UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

ROBERT FOX, an individual, Plaintiff, v. CITY OF BELLINGHAM, Defendant.	)	No. **COMPLAINT** **JURY DEMAND**

COMES NOW Plaintiff Robert Fox, an individual, by and through his attorneys, Corr Downs PLLC, and hereby states and alleges as follows:

I. INTRODUCTION

1. This is a complaint for damages alleging a lawsuit against the City of Bellingham ("Defendant") for tortious interference with a corpse; specifically, tortious interference with the corpse of Bradley Ginn, Sr., the natural brother of Plaintiff Robert Fox ("Plaintiff"). Employees of the City of Bellingham Fire Department tortiously interfered with Mr. Ginn, Sr.'s body when, after he died, they performed on his body fifteen medically unnecessary intubations without prior consent from Mr. Ginn, Sr. or his family.

II. PARTIES

2. Plaintiff, Robert Fox, is the natural brother of decedent Mr. Ginn, Sr. He is an individual who, at all times relevant to this lawsuit, was a resident and citizen of California.

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3. Defendant City of Bellingham is a municipal corporation in Washington State.

III. JURISDICTION

4. Plaintiff brings his Complaint under federal diversity jurisdiction, 28 U.S.C. 1332, as the parties are completely diverse in citizenship and the amount in controversy exceeds $75,000.

IV. FACTS

5. On July 31, 2018, Mr. Ginn, Sr. suffered a medical emergency. While being transported to the hospital by a Medic unit, Mr. Ginn, Sr. stopped breathing and died. He had a "do not resuscitate" order which was known to the paramedics.

6. The hospital would not store Mr. Ginn, Sr.'s body. Accordingly, the Medic unit transported Mr. Ginn, Sr.'s body to Station 1 of the Bellingham Fire Department.

7. Once at the Station, Mr. Ginn, Sr.'s body was placed on the cold, concrete ground of the Station's "apparatus bay" where an ambulance usually parked. He was then placed in a white body bag, which soon after was partially unzipped to expose Mr. Ginn, Sr.'s torso and face for any and all bypassers to witness.

8. Employees of the Bellingham Fire Department—including firefighters, paramedics, and even office personnel—then proceeded to take turns intubating Mr. Ginn, Sr. while he lay on the ground of the apparatus bay.

9. In total, 11 Bellingham Fire Department employees admit to intubating Mr. Ginn, Sr.'s corpse a total of 15 times, 11 of which were successful. These intubations served no medical purpose and were in direct contradiction to Mr. Ginn, Sr.'s order that no invasive procedures, like intubation, be performed. Moreover, no one from the City of Bellingham obtained consent or approval from Mr. Fox or any other family member of Mr. Ginn, Sr.

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10. As a result of this tortious interference, Plaintiff has experienced significant emotional distress, imagining his beloved brother's dead body lying on the cold ground, while members of the Bellingham Fire Department surrounded him, taking turns conducting invasive, unnecessary procedures, and high fiving each other for a job well done.

11. These facts, and more, were confirmed through the investigation of Summit Law Group, whose redacted "Findings of Bellingham Fire Department Investigation" memorandum is attached hereto and incorporated by reference as Exhibit A.

V. FIRST CAUSE OF ACTION – TORTIOUS INTERFERENCE WITH A CORPSE

12. Plaintiff re-alleges and incorporates herein all preceding paragraphs in this Complaint as though set forth in full herein.

13. The City of Bellingham, through its employees, committed the tort of tortious interference with a corpse by knowingly and intentionally misusing Mr. Ginn, Sr.'s body by repeatedly performing unnecessary and unauthorized intubations.

14. As a direct and proximate result of the City of Bellingham's unlawful conduct, Plaintiff has suffered severe emotional distress.

15. As a consequence of the City of Bellingham's wrongful conduct, it is liable to Plaintiff, the decedent's natural brother, for damages in an amount to proven at trial.

VI. PRAYER FOR RELIEF

Wherefore, Plaintiff prays for judgment against Defendant as follows:

1. That the Court award enter judgment in Plaintiff's favor against Defendant and award Plaintiff compensatory damages, including economic damages, non-economic damages, and prejudgment interest;

2. That the Court award Plaintiff its costs and attorneys' fees; and,

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3. That the Court award any and all additional relief allowed by law or equity as the Court deems appropriate.

DATED: June 19, 2019

CORR|DOWNS PLLC

By */s Jacob M. Downs*
Jacob M. Downs, WSBA No. 37982
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JURY DEMAND

Pursuant to Fed. R. Civ. P. 38, Plaintiff hereby demands a jury trial.

DATED: June 19, 2019

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By */s/ Jacob M. Downs*

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Exhibit A

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Memorandum

~~**CONFIDENTIAL AND PRIVILEGED ATTORNEY-CLIENT COMMUNICATION AND ATTORNEY WORK PRODUCT**~~

TO: James Erb, Assistant City Attorney

FROM: Sarah I. Hale, Partner

DATE: September 4, 2018

RE: *Findings of Bellingham Fire Department Investigation re* [redacted]

I was retained to investigate allegations of possible misconduct by employees of the City of Bellingham Fire Department (the "Department"). Eleven employees are alleged to have performed endotracheal intubations[1] ("intubations") at Fire Station 1 on a patient who had died during transport to the hospital and after paramedics had ceased performing lifesaving efforts on him.

As described in greater detail below, the evidence supports the allegation that eleven employees performed intubations on the deceased patient on the morning of [redacted]. In total, fifteen intubations were attempted on the patient, eleven of them successfully. The intubations on this patient occurred on the floor of the apparatus bay at Station 1 where a reserve aid unit normally parks. These procedures provided no medical purpose to the patient on [redacted] as he was already deceased. Consent from the patient, a family member, or anyone else connected with the patient was never requested and none was ever received. The patient had a do not resuscitate order, which the paramedics who responded to the call (Steve Larsen and Aaron Wolven) knew. The following employees (in alphabetical order) admit to performing intubations on the deceased patient: Jeff Brubaker, Matt Cook, Hunter Elliott, Scott Farlow, Steve Larsen, Mannix McDonnell, Kristia Peschka, Micah Quintrall, Derik Scott, Olivia Sund, and Aaron Wolven. Several witnesses credibly reported that Chief McDonnell gave oral approval for the EMT (Hunter Elliott) and an office employee (Olivia Sund) to intubate the deceased patient. Chief Mannix admits that he gave paramedic Aaron Wolven the direction to instruct Mr. Elliott. These intubations were outside of the current job duties of Mr. Elliott, Ms. Sund, and Ms. Peschka.

With regard to the intubations on the deceased patient that occurred on [redacted], Chief McDonnell said he believed the deceased patient provided a "training opportunity." Chief McDonnell, the paramedics involved in intubating the deceased patient on [redacted] and

[1] Intubation is the process of inserting a tube, called an endotracheal tube, through the mouth and then into the airway.

others interviewed told me of a widespread prior practice of paramedics performing a "tube check" – or additional intubations on a patient after life-saving efforts have ceased. The "tube check" has historically been performed in order for paramedics to remain proficient in intubations and to meet requirements for paramedic recertification. Chief McDonnell also explained that from the intubations on [redacted], he hoped to gain information about how a newer intubation device was functioning for paramedics.

The events on [redacted], however, diverged from the historic practice in the following ways: 1) the inclusion of two civilian office employees who each performed an intubation; 2) the inclusion of an EMT/firefighter who performed an intubation; 3) the use of a prospective paramedic preceptor to instruct the civilian employees and an EMT/firefighter on how to perform the intubation procedure; 4) the location and privacy afforded to the deceased patient; 5) the number of total intubations performed on the patient was 15 (11 successfully) whereas historic practice is 2-4 (including one when lifesaving efforts were underway); 6) the lack of an initial intubation on the patient for a medical purpose; 7) the amount of time that transpired between the lifesaving efforts ending and the intubations or "tube checks" being performed; 8) the inclusion of "feedback" and discussion between participants about the intubations; and 9) the use of intubations on a deceased patient to evaluate equipment.

This report is not intended to be a comprehensive recitation of all the information that was collected, reviewed and considered as part of this investigation. The findings and conclusions set forth in this report are based on the entirety of the record considered by the investigator, and are not limited to the factual information contained in this report. Findings are made on a preponderance of the evidence standard, also known as a "more probable than not" basis.

Set forth below is a summary of the investigation process followed by a summary of witness interviews, and my findings with respect to these allegations.

I. INVESTIGATION PROCESS

In connection with this investigation, I interviewed the following individuals:

1. Jeffrey Brubaker, Captain/Community Paramedic
2. Andy Day, Battalion Chief
3. Matthew Cook, Paramedic/Firefighter
4. Hunter Elliott, EMT/Firefighter
5. Scott Farlow, EMS Captain
6. Charles (Chuck) Henkel, Battalion Chief
7. Christopher Hughes, Data Analyst
8. Emily Junk, MD
9. Steve Larsen, Paramedic/Firefighter
10. Mannix McDonnell, Medical Services Officer/Division Chief
11. Kristia Peschka, Accounting Assistant II
12. Scott Peterson, Firefighter/ Engineer

13. Micah Quintrall, Paramedic/Firefighter
14. Derik Scott, Paramedic/Firefighter
15. Robert Stevenson, EMS Captain
16. Olivia Sund, Office Assistant II
17. Tim Vandermey, Fire Captain
18. Marvin Wayne, MD
19. Aaron Wolven, Paramedic/Firefighter
20. Robert Wilson, Communications Division Chief

Interviews were generally conducted in person on August 15 and 16, 2018. Telephone interviews were conducted from Fire Station 1 in Bellingham or my office in Seattle. Additionally, I reviewed documents related to the subject matter of this investigation, including training records, a redacted patient record, and job descriptions for the non-uniformed employees who are alleged to have performed intubations.

At the commencement of each interview, I introduced myself and provided a brief summary of the allegations. Union representatives accompanied all represented individuals. Additionally, nearly all individuals interviewed were provided *Garrity* warnings and signed acknowledgement of receiving these warnings. Before asking questions I also informed the individual of my role as a fact-finder and provided information about confidentiality. I also informed each individual that their answers needed to be truthful and dishonesty could be the basis of disciplinary action. At the conclusion of the interview, I informed each witness about protections from retaliation and the necessity not to discuss the matter with others (except their union representatives).

II. Background Information

This investigation involves the Bellingham Fire Department (the "Department"). The Department provides direct fire and emergency medical services (EMS) to over 90,000 residents of the City of Bellingham and Fire District 8. The Department employs 120 career firefighters and paramedics. Additionally, 25 volunteer firefighters work at Whatcom County Fire District 8. The Department's services are provided 24 hours a day from 8 fire stations. Only one of those stations – Station 1 – was involved in the events on [redacted]. Station 1 is located near downtown Bellingham.

The Department's EMS Division is lead by the Medical Services Officer ("MSO") and Division Chief Mannix McDonnell. Chief McDonnell has been in this role since June of 2017. Prior to Chief McDonnell, the position had been vacant for four years. As a result, Chief McDonnell is tasked with ensuring the the EMS budget, equipment, and staff meet the contemporary needs of the Department. On any day, at least one EMS Captain and 3 paramedic units are on duty. The Department's paramedics are trained in Advance Life Support ("ALS"), a set of life saving protocols.[2] ALS trainings includes protocols for cardiology, pharmacology,

[2] To receive a paramedic license and perform ALS skills, the Department's paramedics must successfully complete an accredited paramedic training program, which has been approved by the State of Washington. Applicants for a

general acute medicine, advanced airway and respiratory therapies, trauma including burns, orthopedic injuries, triage and extrication, and fluid resuscitation.

The Department's EMS functions within Whatcom County's larger EMS Program. The Medical Program Director for Whatcom County is Marvin Wayne, MD. Dr. Wayne establishes EMS protocols and ensures that EMTs and paramedics throughout the County are sufficiently skilled and trained. He certified for both the initial paramedic license and recertification, which occurs every three years. Of importance to this investigation is that recertification requires paramedics to perform twelve intubations within a three-year cycle. Four may be performed on a mannequin. Intubations are also performed as part of life saving efforts in response to aid calls. Ideally, according to Dr. Wayne, all intubations performed for recertification would occur as part of an aid response call. Not all paramedics receive the same opportunity to intubate because of their schedule, assignment, and chance.[3]

The Department's paramedics also regularly intubate *after* the life saving efforts have ceased on a patient, in a practice referred to as a "tube check." These intubations are not intended to benefit the patient,[4] but instead, are a mechanism for the paramedic to practice their intubation skills and to acquire "tubes" for purposes of license recertification. As reported by nearly every uniformed personnel interviewed, a tube check involves withdrawing the original tube and then a second paramedic places the intubation tube in again. The process is generally very quick and immediately follows the determination that the patient is deceased. In this practice, it is common for patient to be intubated 3-4 times (including the original), as a third paramedic or EMS Captain maybe present and need practice. Within the Department, these intubations are colloquially referred to as a "training opportunity" or "tubes." There is no written protocol for this practice. Individual paramedics use their own discretion in determining when and where to tube check.

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paramedic license must also successfully complete the Paramedic certification examination. Other key requirements are that individuals are required to be associated with an Emergency Medical Services Agency or another similar organization (such as law enforcement), and be recommended for certification by the Medical Program Director by the County. License requirements for Emergency Medical Services are set forth in Chapter 18.71 RCW and Chapter 246-976 WAC. This investigation relied on the summary available at: https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EmergencyMedicalServicesEMSProvider/LicenseRequirements/Paramedic (last visited August 30, 2018).

[3] Only paramedic Derik Scott reported having sufficient intubations through call responses to meet licensing requirements. Those interviewed – especially in leadership positions – complained of a lack of opportunities.

[4] Dr. Wayne and others did describe instances where the placement of the tracheal tube may be confirmed as part of life saving efforts. These assessments are outside of this report's use of the term "tube check," which means to remove and insert a tube through the mouth and into the airway.

Dr. Wayne advocates for "tube checks" in certain circumstances.[5] These circumstances include deaths unlikely to be reviewed by the medical examiner (such as a patient with a valid Do Not Resuscitate order) and where the setting is private, such as the back of an ambulance. He reports to asking family consent in hospital settings, but says this is not otherwise routine. Indeed, none of those interviewed believed consent was necessary or had a practice of seeking consent prior to a "tube check." Instead, several of those interviewed spoke of taking steps to ensure that the family of the patient did not see these intubations, by, for example, shutting a door. Others interviewed identified additional parameters considered before "tube checking," such not intubating on small children or tube checking if the patient was in a public place, such as the side of the road. This practice is long-standing, going back at least 25 years. Dr. Wayne is frank about his belief about this practice: "if someone is caring for you, you want them to be highly skilled." Intubations, in the view of Dr. Wayne, are critical competences and this practice allows "us to test and keep up our skills."[6] Dr. Wayne's advocacy of tube checks, and long-standing tenure at the Department have contributed a culture of paramedics placing a high emphasis on training.

Because tube checks are performed, in part, to meet requirements for paramedic relicensing, paramedics report their intubation to Rob Stevenson, the EMS Captain tasked with recording and tracking. Currently, these trainings recorded "Rescue Hub," fire training and tracking software.

III. Summary of Allegation

The allegations included the following:

On [redacted] a dead body was transported to Station 1 by a Medic unit because the hospital refused to store the body. The deceased had a "Do Not Resuscitate" Order, and suffered a medical emergency and stopped breathing en route to the hospital. Once at the station, the body was intubated multiple times as a training opportunity for paramedics. These intubations had no medical purpose. In addition to paramedics, an EMT/firefighter and two non-uniformed office staff also intubated the deceased. A paramedic, who is a potential preceptor for paramedic students, provided instruction to the EMT/firefighter and two civilians.

[5] Several of interviewees spoke of Dr. Wayne instructing them on the practice or discussing it with them, or accompanying them on response calls where tube checks were performed. In his interview, Dr. Wayne acknowledged the practice and believes other counties also engage in it.

[6] Due to better treatment for some patients conditions overall in the community have resulted in decreased opportunities to intubate in the field during aid calls. Other options are available, however, as paramedics can schedule and perform intubations in the hospital OR, under the supervision of an anesthesiologist. The Department compensates for time spent at the hospital intubating for licensing purposes. Although many of those interviewed who are trained as paramedics complained that hospital intubations are difficult to arrange, few had attempted them in the last ten years.

IV. Interviews with Individuals Alleged to Have Participated in or Witnessed the Events on [redacted][7]

Witness Interview Summaries (in alphabetical order)

Jeff Brubaker

Jeff Brubaker has worked for the City of Bellingham for 20 years. He is currently assigned as the Department's Community Paramedic, a position that requires him to treat long-term chronic disease. With this type of care, he is not frequently required to intubate or perform intraosseous infusions on patients. As a result, he reports that he has had zero intubations for this recertification period. He recalls the following details relating to the events on [redacted]:

- Captain Brubaker says he was working his regular 8:00 am to 6:30 pm shift on [redacted]. His office is located at Station 1.
- Captain Brubaker reports that on [redacted], Paramedic Steve Larsen came to his office and stated that they had an "unsuccessful code." He remembers that Mr. Larsen asked if he wanted to intubate the deceased patient. Captain Brubaker recalls Chief McDonnell also being present for the conversation. Captain Brubaker says he and Chief McDonnell both said yes.
- Captain Brubaker followed Chief McDonnell and Mr. Larsen to the apparatus bay where Aid 7 was normally parked. The deceased patient was lying on the floor in a body bag.
- Captain Brubaker cannot recall how the intubations began. He admits to performing an intubation on the deceased patient. He was not the first person to perform intubations, but he says he may have been the second. He used an UEScope. He reports not having had any practice on a person with that device until [redacted]. Mr. Brubaker says there was discussion about what technique would be best.
- Captain Brubaker reports he saw Chief McDonnell, Mr. Larsen, Mr. Wolven, Scott Peterson, Division Chief Rob Wilson, and two office employees (Olivia Sund and Kristia Peschka). He described that the group was grateful for the opportunity to use the UEScope on the deceased patient and noted that the patient had a "tougher airway" and that it was a challenging and useful opportunity.
- Captain Brubaker does not recall how Ms. Sund and Ms. Peschka came to intubate, saying he was looking at equipment. They performed the intubations after his initial one. He recalls that one of the two women said she wanted to try but does not remember which one. He "didn't like the idea," he said, but did not think it was his place to say anything.
- Captain Brubaker attempted a second intubation using the laryngoscope, the device used prior to the UEScope. He was not successful and decided to stop because he did not want to "dig around."

[7] These summaries are intended to describe the substantive events on [redacted], as told to me by each person interviewed. These summaries do not include all information conveyed in the interview or that were relied on in making these factual findings.

- He then reports he helped clean up the area and assisting Medic 1 to return to service, as it was Medic 1's equipment that had been used by the group on the deceased patient.

Matt Cook

Matt Cook is a paramedic who has worked for the Department since 2006. On [redacted] he was working a "debit day" and was the acting fire captain on Engine 31. He admits to intubating the deceased patient. He describes the events involving the deceased patient in the following ways:

- Mr. Cook stopped by the station to get material and supplies with the rest of the Engine 31 crew. He became aware of the dead body once he came to the station. He says, "I walked into apparatus bay, I saw a deceased patient in the body bag….[the] head and upper torso visible." Standing next to the deceased patient was Chief McDonnell and Captain Brubaker. He says Scott Peterson appeared to be "keeping watch" over the area. Mr. Cook walked past Ms. Sund, who was leaving the kitchen with a cupcake. He recalls making a joke about not eating around dead bodies.
- Mr. Cook approached the deceased patient and asked, "What is going on?" He does not remember who spoke, but he was told that a patient died in the back of a medic unit and that neither the hospital nor Dr. Goldfogel [the Medical Examiner] wanted the body. Mr. Cook said that Captain Brubaker, Chief McDonnell, and Scott Farlow were present.
- Mr. Cook says that Chief McDonnell told him that it was an opportunity to intubate.
- Mr. Cook then intubated the deceased patient using the UEScope. He recalls talking to those around him as he intubated, including making comments about the ease of using the UEScope. He had limited experience with UEScopes and says this was an opportunity to use the device.
- Mr. Cook says the setting for the intubation on a deceased patient was unusual because the person was on the floor in a body bag.
- Mr. Cook says he quickly finished intubating the deceased patient. He recalls that, before he left, Captain Brubaker remarked that he wanted to try and intubate on the deceased patient using a different technique. Mr. Cook left the area around the deceased patient to retrieve supplies, which had been his purpose in visiting Station 1.

Hunter Elliott

Hunter Elliott is a firefighter/EMT with the Department where he has worked since 2015. Last June he was accepted into a paramedic training program. He has completed the anatomy and physiology class and is waiting for the paramedic training program to begin at Bellingham Technical College. Mr. Elliott admits that he intubated on [redacted]. He describes his experience as follows:

- Mr. Elliott says he is normally scheduled to work the "C" shift. He arrived at work, got situated before the unit was dispatched to a call. He arrived back at Station 1 on or about

9:25 in the morning. He got off the rig and was met by either Steve Larsen or Aaron Wolven, who were both working on Medic 1. According to Mr. Elliott, both Mr. Larsen and Mr. Wolven have been supportive of his efforts to become a paramedic.

- Mr. Elliott says that either Mr. Larsen or Mr. Wolven told him that they had a patient who had a valid POLST [Physician Order for Life-Sustaining Treatment] and, accordingly, they did not resuscitate him. The patient died during transport to the hospital. Mr. Elliott says he then walked into the station and saw the deceased patient. He saw that someone, perhaps Mr. Wolven, was intubating the deceased patient. Prior to this event, Mr. Elliott was not familiar with the practice of intubating on deceased patients. He asked the group if this was normal and someone told him "yes, if there is an opportunity…they [paramedics] intubate and reintubate."
- Seeking to learn about airway anatomy, Mr. Elliott asked questions. Others responded and showed him parts of the deceased patient's anatomy. Mr. Elliott says he was invited to intubate. He does not recall who invited him. He does have a specific memory of asking Chief McDonnell, "Is this okay?" Chief McDonnell responded, "Yes," and remarked what a great opportunity it was.
- Mr. Wolven provided instruction and Mr. Elliott successfully intubated. He recalls wearing gloves and glasses during his intubation.
- Mr. Elliott says that Ms. Sund and Ms. Peschka were invited to intubate, but he cannot recall with certainty who invited them. He gave his safety glasses to one of the women, who was then instructed by Mr. Wolven.
- Mr. Elliott recalls that after Ms. Sund and Ms. Peschka, Captain Brubaker attempted to intubate again. Mr. Elliott did not recall other intubations following the attempt of Mr. Brubaker.
- Following the intubations, Mr. Elliott assisted in the clean-up. He put an identification tag on the deceased patient and the body bag was zipped up. He says he assisted in putting the patient's body back onto a gurney. In total Mr. Elliott estimates 45 minutes elapsed during the event.

Scott Farlow[8]

Scott Farlow is an EMS Captain, a position he has held since 2008. He has worked for the Department for more than 28½ years. He is assigned as the EMS Captain of the "C" shift. He was working his regular assignment on [redacted]. He admits to intubating the patient and describes the events from that day as follows:

[8] Captain Farlow was interviewed twice. Once in person, as part of general interviews, and a second time over the phone to discuss the involvement, if any, by the medical examiner in resolving where the body should be stored post mortem. In the second interview, he confirmed that he called the office of Gary Goldfogel, MD., the County medical examiner, who instructed him to contact a funeral home.

Captain Farlow says that he was called by Aaron Wolven. He says the Hospital would not allow Wolven to bring in the body. He recalls the following events relating to the events on [redacted]:

- Captain Farlow conferred with Chief McDonnell, who instructed that the body should be brought to the station and placed in a reserve medic unit. Captain Farlow called Mr. Wolven and provided this direction. He then called the funeral home, which had been identified by the medical examiner's office, and asked for the body to be retrieved from Station 1. The funeral home estimated that the body would be retrieved in 45 minutes.
- Captain Farlow then went to the apparatus bay to prepare for Medic 1's arrival. He grabbed a body bag and put it on the floor where Aid 7 normally parks. Captain Farlow recalls that Medic 1 arrived and that he assisted moving the body from Medic 1's gurney to the body bag.
- Captain Farlow says his memory is fuzzy regarding the rest of the morning, as the morning was very busy. After moving the body, he left to "carry on the rest of [his] morning." He does recall Mr. Larsen, Chief McDonnell, and Mr. Wolven standing around with a blanket covering the body.
- Captain Farlow returned to the area where Aid 7 normally parks and saw that the intubation equipment was out. He reports someone--he cannot remember who--asked if he wanted to intubate. Captain Farlow says he "jumped" at the chance. Captain Farlow then intubated the deceased patient.
- Captain Farlow believes he was popping in and out in order to take care of his normal morning tasks. He is unsure how Mr. Elliott came to intubate. At some point Captain Farlow says he returned to the group where Mr. Wolven was in the process of instructing Mr. Elliott on how to intubate.
- Captain Farlow also described when the two non-uniformed personnel, Ms. Sund and Ms. Peschka, became involved in the intubations. Captain Farlow says he did not talk with either prior to the intubations. He had returned to the kitchen when Ms. Sund was beginning the intubation process. Captain Farlow recalls asking Chief McDonnell, "are Liv and Kristia going to intubate?" Captain Farlow was taken aback by Chief McDonnell's response of "yes." Chief McDonnell explained that it was an opportunity for Mr. Wolven--if he could teach a non-medical person, he would be able to teach a paramedic student. Captain Farlow says he questioned the reasoning, but accepted it and decided to "go with the flow." Captain Farlow believes he was called away, as he did not have any additional interactions regarding the deceased patient.

Chris Hughes

Chris Hughes works as the Department's data analyst. Mr. Hughes reports the following exchange from [redacted]:

- Mr. Hughes reports he was near Captain Brubaker's office and saw Chief McDonnell putting on gloves. Mr. Hughes made a joke about the gloves. In response, Chief

McDonnell explained he was preparing to intubate a patient. Ms. Sund asked if she could come out with him. Mr. Hughes recalls Chief McDonnell nodding his head to say "yes." Ms. Sund then followed Chief McDonnell toward the apparatus bay.

- Mr. Hughes also recalls overhearing a conversation that same day between Captain Brubaker and Chief McDonnell regarding that morning's intubations. Mr. Hughes reports Chief McDonnell stating that it was good for a preceptor to teach a completely untrained person. Mr. Hughes understood.

Steve Larsen

Steve Larsen is a 10-year employee of the Department. He currently works as a paramedic. On [redacted], he was assigned to Medic 1. His partner was Aaron Wolven. During his interview, Mr. Larsen told me he was involved in both the initial response to the patient and the subsequent intubation. He says he intubated the patient twice, with only one time being successful. As to the events that day, he recalled the following in my interview:

- I was on a paramedic unit – either 1 or 2. I assume I was on Medic 1. I was partnered with Aaron Wolven that day.
- Mr. Larsen says that Medic 1 was dispatched to a nursing home for an abnormal breathing complaint. At the nursing home, they were met on the second floor by the Engine 6 company (consisting of Richie Dowdy, John Miller, and Brian Long). Mr. Wolven took the lead and, with the information provided by the crew of Engine 6, developed a plan to treat the patient. The patient was placed on a gurney and quickly taken to Medic 1.[9] Mr. Larsen, Mr. Wolven, and Mr. Long (an EMT) were all in the back of the medic unit with the patient. Mr. Dowdy drove to St. Joseph's Medical Center. Due to his continued breathing problems, an I-gel, a supraglottic airway device, was inserted. Mr. Larsen reported this device helped the patient's breathing, but that he did not have a pulse. Despite their various efforts, there was no change in patient's condition. Mr. Larsen reported the patient's breathing deteriorated and he died while in the medic unit. Mr. Larsen recalled that Mr. Wolven contacted the hospital while Medic 1 was en route to provide notice of the patient's status. Once Medic 1 arrived at the hospital, Mr. Larsen recalled a nurse greeting them with the information that the hospital would not accept the body and that they should contact a supervisor. Mr. Larsen says that this had never happened before while he was on shift. Mr. Wolven called the supervisor on duty and was told to bring the patient back to Station 1, where he would be placed in in a reserve medic unit.
- Mr. Larsen drove Medic 1 back to Station 1 and parked in front of Battalion 1's bay. Mr. Larsen says that Captain Farlow, the on-duty supervisor, was not in the apparatus bay. He walked into the operations office to find him. Captain Farlow was not in his office, which prompted Mr. Larsen to "go up the chain of command" to Division Chief

[9] This report does not provide an in-depth summary of the treatment and care provided to the patient, as this is outside the scope of this investigation. Additionally, this information is confidential medical information and protected by federal law.

McDonnell. After Mr. Larsen asked Chief McDonnell "what he wants us to do," the two walked into the apparatus bay where they found Mr. Wolven and Captain Farlow already moving the body. Mr. Wolven and Captain Farlow moved the body to where Aid 7 normally parked and lowered the body to the ground and placed into a white body bag. There was discussion between Captain Farlow and Chief McDonnell, which Mr. Larsen says he did not hear.

- Next, Mr. Larsen says he remembers that both he and Chief McDonnell asked if they should intubate the deceased for training purposes. Chief McDonnell gave authorization to do this. Mr. Larsen says he got the equipment – a UEScope– out of Medic 1 to intubate the patient. Mr. Larsen said he removed the I-gel. Mr. Larsen proceeded to intubate the patient. He was the first person to intubate. He reported that Chief McDonnell intubated next. According to Mr. Larsen, he watched Chief McDonnell, Captain Brubaker, Captain Farlow, and Mr. Wolven intubate.
- Mr. Larsen says he also witnessed Mr. Wolven instructing others with intubations, including firefighter/EMT Hunter Elliott. It did not strike Mr. Larsen as unusual for Mr. Elliott to be intubating even though Mr. Larsen could not recall ever having seen an EMT engage in such a training. He also acknowledged that neither he nor Mr. Wolven are paid as preceptors, but are on a list of prospective preceptors.
- Mr. Larsen left to stock Medic 1 to prepare it for going back into service. He did not see civilian staff intubate and says he has no idea how they came to be present or to intubate.
- Mr. Larsen recollects that the apparatus bay doors were closed and says the space was "as private as intubating in an ambulance is."
- After preparing and stocking Medic 1, Mr. Larsen says he returned to the area near the deceased patient and attempted a second intubation using a different device. When the view was too obscured and challenging, he ended those efforts. He reports Captain Brubaker and Mr. Wolven also attempted intubation using this method. After these unsuccessful intubations, Mr. Larsen says the equipment was returned to Medic 1 and the patient was sealed in the body bag.

Mannix McDonnell

Mannix McDonnell is a 23-year employee of the Department. He is currently the Division Chief of EMS. On [redacted], he was working his regular hours. He admits to having intubated the deceased patient and attempting unsuccessfully a second intubation using a different technique. His recollection is as follows:

- Chief McDonnell overheard EMS Captain Farlow on the phone with a member of the crew from Medic 1, regarding a problem with the hospital refusing to accept a patient who had died in transport. Chief McDonnell was aware of another similar situation previously and believed the approach adopted by Captain Farlow was consistent with the approach previously discussed – to bring the deceased patient back to the station to await a funeral home retrieving the body. Captain Farlow relayed that the crew of Medic 1 would bring the body to Station 1. Captain Farlow went out onto the apparatus bay floor.

- Chief McDonnell says he got up when he noticed Medic 1 was back at the station. He walked onto the apparatus bay floor with Captain Scott, and a crew member of Medic 1 were in the process of moving the deceased patient from the gurney and transferring him to a body bag, which had been placed on the floor. Chief McDonnell says that the plan had been to place the body onto a reserve unit, but it was not there. He then learned from someone – he is unsure who – that the patient had a DNR and died on the way to the hospital. Captain Farlow conveyed that the medical examiner did not want the patient.
- Chief McDonnell recalls that Mr. Larsen asked, "Tube check?" Chief McDonnell understood this to be a reference to the practice of reintubating a person for whom life-saving efforts had ceased, for the purpose of practice or training. Chief McDonnell agreed with him that a "tube check" would be appropriate. Chief McDonnell says the patient had received an I-gel, but had not been intubated.
- Chief McDonnell went back to the office to ask Captain Brubaker if he wanted to perform a "tube check." This was because Chief McDonnell is aware that Captain Brubaker has difficulty obtaining the number of intubations needed to maintain his paramedic certificate in his current role. Captain Brubaker agreed that he wanted the to do the intubation. Chief McDonnell says he "talked to no one else" and walked back to the apparatus bay floor.
- Chief McDonnell says that when he returned to where the body was, he saw the intubation equipment was out and that Mr. Larsen was preparing to intubate. Chief McDonnell observed Mr. Larsen's use of the UEScope, an intubation device that paramedics had previously complained was hard to use. Chief McDonnell believed this was an opportunity to understand and assess the technology. Chief McDonnell intubated the deceased patient next. This was his first intubation on a human in this paramedic certification reporting cycle.
- Chief McDonnell reports that several people intubated too and referred to a list created shortly after the event for a definitive list of names.[10] During each, he says he was checking for proficiency.
- Chief McDonnell is uncertain how Mr. Elliott came to join the group, but felt it was an opportunity for Mr. Elliott to intubate and learn about the procedure and gain skills before he formally began paramedic school. Chief McDonnell does not recall if he asked Mr. Elliott to attempt to intubate. He does have a memory of asking the group to stop talking (as multiple people were providing Mr. Elliott instruction) and directing Aaron Wolven to provide the direction. Chief McDonnell says he provided Mr. Elliott feedback as to how to hold the UEScope. Chief McDonnell says he was too focused on the training and instruction to tell who was around.
- Chief McDonnell reports that he does not know how two office staff members – Ms. Sund and Ms. Peschka – came to be present there. He says that at some point, he looked down and "Olivia [Ms. Sund] had the intubation tool in her hand." Chief McDonnell

[10] I was provided an email sent by Chief McDonnell to EMS Captain Rob Stevenson with the names of Aaron Wolven, Steve Larsen, Jeff Brubaker, Scott Farlow, Matt Cook, and Mannix McDonnell. A second email was sent by Micah Quintrall also reporting that he and Derik Scott also participated. The purpose of both emails was to document the intubations for paramedic recertification purposes.

says, "My immediate thought was if the preceptor could walk someone through the procedure with no experience, then he would be able to teach our students." In all of these events, Chief McDonnell says he was looking at it from an educational perspective. Chief McDonnell says he recalls giving Ms. Sund and Ms. Peschka instructions not to post on social media about the morning's events.

- Chief McDonnell watched as Ms. Sund intubated and got direction from Mr. Wolven. Then, Ms. Peschka also performed the procedure while Mr. Wolven provided instruction. Both women successfully intubated the deceased patient.
- Chief McDonnell recalls that Mr. Cook approached the group and intubated the deceased patient. Chief McDonnell says Mr. Larsen and Captain Brubaker were still present and decided to attempt to use a different intubation device. Chief McDonnell also tried. None were successful in their second (each) intubation attempt. After these unsuccessful intubations, Chief McDonnell says people walked away and he helped pick up. He then returned to his office.
- During the "training event" Chief McDonnell says no one ever reported being uncomfortable or asking him to stop. He did notice Mr. Peterson nearby, but believed he was just watching.

Scott Peterson

Scott Peterson has worked for the Department for 26 years. He is a firefighter/driver for the Department. On [redacted], Mr. Peterson was working an overtime shift and was assigned to Engine 1, along with Captain Tim Vandermey and firefighter/EMT Hunter Elliott.

- Mr. Peterson reports first hearing that there was a deceased patient at Station 1 when they were at the hospital because of an EMS call. Engine 1 returned to the station. Mr. Peterson reports that Medic 1 was parked in front with its gurney out and it appeared they were getting the unit in service. Mr. Peterson heard someone ask Hunter Elliott, a EMT/firefighter, if he "wanted to get a tube." Mr. Elliott was eager to learn, Mr. Peterson reports.
- Mr. Peterson remarked, "Just have some respect for the dead." He says that it did not feel right for them to intubate on a person who did not need it and who had been deceased for quite some time. He is, however, aware of the longstanding practice in the department to intubate patients after lifesaving efforts have ceased. Mr. Peterson says no one responded to his comment.
- Mr. Peterson headed toward the kitchen and noticed a group of people around a dead body on the ground. It appeared to him that people were about to intubate the deceased patient. After putting food on the kitchen stove to cook, he walked back out to the apparatus bay and noticed that intubations had begun on the patient. Mr. Peterson recalls seeing Chief McDonnell, Captain Farlow, and Captain Brubaker intubate. The group was focused on the intubations as training, talking about their intubations.
- Mr. Peterson was uncomfortable with what was happening but did not say anything, as two EMS Captains and Chief McDonnell were present, and they were in full "business mode." Mr. Peterson says he sat on the bumper of a fire engine and looked at his phone.

He said his main concern was to "protect people who are not used to dealing with dead bodies…if a family came around, it would not have been a pretty sight." Mr. Peterson believes he saw approximately eight intubations.

- He then noticed that one of the women who works in the office – Ms. Peschka – came and asked if Chief McDonnell was present. Mr. Peterson says Ms. Sund followed. Mr. Peterson overheard Chief McDonnell tell Ms. Peschka and Ms. Sund not to post anything on social media about the intubating. Although Mr. Peterson is unsure how the involvement of the two office workers in intubating came about, he did see them intubate. He says with the inclusion of the office workers, "things had escalated" and were "over the top." After ten minutes he says he could not sit and watch the intubations anymore, and he left.
- Mr. Peterson had returned to the kitchen, when he says he had an encounter with Mr. Wolven in which Mr. Peterson questioned the propriety of the office staff's involvement. He says Mr. Wolven verbally pushed back and was defensive.

Kristia Peschka

Ms. Peschka is the accounting assistant. She has worked for the Department for one year and four months. Ms. Peschka admits to intubating the deceased patient on [redacted]. She explained her involvement as follows:

- On the morning of [redacted], Ms. Peschka says that she was standing at the desk of her co-worker Oliva Sund when Captain Jason Garat walked past and commented in the direction of the apparatus bays, "If you go out there you could see a dead body." Both Ms. Peschka and Ms. Sund welcomed the opportunity, as both are interested in becoming paramedics someday.
- Ms. Peschka says she watched as the body was moved onto the apparatus bay floor. She and Ms. Sund watched for a few minutes from a supply closet and pretended to look for something.
- Ms. Peschka and Ms. Sund proceeded to join the group, as they felt awkward standing in the closet. Ms. Peschka recalled asking questions about how the body came to be present at the station. Shortly after she returned to the office to make coffee and resume her work day.
- After 10-15 minutes in the office, Ms. Peschka says she noticed that Ms. Sund was not at her desk and went looking for her out in the apparatus bay. Ms. Peschka spoke briefly with Scott Peterson before Hunter Elliott told her to come back to the group that was gathered around the deceased patient. She cannot remember who, but someone was intubating the patient.
- Ms. Peschka watched as Hunter Elliott intubated the deceased patient with Aaron Wolven providing instruction. She could not recall how Mr. Elliott came to intubate. She described the atmosphere as professional and a "teaching environment."
- After Mr. Elliott finished, Ms. Peschka recalls EMS Captain Farlow remarking to Mr. Wolven, "You might have two more interested." Ms. Peschka interpreted this as a

comment about herself and Ms. Sund. According to Ms. Peschka, Chief McDonnell made a similar comment. Captain Farlow provided gloves to them. Ms. Peschka cannot recall if it was Chief McDonnell or Captain Farlow, but one of them "gave the go-ahead" for Ms. Sund to intubate by saying, "Liv, you are up." Before she began, Chief McDonnell gave the instruction "not to post things on social media" about the intubations.

- Ms. Peschka watched as Ms. Sund intubated with Mr. Wolven providing instruction. Ms. Peschka received eye protection from Ms. Sund. She recalls Ms. Sund had originally borrowed the eye protection from Mr. Elliott. Ms. Peschka reports that she then followed Ms. Sund in intubating the patient. Ms. Peschka says Mr. Wolven instructed her through the procedure. Ms. Peschka also says that she did not feel pressure to intubate but was excited by the opportunity to participate. She characterizes the experience as "awesome," with the caveat that it was unfortunate the person had died.
- After the procedure, she washed her hands and got a cupcake from the refrigerator.
- In explaining her involvement, Ms. Peschka says that it never occurred to her that it was inappropriate for her, as an accounting assistant, to intubate. She says she felt welcomed to participate by Chief McDonnell and the EMS Captain, who had given her and Ms. Sund the "go-ahead" to intubate. She also reports having ridden along with both firefighters and the medic units and once even was asked to inflate a "balloon" [a manual resuscitator]. She says intubating the patient appeared to be similar to those experiences.

Micah Quintrall

Micah Quintrall has worked for the City since 2002. He became a firefighter in 2005 and a paramedic in 2008. He intubated the patient on [redacted]. He describes his involvement as follows:

- On that day, Mr. Quintrall says he was working his regularly assigned "C" Shift and was assigned to Medic 2, alongside Derik Scott. The two were on their way to a training at Station 31, when they stopped by Station 1 to get Mr. Quintrall's sunglasses. They pulled up to the apron of the building and Mr. Quintrall had planned to retrieve his sunglasses. He reports that they were met by someone – possibly Steve Larsen – who asked, "Do you need tubes?" Mr. Quintrall says he asked, "What do you mean?" And the person explained that there was a training opportunity involving a recently deceased patient. Because he frequently is assigned in an acting captain capacity, Mr. Quintrall reported during his interview that it is difficult to have intubation opportunities. Mr. Quintrall recalls saying "I need tubes" and walking inside the station.
- Inside the station, Mr. Quintrall saw a deceased patient laying on the floor where a medic unit normally parks. He saws Captain Farlow told him, "Get in here" to signal it was his turn to intubate. Mr. Quintrall used the UEScope to intubate. As he intubated, he provided instruction and information to Mr. Elliott. The focus of the group was learning. After Mr. Quintrall successfully intubated the patient, he immediately left to retrieve his sunglasses. As he walked away, he made the comment to the group, "I am going to get

credit for that, right."[11] This was a reference to having the intubation recorded as part of the number he needed for training purposes.

- Mr. Quintrall collected his sunglasses and joined Mr. Scott in walking out of the station. Mr. Quintrall says that he noted the lack of privacy for the deceased patient and the intubations and commented to Mr. Peterson, "Make sure we don't have anyone walk through here." This was in reference to the public and not uniformed staff.

Derik Scott

Derik Scott is a paramedic; he has worked for the Department for 12 years. On [redacted], he was working his regular shift and was assigned to Medic 2, along with Mica Quintrall. He recalls the events on that day regarding the deceased patient as follows:

- Mr. Scott and his partner had reported to a call earlier in the day, stopped for coffee, and were on their way to a training at Station 31, when they stopped at Station 1 to retrieve Mr. Quintrall's sunglasses. Mr. Scott says someone approached Medic 1 and asked if they needed [to practice] intubations, because there was an opportunity for some inside. Mr. Scott declined the offer, noting he always has more than he needs. Mr. Scott recalls Mr. Quintrall saying, "Yes, please" and then leaving Medic 2. Mr. Scott stayed in the rig briefly before deciding he should use the restroom before the training. On the way to the restroom, Mr. Scott noted that an apparatus bay door was open.
- He also reports seeing a group of people standing in the area where Aid 7 normally parks. After using the restroom, Mr. Scott approached the group and noticed Captain Farlow on his knees suctioning the patient. Mr. Scott began talking to Captain Brubaker and Chief McDonnell. Mr. Scott recalls that as he spoke to them, Mr. Quintrall intubated the deceased patient.
- Mr. Scott says that after some pleasantries, Chief McDonnell asked him if he was going to "get a tube." Mr. Scott recalls repeating that he always has enough for his certification. He recalls EMS Captain Farlow saying, "What? This is a great opportunity." Mr. Scott also states that Captain Brubaker added, "Dude, you never know if you are going to have enough." Mr. Scott noted that two of these men were his direct supervisors and they were suggesting he intubate. He also considered that with a new group of students beginning paramedic training in the fall, he may be "pulled off our [the medic] unit."
- Mr. Scott reports that he quickly grabbed the UEScope and intubated the deceased patient.[12] As he stood up from the deceased patient after intubating, Mr. Scott reports

[11] Mr. Quintrall did ensure he received credit by emailing Captain Rob Stevenson to report that he and Mr. Scott intubated on [redacted]. He had been left off an original email list sent by Chief McDonnell for the purpose of recording trainings.

[12] Mr. Scott reports that he typically wears gloves and glasses when he works. He assumes he put those items on, but has no specific memory of doing so.

that he saw Mr. Quintrall walking toward him after retrieving his sunglasses. Mr. Scott said "Let's go" and the pair returned to Medic 2.

- Mr. Scott reports that Mr. Quintrall emailed EMS Captain Rob Stevenson, to ensure they received credit in the records kept for recertification of the paramedic license.

Olivia Sund

Ms. Sund is an office assistant for the Department, a position she has held for 11 months. She admits to intubating a patient and explains her involvement as follows:

- She recalls standing at her desk and Captain Garat came in and said there is something you might want to see. He described how the dead body got to the station. Ms. Peschka and Ms. Sund went out to the doors to the operations area. She watched briefly from a supply closet.
- Ms. Sund returned to the office. She went to talk with Captain Brubaker for a few minutes. Chief McDonnell appeared and asked Captain Brubaker if he needed practice with his tubes. Ms. Sund recalls Captain Brubaker stating yes. Ms. Sund said she wanted to come along and learn about this procedure. She went and joined the group around the deceased patient. She asked questions and was told that the practice of intubating on a deceased patient was normal. She asked if she could watch. Chief McDonnell said she could. Ms. Sund then observed someone intubate the deceased patient. She says it "felt weird to watch," so she focused on the procedure and video screen of the UEScope. No one objected to her presence. Ms. Sund says that Ms. Peschka joined the group after making coffee.
- She says someone suggested this would be a good opportunity for Mr. Elliott to learn about intubating. Mr. Wolven instructed Mr. Elliott in intubating.
- Ms. Sund says someone (twice she identified Captain Farlow as likely the person who said this) asked if she was "wanting to try this?" The question was directed at her and at Ms. Peschka. Ms. Sund says she replied, "I would love to get a chance. If it's okay." She was interested in intubating because she felt like it was a way to further her career goal of becoming a paramedic. Ms. Sund specifically recalls turning to Chief McDonnell when asking that question. His response was, "Yeah." She says he told her not to post anything on social media about intubating and that she needed to put on proper safety equipment. Ms. Sund recalls being "grateful" for the experience. She put her hair back and put on safety equipment – glasses and gloves. Just as she was about to do it, she says Chief McDonnell again instructed her not to put information about this on social media. Ms. Sund says she never heard any objections to her intubation and believed it was permissible because she had sought and received Chief McDonnell's permission.
- Mr. Wolven coached her through the intubation using the UEScope. She had already watched five intubations and felt aware of the basics. Ms. Sund successfully intubated the patient. Someone congratulated her, saying nice work, you got it on your first try." She thanked the group around her for the opportunity to intubate. She also thanked the deceased patient.

- Ms. Sund reports to giving the safety glasses to Ms. Peschka, who followed in intubating the patient with Mr. Wolven instructing. He provided instruction as to how to handle the UEScope and other adjustments to her technique. Ms. Peschka was successful in intubating the deceased patient. Ms. Sund says that she and Ms. Peschka discreetly "high fived" each other and went back to the office to continue their work day.

Tim Vandermey

Tim Vandermey is a Fire Captain who has worked for the Department since 2006. He was working a trade shift on [redacted] and was assigned to Engine 1, along with Scott Peterson and Hunter Elliott. He recalls witnessing the following on [redacted]:

- Captain Vandermey says he returned from an EMS call to Station 1 when he encountered Medic 1. Aaron Wolven was restocking the unit. The overhead doors to the apparatus bay were open. Mr. Wolven said that there was a deceased patient in the apparatus bay and asked if Hunter Elliott wanted to join the training opportunity. Captain Vandermey came around a fire engine and saw the deceased patient on the floor. He also saw Mr. Larsen, Mr. Elliott, Mr. Wolven, Captain Farlow, Chief McDonnell, Ms. Peschka, and Ms. Sund near the patient. He had no interest in participating and continued walking to his office.
- Captain Vandermey exited his office to close the two overhead doors in front of Aid 1 and Battalion 1. He did so to ensure there was privacy, as he did not want members of the public walking by and seeing the intubations. He did not linger in the apparatus bay and returned to his office. He says he was unaware of the involvement of non-uniformed personnel in intubations.

Aaron Wolven

Aaron Wolven has worked at the Department for 11 years and has been a paramedic for 9. He recently applied and was ranked on a list of prospective preceptors, a role that involves mentoring and training paramedic students. He is not yet a preceptor. On [redacted], Mr. Wolven was involved in the original aid call for the patient. He also admits to intubating the deceased patient and instructing others to do so as well. He describes his involvement as follows:

- Mr. Wolven was working his normally scheduled "C" shift. He was partnered with Mr. Larsen that day, who is not his normal partner. He was assigned to Medic 1.
- After beginning his shift at 8 am, Mr. Wolven says Medic 1 was dispatched to a call with a patient who was experiencing shortness of breath. The patient lived at a nursing home. Mr. Wolven was given a copy of a "DNR" [Do Not Resuscitate] by staff at the facility. The DNR indicated that CPR should not be performed. Mr. Wolven says that, with the assistance of Engine 6 (which Captain Dowdy drove), they transported the patient to the hospital [St. Joseph's Medical Center]. Mr. Wolven says he placed an I-gel in the patient to assist with breathing but the patient

deteriorated and died. Medic 1 arrived at the hospital, but hospital staff refused to take the deceased patient's body. Mr. Wolven called EMS Captain Farlow for direction. Mr. Wolven says he was told by Captain Farlow to bring the body back to Station 1 and to place it in a reserve unit. Mr. Wolven drove back to Station 1.

- Mr. Wolven says that he and another person, possibly Mr. Larsen, removed the deceased patient from Medic 1 and moved the body to an area where a reserve ambulance is normally parked. Mr. Wolven says there was a body bag and blanket on the ground. The body was moved into the bag and Mr. Wolven took the gurney back into Medic 1. He then began writing the patient report. Mr. Wolven decided to get coffee and walked toward the station day room. On his way, he noticed that intubation "training" had begun on the deceased patient. Intubation and suctioning equipment was out. Mr. Wolven recalls seeing Chief McDonnell and Captain Farlow near the body. Mr. Wolven walked over to the area where these trainings were occurring. Mr. Wolven says he intubated the deceased patient using an UEScope. He says that, in addition to gaining intubation experience, he wanted to practice with the UEScope, as he had experienced poor results previously. He does not remember much conversation during or after the intubation.
- After intubating, Mr. Wolven says he stayed near the head of the deceased patient and watched Captain Farlow perform the procedure. After Captain Farlow, Mr. Wolven says Mr. Elliott came and intubated. Although he was not involved in inviting Mr. Elliott to intubate and does not know how that happened, Mr. Wolven says he thought it was a good opportunity to have him participate in these activities and it seemed like a "natural thing," given Mr. Elliott's anticipated enrollment in a paramedic training program. Mr. Wolven says he instructed Mr. Elliott on how to hold the UEScope, what landmarks to look for, and how to suction. Mr. Elliott was successful. Mr. Wolven was uncertain, but says Mr. Elliott may have tried twice. Mr. Wolven says he was focused on instruction and did not pay attention to who else was in the area.
- Mr. Wolven recalls hearing someone say, "Hey Liv, get in there." This was a comment made to Oliva Sund. He does not recall who said it. At hearing this, Mr. Wolven says his first instinct was to chuckle and mutter "No." He did not think that Ms. Sund was an appropriate person to intubate as she is not a member of the Department. He saw that Chief McDonnell did not object to Ms. Sund intubating and provided the instruction to her that "this is not going to be on Facebook and Instagram." Mr. Wolven says he was in "teacher mode" and if Chief McDonnell did not have any objections, he did not care either. Mr. Wolven instructed Ms. Sund as she intubated the deceased patient. After Ms. Sund finished, Mr. Wolven coached Ms. Peschka and she also successfully intubated the patient.
- Mr. Wolven says several others, including himself, attempted to intubate the patient using a "direct" or non-video scope method. He says it was too difficult. He identifies Captain Brubaker and Chief McDonnell as also having attempted this other intubation method. After those attempts, Mr. Wolven says he and Chief Mannix cleaned up. Mr. Wolven reports that he returned to writing his report. In total, he estimates the intubations on the deceased patient at the fire station took an hour.

Rob Wilson

Rob Wilson is the Division Chief for Communications, a position he has held for 12 years. He did not intubate the deceased patient, but reports to having witnessed a small portion of the event as follows:

- Division Chief Wilson walked from his office on the operations side and toward the bathroom. In doing so, he passed Scott Peterson who remarked that there were paramedics intubating a dead body.
- Division Chief Wilson walked to where the group was gathered around a deceased patient. A paramedic had just finished intubating using the UEScope. He was unfamiliar with that device and commented about it being "different." Division Chief Wilson recalls that paramedics Steve Larsen and Aaron Wolven were present. He says there may have been other firefighters present. He does not recall if Chief McDonnell was present.
- He stayed briefly (approximately two to three minutes) and says he did not see any intubations performed. During his short exchange with those present, he recalls some discussion about how anterior the patient's airway was and how valuable it was to intubate on him. The atmosphere he recalls was professional and educational. He did not witness anything that was unprofessional.
- After the short discussion, Division Chief Wilson went to the bathroom and then back to his office. No one complained to him regarding the intubations on [redacted]. Division Chief Wilson says nothing he observed seemed against departmental policy.

V. Findings

It is noted that few factual disputes exist: the parties generally acknowledged and/or referenced the same general events, interactions, and communications. This is especially true regarding who performed intubations and the context of how and where those intubations occurred.

As discussed below, there are issues that required credibility determinations. This was because I did not believe everyone was telling me the truth with regard to how the two civilian employees came to be present and intubated the deceased patient. Resolving such discrepancies is one of the most challenging elements of any investigation and may be accomplished in part by assessing witness credibility. Credibility is not merely a determination of whether a witness is being truthful—it involves consideration of a number of factors which include, but are not limited to: (i) ability to observe; (ii) ability to recall and consistency of recollection; (iii) reputation for truthfulness; (iv) statements by other witnesses that are consistent or inconsistent with those of the declaring witness; (v) self-contradiction; (vi) bias/unusual interest in the outcome of the case or a friendly or hostile relationship with one of the parties; (vii) contemporaneous documentation; and (viii) an individual's conduct during the investigation, including demeanor and body language during interviews and/or other tangible and intangible conduct that goes to a witness's sincerity. All of these factors were considered in assessing the credibility of every individual who participated in the investigation.

The evidence warrants three primary findings:

1. **On [redacted], 11 employees intubated a deceased patient on the floor of Station 1.**

Eleven employees admit to intubating the deceased patient on [redacted] on the floor of Station 1. Additionally, four employees attempted a second round of intubations using a different device. The body was on the floor of the apparatus bay, where a reserve aid unit normally parks. The intubations were performed after St. Josephs had refused to take the body and before the funeral home took receipt. The intubations by these 11 individuals took approximately 45 minutes. Medic 1 remained out of service from its delivery of the body to Station 1 until after the intubations were complete and the UEScope was returned to Medic 1.

No one interviewed requested or received consent from a family member or other person authorized by the patient to intubate after life saving efforts had ceased.

The tone and atmosphere of the group and intubations was professional throughout the events on [redacted]. Many of those who participated or viewed the intubations spoke of the mood and educational and training. Other than a "high five" between Ms. Sund and Ms. Peschka, the evidence is undisputed that participants took this as a serious opportunity to receive training and record intubations for relicensing.

The following employees (in alphabetical order) admit to intubating the patient: Jeff Brubaker, Matt Cook, Hunter Elliott, Scott Farlow, Steve Larsen, Mannix McDonnell, Kristia Peschka, Micah Quintrall, Derik Scott, Olivia Sund, and Aaron Wolven. Several witnesses credibly reported that Chief McDonnell gave oral approval for the EMT (Hunter Elliott) and the two office employees (Olivia Sund and Kristia Peschka) to intubate the deceased patient. Captain Brubaker, Mr. Larsen, Chief McDonnell, and Mr. Wolven each attempted to intubate the patient a second time, but were unable to due to fluid and the inability to see clearly.

While Mr. Elliott, Ms. Sund, and Ms. Peschka intubated, Mr. Wolven provided instruction. Chief McDonnell provided the direction to Mr. Wolven for him to instruct the three non-paramedics.

A review of the job descriptions of Ms. Sund and Ms. Peschka establish that intubations fall outside of their job duties. Likewise, although he plans to attend a paramedic training course, as an EMT, intubations exceed Mr. Elliott's license, training, and job duties.

2. Chief McDonnell authorized Mr. Elliott and Ms. Sund to intubate the deceased patient.

As detailed in the witness summaries, Mr. Elliott and Ms. Sund both report intubating the deceased patient only after seeking and receiving approval from Chief McDonnell.[13] Chief McDonnell denies providing either with approval.[14] I do not find Chief McDonnell credible on this issue. In particular, two witnesses – Mr. Wolven and Captain Farlow – heard Chief McDonnell provide oral approval to Ms. Sund for her to intubate. Both Mr. Wolven and Captain Farlow report being surprised at Chief McDonnell's approval.

Likewise, I did not find Chief McDonnell's claim that he had "no idea" how Ms. Sund came to be present for the intubations credible. Ms. Sund specifically recalls Chief McDonnell come into the office to inform Captain Brubaker of the deceased patient and opportunity to "tube check." As described above, she asked Chief McDonnell if she could watch the intubations and received his approval. This exchange was overhead by Mr. Hughes. I found no reason for Ms. Sund nor Mr. Hughes to be untruthful.

Moreover, the presence of Chief McDonnell and his involvement directly in some of the intubations (such as the intubation by Ms. Sund and the instruction provide by Mr. Wolven) was critical in individuals alleviating and resolving their own concerns about the events on [redacted]. For example, Captains Farlow, Brubaker, and Vandermey all reported having concerns about the inclusion of office staff during the intubations but accepted it as permissible or did not raise the issue because Chief McDonnell was present.[15] Likewise, Ms. Sund, Mr. Elliott, Mr. Wolven, and Mr. Larsen reasonably believed their intubations were acceptable, having been given direction by Chief McDonnell and then having his subsequent oversight.

3. The intubations performed on [redacted] were inconsistent with prior practice.

Throughout this investigation, individuals explained the event on [redacted], as part of a "training opportunity." Chief Wilson, for example, ardently defended the [redacted] intubations and the past practice as necessary training to maintain a highly skilled paramedic force.

Yet, the evidence does not support the notion that the events on [redacted] comported with the long-standing practice of "tube checks." Most notable, was the inclusion of non-paramedic staff (Mr. Elliott, Ms. Sund, and Ms. Peschka) in the intubations. None of the

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[13] Ms. Peschka does not recall if she received authorization from Chief McDonnell or Captain Farlow. Given her own uncertainty, this investigation does not find by preponderance of the evidence that either approved her intubations. Reasonably, she reports to following Ms. Sund and believed she too had approval.

[14] With regard to Mr. Elliott, Chief McDonnell said he cannot recall if he invited Mr. Elliott to intubate.

[15] Captain Vandermey raised the issue with Battalion Chief Henkel the next day. He was one of the few people who took any action – shutting the apparatus bay doors – to ensure the patient was afforded privacy.

individuals interviewed had seen (or even heard of) non-paramedic staff involved in "tube checks." Although several witnesses pointed out that Mr. Elliott was expected to attend paramedic training school in the fall, this investigation found no prior instance of a would-be student included in intubations. Likewise, no witness relayed that the prior practice included paramedics (who were potential preceptors) providing instruction to non-paramedic staff.

The number of intubations is also notable. Fifteen intubations (11 successful) was far outside the number of intubations typically performed within the practice of tube checks. Two witnesses reported of an occasion where a deceased patient was intubated six times. This was the most anyone could recall. Nearly all witnesses reported 2-4 intubations (including an intubation during lifesaving efforts) was typical past practice. Additionally, the patient who died on [redacted] had never received an intubation tube during lifesaving efforts. Unlike the historic practice of tube checks in which the tube checks occurred immediately following the death of a patient, here, the tube checks occurred over 45 minutes.

There is some dispute regarding the level of privacy afforded to the patient and the setting for the intubations on [redacted]. I credit Captain Vandermey and Mr. Peterson that the setting was so open that both believed they needed to take personal steps to ensure the public did not encounter the scene. This perspective was validated by Mr. Scott and Mr. Quintrall who recalled discussing privacy upon leaving Station 1. In any case, the setting for the intubations on [redacted] was unlike any setting reported as prior practice.

Finally, there is no prior practice of using "tube checks" to evaluate the efficiency of equipment or the use of "tube checks" for supervisors to provide feedback about technique.

In sum, the evidence does not support the notion that the events on [redacted] was consistent with prior practice. While Chief McDonnell credibly reports that his intent on [redacted] was to provide training opportunities for paramedics, I do not find there is any prior basis for him to believe that the setting created, and inclusion of non-paramedic staff, was acceptable under Departmental practice. The culture of the Department, with its emphasis on training and skills, certainly contextualized Chief McDonnell's oversight of the events on [redacted]. Yet, that explanation only goes so far. I find compelling that numerous individuals around Chief McDonnell – Captain Brubaker, Captain Farlow, Mr. Peterson, Mr. Quintrall, Mr. Scott, Captain Vandermey, and Mr. Wolven – differentiated between the past practice and the events as they occurred.

VI. Conclusion

I hope this summary is helpful to you as the City addresses this matter. Please don't hesitate to contact me if you have any questions.

JS 44 (Rev. 02/19)

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 NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS

Robert Fox

(b) County of Residence of First Listed Plaintiff Alameda, California
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*
Corr Downs, PLLC 100 W. Harrison St., Suite N440 Seattle, WA 98119

DEFENDANTS

City of Bellingham

County of Residence of First Listed Defendant Whatcom
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys *(If Known)*
Shane Brady

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☐ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question *(U.S. Government Not a Party)*
- ☐ 2 U.S. Government Defendant
- ☒ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*

(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☒ 1	Incorporated *or* Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☒ 2	☐ 2	Incorporated *and* Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

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

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
☐ 110 Insurance ☐ 120 Marine ☐ 130 Miller Act ☐ 140 Negotiable Instrument ☐ 150 Recovery of Overpayment & Enforcement of Judgment ☐ 151 Medicare Act ☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans) ☐ 153 Recovery of Overpayment of Veteran's Benefits ☐ 160 Stockholders' Suits ☐ 190 Other Contract ☐ 195 Contract Product Liability ☐ 196 Franchise	**PERSONAL INJURY** ☐ 310 Airplane ☐ 315 Airplane Product Liability ☐ 320 Assault, Libel & Slander ☐ 330 Federal Employers' Liability ☐ 340 Marine ☐ 345 Marine Product Liability ☐ 350 Motor Vehicle ☐ 355 Motor Vehicle Product Liability ☒ 360 Other Personal Injury ☐ 362 Personal Injury - Medical Malpractice	**PERSONAL INJURY** ☐ 365 Personal Injury - Product Liability ☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability ☐ 368 Asbestos Personal Injury Product Liability **PERSONAL PROPERTY** ☐ 370 Other Fraud ☐ 371 Truth in Lending ☐ 380 Other Personal Property Damage ☐ 385 Property Damage Product Liability	☐ 625 Drug Related Seizure of Property 21 USC 881 ☐ 690 Other **LABOR** ☐ 710 Fair Labor Standards Act ☐ 720 Labor/Management Relations ☐ 740 Railway Labor Act ☐ 751 Family and Medical Leave Act ☐ 790 Other Labor Litigation ☐ 791 Employee Retirement Income Security Act	☐ 422 Appeal 28 USC 158 ☐ 423 Withdrawal 28 USC 157 **PROPERTY RIGHTS** ☐ 820 Copyrights ☐ 830 Patent ☐ 835 Patent - Abbreviated New Drug Application ☐ 840 Trademark **SOCIAL SECURITY** ☐ 861 HIA (1395ff) ☐ 862 Black Lung (923) ☐ 863 DIWC/DIWW (405(g)) ☐ 864 SSID Title XVI ☐ 865 RSI (405(g))	☐ 375 False Claims Act ☐ 376 Qui Tam (31 USC 3729(a)) ☐ 400 State Reapportionment ☐ 410 Antitrust ☐ 430 Banks and Banking ☐ 450 Commerce ☐ 460 Deportation ☐ 470 Racketeer Influenced and Corrupt Organizations ☐ 480 Consumer Credit ☐ 485 Telephone Consumer Protection Act ☐ 490 Cable/Sat TV ☐ 850 Securities/Commodities/ Exchange ☐ 890 Other Statutory Actions ☐ 891 Agricultural Acts ☐ 893 Environmental Matters ☐ 895 Freedom of Information Act ☐ 896 Arbitration ☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision ☐ 950 Constitutionality of State Statutes
REAL PROPERTY	**CIVIL RIGHTS**	**PRISONER PETITIONS**	**IMMIGRATION**	**FEDERAL TAX SUITS**	
☐ 210 Land Condemnation ☐ 220 Foreclosure ☐ 230 Rent Lease & Ejectment ☐ 240 Torts to Land ☐ 245 Tort Product Liability ☐ 290 All Other Real Property	☐ 440 Other Civil Rights ☐ 441 Voting ☐ 442 Employment ☐ 443 Housing/ Accommodations ☐ 445 Amer. w/Disabilities - Employment ☐ 446 Amer. w/Disabilities - Other ☐ 448 Education	**Habeas Corpus:** ☐ 463 Alien Detainee ☐ 510 Motions to Vacate Sentence ☐ 530 General ☐ 535 Death Penalty **Other:** ☐ 540 Mandamus & Other ☐ 550 Civil Rights ☐ 555 Prison Condition ☐ 560 Civil Detainee - Conditions of Confinement	☐ 462 Naturalization Application ☐ 465 Other Immigration Actions	☐ 870 Taxes (U.S. Plaintiff or Defendant) ☐ 871 IRS—Third Party 26 USC 7609	

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 - Transfer ☐ 8 Multidistrict Litigation - Direct File

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. sec. 1332

Brief description of cause:
Tortious Interference with a Corpse

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A **CLASS ACTION** UNDER RULE 23, F.R.Cv.P.

DEMAND $

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions): JUDGE _____ DOCKET NUMBER _____

DATE
06/19/2019

SIGNATURE OF ATTORNEY OF RECORD
s/Jacob M. Downs

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

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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.Cv.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**; NOTE: 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 there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: Nature of Suit Code Descriptions.

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.
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 – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket. **PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7.** Origin Code 7 was used for historical records and is no longer relevant due to changes in statue.

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 actual dollar amount 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.

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Western District of Washington

Robert Fox

Plaintiff(s)

v.

City of Bellingham

Defendant(s)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* City of Bellingham
210 Lottie Street
Bellingham, WA 98225

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jacob M. Downs
CORR|DOWNS PLLC
100 W. Harrison St., Suite N440
Seattle, WA 98119

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____ was received by me on *(date)* _____ .

❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc:

Print Save As... Reset