disorders and diseases, including memory loss, as well as the need for medical monitoring;

o) Whether Plaintiffs and the Class and/or subclasses are entitled to punitive and/or exemplary damages as a result of Defendants' intentional and wanton misconduct as alleged herein; and

49. Plaintiffs' claims are typical of the claims of the members of the Class and subclasses inasmuch as all such claims arise out of Defendants' policies and/or practices and/or misconduct of ignoring and/or concealing and/or misrepresenting the medical and/or factual

evidence demonstrating that repetitive traumatic brain injuries and/or concussions cause permanent brain damage and/or other neurological deterioration and disorders, including memory loss, and Plaintiffs will assert and pursue the same claims as other members of the Class and subclasses. Plaintiffs are committed to the vigorous prosecution of this action and have retained competent counsel experienced in the prosecution of class actions, medical monitoring claims and personal injuries.

50. Class certification of the Class, **Non-Concussion Subclass** and/or **Concussion Subclass** is appropriate under Fed. R. Civ. P. 23(b)(1) because prosecution of separate actions by individual Class members would create a risk of (1) inconsistent or varying adjudications with respect to individual members of the class which would establish incompatible standards of conduct for the Defendants or (2) adjudications with respect to such individual members of the Class, which as a practical matter may be dispositive of the interests of other members not parties to the adjudication, or substantially impair or impede their ability to protect their interests.

51. Class certification of the Class and **Concussion Subclass** is further appropriate under Fed. R. Civ. P. 23(b)(2) because Defendants have acted or refused to act on grounds generally applicable to the class, thereby making appropriate final injunctive relief or corresponding declaratory relief with respect to the class as a whole.

52. Class certification of the **Symptomatic Subclass** is appropriate under Fed. R. Civ. P. 23(b)(3) because a class action is an appropriate and superior method for the fair and efficient adjudication of the present controversy inasmuch as common questions of law and/or fact predominate over any individual questions which may arise, and, accordingly, there would accrue enormous savings to both the Courts and the **Symptomatic Subclass** in litigating the

common issues on a class-wide instead of on a repetitive individual basis and inasmuch as no unusual difficulties are likely to be encountered in the management of this class action in that all questions of law and/or fact to be litigated at the liability stage of this action are common to the Class.

53. Class Certification of the Class and/or subclasses is further appropriate under Fed. R. Civ. P. 23(c)(4) because a class action may be brought or maintained with respect to particular issues, which in this case include Defendants' liability for conspiracy, fraudulent concealment, fraud negligent misrepresentation, negligence, and/or loss of consortium as a result of the misconduct by the NFL.

54. This class action presents equitable and/or declaratory claims for medical monitoring of the type that have often been prosecuted on a class-wide basis.

55. To the extent that there may individual questions of fact and/or law with respect to damages suffered by members of the **Symptomatic Subclass**, such issues can be addressed, as has been recognized in what is still a nationally repeated statement of this point in *In re Visa Check/Mastermoney Antitrust Litig.*, 280 F.3d 124, 141 (2d Cir. 2001), "[t]here are a number of management tools available to a district court to address any individualized damages issues that might arise in a class action, including: (1) bifurcating liability and damage trials with the same or different juries; (2) appointing a magistrate judge or special master to preside over individual damages proceedings; (3) decertifying the class after the liability trial and providing notice to class members concerning how they may proceed to prove damages; (4) creating subclasses; or (5) altering or amending the class."



## **FACTUAL ALLEGATIONS APPLICABLE TO ALL COUNTS**

### **The National Football League**

56. The NFL oversees America's most popular spectator sport, football, and acts as a trade association for the benefit of the 32 independently-operated Teams. The NFL's average attendance per game in 2009 was 67,509.

57. The NFL is engaged in assisting and guiding the operations of the Teams, and the sale of tickets and telecast rights to the public for the exhibition of the individual and collective talents of players such as Plaintiffs and the Class.

58. The NFL as a business collects annual receipts in excess of \$9.3 billion.

59. The NFL earns billions of dollars from its telecasting deals with, inter alia, ESPN (\$1.1 billion), DirecTV (\$1 billion), NBC (\$650 million), Fox (\$712.5 million), and CBS (\$622.5 million).

60. Annually, the NFL redistributes approximately \$4 billion in radio, television and digital earnings to the Teams or approximately \$125 million per Team. Those revenue numbers show no sign of declining and have increased since 2009.

61. The NFL receives additional sources of revenue through companies that seek to associate their brands with the NFL. The NFL has contracts with companies, such as Pepsi (\$560 million over eight years, starting in 2004) and Gatorade (\$45 million a year, plus marketing costs and free Gatorade for teams). Verizon is paying \$720 million over four years to be the league's wireless service provider. Nike paid \$1.1 billion to acquire the NFL's apparel sponsorship. Previous partner Reebok had been selling \$350 million annually in NFL-themed gear.

62. On September 7, 2011, it was announced that the NFL signed a new 10-year \$2.3 billion contract with Pepsi, which is one of the largest sponsorship deals in sports history. It encompasses a number of Pepsi brands (Pepsi, Frito-Lay, Tropicana, Quaker Oats, and Gatorade). This contract, combined with a number of other new sponsorships, ticket sales projections and TV ratings, means that the NFL is projecting record revenues of over \$9.5 billion the 2011-2012 season.

63. The Teams often collect \$25-\$30 million for stadium naming rights, such as MetLife Stadium in New Jersey and Lincoln Financial Field in Philadelphia, usually on 10-year naming right contracts. Reliant Energy has a \$10 million per year contract with the Houston Texans for naming rights. In Los Angeles, Farmers Insurance has promised \$700 million over 30 years to name a stadium for a team that does not exist yet.

64. The League has a \$1.2 billion, six-year contract with beer sponsor Anheuser-Busch.

65. Many Teams that are part of the NFL own in whole or in part the stadiums in which they play, which can be a source of major commercial value, as reflected in the following chart:

<b>STADIUM TEAM</b>	<b>OPENED</b>	<b>PRICE (2010 DOLLARS)</b>	<b>% PRIVATE</b>
New Meadowlands, NY	2010	\$1.6B	100
Cowboys Stadium, DAL	2009	\$1.15B	56
Lucas Oil Field, IND	2008	\$780M	13
U. of Phoenix Stadium, ARI	2006	\$493M	32
Lincoln Financial, PHI	2003	\$588M	65
Ford Field, DET	2002	\$504M	49

Gillette Stadium, NE	2002	\$373M	100
Reliant Stadium, HOU	2002	\$526M	39
Qwest Field, SEA	2002	\$422M	29
Invesco Field, DEN	2001	\$683M	39
Heinz Field, PIT	2001	\$312M	16

66. In 2010, more than 17 million fans passed through turnstiles operated by Teams and paid between \$54.51 (Cleveland Browns) to \$117.84 (New England Patriots) for the average game ticket. Although the NFL will not allow others to see its financial records, financial results for the publicly-held Green Bay Packers (“Packers”) offer some insight into the revenues Teams receive at the ticket office and concession stands. In 2010, the Packers received \$60,059,646 in revenue from home and away game tickets plus private boxes. Projected over 32 teams, the revenue was nearly \$2 billion annually. The Packers received \$13 million from concessions, parking and local media in 2010, which translates to \$416 million on a league-wide basis.

67. The NFL enjoys partial monopoly power through an anti-trust exemption granted via the federal Sports Broadcasting Act that allows the NFL to sell television rights for all 32 teams as a single unit.

68. A *Forbes* magazine article recently stated that 19 NFL franchises are worth \$1 billion or more. Even the lowest-valued NFL Teams are worth approximately \$800 million. Over the last 15 years, the values of the franchises (i.e. Teams) in the NFL has risen 500 percent.

### **The NFL's Influence**

69. In part because of its financial power and monopoly status in American football, the NFL has enormous influence over physicians, trainers, coaches, professional players, and amateur players at all levels of the game regarding many issues. Those issues include research and education regarding the diagnosis, treatment, and effects of injuries that arise in both professional and amateur football practices, scrimmages, and games.

70. The website [www.nflhealthandsafety.com](http://www.nflhealthandsafety.com) states that USA Football, the sport's national governing body, "is the Official Youth Football Development Partner of the NFL and the NFL Players Association (NFLPA)".

71. USA Football leads the development of youth, high school and international amateur football. In addition, USA Football operates programs and builds resources to address key health and safety issues in partnership with leading medical organizations. The organization was endowed by the NFL and NFLPA through the NFL Youth Football Fund in 2002. USA Football stands among the leaders in youth sports concussion education, particularly for football.

### **The Scientific Evidence on Concussions and Head Injuries**

72. The American Association of Neurological Surgeons ("AANS") defines a concussion as "a clinical syndrome characterized by an immediate and transient alteration in brain function, including an alteration of mental status and level of consciousness, resulting from mechanical force or trauma." The AANS defines traumatic brain injury ("TBI") as follows:

as a blow or jolt to the head, or a penetrating head injury that disrupts the normal function of the brain. TBI can result when the head suddenly and violently hits an object, or when an object pierces the skull and enters brain tissue. Symptoms of a TBI can be mild, moderate or severe, depending on the extent of damage to the brain. Mild cases may result in a brief change in mental state or

consciousness, while severe cases may result in extended periods of unconsciousness, coma or even death.

73. The injury generally occurs when the head either accelerates rapidly and then is stopped, or is spun rapidly. The results frequently include confusion, blurred vision, memory loss, nausea and, sometimes, unconsciousness.

74. Medical evidence has shown that symptoms of a traumatic brain injury or concussion can reappear hours or days after the injury, showing that the injured party had not healed from the initial blow.

75. According to neurologists, once a person suffers a concussion, he is as much as four times more likely to sustain a second one. Additionally, after several concussions, a lesser blow may cause the injury, and the injured player requires more time to recover.

76. Clinical and neuropathological studies by some of the nation's foremost experts demonstrate that multiple concussions sustained during an NFL player's career cause severe cognitive problems such as depression and early-onset dementia.

77. Chronic Traumatic Encephalopathy (that is, CTE) is a progressive degenerative disease of the brain found in athletes (and others) with a history of repetitive concussions. Conclusive studies have shown this condition to be prevalent in retired professional football players who have a history of head injury.

78. Repetitive traumatic brain injury, including concussions, triggers the progressive degeneration of the brain tissue seen in CTE. The symptoms associated with these degenerative changes can begin months, years, or even decades after the last concussion or end of the athlete's active involvement in the sport. The progressive degeneration results in memory loss, confusion, impaired judgment, paranoia, impulse control problems, aggression, depression, and, eventually, progressive dementia.

79. The risks of repeated head impacts in certain sports and the onset of brain disease have been understood by medical professionals for decades. In 1928, New Jersey pathologist, Harrison Martland, described the clinical spectrum of abnormalities found in “nearly one half of the fighters [boxers] who stayed in the game long enough.” Follow-up studies on encephalopathy and repeated head impacts in sport were published in 1952. The risk of second impacts (Second Impact Syndrome) in sport was identified in 1973. It was also clear by the 1970’s that the patterns of neurodegeneration associated with head impacts in boxing also occurred in other sports.

80. From 1931 to 2006, the National Center for Catastrophic Sport Injury Research has reported 1,006 direct and 683 indirect fatalities resulting from participation in all organized football in the United States; the annual number of indirect fatalities has remained near 9.0 per year.

81. A 1994 Ball State University survey found that “players in the 1980s suffered serious injuries and underwent operations at twice the rate of those who played in the 1950s or earlier.”

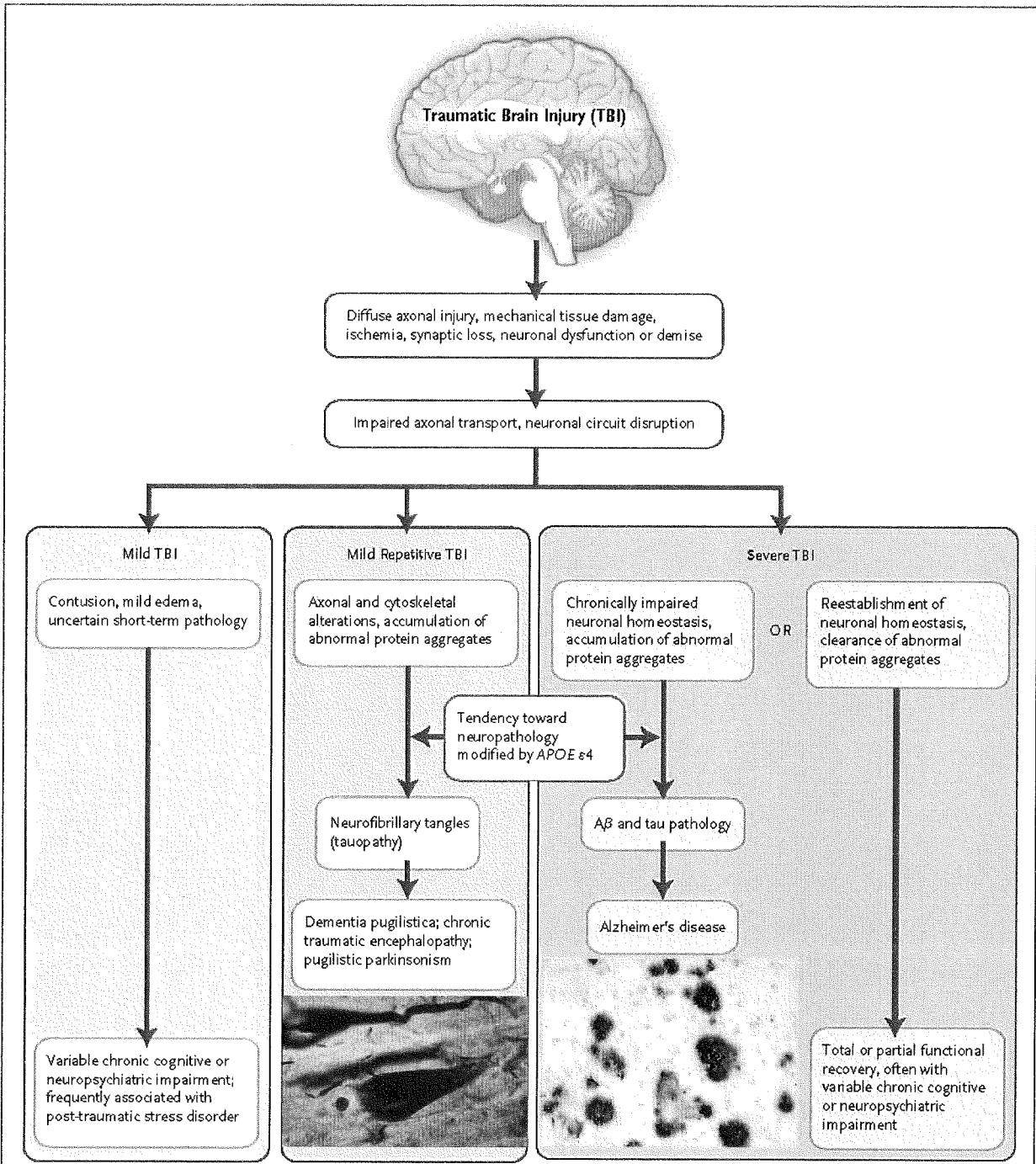
82. A study presented at the American Academy of Neurology’s 52<sup>nd</sup> Annual Meeting in 2000 and authored principally by Dr. Barry Jordan, Director of the Brain Injury Program at Burke Rehabilitation Hospital in White Plains, New York, surveyed 1,094 former NFL players between the ages of 27 and 86 and found that: (a) more than 61% had suffered at least one concussion in their careers with 30 % of the players having three or more and 15% having five or more; (b) 51% had been knocked unconscious more than once; (c) 73% of those injured said they were not required to sit on the sidelines after their head trauma; (d) 49% of the former players had numbness or tingling; 28% had neck or cervical spine arthritis; 31% had

difficulty with memory; 16% were unable to dress themselves; and 11% were unable to feed themselves; and (e) eight suffered from Alzheimer's disease.

83. A 2001 report by Dr. Frederick Mueller that was published in the *Journal of Athlete Training* reported that a football-related fatality has occurred every year from 1945 through 1999, except for 1990. Head-related deaths accounted for 69 % of football fatalities, cervical spinal injuries for 16.3%, and other injuries for 14.7%. High school football produced the greatest number of football head-related deaths. From 1984 through 1999, 69 football head-related injuries resulted in permanent disability.

84. The University of North Carolina's Center for the Study of Retired Athletes published survey-based papers in 2005 through 2007 that found a clear correlation between NFL football and depression, dementia and other cognitive impairment.

84. The chart on the following page, which was excerpted from an article in the 2010 *New England Journal of Medicine* entitled *Traumatic Brain Injury—Football, Warfare, and Long-Term Effects*, shows that even mild “traumatic brain injury” (stated in the chart as “TBI”) can have lasting consequences that are manifest later in the football player's life.



**Spectrum of Pathologic Features and Outcomes of Traumatic Brain Injury (TBI).**

In the left inset, Bielschowsky silver stain shows intraneuronal and extracellular neurofibrillary tangles in temporal cortex from a retired boxer with dementia pugilistica.<sup>1</sup> The right inset shows diffuse Aβ plaque deposits in temporal cortex from a subject who sustained severe TBI.<sup>2</sup>



85. To date, neuro-anatomists have performed autopsies on thirteen deceased NFL players who after their playing careers had exhibited signs of degenerative brain disease. Twelve of those players were found to have suffered from CTE.

#### **The NFL'S Response to the Concussion Issue**

86. The NFL's repetitive traumatic brain injury and concussion problem is not new. In 1994, following the well-publicized retirements of NFL players Al Toon and Merrill Hoge, both of whom had sustained serious head injuries while playing and developed post concussion syndrome, then-NFL Commissioner Paul Tagliabue established the MTBI Committee to study, among other things, post concussion syndrome in NFL players.

87. At that time, the current NFL Commissioner, Roger Goodell, was the NFL's Vice President and Chief Operating Officer.

88. Thus, with the MTBI Committee, the NFL voluntarily inserted itself into the private and public discussion and research on an issue that goes to the core safety risk for players who participate at every level of the game. In doing so, the NFL assumed a duty to use reasonable care in:

- a) the study of post-concussion syndrome;
- b) the study of any kind of brain trauma relevant to the sport of football;
- c) the use of information developed; and
- d) the publication of data and/or pronouncements from the MTBI Committee.

89. Rather than exercising reasonable care in these duties, the NFL engaged in fraud, which included a campaign of disinformation designed to (a) dispute accepted and valid

neuroscience regarding the connection between repetitive traumatic brain injury (concussions) and degenerative brain disease such as CTE, and (b) to create a falsified body of research which the NFL could cite as proof that truthful and accepted neuroscience on the subject was inconclusive and subject to doubt.

90. The NFL's response to the issue of brain injuries and degenerative brain disease in retired NFL players caused by concussions and repetitive brain trauma received during their years as professional football players has been, until very recently, a conspiracy of deception and denial. The NFL actively tried to conceal the extent of the concussion and brain trauma problem, the risk to the Plaintiffs, and the risks to anyone else who played football.

91. Instead of naming a noted neurologist to chair the newly formed MTBI Committee, or at least a physician with extensive training and experience treating head injuries, Tagliabue appointed Elliot Pellman, a rheumatologist, who was a paid physician and trainer for the New York Jets. Pellman's training was in the treatment of joints and muscles, not head injuries.

92. The fact that Pellman was a paid physician for an NFL Team was an obvious conflict of interest. At no time was Pellman independent of the NFL, because he was paid on an ongoing basis by an NFL Team.

93. Pellman chaired the MTBI Committee from 1994 to 2007.

94. Under Pellman, the MTBI Committee spearheaded a disinformation campaign.

95. Pellman and two other scientists, Ira Casson ("Casson), a neurologist and David Viano ("Viano"), a biomedical engineer, worked to discredit scientific studies that linked head impacts and concussions received by NFL players to brain injuries.

96. By 1994, when the NFL formed the MTBI Committee, scientists and neurologists alike were convinced that all concussions--even seemingly mild ones—were serious injuries that permanently damage the brain, impair thinking ability and memory, and hasten the onset of mental decay and senility, especially when they are inflicted frequently.

97. In 1994, the MTBI Committee began a purported study to determine the effect of concussions on the long-term health of retired NFL players.

98. Thirteen years later, in a November 2007 report to Congress, NFL Commissioner Roger Goodell (“Goodell”) characterized the study as an “**initial**” data collection phase and stated that “[w]e do not know when this study will be completed, although it is likely that a comprehensive study will require at least several years of research and analysis.”

99. In October of 2006, Pellman and Viano (both of whom were unqualified) published in *Neurological Focus* an interim report on the MTBI Committee’s efforts that surveyed 12 years of data collection. Pellman and Viano claimed to have analyzed “data on mild TBIs sustained between 1996 and 2001” and concluded that “...mild TBIs in professional football are not serious injuries”.

100. Their conclusion was against the weight of the scientific evidence and based on biased data collection techniques. This was exposed in February 2007 by *ESPN The Magazine*, which reported that Pellman was selective in his use of injury reports, omitted large numbers of players from the concussion study, and presented findings that contradicted other scientific studies into the effects of concussions.

101. Pellman concluded that returning to play after a concussion “does not involve significant risk of a second injury either in the same game or during the season.” However, a 2003 NCAA study of 2,905 college football players found the opposite: that those

who have suffered concussions are more susceptible to further head trauma for seven to 10 days after the injury.

102. Pellman and his group stated repeatedly that the NFL study showed “no evidence of worsening injury or chronic cumulative effects of multiple [mild traumatic brain injury] in NFL players.” However, the 2003 report by the Center for the Study of Retired Athletes at the University of North Carolina found a link between multiple concussions and depression among former professional players with histories of concussions. A 2005 follow-up study by the Center showed a connection between concussions and both brain impairment and Alzheimer’s disease among retired NFL players. (Emphases added).

103. As the allegations in the foregoing paragraphs of this Complaint demonstrate, the research and medical conclusions concerning head injuries associated with the playing of football have a long history that contradicts the conclusions and pronouncements of the MTBI Committee.

104. On Monday, February 1, 2010, Dr. Bennet Omalu (“Omalu”), Co-Director of the Brain Injury Institute at West Virginia University, spoke before members of the House Judiciary Committee at a forum in Houston, Texas with regard to “Head and Other Injuries in Youth, High School, College, and Professional Football.” In his prepared testimony, Omalu stated (a) that the medical community has known about concussions and the effects of concussions in football for over a century, b) that every blow to the head is dangerous, and (c) that repeated concussions and traumatic brain injury have the capacity to cause permanent brain damage.

105. A 2000 University of North Carolina study by Kevin Guskiewicz, Ph.D., found that from 1977 to 1998, an annual average of 13 athletes suffered catastrophic injuries

(primarily permanent paralysis) as the direct result of participation in football. The study also found that between 1977 and 1998, 200 football players received a permanent cervical cord injury, and 66 sustained a permanent cerebral injury. The results of the study suggested that regarding concussions, the brain is more susceptible to injury when it has not had enough time to recover from a first injury. The finding is important, according to the study, because concussions can lead to, *inter alia*, permanent brain damage, memory loss, vision impairment or even death if not managed properly.

106. According to Guskiewicz, recurrent brain injuries are more likely because injured players are returning to practice and to games too quickly after blows to the head. Guskiewicz observed that many Team health providers were not following medical guidelines that players should be symptom-free for several days before returning.

107. A 2003 study partially authored by Guskiewicz analyzed data from almost 2,500 retired NFL players and found that 263 of the retired players suffered from depression. The study found that having three or four concussions meant twice the risk of depression as never-concussed players and five or more concussions meant a nearly threefold risk.

108. The NFL's MTBI Committee attacked these studies.

109. In November of 2003, Guskiewicz was scheduled to appear on HBO's "Inside the NFL" to discuss his research. Pellman called Guskiewicz in advance and questioned whether it was in the best interest of Guskiewicz to appear on the program. On the program, Pellman (a rheumatologist unqualified in the study of traumatic brain injury) stated unequivocally that he did not believe the results of the study led by Guskiewicz.

110. In a 2005 follow-up study, Guskiewicz found that retired NFL players who sustained three or more concussions had a fivefold greater likelihood of suffering Mild

Cognitive Impairment (“MCI”) than retired NFL players who had no history of concussions.

Guskiewicz based his conclusions on a survey of over 2,550 former NFL players.

111. Later, in 2011, Guskiewicz received an award and was named a fellow by the John D. and Catherine T. McArthur Foundation, in part, because of his research and publications on mild traumatic brain injuries and concussions.

112. Dr. Mark Lovell (“Lovell”) of the MTBI Committee criticized the Guskiewicz study as lacking “scientific rigor.” The MTBI Committee also responded by presenting biased research derived from its ongoing survey of retired NFL players. Pellman and other MTBI Committee members published a series of studies in *Neurosurgery*, a scholarly journal edited by Mike Apuzzo, the New York Giants’ neurosurgical consultant.

113. The results reported by Pellman and the MTBI Committee selectively excluded 850 baseline tests in their data, yet included only 655 baseline tests. In a paper published in *Neurosurgery* in December 2004, Pellman and other MTBI Committee members reported on the baseline data for 655 players and the results for 95 players who had undergone both baseline testing and post-concussion testing. They concluded that NFL players did not show a decline in brain function after suffering concussions. Their further analysis purportedly found no ill effects among those who had three or more concussions or who took hits to the head that kept them out for a week or more. The paper did not explain where the players in the study groups came from specifically or why certain player data was included and that of hundreds of others was not.

114. A November 2006 *ESPN The Magazine* article reported on how the MTBI Committee failed to include hundreds of neuropsychological tests done on NFL players when studying the effects of concussion.

115. Neuropsychologist William Barr (a consultant to the New York Jets and the MTBI Committee from New York University) voiced concern that Pellman might be selecting data that would downplay the effects of concussions.

116. Later, Barr gave a lecture to the Brain Injury Association in New York and reported on a study of concussions in 3,000 college athletes. In the lecture, Barr stated that the research showed that the best time to do neuropsychological testing was after the concussion symptoms had completely cleared, which was contrary to NFL practice.

117. According to Barr, Pellman called him and ordered him not to make recommendations about the treatment about sports concussions without first discussing it with Pellman. Pellman added that if Barr ever published his NFL data, Barr would hear from the NFL's lawyers.

118. Barr protested, and Pellman fired him as a consultant to the Jets and MTBI Committee. Barr later memorialized the conversation in a letter to the Dean of the NYU Medical School, Richard Levin.

119. Robert Cantú, Chief of Neurosurgery and Director of Sports Medicine at Emerson Hospital in Concord, Massachusetts, and a Senior Editor at *Neurosurgery*, observed that the extremely small sample size and voluntary participation in the NFL's study suggested there was bias in choosing the sample. According to Cantú, no conclusions should be drawn from the NFL study.

120. Cantú also stated that the NFL appeared to be primarily preparing a defense for when injured players eventually sued and seemed to be promoting a flawed scientific study to justify its conclusion that concussions do not have adverse effects on players.

121. Guskiewicz observed that the studies were “questionable industry-funded research.”

122. Between 2005 and 2007, Omalu and Cantú, who is also the Co-Director for the Center for the Study of Traumatic Encephalopathy (“CSTE”) at the Boston University School of Medicine (“BUSM”), examined the brain tissue of three deceased NFL players:

(a) Mike Webster (“Webster”) of the Pittsburgh Steelers, who died of heart failure at the age of 50;

(b) Terry Long (“Long”) of the Pittsburgh Steelers, who died at 45 after drinking antifreeze; and

(c) Andre Waters (“Waters”) of the Philadelphia Eagles and Arizona Cardinals, who committed suicide at the age of 44.

123. All three of these individuals suffered multiple concussions during their respective NFL careers. All three exhibited symptoms of sharply deteriorated cognitive functions, paranoia, panic attacks, and depression.

124. In articles published in *Neurosurgery* in 2005 and 2006, Omalu found that Webster’s and Long’s respective deaths were partially caused by CTE and were related to multiple concussions suffered during their professional playing years in the NFL.

125. Cantú reached a similar conclusion as to Waters in an article published in *Neurosurgery* in 2007.

126. In response to Omalu’s article on Webster, Casson wrote a letter in July of 2005 to the editor of *Neurosurgery* asking that Omalu’s article be retracted.

127. Ironically, the Estate of Mike Webster found some justice, although Webster himself did not.



128. In December 2006, the Estate of Mike Webster received an unpublished opinion from the United States Court of Appeals for the Fourth Circuit that affirmed the decision of the District Court that the administrator of the NFL Retirement Plan (“Plan”) had wrongly denied him certain disability benefits. In its unpublished opinion, the Fourth Circuit stated that the Plan had acknowledged that the multiple head injuries Webster sustained during his playing career (1974 to 1990) “...had caused Webster eventually to suffer total and permanent mental disability...”

129. Seven years earlier, Webster had applied to the Plan for permanent disability benefits and had submitted multiple medical reports (including as report from a physician hired by the Plan) that stated, among other things, that Webster suffered from “traumatic or punch drunk encephalopathy [brain disease]” sustained from playing football.

130. Thus, as early as 1999, while the MTBI Committee was actively engaged in its campaign of misinformation, and long before the work of Omalu, the NFL had received a report from a physician it had selected and paid that Webster suffered from brain disease as a result of repetitive traumatic brain injuries sustained while he played in the NFL.

#### **Pellman’s Removal From the MTBI Committee**

131. Pellman stepped down as the head of the MTBI Committee in February 2007.

132. Guskiewicz, who is research director of UNC’s Center for the Study of Retired Athletes, said at the time that Pellman was “the wrong person to chair the committee from a scientific perspective and the right person from the league’s perspective.”

133. Regarding the work of Pellman, Guskiewicz stated, “[w]e found this at the high school level, the college level and the professional level, that once you had a concussion or

two you are at increased risk for future concussions;” but “[Pellman] continued to say on the record that’s not what they find and there’s no truth to it.”

134. Pellman was replaced as chair of the MTBI Committee by Casson and Viano, who continued to dismiss outside studies and overwhelming evidence linking dementia and other cognitive decline to brain injuries sustained by NFL players during their playing days. When asked in 2007 whether concussions could lead to brain damage, dementia or depression, Casson denied the linkage six separate times.

135. In June 2007, the NFL convened a Concussion Summit for team doctors and trainers. Independent scientists, including Omalu, Cantu, and Guskewicz, presented their research to the NFL.

136. At the summit, Casson told team doctors and trainers that CTE has never been scientifically documented in football players. After reviewing five years of data of on-field concussions, the NFL concluded that there was **no evidence** for an increase in secondary brain injuries after a concussion. Two months later, the NFL issued a concussion pamphlet to players that claimed:

[C]urrent research with professional athletes **has not shown** that having more than one or two concussions leads to permanent problems if each injury is managed properly. It is important to understand that **there is no magic number for how many concussions is too many.**” (Emphasis added).

137. The Plaintiffs and Class relied on the pamphlet and all the other prior disinformation provided by the NFL, all of which was contrary to the findings of the independent scientists Guskewicz, Cantú, Omalu and Bailes regarding the causal link between multiple concussions and cognitive decline.

138. The NFL's conflict of interest and motive to suppress information regarding the risks of repetitive traumatic brain injuries and concussions was vividly demonstrated by Pellman's treatment of a concussion sustained by former star New York Jets player Wayne Chrebet. This occurred in 2003, the same time period when Pellman chaired the MBTI Committee.

139. In November 2003, Chrebet sustained a concussion from another player's knee to the back of his head. The impact left him face down on the field in an unconscious state for several minutes. Once Chrebet was on the sideline and conscious, Pellman administered tests. Pellman knew that Chrebet has sustained a concussion, but reportedly Chrebet performed adequately on standard memory tests. According to news reports, Pellman asked Chrebet some questions, including whether he was "okay". Chrebet responded that he was. Reportedly, Pellman told Chrebet that "This is very important for your career" and sent Chrebet back into the game. Shortly thereafter, Chrebet was diagnosed with post-concussion syndrome and kept out of games for the remainder of the 2003 season.

140. Today, Chrebet at 34 years old and reportedly suffers from depression and memory problems.

141. The incident shows that the culture of football and the economic incentives within the NFL encourage NFL employees to return players to the field in the same game even after being knocked unconscious and sustaining significant concussions. The absence of star players like Chrebet for any significant length of time can and will adversely affect the competitiveness of the NFL Team for which the player plays, the Team's ticket and merchandise sales, and its overall revenue.

142. Moreover, the majority of NFL player contracts do not guarantee any payment and require the player to pass physical and medical examinations at the beginning of every season. Further, college teams supply the NFL every year with hundreds of new players, all of whom seek to replace existing players. As a result, players are encouraged to under report repetitive traumatic brain injury and concussions and return to the field despite such injuries to maintain their positions on the field and maintain their contracts.

143. In 2008, the University of Michigan's Institute for Social Research conducted a study on the health of retired players, with over 1,000 former NFL players taking part. The results of the study, which were released in 2009, reported that "Alzheimer's disease or similar memory-related diseases appear to have been diagnosed in the league's former players vastly more often than in the national population — including a rate of 19 times the normal rate for men ages 30 through 49."

144. The NFL, which had commissioned the study, responded to its results by claiming that the study was incomplete. NFL spokesperson Greg Aiello stated that the study was subject to shortcomings and did not formally diagnose dementia. Casson, the new co-chair of the MTBI Committee, implied that the Michigan study was inconclusive and stated that further work was required.

145. In 2008, Dr. Ann McKee ("McKee") of the CSTE at BUSM examined the brain tissue of two other deceased NFL players: (a) John Grimsley ("Grimsley") of the Houston Oilers, who died of a gunshot wound at the age of 45; and (b) and Tom McHale ("McHale") of the Tampa Bay Buccaneers, Philadelphia Eagles and Miami Dolphins, who died of a drug overdose at the age of 45. McKee found that Grimsley's and McHale's brain tissue exhibited indications of CTE and stated, "the easiest way to decrease the incidence of CTE [in contact

sport athletes] is to decrease the number of concussions.” McKee further noted that “[t]here is overwhelming evidence that [CTE] is the result of repeated sublethal brain trauma.”

146. In response, Casson criticized McKee’s studies by characterizing each result as an isolated incident from which no conclusion could be drawn and said he would wait to comment further until McKee’s research was published in a peer-reviewed journal. When McKee’s research was published in 2009, Casson asserted that “there is not enough valid, reliable or objective scientific evidence at present to determine whether...repeat head impacts in professional football result in long[-]term brain damage.”

147. Dr. Julian Bailes, a neurosurgeon from West Virginia University, briefed the MTBI Committee on the findings of Omalu and other independent studies linking multiple NFL head injuries with cognitive decline. Bailes recalled that the MTBI Committee’s reaction to his presentation was adversarial: “The Committee got mad...we got into it. And I’m thinking, ‘This is a...disease in America’s most popular sport and how are its leaders responding? Alienate the scientist who found it? Refuse to accept the science coming from him?’”

### **The Congressional Inquiry**

148. Shortly after the Michigan study was released, Representative John Conyers, Jr., Chairman of the House Judiciary Committee, called for hearings on the impact of head injuries sustained by NFL players.

149. Cantú and McKee testified before the House of Representatives, Committee on the Judiciary, to discuss the long term impact of football-related head injuries.

150. In the first hearing, in October 2009, Rep. Maxine Waters stated, “I believe you are an \$8 billion organization that has failed in your responsibility to the players. We all know it's a dangerous sport. Players are always going to get injured. The only question

is, are you going to pay for it? I know that you dearly want to hold on to your profits. I think it's the responsibility of Congress to look at your antitrust exemption and take it away."

151. NFL Commissioner Roger Goodell admitted to the extraordinary power and influence of the NFL. He testified at the hearing that the NFL is "fortunate to be the most popular spectator sport in America. In addition to our millions of fans, more than three million youngsters aged 6-14 play tackle football each year; more than one million high school players also do so and nearly seventy five thousand collegiate players as well. We must act in their best interests even if these young men never play professional football."

152. Goodell also testified regarding the work of the MTBI Committee and stated that "[i]n the past 15 years, the N.F.L. has made significant investments in medical and biomechanical research. All of that information has been made public, subjected to thorough and on-going peer review, published in leading journals, and distributed to the N.F.L.P.A. and their medical consultants. We have been open and transparent, and have invited dialogue throughout the medical community."

153. When Representative Sanchez questioned Goodell about the limited nature of the NFL's purported studies on repetitive traumatic brain injuries and concussions, the conflicts of interest of those directing the studies, and the potential for bias, Goodell evaded answering the questions.

154. At the same hearing, NFLPA Executive Director DeMaurice Smith took a very different view from Goodell and testified:

While this is the first N.F.L.-accepted study that demonstrated a connection between on-field injury and post career mental illness, there have been studies over the last decade highlighting that fact. Unfortunately, the N.F.L. has diminished those studies, urged the suppression of the findings and for years, moved slowly in an area where speed should have been the impetus.

155. After the Congressional hearings, the NFLPA called for the removal of Casson as MTBI Committee co-chair and stated, “Our view is that he’s a polarizing figure on this issue, and the players certainly don’t feel like he can be an impartial party on this subject.”

156. Casson and Viano resigned as co-committee chairmen after the 2009 congressional hearings. During the hearings, Casson was criticized for his “continued denials of any link among retired players between injuries sustained in professional football and heightened rates of dementia.”

157. Shortly after the Congressional hearings, the NFL announced that it would impose rules that required players who exhibit concussion symptoms to be removed from a game or practice and be barred from returning the same day. In a change of policy, the NFL decided that “independent experts” would decide who returns to play and who has to sit out so their brain can heal.

158. The change contradicted past statements by the MTBI Committee, which had recommended as safe the league’s practice of returning players after a concussion. In the journal *Neurosurgery* in 2005, for example, the MTBI Committee had stated that “[p]layers who are concussed and return to the same game have fewer initial signs and symptoms than those removed from play. Return to play does not involve a significant risk of a second injury either in the same game or during the season.”

159. In December 2009, NFL spokesman Aiello, who had vigorously denied the link between concussions and brain injury in September 2009, contradicted the NFL’s previous pronouncements and stated that it was “quite obvious from the medical research that’s been done that concussions can lead to long-term problems.”

160. Though “quite obvious” to sophisticated professionals involved in the study of concussions, the NFL, its MTBI Committee, and its so called “experts” deliberately obfuscated, denied, and attempted to repudiate accepted science for the previous fifteen years.

161. On December 17, 2009, Cincinnati Bengals wide receiver Chris Henry, 26, who played in the NFL from 2004 to 2009, died after falling from the back of a pickup truck. Omalu and Bailes performed a postmortem study on Henry’s brain and diagnosed Henry with CTE.

162. Two months early, in November 2009, the Associated Press surveyed one-hundred and sixty NFL players. Thirty stated that they did not report or under-reported concussions and returned to play, even though suffering from blurred vision and other concussion symptoms.

163. In January 2010, the House Judiciary Committee held further hearings on Football Player Head Injuries. Chairman Conyers noted that “until recently, the NFL had minimized and disputed evidence linking head injuries to mental impairment in the future.”

164. The problem, however, continued. Casson provided oral and written testimony at the January 2010 hearings and continued to deny the validity of other studies, stating that “[t]here is not enough valid, reliable or objective scientific evidence at present to determine whether or not repeat head impacts in professional football result in long term brain damage.”

165. Rep. Linda Sanchez soundly criticized the NFL at the hearings and stated:

I find it really ridiculous that he’s saying that concussions don’t cause long-term cognitive problems. I think most people you ask on the street would figure that repeated blows to the head aren’t good for you.

166. Rep. Sanchez further commented that:



It seems to me that the N.F.L. has literally been dragging its feet on this issue until the past few years. Why did it take 15 years?

### **The NFL's New Medical Committee**

167. In 2010, the NFL re-named the MTBI Committee the “Head, Neck, and Spine Medical Committee” (hereinafter the “Medical Committee”) and announced that Pellman would no longer be a member of the panel. Drs. H. Hunt Batjer and Richard G. Ellenbogen were selected to replace Casson and Viano. The two new co-chairmen selected Dr. Mitchel S. Berger to serve on the new committee.

168. Under its new leadership, the Medical Committee admitted that data collected by the NFL's former brain-injury leadership was “infected,” and said that their Committee should be assembled anew. The Medical Committee formally requested that Pellman not speak at one of the Medical Committee's initial conferences.

169. During a May 2010 hearing, the Congressional Committee made it plain to Batjer and Ellenbogen that the NFL: “[had] years of an infected system here, and your job is...to mop [it] up.”

170. Shortly after the May 2010 hearing, Batjer was quoted as saying, “[w]e all had issues with some of the methodologies described, the inherent conflict of interest that was there in many areas, that was not acceptable by any modern standards or not acceptable to us. I wouldn't put up with that, our universities wouldn't put up with that, and we don't want our professional reputations damaged by conflicts that were put upon us.”

171. The NFL continued its deficient response to head injuries as the 2010 season began, and the league's concussion problems continued. In the first game of the 2010

season, Philadelphia Eagles Middle Linebacker Stewart Bradley sustained a head injury, staggered when he attempted to walk, and collapsed.

172. Former Dallas Cowboys Quarterback Troy Aikman, who had suffered multiple concussions as a player, was analyzing the game on television and commented that “[i]t’s hard to imagine [Bradley] coming back into this game in light of what we just saw.” Four minutes later, however, Bradley was back in the game.

173. In the same game, Eagles Quarterback Kevin Kolb was also sidelined by a concussion. He, too, reentered the game.

174. Recently, former New York Giants linebacker Harry Carson was asked about the concussion issue and was quoted as saying:

Physically, I have aches and pains, but that comes with playing the game. But if somebody tells you neurologically you could sustain some kind of brain damage that will go with you the rest of your life. If somebody had told me that a long time ago, I don’t frankly think I would have [played].

### **The NFL’s New Player Safety Rules**

175. After decades of ignoring the issue and sixteen (16) years of a fraudulent campaign of disinformation, in October of 2010, the NFL finally addressed the concussion issue in a meaningful way. On October 20, 2010, in the wake of a series of dangerous and flagrant hits resulting in concussions, the NFL levied fines totaling \$175,000 on three players, James Harrison, Brandon Meriweather and Duanta Robinson.

176. In discussing Meriweather’s helmet to helmet hit on Baltimore Ravens Tight End Todd Heap, NFL Executive Vice President of Football Operations Ray Anderson stated:

[I]n our view, the hit was flagrant and egregious. *Effective immediately*, that’s going to be looked at at a very aggressive level,

which would include suspension without pay...What I would tell you is that if there are flagrant and egregious violations of our current rules, we will be enforcing, *effective immediately*, discipline at a higher level. (Emphasis added).

177. That same day, NFL Commissioner Roger Goodell forwarded a memorandum to all 32 NFL teams with a message that was to be read to all players and coaches. Also forwarded to each team was a video showing the types of hits that are against the NFL rules.

178. The NFL memorandum provided, in part, that:

Violations of the playing rules that unreasonably put the safety of another player in jeopardy have no place in the game, and that is especially true in the case of hits to the head and neck. Accordingly, from this point forward, you should be clear on the following points: (1) Players are expected to play within the rules. Those who do not will face increased discipline, including suspensions, starting with the first offense; (2) Coaches are expected to teach playing within the rules. Failure to do so will subject both the coach and the employing club to discipline; (3) Game officials have been directed to emphasize protecting players from illegal and dangerous hits, and particularly from hits to the head and neck. In appropriate cases, they have the authority to eject players from a game.

179. Two days later, the NFL sent a second memorandum to all teams providing each coach with the names of the team's players who have multiple infractions of the new NFL safety rules. NFL Spokesman Aiello stated regarding the second memorandum, "the purpose was to provide an opportunity for the coach to give extra caution to those players to abide by the safety rules."

180. On February 17, 2011, former Chicago Bears and New York Giants player Dave Duerson committed suicide. Only 50 at the time, Duerson had suffered months of headaches, blurred vision, and faltering memory. After his death, Cantu determined that Duerson was suffering from CTE.

181. Before his death, Duerson wrote a final note that asked that his brain be given to the NFL brain bank for evaluation.

182. In connection with Duerson's death, the Duerson family made a public statement that it was their hope that through research questions would be answered that would lead to a safer game of football, from professional to Pop Warner.

183. When this information was reported, NFLPA Executive Director DeMaurice Smith stated that the fact that Duerson was suffering from CTE "makes it abundantly clear what the cost of football is for the men who played and the families. It seems to me that any decision or course of action that doesn't recognize that as the truth is not only perpetuating a lie, but doing a disservice to what Dave feared and what he wanted to result from the donation of his brain to science."

184. Another example is provided by the case of John Mackey ("Mackey"), the former tight end of the Baltimore Colts, who died in July of 2011 and for whom the 88 Plan described below was named. Mackey was diagnosed with front temporal lobe dementia in 2007, forcing him to live full-time in an assisted living facility.

185. The NFLPA refused to pay a disability income to him because it claimed that there was no proven direct link between brain injury and NFL game participation. When the 88 Plan came into being, Mackey received payments, but far less than his family's costs. Mackey made less than a total of \$500,000 during his decade-long NFL career.

186. In October 2011, Dr. Berger of the NFL's Medical Committee announced that a new study was in the planning process and disassociated himself and the Medical Committee from the previous work of the MTBI Committee. Addressing problems with the previous NFL long-range study, a *New York Times* article reported that Dr. Berger said "There

was no science in that.” Dr. Berger further stated that data from the previous NFL study would not be used. “We’re really moving on from that data. There’s really nothing we can do with that data in terms of how it was collected and assessed.”

187. In November 2011, the NFL’s injury and safety panel issued a directive telling its game officials to watch closely for concussion symptoms in players. The directive came 10 days after San Diego Guard Kris Dielman sustained a head injury during a game on Oct. 23, finished playing in the game, and was not assessed until afterward. On the team’s flight home, Dielman suffered a grand mal seizure.

### **The NFL’s Power to Adversely Influence**

188. The NFL possesses monopoly power over American Football. As such, it also possesses overwhelming influence over the research and education relating to football injuries, and that influence reaches every person who plays football or who has a family member who plays football.

189. The NFL voluntarily and purposefully asserted this influence over physicians, trainers, coaches, individuals with brain damage such as the Plaintiffs, the Class members, children and teenagers who play the game, and parents and families of football players. Those persons reasonably relied on the NFL to act with prudence and care, not to ignore a serious health problem, and not to propagate false and misleading information about that problem. The NFL owed a duty to everyone of the foregoing persons, including the Plaintiffs and Class members, in the following respects:

a) The NFL owed a duty of reasonable care to protect Plaintiffs and Class members on the playing field;

- b) The NFL owed a duty of reasonable care to Plaintiffs and Class members to educate them and other players in the NFL about CTE and/or concussion injury;
- c) The NFL owed a duty of reasonable care to Plaintiffs and Class members to educate trainers, physicians, and coaches about CTE and/or concussion injury;
- d) The NFL owed a duty of reasonable care to Plaintiffs and Class members to have in place strict return-to-play guidelines to prevent CTE and/or concussion injury;
- e) The NFL owed a duty of reasonable care to Plaintiffs and Class members to promote a “whistleblower” system where teammates would bring to the attention of a trainer, physician or coach that another player had sustained concussion injury;
- f) The NFL owed a duty of reasonable care to Plaintiffs and Class members to design rules to eliminate the risk of concussion during games and/or practices;
- g) The NFL owed a duty of reasonable care to Plaintiffs and Class members to minimize the risk of concussion during games and/or practices;
- h) The NFL owed a duty of reasonable care to Plaintiffs and Class members to promote valid research into and cure for CTE and the effects of concussion injury over a period of time; and
- i) The NFL owed a duty of reasonable care to local sports organizations, all American Rules Football leagues, players at all levels of the game, and the public at large to protect against the long-term effects of CTE and/or concussion injury.

190. The NFL knew as early as the 1920’s of the potential harmful effects on a player’s brain of concussions; however, until June of 2010, the NFL concealed these facts from coaches, trainers, players, and the public and actively spread disinformation to prevent these true facts from coming to light.

### **The NFL's Knowledge of the Risks**

191. For decades, the NFL has known that multiple blows to the head can lead to long-term brain injury, including memory loss, dementia, depression and CTE and its related symptoms.

192. Throughout the past century and through the present, medical literature in the United States and other industrialized countries has included case reports, studies, reviews, and peer-reviewed articles relating to and discussing the harmful effect on humans, and particularly players of American football, of repeated blows to the head. These publications were all available and easily accessible to all Defendants.

193. The NFL knew of these risks, but undertook inadequate measures that is not protect against these risks:

a) In 1977, the NFL enacted an inadequate rule that prohibited players from slapping the head of another player during play. This rule was referred to as the "Deacon Jones Rule," named after the Rams' defensive end who frequently used this technique;

b) In 1977, the NFL enacted an inadequate rule that prohibited Offensive Linemen from thrusting their hands into a defender's neck, face, or head;

c) In 1980, the NFL enacted an inadequate rule that prohibited players from using their helmets to butt, spear, or ram an opponent;

d) In 1980, the NFL enacted inadequate rule changes that prohibited players from directly striking, swinging, or clubbing the head, neck, or face ("personal foul");

e) In 1983, the NFL enacted an inadequate rule that prohibited players from using a helmet as a weapon to strike or hit an opponent;

f) In 1988, the NFL enacted an inadequate rule that prohibited defensive players from hitting quarterbacks below the waist while they are still in the pocket. (The rule was unofficially called the “Andre Waters Rule” based upon a hit that Waters placed on Los Angeles Rams quarterback Jim Everett in 1988); and

g) Following the 2004-2005 season, the NFL’s Competition Committee reviewed video of the entire season and concluded that the horse-collar tackle resulted in six serious injuries. On May 23, 2005, the NFL owners voted 27-5 to ban such tackles. The ban states that a horse-collar tackle is an open-field tackle in which a defender uses the shoulder pads to immediately bring a ball carrier down.

194. None of the foregoing measures adequately addressed repetitive traumatic brain injuries and concussions.

195. On August 14, 2007, while the MTBI Committee was still spreading misinformation, the NFL issued inadequate and insufficient concussion guidelines, many of which stemmed from an NFL conference in June of 2007 involving team trainers and doctors. Those inadequate guidelines were sent to all current players and team personnel.

196. The insufficient and inadequate guidelines included an informational pamphlet provided to all current NFL players to aid in identifying symptoms of a concussion. This information was later withdrawn by one of the outside counsel of the NFL in a separate letter to its disability plan. The NFL’s August 14, 2007 press release denied that “more than one or two concussions” leads to permanent problems.

197. In a statement issued by the NFL on August 14, 2007, NFL Commissioner Goodell, introduced the NFL’s 2007 concussion guidelines by saying, “We want to make sure all NFL players, coaches and staff members are fully informed and take



advantage of the most up-to-date information and resources as we continue to study the long-term impact of concussions.”

198. The NFL Commissioner also stated, “[b]ecause of the unique and complex nature of the brain, our goal is to continue to have concussions managed conservatively by outstanding medical personnel in a way that clearly emphasizes player safety over competitive concerns.”

199. The NFL, however, later acknowledged that the 2007 guidelines were inadequate and insufficient. As a result, the NFL enacted more strict regulations to handle concussions starting in the 2009 season. Specifically, the NFL announced new rules on managing concussions requiring players who exhibit any significant concussion signs to be removed from a game or practice and be barred from returning the same day.

200. Nevertheless, it was not until June of 2010 that the NFL warned any player of the long-term risks associated with multiple concussions, including dementia, memory loss, CTE, and other symptoms.

201. The NFL’s conduct stands in sharp contrast to what has been done or promulgated by other sports or medical bodies.

202. For example, Rule 4.2.14 of the World Boxing Council’s Rules and Regulations states: “[b]oxers that suffered concussion by KO, should not participate in sparring sessions for 45 days and no less than 30 days after concussive trauma, including not limited to KO’s, and should not compete in a boxing match in less than 75 days.”

203. The Second International Conference on Concussion in Sport met in Prague in 2004 and released the following statement: “[w]hen a player shows ANY symptoms or signs of a concussion ... the player should not be allowed to return to play in the current game or

practice ... When in doubt, sit them out!” (Emphasis added). This directive echoed the position taken by the First International Conference on Concussion in Sport, held in Vienna in 2001.

204. As ESPN reported in 2006, “[a]ll standard U.S. guidelines, such as those first set by the American Academy of Neurology and the Colorado Medical Society, agree that athletes who lose consciousness should never return to play in the same game.”

205. Another example is provided by the National Collegiate Athletic Association (“NCAA”), which also recognized inexcusably late the link between head impacts and brain injuries, and which did not taking affirmative action on this until 2010. The NCAA is the subject of at least two class actions suit for this tardiness. Nevertheless, once it did act, it did so in a manner that was more decisive than the NFL.

206. The NCAA’s webpage on concussion-related resources (see [http://www.ncaa.org/wps/portal/ncaahome?WCM\\_GLOBAL\\_CONTEXT=/ncaa/NCAA/Academics+and+Athletes/Personal+Welfare/Health+and+Safety/Concussion](http://www.ncaa.org/wps/portal/ncaahome?WCM_GLOBAL_CONTEXT=/ncaa/NCAA/Academics+and+Athletes/Personal+Welfare/Health+and+Safety/Concussion)) indicates that in an educational partnership with the Centers for Disease Control and Prevention, the NCAA has supplied each member college campus with two posters and two sets of fact sheets addressing concussion awareness, prevention, and management. It has issued the “NCAA Sports Medicine Handbook – Guideline on Concussions in the Athlete,” which recommends best practices. The NCAA also requires each member college to develop a “Concussion Management Plan.” One exemplar plan offered on the NCAA’s website is the University of Georgia Athletic Association’s (“UGAA”) “Concussion Management Guidelines,” which requires, among other things, a concussion management plan baseline assessments of all student-athletes in any sport, whether or not they have a history of concussions or concussion-like symptoms.

**The NFL's Conduct Rises Beyond Mere Negligence**

207. The aforementioned acts and omissions of the NFL shows that the NFL acted with callous indifference to the duty it voluntarily assumed to the Plaintiffs, the Class, and players at every level of the game.

208. The NFL acted willfully, wantonly, egregiously, with reckless abandon, and with a high degree of moral culpability. The NFL knew that a substantial risk of permanent and debilitating physical and mental harm to the Plaintiffs and the Class existed in connection with repeated concussive blows to the head; that is, the danger of irreversible brain-damage and/or dementia. The NFL willfully and deliberately disregarded the safety of the Plaintiffs, the Class, and players at every level of the game by (a) failing to address or disclose this substantial short-term and long-term risk associated with concussions; (b) by actively engaging in a campaign of misinformation on the risks and dangers of repetitive traumatic brain injuries and concussions; and (c) by promulgating rules within in the NFL Teams that permitted injured players to return to the playing fields immediately or soon after they had sustained a traumatic brain injury and/or a concussion.

**COUNT I**

**ACTION FOR DECLARATORY RELIEF -- LIABILITY**

209. Plaintiffs repeat and re-allege each of the allegations contained in the foregoing paragraphs.

210. There is a case and controversy among Plaintiffs and the Class on the one hand and the NFL on the other.

211. Pursuant to 28 U.S.C. § 2201, Plaintiffs and the Class seek a declaration as to the following:

a) that the Defendant NFL knew or reasonably should have known that the repeated traumatic brain and head impacts, as well as concussions, suffered by Class members while playing NFL football were likely to put them at excess risk to neurodegenerative disorders and diseases including but not limited to CTE, Alzheimer's disease or similar cognitive-impairing conditions;

b) that the Defendant NFL had a duty to advise Plaintiffs and the Class members of these medical risks;

c) that Defendant NFL willfully and intentionally concealed from and misled the Plaintiffs and Class members concerning these medical risks; and

d) that Defendant NFL recklessly endangered Plaintiffs and Class members.

## **COUNT II**

### **MEDICAL MONITORING**

212. Plaintiffs incorporate by reference all prior paragraphs of this Complaint as if fully set forth herein.

213. Plaintiffs and the Class members experienced repeated traumatic brain and head impacts, including concussions during their respective NFL careers that increased their risk to neurodegenerative disorders and diseases including but not limited to CTE, Alzheimer's disease or similar cognitive-impairing conditions.

214. Defendant NFL was fully aware of the danger of exposing all players to further injury by allowing them to play with these injuries or to play prior to the time that such injuries could heal. Until June 2010, the Defendant NFL failed to warn players of these medical risks. Instead, Defendant NFL attempted to conceal the harmful effects of football-related

concussions from all players prior to that time. Furthermore, Defendant NFL breached its duty of reasonable and ordinary care to the Plaintiffs and Class members by failing to protect their physical and mental health and failing to provide necessary, adequate, and truthful safety information.

215. As proximate result of Defendant NFL's tortious conduct, the Plaintiffs and Class members have experienced an increased risk of developing serious latent neurodegenerative disorders and diseases including but not limited to CTE, MCI, Alzheimer's disease or similar cognitive-impairing conditions.

216. Monitoring procedures exist that comport with contemporary scientific principles and make early detection of cognitive impairment possible. Such monitoring includes baseline exams, diagnostic exams, and behavioral and pharmaceutical interventions, which will prevent or mitigate the adverse consequences of the latent neurodegenerative disorders and diseases associated with the repeated traumatic brain and head impacts described herein. Furthermore, such monitoring is not available pursuant to the normal medical treatment proscribed for adult males.

217. Plaintiffs and Class and/or subclasses members therefore seek an injunction creating a Court-supervised, NFL-funded medical monitoring regime for the Plaintiffs and all Class members, which will identify those Class members at heightened risk of brain damages and/or other related conditions as a result of repetitive traumatic brain injuries and/or concussions and facilitate the early diagnosis and adequate treatment in the event a neurodegenerative disorder or disease is diagnosed. The medical monitoring regime should include, *inter alia*:

a. a trust fund in an amount to be determined to pay for the medical monitoring of all NFL players as frequently and appropriately as necessary; and

b. notification to all Plaintiffs and Class members in writing (in addition to notices to each Team member of the NFL and health care providers) that specific former and current players require frequent medical monitoring.

218. Plaintiffs and Class members have no adequate remedy at law in that monetary damages alone cannot compensate them for the risk of long-term physical and economic losses due to concussions and sub-concussive injuries. Without a Court approved medical monitoring program as described herein, or established by the Court, the Plaintiffs and Class members will continue to face an unreasonable risk of injury and disability.

### **COUNT III**

#### **CONSPIRACY TO DEFRAUD**

219. Plaintiffs incorporate by reference all prior paragraphs of this Complaint as if fully set forth herein.

220. The Defendant NFL actively and deliberately agreed and conspired with its Team members, independent contractors, and/or agents to minimize, discount and reject the casual connection between multiple concussions suffered by present and former NFL players and neurodegenerative disease and other mental health symptoms.

221. The common goal of the co-conspirators was to discourage talented players from retiring and to persuade all players to return to football games regardless of the concussions and brain trauma they sustained. Rather than implementing a rational science-based protocol that would force players to not play in games (or possibly retire), the NFL conspired with members of the MTBI Committee to conceal and/or misrepresent scientific research and the truth of the risks to players.

222. The MTBI Committee was an instrumentality of the conspiracy. Upon its creation, the MTBI Committee was highly publicized as the NFL's purported good faith effort to search for the truth and report its findings to the general public, players, and NFLPA.

223. The MTBI Committee, however, acted to refute and criticize the proof showing the causal link between multiple traumatic brain injuries and permanent cognitive decline and to create competing studies that were biased, against the weight of scientific knowledge and opinion, and purposefully designed to justify the NFL's publicly stated opinion that there was no causal link between multiple traumatic brain injuries and permanent cognitive decline.

224. The MTBI Committee was created and authorized by the executive leadership of the NFL. Its members included trainers and physicians employed by NFL Teams.

225. Instead of hiring unbiased scientists of unimpeachable integrity and national reputations, the NFL leadership, based in New York, selected Pellman to Chair of the MTBI Committee. Pellman was and is a Team trainer paid by the New York Jets.

226. Under the leadership of Pellman (and even after Pellman resigned), the MTBI Committee purposefully misrepresented to players and the public the true risks associated with repetitive traumatic brain injuries.

227. Other third parties who conspired with the NFL include, but are not limited to, the Teams, NFL Properties, LLC, and various as yet un-named persons in leadership positions in the NFL, the Teams, and NFL Properties, LLC.

228. On information and belief, the agreements among the co-conspirators occurred primarily in the NFL corporate offices in New York City.

229. On information and belief, the agreements among the co-conspirators lead to policies and decisions by the NFL whose objectives were to prevent players from having accurate

and correct scientific information regarding the cause and effect relationship between (a) concussions and brain trauma during NFL games and practices and (b) long-term neurological brain damage, including the early onset of dementia and Chronic Traumatic Encephalopathy (“CTE”).

230. Another objective of the conspiracy was to prevent persons bargaining on behalf of players to have sufficient knowledge to demand that policies, procedures, and conditions be included in the Collective Bargaining Agreements and other contracts that were sufficient for the protection of players in connection with brain trauma and concussions.

231. The conspiracy also included a third objective, which was to deprive players of their right to seek damages for concussion-related injuries in court by using the Collective Bargaining Agreements as a purported future bar to any civil court action by players.

232. Since, however, the public and widely promoted position of the NFL was that concussions in NFL games and practices were not a long-term risk to players and unconnected to degenerative brain disease and disorders, the Collective Bargaining Agreements cannot be the source of the duties of the NFL as to repetitive traumatic brain injuries and concussions.

233. As a result, the NFL conspiracy to defraud caused or contributed to the injuries and increased risks to Plaintiffs and Class members through the NFL’s acts and omissions (a) by failing to disclose the true risks of repeated traumatic brain and head impacts in NFL football; (b) by failing to take appropriate steps to minimize and mitigate repetitive traumatic brain injuries and concussions in NFL football games and practices; and (c) by deliberately creating misleading scientific studies and spreading misinformation concerning the cause and effect relation between brain trauma in NFL games and practices and latent neurodegenerative disorders and diseases.



234. The misconduct by the Defendants was a proximate cause of the chronic injuries and damages suffered by the individually named Plaintiffs and Class.

235. As a result of the Defendants' misconduct, Defendants are jointly and severally liable to Plaintiffs and the Class.

#### COUNT IV

##### FRAUDULENT CONCEALMENT

236. Plaintiffs incorporate by reference all prior paragraphs of this Complaint as if fully set forth herein.

237. Defendant NFL concealed facts and information which caused all the Plaintiffs and Class members to become exposed to the harm referenced above.

238. As a result of the Defendants' misconduct as alleged herein, Defendants are liable to Plaintiffs and the Class members.

239. As a proximate cause of the concealment of the Defendant NFL, each Plaintiff Player and **Symptomatic Subclass** member suffered harm described above and each has suffered damages that are continuing in nature and as yet have not been fully ascertained.

240. Wherefore, the Plaintiffs individually and in their representative capacities for the Symptomatic Subclass members hereby demand compensatory damages from Defendant NFL in an amount to be determined at trial, plus interest and costs.

#### COUNT V

##### FRAUD

241. Plaintiffs incorporate by reference all prior paragraphs of this Complaint as if fully set forth herein.

242. From 1994 through June of 2010, the NFL made material misrepresentations to its players, former players, the Congress, and the public at large that there was no link between concussions and later life cognitive/brain injury, including CTE and its related symptoms.

243. Agents of the NFL and the NFL itself intended to defraud, among others, the Plaintiffs and Class members in this action.

244. The Plaintiffs and Class members justifiably and reasonably relied on these misrepresentations to their detriment.

245. As a result of the Defendants' misconduct as alleged herein, Defendants are liable to Plaintiffs and the Class members.

246. The Plaintiffs and the **Symptomatic Subclass** members were damaged by the misrepresentations and now require, among other things, home care, loss of consortium, loss of employment, medical costs, and pain and suffering.

247. As a result of the injuries Plaintiffs and Symptomatic Subclass members suffer, they are entitled to damages from the NFL in an amount reasonably anticipated to exceed the jurisdictional minimum of \$75,000 for each Plaintiff Player and Class member.

## **COUNT VI**

### **NEGLIGENT MISREPRESENTATION**

248. Plaintiffs incorporate by reference all prior paragraphs of this Complaint as if fully set forth herein.

249. Defendant NFL misrepresented the dangers that the Plaintiffs and Class members faced in returning to action too quickly after sustaining a head injury. The Defendant's MTBI Committee made public statements, published articles, and issued the concussion

pamphlet to its layers, which the NFL knew or should have known were misleading, downplaying and obfuscating the true risks of concussions to NFL players.

250. The MTBI Committee made material misrepresentations on multiple occasions, including but not limited to testimony at congressional hearings and information issue to Plaintiffs and Class members.

251. The Defendant's misrepresentations included statements that the present and former NFL players were not at an increased risk of head injury if they returned too soon to an NFL game or training session after suffering head trauma.

252. The Defendant's misrepresentations also included ongoing and baseless criticism of legitimate scientific studies that set forth the dangers and risks of concussions and head injuries sustained regularly by NFL players.

253. The Defendant made these misrepresentations and actively concealed true information at a time when it knew, or should have known, because of its superior position of knowledge, that the Plaintiffs and Class members faced health problems if they returned to a game too soon.

254. The Defendants knew or should have known the misleading nature of the statements when they were made.

255. The Defendants made the misrepresentations and actively concealed information with the intention that the Plaintiffs and Class members would rely on the misrepresentations or omissions in selecting a course of action.

256. As a result of the Defendants' misconduct as alleged herein, Defendants are liable to Plaintiffs and the Class members.

257. As a direct and proximate result of the Defendant's negligence, careless and negligent conduct, and omissions described herein, each of the individually named Plaintiffs and Symptomatic Subclass members have suffered serious personal injury including neuro-cognitive brain disease, and associated damages including mental disability, loss of income, pain and suffering, emotional distress, and loss of consortium.

## **COUNT VII**

### **NEGLIGENCE**

258. Plaintiffs incorporate by reference all prior paragraphs of this Complaint as if fully set forth herein at length.

259. The NFL has historically assumed an independent and voluntary duty to invoke rules that protect the health and safety of its players,

260. Throughout its history, the NFL has consistently adopted and exercised a duty to protect the health and safety of its players by implementing rules, policies, and regulations.

261. By enacting such rules, policies, and regulations, the NFL has repeatedly confirmed its duty to take reasonable and prudent action to protect the health and safety of its players in the face of a known and foreseeable risk.

262. The NFL breached its duty to its players, including the Plaintiffs and Class members, by failing to implement mandatory rules that would prevent a player who suffered a mild traumatic brain injury from re-entering a football game or practice.

263. Until August 14, 2007, the NFL failed to create and implement league-wide guidelines concerning the treatment and monitoring of players who suffer a concussive brain injury during a game.

264. The NFL breached the duty it voluntarily assumed by the following failures:

- a) Failure to institute acclimation requirements or procedures to ensure proper acclimation of the NFL players before they participate in practices or games;
- b) Failure to regulate and monitor practices, games, equipment, and medical care so as to minimize the long-term risks associated with concussive brain injuries suffered by the NFL players, including Plaintiffs and Class members;
- c) Failure to require that an adequate concussive brain injury history be taken of all NFL players;
- d) Failure to accurately diagnose and record concussive brain injuries so the condition can be treated adequately and timely;
- e) Failure to establish league-wide guidelines, policies, and procedures regarding the identification and treatment of concussive brain injury;
- f) Failure to establish protective, responsible, and medically-based return-to-play criteria for players who have suffered concussive brain injury;
- g) Failure to license and approve the best equipment available that will reduce the risk of concussive brain injury; and
- h) Failure to provide complete, current, and competent information and directions to NFL athletic trainers, physicians, and coaches regarding concussive brain injuries and its prevention, symptoms, and treatment.

265. As a result of the Defendants' misconduct as alleged herein, Defendants are liable to Plaintiffs and the Class members.

266. Had the NFL taken the necessary steps to oversee and protect the NFL players, including the Plaintiffs and Class members, by developing and implementing necessary guidelines, policies and procedures, providing reasonably safe helmets, and educating and training all persons involved with the NFL Teams in the recognition, prevention, and treatment of concussive brain injuries, the Plaintiffs and Symptomatic Subclass members would not have suffered from their current and progressive conditions, which include but are not limited to long-term brain damage, CTE, dementia, and depression related to dementia and CTE.

267. Under all of the above circumstances, it was foreseeable that the NFL's violations of its duties would cause or substantially contribute to the personal injuries suffered by the Plaintiffs and Symptomatic Subclass members.

268. The NFL committed acts of omission and commission, which collectively and severally, constituted negligence. The NFL's negligence was a proximate and producing cause of the injuries and other damages suffered by the Plaintiffs and Symptomatic Subclass members.

269. As a result of the injuries, the Plaintiffs and Symptomatic Subclass members are entitled to damages, as alleged herein or allowed by law, from the NFL in an amount reasonably anticipated to exceed the jurisdictional minimum of \$75,000 for each Plaintiff Player and Symptomatic Subclass member.

### **COUNT VIII**

#### **LOSS OF CONSORTIUM**

270. Plaintiffs incorporate by reference all prior paragraphs of this Complaint as if fully set forth herein.

271. As a result of the Defendants' misconduct as alleged herein, Defendants are liable to the spouses of Plaintiffs and the Class members.

272. As a direct and proximate result of the carelessness, negligence, and recklessness of Defendant NFL and of the aforesaid injuries to their husbands, the wives of Plaintiffs and Symptomatic Subclass members have been damaged as follows:

- a) They have been and will continue to be deprived of the services, society and companionship of their husbands;
- b) They will have been and will continue to be required to spend money for medical care and household care for the treatment of their husbands; and
- c) They have been and will continue to be deprived of the earnings of their husbands.

273. As a result of the injuries to Plaintiffs and Symptomatic Subclass members, Plaintiffs' wives are entitled to damages from the Defendants, in an amount reasonably anticipated to exceed the jurisdictional minimum of \$75,000 for each spouse of the Plaintiff Player and Symptomatic Subclass member.

#### **PRAYER FOR RELIEF**

WHEREFORE, the Plaintiffs individually and on behalf of the proposed Class, pray for judgment as follows:

A. Granting certification of the proposed Class pursuant to Fed. R. Civ. P. 23(a), (b)(1), (b)(2) and/or (c)(4); granting certification of the proposed Concussion Subclass pursuant to Fed. R. Civ. P. 23(a), (b)(1), (b)(2) and/or (c)(4); certification of the proposed Non-Concussion Subclass pursuant to Fed. R. Civ. P. 23(a), (b)(1), (b)(2) and/or (c)(4); certification of the proposed Symptomatic Subclass pursuant to Fed. R. Civ. P. 23(a), (b)(1), (b)(2), (b)(3)

and/or (c)(4); and/or directing that the Symptomatic Subclass proceed as a “mass action” and directing that the Symptomatic Subclass members’ claims to be jointly tried;

B. With respect to Count I, granting the declaratory relief requested pursuant to 28 USC § 2201;

C. With respect to Count II, granting an injunction and/or other equitable relief for the requested medical monitoring as to the Class and all subclasses;

D. With respect to Counts III, IV, V, and VI, VII, and VIII, granting declaratory relief that the Defendants are liable to the Plaintiffs and the Class and/or subclasses;

E. With respect to Counts III, IV, V, and VI, VII, and VIII, granting Plaintiffs and Symptomatic Subclass members an award of compensatory and punitive damages.

F. With respect to all counts, awarding Plaintiffs and members of the Class and/or subclasses such other and further relief as may be appropriate;

G. Designating of Plaintiffs as representatives of the Class and subclasses and designation of Plaintiffs’ counsel as Class Counsel;

H. Granting Plaintiffs class enhancements for their roles and participation as representatives of the Class and/or subclasses;

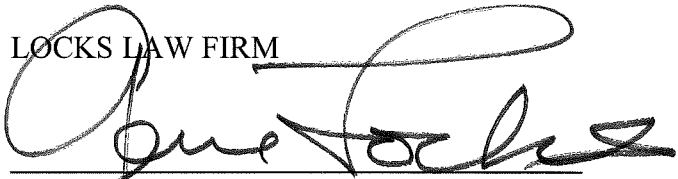
I. Granting an award to the Plaintiffs and Class members prejudgment interest, costs and attorneys fees.



**JURY DEMANDED**

Pursuant to Rule 38 of the Federal Rules of Civil Procedure, the Plaintiffs hereby demand a trial by jury.

Signed this 18<sup>th</sup> day of January, 2012.

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