

39TH ANNUAL CASE
THE OFFICIAL
**COLORADO
CASE PROBLEM**

Julian Grimes vs. Quinn Dixon

Written by Colorado Bar Association
High School Mock Trial Committee



Case Summary

Plaintiff Julian Grimes contracted COVID-19 after attending a New Year's Eve, private, rooftop party hosted by Defendant Quinn Dixon on December 31, 2020 / January 1, 2021.

The party violated the Covid restriction in place at the time, which was Level Orange: personal gatherings limited to no more than 10 people from no more than 2 households. The Defendant invited more than 30 people to the party but did take steps to mitigate the risk of spreading COVID.

The Plaintiff has an autoimmune condition and was eligible for early vaccination. The Plaintiff was partially vaccinated at the time of the party (received the first, but not the second dose). The Plaintiff also believed that the party was going to be limited to 10 people. Shortly after the party, the Plaintiff began to show symptoms of COVID and later tested positive. The Plaintiff was hospitalized but survived. The Plaintiff, however, still suffers from long COVID symptoms including breathing issues, fatigue, and difficulty thinking and concentrating,

The parties dispute whether the Plaintiff contracted COVID at the party, and the Defendant alternatively asserts that the Plaintiff was comparatively negligent. The Plaintiff seeks economic and non-economic damages. The economic losses are based upon medical bills. The parties stipulate to the amount and reasonableness of the bills, but they disagree on the issue of causation.

AVAILABLE WITNESSES

Plaintiff

1. Julian Grimes
2. Peyton Rhee
3. Dr. Campbell Green (Expert)

Defendant

1. Quinn Dixon
2. Bailey Peletier
3. Dr. Robin Negan (Expert)

EXHIBITS

Exhibit 1 – Dr. Campbell Green CV

Exhibit 2 – Dr. Robin Negan CV

Exhibit 3 – COVID Level Orange Restrictions

Exhibit 4 – COVID Variant Stats

Exhibit 5 – Party Invitation

Exhibit 6 – Quinn’s Apartment Layout

Exhibit 7 – Peyton’s Work Schedule

Exhibit 8 – Party Scene Picture

Exhibit 9 – Julian’ GPA Diagnosis

Exhibit 10 – HOA Email

STIPULATED FACTS

1. There are no material omissions from the case that would be admissible evidence.
2. The Case Summary is not a part of the case materials, and its contents are not admissible and no reference to the Summary contents may be entered or referenced during the trial.
3. All exhibits included in the problem are authentic and accurate in all respects and no objections to the authenticity of the exhibits will be entertained.
4. All Witness Statements and signatures thereon are authentic, and no attorney or witness may attempt to deny the authenticity of the signatures.
5. All witnesses are presumed to have knowledge of the facts contained in each of the stipulations.
6. A witness may be portrayed by a team member of any gender.
7. The parties are properly before the Court and jurisdiction and venue are proper.
8. The parties agree that the amount of Plaintiff's medical bills are reasonable and no further documents or testimony are necessary to prove those medical bills. Plaintiff may make a claim for other economic and/or non-economic losses during Plaintiff's testimony without giving rise to an unfair extrapolation objection. Defendant may cross examine Plaintiff on the nature and amount of these other economic and non-economic losses.
9. Dr. Green and Dr. Negan have reviewed the other's witness statement and both experts have had access to and reviewed the same background medical reports of Plaintiff, all the witness statements and Dr. Negan has review Dr. Green's report of Dr. Green's physical examination of Plaintiff. Further, although no rebuttal reports were prepared by either, each disagrees with the other's professional findings and conclusions. The parties have agreed that each Doctor may comment on the other Doctor's witness statement without preparing a rebuttal report but each Doctor's comments on the other Doctor's statement must be supported by the information contained in the commenting Doctor's witness statement.
10. The only two witnesses who are allowed to be qualified as experts are Dr. Green and Dr. Negan. Peyton Rhee may testify only as a lay witness and Rhee's lay testimony must be in accordance with C.R.E. 701.

11. Both experts agree that the information in Exhibit 4 is accurate.

12. Stipulations cannot be contradicted or challenged.

DISTRICT COURT, COUNTY OF JEFFERSON STATE OF COLORADO 100 Jefferson County Parkway Golden, CO 80401	
JULIAN GRIMES, Plaintiff, v. QUINN DIXON, Defendant.	▲ COURT USE ONLY ▲
Attorney for Plaintiff: Name: Colorado High School Student Law Office 123 Main Street Lakewood, Colorado 80999 Phone Number: 303-555-5000 Fax Number: 303-555-5028 Email: studentlaw@coloradohighschool.com	Case No.: Courtroom:
COMPLAINT AND JURY DEMAND	

COMES NOW, the Plaintiff, Julian Grimes, by and through their attorneys, Colorado High School Student Law Office, and for their Complaint against the Defendant, Quinn Dixon, states and alleges as follows:

JURISDICTION AND VENUE

1. The Plaintiff is and was at the time of the incident in question, a resident of the City of Lakewood, County of Jefferson, and the State of Colorado.
2. The Defendant is and was at the time of the incident in question, a resident of the City of Lakewood, County of Jefferson, and the State of Colorado.
3. Jurisdiction and venue are proper because some or all of the Defendants are located within the County of Jefferson.

FACTUAL ALLEGATIONS

4. Plaintiff hereby incorporates by reference and makes a part of this Claim for Relief all previous paragraphs of Plaintiff's Complaint.

5. The Defendant hosted a social gathering at their premises located in Lakewood, Colorado during a period when government authorities had imposed lockdown measures and Orange Level restrictions aimed at controlling the spread of the COVID-19 virus.

6. Despite knowing the risks associated with hosting gatherings during a pandemic and the existence of local, state, and federal guidelines and mandates, the Defendant negligently and recklessly disregarded these regulations and allowed a large number of guests to congregate at their property.

7. The Plaintiff, Julian Grimes, attended the party at the Defendant's premises on the aforementioned date, believing that necessary safety precautions would be in place.

8. Plaintiff was lawfully on Defendant premises at all times.

9. Upon arriving at the party, it became apparent that no Orange Level safety measures, such as social distancing or mask-wearing, were being enforced.

10. Plaintiff was wearing Personal Protective Equipment at all times including a face mask.

11. As a direct and proximate result of the Defendant's negligent actions, the Plaintiff contracted the COVID-19 virus, which caused them to suffer severe illness, emotional distress, medical expenses, and lost wages.

12. Additionally, Plaintiff suffered from long COVID symptoms including persistent shortness of breath, fatigue, and difficulty thinking and concentrating.

FIRST CLAIM FOR RELIEF **(Premises Liability)**

Plaintiff asserts a claim for premises liability against the Defendant based on the following:

13. Plaintiff hereby incorporates by reference and make a part of this Claim for Relief all previous paragraphs of Plaintiff's Complaint.

14. At the time of the incident previously described, Plaintiff was a “licensee” of Defendant, because they were lawfully on the premises as a social guest.

15. At the time and place of the incident indicated above, Defendant was a statutory or actual “landowner” and was legally responsible for the condition of, and activities occurring on, or circumstances existing on, the premises where Plaintiff was injured.

16. Defendant, as a direct and proximate result or substantial factor in bringing or causing Plaintiff’s injuries, damages, and losses as described above, is liable for their actions, omissions, and inactions.

17. Defendant is liable to Plaintiff, arising out of Plaintiff’s status as a licensee or lawful individual on their property, for damages and injuries sustained by Plaintiff, which were caused by Defendant.

18. Defendant had a duty to Plaintiff to use reasonable care to protect Plaintiff against dangers which Defendant knew or should have known existed at the time Plaintiff was injured and breached this duty by failing to use proper warnings, follow mandated Orange Level safety protocols, and by hosting a party with more individuals present than were allowed by Orange Level restrictions.

19. Defendant either knew or should have known of the dangers created by these unsafe, dangerous, and hazardous conditions on the premises.

20. Defendant should have taken reasonable measures, such as inspecting the premises, supervising the premises and generally implementing and enforcing proper Orange Level restrictions and procedures, thereby preventing licensees and other reasonably foreseeable individuals from being injured by dangerous, unsafe, or hazardous conditions stemming from the premises.

21. Defendant had actual or constructive knowledge, i.e., knew or should have known, that the conditions at the party would cause harm to reasonably foreseeable licensees of the premises, like Plaintiff and other patrons.

22. Defendant failed to use reasonable and/or low-cost and reasonable mitigation measures readily available to Defendant to remedy the dangerous condition.

23. Accordingly, Plaintiff seeks general and special damages from Defendant as a consequence of the injuries and damages suffered as a result of Defendant’s negligent conduct, actions, and omissions on the occasion in question.

SECOND CLAIM FOR RELIEF
(Negligence)

24. Plaintiff hereby incorporates by reference and make a part of this Claim for Relief all previous paragraphs of Plaintiff's Complaint.

25. At all times relevant hereto, Defendant was responsible for the condition of, maintained controlled, serviced, managed, supervised or otherwise acted upon/conducted activities upon the aforementioned premises and owed duties to Plaintiff.

26. Defendant owed Plaintiff a duty of care to protect them from foreseeable harm, such as exposure to COVID-19.

27. Defendant could reasonably foresee the danger that hosting a party during a government restriction could lead to an injury for which they would be liable.

28. Defendant acted unreasonably because they failed to properly maintain and keep safe the subject area, they knew or should have known that the dangerous condition existed.

29. Defendant breached their duty by failing to exercise reasonable care to prevent foreseeable injury to Plaintiff, by negligent act or omission, by, in and among other things, failing to employ reasonable means for monitoring partygoers including Plaintiff, in a reasonably prudent manner and in accordance with Orange Level restrictions so as to avoid causing harm or injury to Plaintiff.

30. As a direct and proximate result of Defendants' negligence and careless conduct, and failure to exercise reasonable care, Plaintiff incurred injuries, damages, and losses.

WHEREFORE, the Plaintiff requests for judgment against Defendant as set forth below:

Plaintiff requests that judgment be entered in favor of the Plaintiff and against the Defendant in an amount to fairly compensate them for the injuries, damages, and losses as set forth above, court costs, expert witness fees, statutory interest from the date this cause of action accrued or as otherwise permitted under Colorado law and for such other and further relief as the Court deems just and proper and/or Plaintiffs requests for the following relief including and without limitation:

- i) For an amount which will reasonably compensate Plaintiff for past, present and future economic loss, including impairment to future earning capacity.
- ii) For an amount which will reasonably compensate Plaintiff for medical expenses, past and future.

iii) For an amount which will reasonably compensate Plaintiff for permanent limitation, injuries, and/or disabilities of the body and/or mind.

iv) For any amount which will reasonably compensate Plaintiff for pain and suffering, past and future.

v) For an amount which will reasonably compensate Plaintiff for loss of enjoyment of life and/or the capacity of life.

vi) For an amount which will reasonably compensate Plaintiff for emotional distress.

vii) For interest as provided by Statute from the date of the incident which forms the basis of the *Complaint* to the date of verdict or judgment, and for costs and fees incurred in the prosecution of the matter and for any other and further relief as the Court may deem just.

PLAINTIFF HEREBY DEMANDS A JURY

Respectfully submitted,

JULIAN GRIMES, Plaintiff

By: /s/ Ben J. Midland
Colorado High School Student Law Office
Plaintiff's Attorney

JURY INSTRUCTIONS

Instruction No. 1

1. The plaintiff has the burden of proving her claims by a preponderance of the evidence.
2. The defendant has the burden of proving defendant's affirmative defense(s) by a preponderance of the evidence.
3. To prove something by a "preponderance of the evidence" means to prove that it is more probably true than not.
4. "Burden of proof" means the obligation a party has to prove its claims or defenses by a preponderance of the evidence. The party with the burden of proof can use evidence produced by any party to persuade you.
5. If a party fails to meet its burden of proof as to any claim or defense or if the evidence weighs so evenly that you are unable to say that there is a preponderance on either side, you must reject that claim or defense.

Instruction No. 2

The evidence in the case consists of the sworn testimony of all the witnesses, all exhibits which have been received in evidence, and all facts which have been admitted or agreed to.

In deciding the facts, you must consider only the evidence received at trial. Evidence offered at the trial and rejected or stricken by the Court must not be considered by you. Statements, remarks, arguments, and objections by counsel and remarks of the Court not directed to you are not evidence.

You are to consider only the evidence in the case and the reasonable inferences from that evidence. An inference is a conclusion that follows, as a matter of reason and common sense, from the evidence.

Instruction No. 3

Evidence may be either direct or circumstantial. Circumstantial evidence is the proof of facts or circumstances from which the existence or nonexistence of other facts may reasonably be inferred. All other evidence is direct evidence. The law makes no distinction between the effect of direct evidence and circumstantial evidence.

Instruction No. 4

The weight of evidence is not necessarily determined by the number of witnesses testifying to a particular fact.

Instruction No. 5

You must not be influenced by sympathy, bias, or prejudice for or against any party in this case.

Instruction No. 6

A witness qualified as an expert by education, training, or experience may state opinions. You should judge expert testimony just as you would judge any other testimony. You may accept it or reject it, in whole or in part. You should give the testimony the importance you think it deserves, considering the witness's qualifications, the reasons for the opinions, and all of the other evidence in the case.

Instruction No. 7

You are the sole judges of the credibility of the witnesses and the weight to be given their testimony. You should take into consideration their means of knowledge, strength of memory and opportunities for observation; the reasonableness or unreasonableness of their testimony; the consistency or lack of consistency in their testimony; their motives; whether their testimony has been contradicted or supported by other evidence; their bias, prejudice or interest, if any; their manner or demeanor upon the witness stand; and all other facts and circumstances shown by the evidence which affect the credibility of the witnesses.

Based on these considerations, you may believe all, part or none of the testimony of a witness.

Instruction No. 8

The fact that an instruction on measure of damages has been given to you does not mean that the Court is instructing the jury to award or not to award damages. The question of whether or not damages are to be awarded is a question for the jury's consideration.

Instruction No. 9

If you find that the plaintiff has had actual damages, then you must consider whether the defendant has proved the defendant's affirmative defense of plaintiff's failure to mitigate or minimize damages. The plaintiff has the duty to take reasonable steps under the circumstances to mitigate or minimize her damages. Damages, if any, caused by plaintiff's failure to take such reasonable steps cannot be awarded to the plaintiff.

This affirmative defense is proved if you find both of the following have been proven by a preponderance of the evidence:

1. The plaintiff failed to take reasonable precautions to avoid exposure to COVID-19 or failed to seek such medical attention for her claimed illness as a reasonable person would have sought under the same or similar circumstances;

2. The plaintiff had increased injuries, damages, or losses because she did not take reasonable precautions to avoid exposure to COVID-19 or failed to seek such medical attention for her claimed illness as a reasonable person would have sought under the same or similar circumstances.

If you find that any one or more of these propositions has not been proved by a preponderance of the evidence, then you shall make no deduction from plaintiff's damages.

On the other hand, if you find that both of these propositions have been proved by a preponderance of the evidence, then you must determine the amount of damages caused by the plaintiff's failure to take such reasonable steps. This amount must not be included in your award of damages.

Instruction No. 10

Difficulty or uncertainty in determining the precise amount of any damages does not prevent you from deciding an amount. You should use your best judgment based on the evidence.

Instruction No. 11

The plaintiff has the burden of proving, by a preponderance of the evidence, the nature and extent of the plaintiff's damages. If you find in favor of the plaintiff, you must determine the total dollar amount of plaintiff's damages, if any, that were caused by the fault of the defendant, if any, and of the plaintiff, if any.

In determining such damages, you shall consider the following:

1. Any noneconomic losses or injuries which plaintiff has had to the present time or probably will have in the future, including: physical and mental pain and suffering, inconvenience, emotional stress, and impairment of the quality of life. In considering damages in this category, you shall not include actual damages for physical impairment or disfigurement because these damages, if any, are to be included in a separate category.

2. Any economic losses or injuries which plaintiff has had to the present time or probably will have in the future, including: reasonable and necessary medical, hospital, and other expenses. In considering damages in this category, you shall not include actual damages for physical impairment or disfigurement because these damages, if any, are to be included in a separate category.

3. Any physical impairment or disfigurement. In considering damages in this category, you shall not include damages again for losses or injuries already determined under either numbered paragraph 1 or 2 above.

Instruction No. 12

For the plaintiff to recover damages for the aggravation of a preexisting condition, you must find all of the following have been proved:

1. Before December 31, 2020, the plaintiff suffered from one or more preexisting conditions, including but not limited to, granulomatosis with polyangiitis (GPA);

2. On December 31, 2020, the defendant actually knew about a danger on the property (or, as a person using reasonable care, should have known about it);

3. The defendant failed to use reasonable care to protect against the danger on the property; and

4. The defendant's failure to use reasonable care to protect against this danger on the property made the plaintiff's preexisting conditions worse.

If you find that all of these three statements have been proved by a preponderance of the evidence, it is your duty to determine, if possible, the amount of damages, if any, caused only by the fault of the defendant.

If you are able to separate the amount of damages, if any, caused by the fault of the defendant from the amount of damages, if any, caused by the ailment or disability which existed before December 31, 2020, then the plaintiff is entitled to recover damages caused only by the fault of the defendant.

If you are unable to separate the damages caused by the ailment or disability which existed before December 31, 2020, and the damages caused by the fault of the defendant, then the defendant is legally responsible for the entire amount of damages.

Instruction No. 13

The plaintiff claims damages from the defendant for injuries caused by contracting an illness, which Plaintiff claims was COVID-19, on or around December 31, 2020. If you find that plaintiff's injuries were caused by contracting COVID-19 on defendant's property on or around December 31, 2020, and that plaintiff contracted COVID-19 due to the defendant's failure to use reasonable care to protect against a danger that the defendant's guests would contract COVID-19 at the property that the defendant actually knew of, or, as a person using reasonable care, should have known of, on or prior to December 31, 2020, then the plaintiff may recover

all damages caused by that event. But if you find the plaintiff contracted COVID-19 at any time she was not on defendant's property or that plaintiff's damages were not caused by any act or omission by the defendant, then the plaintiff may not recover any damages.

Instruction No. 14

Negligence means a failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances to protect oneself or others from bodily injury.

Negligence may also mean assumption of risk. A person assumes the risk of injury or damage if the person voluntarily or unreasonably exposes herself to such injury or damage with knowledge or appreciation of the danger and risk involved.

Instruction No. 15

Reasonable care is that degree of care which a reasonably careful person would use under the same or similar circumstances.

Instruction No. 16

The occurrence of an accident or illness does not raise any presumption of negligence on the part of either the plaintiff or the defendant.

Instruction No. 17

The word "cause" as used in these instructions means an act or failure to act that in natural and probable sequence produced the claimed injury. It is a cause without which the claimed injury would not have happened.

If more than one act or failure to act contributed to the claimed injury, then each act or failure to act may have been a cause of the injury. A cause does not have to be the only cause

or the last or nearest cause. It is enough if the act or failure to act joins in a natural and probable way with some other act or failure to act to cause some or all of the claimed injury.

One's conduct is not a cause of another's injuries, however, if, in order to bring about such injuries, it was necessary that his or her conduct combine or join with an intervening cause that also contributed to cause the injuries. An intervening cause is a cause that would not have been reasonably foreseen by a reasonably careful person under the same or similar circumstances.

Instruction No. 18

The negligence, if any, of the defendants is not a cause of any injuries to the plaintiff unless injury to a person in the plaintiff's situation was a reasonably foreseeable result of that negligence. The specific injury need not have been foreseeable. It is enough if a reasonably careful person, under the same or similar circumstances, would have anticipated that injury to a person in the plaintiff's situation might result from the defendant's conduct.

Instruction No. 19

For the plaintiff to recover from the defendant on the plaintiff's claim of premises liability, you must find all the following have been proved by a preponderance of the evidence:

1. The plaintiff had injuries;
2. The defendant actually knew about a danger on the property (or, as a person using reasonable care, should have known about it);
3. The defendant failed to use reasonable care to protect against the danger on the property; and
4. The defendant's failure was a cause of the plaintiff's injuries.

If you find that any one or more of these four statements has not been proved, then your verdict must be for defendant.

On the other hand, if you find that all of these four statements have been proved, then you must consider the defendant's affirmative defense of comparative negligence.

Instruction No. 20

The affirmative defense of the comparative negligence of the plaintiff is proved if you find all of the following:

1. The plaintiff was negligent; and
2. The negligence of the plaintiff was a cause of the plaintiff's own claimed injuries.

Instruction No. 21

If you find the plaintiff was damaged and that the plaintiff's damages were caused by the negligence or fault of both the plaintiff and the defendant, then you must determine to what extent the negligent conduct of each contributed to the damages of the plaintiff, expressed as a percentage of 100 percent.

If you find that both the plaintiff and the defendant were negligent or at fault and that the negligence of the plaintiff was equal to or greater than the negligence or fault of the defendant, then the plaintiff will not be allowed to recover.

On the other hand, if you find that the negligence of the plaintiff was less than the negligence of the defendant, then the plaintiff will be allowed to recover.

If the plaintiff is allowed to recover, the total damages you award will be reduced by the Court by the percentage of the plaintiff's negligence.

1 **JULIAN GRIMES – WITNESS STATEMENT**

2 My name is Julian Grimes. I am a licensed attorney in the State of Colorado and, until
3 August of 2021, I was a junior associate at Kirkman and Morre, a personal injury law firm. I
4 contracted COVID-19 after attending a New Year’s Eve, private, rooftop party hosted by
5 Defendant Quinn Dixon, my former law school classmate, on New Year’s Eve of 2020. Shortly
6 after the party, I began to show symptoms of COVID and later tested positive. I was eventually
7 hospitalized twice and put on supplemental oxygen both times. Ever since my hospitalizations, I
8 have suffered from long COVID symptoms including persistent shortness of breath, fatigue, and
9 difficulty thinking and concentrating. Due to my persistent fatigue and other lingering
10 complications, I was no longer able to work the long hours required of a young associate at a
11 law firm, and I have been forced to limit my legal practice to contract document review work. It
12 pays much less and provides little potential for career growth.

13 I also suffer from a rare auto-immune disorder called granulomatosis with polyangiitis
14 (GPA), which is also known as Wegener’s disease. Exhibit 9 contains the after-visit notes from
15 when I was first diagnosed. It is a systemic vasculitis that primarily affects small blood vessels. It
16 can lead to inflammation in various organs, including the lungs, which can cause fatigue and
17 shortness of breath. However, my GPA had only flared up twice before I contracted COVID-19,
18 and my symptoms were not nearly as severe during those previous flareups as they have been
19 since I began experiencing long COVID symptoms.

20 My long COVID symptoms have forced me to alter my lifestyle substantially. Although I
21 am now able to maintain a safe blood-oxygen level without supplemental oxygen, I am
22 constantly fatigued and short of breath. It is difficult for me to even muster the energy to get

23 out of bed most days, much less maintain a normal work schedule, stay physically active, or
24 even catch up with friends. I can no longer meet the demands of my position as personal injury
25 associate in this state, and I have also had to give up tennis and hiking. Before I contacted
26 COVID and these symptoms began, I was an avid tennis player and hiker. I also now suffer from
27 depression and have gained substantial weight.

28 Before attending Quinn Dixon's New Year's Eve party, where I contracted COVID-19, I
29 was able to obtain a COVID vaccine. This was a two-part vaccine that had just been released,
30 and I was one of the first to receive the vaccine due to my autoimmune disorder. However, I
31 had not yet had the second dose before attending Quinn Dixon's party. At the time, however,
32 there was good evidence to suggest that even one dose of the vaccine would reduce the
33 severity of the symptoms. I cannot imagine how much worse this would have been had I not
34 received that first dose of the vaccine.

35 Because of my autoimmune disease and my immunosuppressant drugs that make me
36 particularly susceptible to contracting COVID, I have been exceptionally cautious about the risk
37 of contracting COVID. I have worked remotely since March of 2020, and I have rarely left my
38 apartment since the start of this pandemic. I also practiced regular safe handwashing, and
39 before contracting COVID, I even washed all groceries and other items that I brought home.
40 Whenever I had to leave the apartment, I wore a KN95 mask and practiced social distancing.
41 Because my roommate, Peyton Ghee, worked in a hospital, I would also wear a mask indoors
42 when Peyton was home, and I would also try to stay in my own room with the door closed as
43 much as possible.

44 I was told that Quinn’s New Year’s Eve party was limited to 10 people, which I believed
45 complied with the Level Orange restrictions in effect at the time. I have since learned that the
46 restrictions also limited personal gatherings to people from no more than two households, but I
47 did not know that before. I, unfortunately, made the mistake of trusting that Quinn Dixon, as
48 the host of this party, would be familiar with the restrictions in place and would comply with
49 those to keep all of the guests safe.

50 Still, while I was aware that there would be some risk involved, I was assured by Bailey
51 Pelletier, another former law school classmate and coworker from Kirkman and Moore—the
52 personal injury firm I left in August 2021, that the party would comply with local restrictions for
53 social gatherings and that all guests would wear masks and observe proper social distancing.
54 Before the party Quinn also personally sent me a text message with an attached invitation
55 indicating that all guests were required to wear masks and that nobody with COVID symptoms
56 would be allowed to attend the party. Exhibit 5 is a copy of the invitation attached to Quinn’s
57 text. The party was going to be on the rooftop of Quinn’s apartment complex, so I knew it
58 would be mostly outdoors. My roommate, Peyton, who is an emergency room nurse felt
59 confident that my KN95 mask and first vaccine dose would provide reasonable protection as
60 long as the gathering complied with local restrictions for outdoor gatherings and everyone
61 wore masks and observed proper social distancing. I also had not been to a social event in the
62 previous nine months, and I did not want to spend New Year’s Eve alone.

63 I arrived at the party early in the evening. When I got there, there were fewer than 10
64 other guests present. I wore a KN95 mask to the party, and all of the other guests were wearing
65 masks as well. The guests were also staying 6 feet apart at first. I left my mask on the entire

66 night except to eat or drink, and it seemed like everyone else was doing the same – at least
67 before I left. Quinn also supplied plastic Solo cups to everyone and provided a Sharpie for
68 guests to write their names on the cups. I am 100% certain that I wrote my initials on my cup. I
69 set the cup down a few times, but as far as I can recall, my cup was always where I had left it
70 when I returned. I only went inside a handful of times to get food from the spread that Quinn
71 had laid out in the kitchen or use the restroom, and I always had my mask on while I was
72 indoors.

73 As the night went on, the number of people steadily increased. As more people started
74 arriving, I noticed that people also began violating the six-foot social distancing, which is clear in
75 the picture in Exhibit 8. I did everything I could to stay at least six feet away from all of the
76 other guests for the entire time I was at the party, but I recall there were a couple times where
77 I had to remind people to keep their distance. Once I realized that there were already
78 somewhere between 15 to 20 people at the party, and more were arriving, I left. Unfortunately,
79 I did not notice that the party was far larger than Quinn had assured me it would be until it was
80 too late.

81 While I am aware that Bailey Pelletier, my former law school classmate and former
82 coworker at Kirkman and Moore, is claiming that I was coughing at the party, this is simply
83 untrue. Bailey and I have never been particularly close, and Bailey is much closer friends with
84 Quinn. I only spoke with Bailey briefly at the party when Bailey approached a group of former
85 law school classmates I was speaking with. This interaction was short, and I did not cough
86 during that conversation or experience any other symptoms that night. I have heard that Bailey
87 also contracted COVID-19 shortly after Quinn's party, so I do not understand why Bailey is

88 sticking up for Quinn. It may be that Bailey holds a grudge because I mentioned to my superiors
89 that Bailey was also at the party where I contracted COVID and that Bailey had assured me
90 before the party that it would comply with local restrictions, which at the time, required that
91 outdoor gatherings be limited to 10 people from no more than two households. Although most
92 of the firm's attorneys, including myself, were working remotely as much as possible around
93 that time, it was still the firm's policy that no employees attend out-of-work gatherings that
94 violate these local restrictions.

95 Contrary to what Bailey has represented, I did not have any symptoms whatsoever until
96 a few days after the party. Well, when I woke up the morning after the party, on January 1,
97 2021, I felt dehydrated, nauseous, and had a slight headache, which I guess are technically
98 symptoms of COVID, but they are also symptoms of a mild hangover from having a few drinks
99 the night before. The first time I started experiencing true COVID symptoms was on Sunday,
100 January 3, 2021. When I woke up that day, I didn't feel right, and my chest was a little tight. By
101 that night, I was experiencing full-blown flu-like symptoms, including severe body aches and
102 fatigue. I called in sick to work the next day, and by that afternoon, I was having difficulty
103 breathing and, ultimately, drove myself to the emergency room. When I arrived, I was admitted
104 and pretty much immediately intubated due to dangerously low oxygen levels. I was tested for
105 COVID-19 after being admitted to the hospital on January 4, 2021, but I was told that test was
106 inconclusive.

107 I was released on February 1, 2021, after being in the hospital for nearly a month. I was
108 still on supplemental oxygen when I was released. By May 14, 2021, my symptoms had
109 worsened again to the point where I felt it was necessary to return to the hospital. I was

110 admitted again that day and, once again, put on supplemental oxygen. This time, I was told that
111 my COVID-19 test that was taken during the May intake came back positive. A few weeks later,
112 on May 27, 2021, I was released for the second time, and I was still on supplemental oxygen at
113 the time of my release.

114 I am aware that the defense is claiming that I contracted COVID from my roommate,
115 Peyton Rhee. Although Peyton was an emergency room nurse, Peyton would work the night
116 shift, so we would have little contact with each other except for about 30 minutes in the early
117 evening before Peyton went to work. Peyton always wore a mask at work and was always in
118 bed by the time I got up in the morning. On days Peyton was not working, Peyton would always
119 stay at their fiancé's apartment. I would also wear a mask indoors when Peyton was home, and
120 I would also try to stay in my own room with the door closed as much as possible. However,
121 because the apartment only has one bathroom, I would have to leave my room to use the
122 common bathroom and kitchen. While Peyton did not always wear a mask in the apartment like
123 I did, our encounters were rare, and I was always wearing a mask myself while Peyton was
124 home. The apartment is around 650 square-feet, and it has no central heating or air. The
125 apartment is heated with a boiler-radiator system in the winter months.

126 Peyton's fiancé contracted COVID around December 1, 2020. However, Peyton stopped
127 staying at their fiancé's apartment once their fiancé tested positive. Peyton also took several
128 COVID tests, which were available through the hospital, during the two weeks after the fiancé
129 caught COVID and always tested negative and never developed COVID symptoms. While I did
130 not personally see Peyton's negative COVID-19 tests, I do not see how Peyton could have
131 continued working at the ICU if Peyton had tested positive.

132 Between my time in the hospital, prescriptions, doctor visits, and other follow-up
133 medical treatment I have undergone, I have incurred \$84,219 in medical bills. However, this
134 ordeal has not only caused me to incur significant medical expenses, but it has also drastically
135 changed my life for the worse. I am not sure I will ever be able to get back to where I was
136 before I contracted COVID-19. I worked extremely hard to get through law school and get my
137 position with a personal injury firm—my dream job—but, at this point, my career is stalled to
138 the point where I am not sure I will ever get an opportunity like that again. Doing document
139 review on contracts simply does not allow you develop the necessary litigation skills, but no
140 firms are willing to hire me on a part-time, remote basis—especially with my recent medical
141 history. My quality of life outside of work has also significantly deteriorated. My friendships
142 with my former law school classmates have been strained because I have had to distance
143 myself from them, and they do not like being in the middle of this dispute between me and
144 Quinn. I am severely depressed and am in poor physical shape due to not being able to
145 maintain any sort of normal exercise routine.

146 This lawsuit certainly will not get me back the quality of life I enjoyed before making
147 that fateful decision to attend Quinn’s New Year’s Eve party, but I hope that this will make
148 people think twice about making the reckless decision to plan gatherings that violate local
149 health guidelines in the future, and hopefully, prevent others from being put through the same
150 type of horrible experience I’ve been forced to endure.

151 I have carefully reviewed this statement. It is true and accurate, and it includes
152 everything I know that could be relevant to the events I discussed. I understand that I can and
153 must update this statement if anything new occurs to me before the trial.

154

155

By: Julian Grimes

156

Julian Grimes

157

1 **PEYTON RHEE – WITNESS STATEMENT**

2 I am Peyton Rhee. I was born on August 21, 1992, and am 31 years old. In late December
3 2020 and through the summer of 2021, I was roommates with Julian Grimes and saw first-hand
4 the terrible impact COVID has had on Julian. Julian and I had been close friends since high
5 school when I was an aspiring doctor and Julian wanted to be a high-powered trial attorney.

6 Realizing that medical school was not in my future, I attended Colorado Mountain
7 College (CMC) which offered one of the best nursing programs in the State. I wanted to first
8 obtain my Associates Degree in Nursing (ADN). I hoped that my ADN would lead to my
9 bachelor’s degree in nursing at CMC but that was not to be. I found the program at CMC to be
10 very challenging especially when there was nearby skiing in Glenwood Springs and Aspen. I
11 finally achieved my ADN from CMC and, after two failed attempts, passed my RN exam. Shortly
12 after, I began working in a hospital in Denver near my parents’ home. As soon as I started
13 working as a nurse, I realized that nursing and not skiing was my passion. I have been
14 recognized by the hospital as one of its most promising nurses. I have taken several courses at
15 Pikes’ Peak State College toward my Bachelor of Science in Nursing Degree (BSN). COVID sure
16 threw a curve into this plan but luckily Pikes Peak allows me to take many courses online. I now
17 have a 3.75 grade point average and hope to graduate with my BSN degree in the Spring of
18 2024.

19 Julian on the other hand continued to be an excellent student and after undergrad and
20 went on to law school. Julian, of course, passed the Bar exam on Julian’s first try and began to
21 work as a junior associate with Kirkman and Moore, a high-powered personal injury firm.
22 Julian’s accomplishments are pretty amazing, especially since Julian was diagnosed with

23 granulomatosis with polyangiitis (GPA) during Julian's second year of law school. Julian always
24 was well aware of the impact GPA would have on Julian's life. I noticed even before COVID that
25 Julian experienced some significant GPA symptoms from time to time including fatigue and
26 shortness of breath. Until Julian began showing significant COVID like symptoms in early
27 January after the New Year's Eve party on December 31, 2020, I never noticed Julian's GPA
28 causing Julian any ongoing or significant health problems. Julian occasionally showed some GPA
29 symptoms for short periods of time.

30 Julian moved back to Denver in the summer of 2018 and we, with the financial help of
31 our parents, moved into a small two-bedroom, one bath apartment in September of that year.
32 We had always remained close friends. I guess I should note that even though Julian is one of
33 the smartest people I know, Julian does not handle finances well. I think Julian's parents
34 continue to help Julian with rent and other living costs even though Julian was earning a decent
35 amount of money as a junior associate. I always believed that once Julian won their first big
36 personal injury award, Julian would have enough money to be set. Julian sure learned a lot
37 about how to win a big injury award before contracting COVID. I know if Julian is awarded
38 damages in this case, it will help Julian financially. Julian really needs this damage award given
39 the adverse financial impact caused by the lingering effects of COVID and Julian's ongoing
40 medical issues with GPA. Julian deserves to be where Julian would have been but for
41 contracting COVID.

42 But enough about Julian's background. I should tell you a little bit about my situation
43 leading up to when Julian first showed signs of COVID. Nursing became a dangerous and high-
44 pressured job as COVID broke out in the early part of 2019. The emergency room where I was

45 then working became almost a triage center. The medical and nursing staff all worked long
46 hours, and we all wore KN95 masks from the time we entered the hospital until we left. When
47 we left, there was a decontamination area where we changed into street clothes and disposed
48 of the masks worn during our work shifts. I worked mostly with non-COVID patients in the
49 emergency room but certainly was exposed to people infected with COVID who didn't exhibit
50 significant enough COVID symptoms to be sent directly to the COVID restricted section of the
51 hospital. All staff were supposed to fully decontaminate before going home. Sometimes I was
52 so tired I probably didn't do this as well as I should. Starting in March of 2020 I was working
53 sixty hours a week to cover emergency non-COVID cases. Most of the other nurses with whom I
54 occasionally interacted with during meal or other breaks worked full time with the COVID
55 patients. I often worked from seven p.m. to seven a.m. or longer six to seven days a week. By
56 the end of 2020, the hospital was limiting admissions and emergency care to only the critical
57 non-COVID cases. Staffing also improved, and I was able to work a more normal 4-day week
58 from 7 a.m. to 7 p.m., which you can see on my work schedule in Exhibit 7.

59 After COVID broke out, Julian knew they were at high risk if they contracted COVID.
60 Julian always wore KN95 masks which, luckily, I was able to obtain from the hospital. Julian was
61 very conscientious about COVID. Julian always wore a mask inside our apartment and also
62 whenever making their rare foray into public places. Julian and other attorneys in Julian's firm
63 worked mostly remotely. I did our grocery shopping. Julian was always washing their hands and
64 would even wash the grocery items I purchased. At first, I was pretty consistent about wearing
65 a mask when I was home. I normally went right to bed as soon as I got home, and Julian was not
66 awake yet. But as COVID continued and the infection rate fell, I was not as consistent about

67 wearing a mask at home. I had been wearing a mask 24/7 for a year and a half and simply hated
68 putting it on. My not always wearing a mask in the apartment was not dangerous to Julian
69 because we always limited our person to person contact during COVID and throughout 2020
70 and 2021. Our interactions were limited to “how are you doing” conversations for about a half
71 hour before I went to work. We always kept a distance of six feet, and I mostly wore a mask
72 during these interactions. I am sure I never infected Julian with COVID. Both of us knew how
73 dangerous contracting COVID would be to Julian.

74 At no time have I ever developed any COVID symptoms. Unfortunately, my fiancé
75 contracted a mild case of COVID on December 1, 2020, and during that time I no longer spent
76 my free days or really any time at my fiancé’s house or with my fiancé. The last time I stayed at
77 my fiancé’s house was on Thanksgiving, 2020, and that was just one night. I took food and
78 groceries to my fiancé’s door but did not have any person to person contact until my fiancé
79 tested negative for COVID in January of 2021. Both Julian and I took several COVID tests in the
80 first two weeks of December 2020 and all our tests were negative.

81 I met my fiancé in late December 2018, and by the time COVID restrictions started
82 coming into place I was spending most of my free time at my fiancé’s house, which was a small
83 1000 square foot, two bedroom, two bath house just off campus. After COVID started, my
84 fiancé rarely went out as they always worked from home. I was being very careful to always
85 wear a mask when we were together. I continued to spend most of my days off at my fiancé’s
86 house, except when they contracted COVID. After my fiancé recovered, I again spent my days
87 off there.

88 One evening before I went to work in late December 2020, Julian told me about a roof
89 top New Year’s Eve party at one of Julian’s friend’s house. Julian, as normal, stood more than
90 six feet away from me and was wearing the KN95 mask from the hospital. Julian really wanted
91 to go as Julian rarely got to see anyone from work or otherwise. But Julian asked my opinion as
92 an RN. Knowing we were at Level Orange restrictions, I reminded Julian of those restrictions.
93 These restrictions are shown on Exhibit 3. Julian, due to having GPA, had been able to get one
94 of the first Moderna vaccine shots and was waiting the required period before obtaining the
95 second shot. Julian said there were going to be less than 10 people at the party and the party
96 was going to be on the rooftop of Julian’s friend’s building—outside. Everyone was required to
97 maintain the six-foot social distance at the party and was also required to wear a mask. Julian
98 was not only going to wear a mask but was going to wear a new KN95 mask. I told Julian that,
99 as a nurse, I believed you always needed to be careful, but the party fit the spirit and intent of
100 the Orange level restrictions. I knew Julian would maintain their distance from the other guests
101 and would wear the KN95 mask. That’s how cautious Julian was. The next evening when I woke
102 up and was headed for work, I asked Julian about the party. Julian was very upset and told me
103 at first the party was small, as planned, but later more people began arriving and many people
104 were not wearing masks and were not maintaining appropriate social distancing. Julian was still
105 quite upset when they told me this. Julian told me the host really did not take COVID seriously
106 and had invited almost 30 people—at least 25 of whom showed up. Julian said the host
107 apparently considered the size limitations a violation of their constitutional rights. From what
108 Julian told me, they immediately left the party and came home once the size of the party
109 became apparent. I am sure that was true as Julian knew the risks of too many people in close,

110 albeit outdoor, proximity—many of whom were not wearing appropriate masks. When Julian
111 started to experience COVID like symptoms after the party I was sure someone at the party had
112 infected Julian. There was no other way Julian could have come in contact with the COVID virus.

113 As I said, I was staying full time at our apartment in early January of 2021. Julian
114 developed what appeared to be significant flu symptoms and I encouraged Julian to go to the
115 hospital. Julian went to the hospital close to where we lived and not the one at which I worked.
116 I did not see Julian again until early February when they were released from the hospital. Julian
117 told me that they had been in the ICU during that time and had been intubated. This was a
118 common treatment for COVID although Julian told me their test for COVID on admission had
119 been inconclusive. Julian never seemed to fully recover and was readmitted to the hospital in
120 mid-May and upon admission tested positive for COVID. Most people don't test positive for
121 that long; however, it is not unheard of. I have seen people continue to test positive for COVID
122 for months. Anyway, two weeks later Julian was home again. Julian, although continuing to
123 work from home, told me they were just too tired to meet the demands of a junior associate.
124 Julian told me they were only working occasionally as a contract worker for several firms. This
125 made Julian's financial situation much more difficult, but luckily Julian's parents were really
126 stepping up with buying Julian groceries and helping with rent and utilities.

127 I really have noticed a downturn in Julian's health since they were hospitalized in early
128 January 2021. This downturn in Julian's health was much worse than the occasional GPA
129 symptoms Julian exhibited before COVID. While we continued to share the apartment, I noticed
130 that Julian easily fatigued and just was not the same high energy person they had always been.
131 Julian had always played tennis several times a week and loved to hike in the nearby

132 mountains. Julian rarely played tennis anymore and I can never remember them going for
133 anything but a short walk through our neighborhood. Julian is clearly depressed arising from
134 the impact COVID has had on their life. I have seen depressed patients in the hospital.

135 In the summer of 2021, after all the major COVID restrictions were lifted, my fiancé and
136 I were finally able to get married. By that time, large gatherings of unrelated persons were able
137 to assemble, and on August 21st we had our wedding at the Broadmoor Hotel. All of our friends,
138 including Julian, were able to attend. Julian was still having difficulty with their energy levels but
139 was able to be a member of my wedding party. It was so great to see Julian being able to
140 manage the “long” walk down the aisle, although Julian was breathing hard as they approached
141 the minister. Julian, for that one day, seemed happy. Unfortunately, whenever I have seen
142 Julian since then, the depression and physical limitations of COVID are still there.

143 Julian is one of the people who should never have contracted COVID. Julian was always
144 so cautious. The host of that party should have limited it to the promised number of people and
145 should have required quality masks as promised. The host simply did not abide even to the
146 spirit of Level Orange restrictions and should pay Julian damages for the COVID Julian
147 contracted at the party. If the party had been kept to 10 or less and if party attendees had worn
148 good masks, we wouldn't be here today. Julian would be the same as Julian had always been or
149 better. I hope the jury awards Julian damages. Julian may never be the same healthy person
150 Julian was before they had COVID. Julian deserves some sense of financial balance an award of
151 damages would bring to them.

152 I have carefully reviewed this statement. It is true and accurate, and it includes everything
153 I know that could be relevant to the events I discussed. I understand that I can and must update
154 this statement if anything new occurs to me before the trial.

155

156 By: Peyton Rhee

157 Peyton Rhee

158

159

1 **DR. CAMPBELL GREEN – WITNESS STATEMENT**

2 My name is Dr. Campbell Green. I have been retained by the Plaintiff in this matter to
3 offer my expert opinion on whether the Plaintiff contracted COVID at a party on December 31,
4 2020.

5 I am an experienced epidemiologist with a distinguished career spanning over 20 years. I
6 received my Bachelor of Science degree in Biochemistry at the University of Michigan in Ann
7 Arbor, Michigan. I hold a Masters in Public Health from the University of North Carolina. I
8 interned at the Institute of Global Health and Infectious Diseases where I did research primarily
9 with a focus on drug resistant viruses, and then worked with the State Laboratory of Public
10 Health in North Carolina for a couple of years.

11 I decided to go back to the Midwest, as I wanted to be close to my family. I earned my
12 Medical Degree at Indiana University School of Medicine, completed my residency at Memorial
13 Hospital, South Bend, Indiana and obtained my Certification Board of Infection Control and
14 Epidemiology (CBIC) shortly thereafter. I am a full-time professor at the University of Notre
15 Dame where I am a tenured professor and the chair of the Eck Institute for Global Health. My
16 research has focused on malaria and Ebola virus disease, formerly known as Ebola hemorrhagic
17 fever, though I teach postgraduate students in all areas of epidemiology, and I am thoroughly
18 familiar with the epidemiology of airborne pathogens.

19 I have maintained a small, part-time, practice as a staff physician at Memorial Hospital
20 that is within the Beacon Health System, affiliated with the Mayo Clinics, in South Bend Indiana,
21 close to home. Mostly, I treat patients with rare viruses, including COVID-19 and long COVID.
22 We have established a multi-disciplinary protocol for conducting multiple testing, evaluation

23 and treatment on those that suffer from long COVID. We also treat patients with other
24 conditions like granulomatosis with polyangiitis (GPA) or Wegener's disease, though they are
25 very rare, and rarely does GPA have the complications that we see with long COVID. There are
26 some similarities in the some of the symptoms between long COVID and GPA because they
27 both cause inflammatory processes in the sinus, throat, lungs, and kidneys and can cause sinus
28 problems, coughing, shortness of breath and wheezing, fever, fatigue, joint pain, among other
29 symptoms.

30 Throughout my career, I have collaborated with several leading institutions and
31 contributed to numerous publications in peer-reviewed journals as shown in my CV which is
32 Exhibit 1. My work has also included advising governmental agencies and organizations on
33 COVID-19 mitigation strategies, including the Indiana Department of Health, where we
34 developed a public health initiative to address increasing numbers of COVID-19 cases in the
35 state. I collaborated with Dr. Dale Horvath, the Colorado State Epidemiologist from the COVID
36 early days to develop the Indiana tracking system, including research, data collection, data
37 analysis, and health education and the systematic study of the disease spread in order to
38 address and control any further outbreaks.

39 COVID-19 is a disease caused by a virus. Scientists first identified the virus on December
40 19, 2019, which caused the nation to declare a federal public health emergency in the United
41 States. The virus spread started in China on December 12, 2019, where a cluster of patients in
42 China's Hubei Province, in the city of Wuhan, experienced the symptoms of an atypical
43 pneumonia-like illness that did not respond to standard treatments. The World Health
44 Organization (WHO) Country Office in China was informed of several cases, which they

45 identified as starting in the Huanan Seafood Wholesale Market, and they quickly activated
46 Incident Management Support Teams (IMST) across all of their organizational levels of the
47 WHO. China quickly closed the Market by January 3, 2020, as they had identified over 40 cases
48 of Severe Acute Respiratory Syndrome Coronavirus. In the US, the Center for Disease Control's
49 (CDC) National Center for Immunization and Respiratory Disease (NCIRD) activated a center
50 level response to investigate the newly identified virus, though due to China's closed borders,
51 the CDC did not obtain the complete genetic sequencing of the virus right away. It was not until
52 January 10, 2020, that the complete genome sequence was published by Yong-Zhen Zhang of
53 Fudan University and the Wuhan Center for Disease Control in collaboration with the University
54 of Sydney, Australia.

55 The spread of COVID-19 throughout the United States has been vast. By March 3, 2020,
56 the CDC reported 60 cases of COVID-19 across multiple states and by the following week, there
57 were over 118,000 cases reported worldwide with 4,291 deaths related to COVID-19, and over
58 a million cases by April 2020. This disease changed our country. Massive government, private
59 company and school closures were instituted. Within a month of the closures, there was a
60 shortage of personal protective equipment (PPE) such as N95 masks used by medical staff and
61 KN95 masks that were purchased by the general population. By June 10, 2020, the confirmed
62 number of COVID-19 cases in the U.S., surpassed 2 million, and by December 2020 the death
63 toll in the U.S surpassed 200,000 and more than a million worldwide. It was not until December
64 2020 that the Pfizer BioNTech COVID-19 vaccines and Moderna's COVID-19 vaccines were
65 release for adults 18 and older. Both were found to be 95% effective in clinical trials for COVID-
66 19. However, despite the Federal Government's release of the free vaccines, by February 21,

67 2021, the CDC announced that there had been more than 500,000 deaths from COVID-19 in the
68 U.S.

69 Variants of the COVID-19 virus started to be detected by the end of 2020 including the S,
70 V and G strains. The first highly publicized variant, the B.1.1.7, called the Alpha strain, showed
71 up in the U.S. and was determined to be more deadly than the original COVID virus. The most
72 common symptoms of B.1.1.7 were similar to those reported with the original strain and
73 included loss of taste or smell, fever, dry coughs, shortness of breath, headache, sore throat,
74 congestion or runny nose, nausea or vomiting, and diarrhea. The three major vaccines against
75 COVID—Pfizer, Moderna, and Johnson & Johnson—all were reportedly effective against the
76 Alpha strain. There was not sufficient information to determine if it was effective against other
77 strains.

78 The first confirmed case of the COVID-19 Alpha variant in Colorado involving a patient
79 who had not traveled outside the state was confirmed based on a December 24, 2020, sample
80 taken from that patient. The number of confirmed cases involving the Delta variant increased
81 rapidly. Dr. Horvath, the Colorado State Epidemiologist, confirmed that this variant was more
82 transmissible, causing it to spread faster than the prior COVID-19 Alpha variant. Colorado's
83 State Lab has done incredible work throughout the pandemic to swiftly detect the presence of
84 new variants in the state. With its sophisticated tracking system, Colorado was the first state in
85 the U.S. to identify the Delta variant in late 2020 and Colorado has kept track of the spread and
86 cases. Colorado has one of the highest rates of whole-genome sequencing in the country but of
87 course testing relies on individuals being tested. Testing has been a fundamental part of every
88 state's response, to control the spread of the Alpha variant. That is why I worked with Dr.

89 Herlihy to establish the Indiana program. She was on the cutting edge, and it was important to
90 work in partnership with other states to develop strategies and policies to prevent the spread
91 of ongoing COVID-19 variants, like the Alpha and Delta variants. Getting vaccinated, getting
92 boosted, getting tested, wearing a mask, physical distancing, washing hands—all of these
93 strategies remain the same to avoid the spread of the multiple COVID variants. At this stage, we
94 still have many questions about the severity and transmissibility of each of the COVID variants
95 but continue to work with our partners in establishing programs like the one we have in
96 Indiana.

97 When I last collaborated with Dr. Horvath, as of December 2, 2021, approximately 80%
98 of Coloradans 12 and older had had at least one dose of the COVID-19 vaccine. Colorado was at
99 the leading edge of providing vaccination sites and clinics throughout the state in order achieve
100 proper immunity and control the spread of COVID-19 variants. The Delta variant, or B.1.617.2,
101 hit the U.S. in the Winter of 2020 and caused a deadly wave of COVID infections worldwide.
102 Multiple studies showed that the Delta variant caused more severe disease and hospitalizations
103 in unvaccinated people than other variants. Although the U.S. had launched a COVID
104 vaccination campaign, the Delta variant was able to evade vaccine-induced immunity.
105 According to a report published in *Morbidity and Mortality Weekly Report*, published by the
106 CDC, more than 70% of infections occurred in people who were fully vaccinated (breakthrough
107 cases). The surges prompted health authorities around the world to urge people to get a
108 booster vaccine. The most common symptoms of the Delta variant were headache, sore throat,
109 runny nose, and fever. Exhibit 4 displays some differences between the variants.

110 I have reviewed the statements provided by the other witnesses in this matter. At the
111 time of the Plaintiff's development of symptoms, and at the time of the New Year's Eve party
112 for that matter, there were several strains of COVID documented in Colorado, though the Delta
113 Variant was the most common, and most likely what the Plaintiff contracted. The incubation
114 period—the time from exposure to the virus to the development of symptoms—for the several
115 strains circulating at that time, including the Delta Variant, is generally estimated to be around
116 2 to 14 days, with an average of about 5 to 6 days. The primary factors influencing the
117 incubation period include individual factors (such as age and immune status), viral load at
118 exposure, and other environmental and host factors. There is some evidence to suggest that
119 the incubation period for immunocompromised hosts tends to be shorter than those with fully
120 functional immune systems, which is what likely happened to the Plaintiff as they were
121 admitted to the hospital by January 4, 2021.

122 All known COVID variants are highly transmissible when in aerosolized saliva. That is, if
123 an infected host coughs, sneezes, sings, or even just breathes, aerosolized saliva will spread in
124 the vicinity and may infect nearby hosts under the right conditions. Research has shown that
125 transmission is less likely in an outdoor environment than an indoor environment, particularly
126 where there is a breeze present to dissipate and evaporate aerosolized particles. Additionally,
127 ultraviolet exposure from sunlight has also been shown to negatively affect the survivability of
128 the virus outside the body. In general, colder and wetter air tends to prolong the survivability of
129 the virus outside the body while warmer and drier air is less conducive to the virus's survival
130 outside the body, and thus transmission. Other environmental factors would include the

131 distances maintained between people, whether those individuals are talking loudly (due to
132 intoxication or trying to talk over loud music), and how many people are present.

133 Face masks are effective tools for reducing the spread of COVID to others. They also
134 provide some level of protection for the wearer of the mask, though there is still significant
135 debate about how effective wearing a mask is in protecting its wearer. The degree of protection
136 they offer can vary depending on various factors, including the type of mask and the quality of
137 the fit. In general, KN95 respirators and similar high-filtration masks offer a higher level of
138 protection for the wearer compared to cloth masks or surgical masks. They can filter out a
139 significant portion of small airborne particles. Surgical masks and well-fitted cloth masks can
140 also offer some protection for the wearer, although not as much as KN95 respirators, which are
141 designed to filter out at least 95% of particles that are 0.3 microns in size or larger.

142 My understanding is that the Plaintiff had a single dose of the Moderna vaccine prior to
143 contracting COVID. There have been significant studies on the efficacy of these vaccines,
144 including where patients receive only the first dose. A study published in 2021 in *The New*
145 *England Journal of Medicine* found that although the estimated vaccine effectiveness against
146 infection (56.6%) was substantially lower than that found in studies conducted before the
147 emergence of the Delta variant, protection against symptomatic infection remained high
148 (84.2%). However, there is still incomplete research as to the level of protection a single dose
149 provides to a patient who is immunocompromised.

150 Aside from the Plaintiff's regrettable decision to attend the party, the Plaintiff's efforts
151 to mitigate risk of contraction of COVID at the party were consistent with everything we in the
152 epidemiology community knew at the time to be relatively effective means of mitigation. In

153 fact, even based on what we know now, several years later, the Plaintiff's efforts at mitigation
154 were in line with what I would recommend. Nevertheless, even this sort of diligence is
155 insufficient to eliminate the possibility of contraction of COVID in a social setting, particularly
156 where guests are periodically removing their masks to eat or drink and otherwise failing to
157 maintain adequate social distancing.

158 While the probability of the Plaintiff contracting COVID at that particular party, when
159 seen in light of the precautions taken by the Plaintiff, was low, the Plaintiff took diligent
160 measures to mitigate the risk of COVID contraction outside the party as well during the time
161 frame consistent with the Plaintiff's likely contraction, reducing the probability of contraction
162 elsewhere. Despite the low probability of contraction at the party, it was really the only
163 plausible location where the Plaintiff would have contracted COVID during that time frame.
164 While it is possible to contract COVID by chance encounters while in the community, the
165 probability of doing so is exceedingly low. Further, it is highly improbable that the Plaintiff's
166 home was a source of the infection as the Plaintiff continually wore a mask when in their
167 roommate's company, and the roommate tested negative for COVID in multiple tests. Full-time
168 nurses were required to do so. When analyzing the probability that the Plaintiff contacted
169 COVID anywhere but the party, my findings are concrete. Therefore, I must conclude that,
170 absent a better explanation, it is highly probable that the Plaintiff did in fact contract COVID at
171 the party.

172 The Plaintiff continues to have the harsh effects of long COVID. The WHO defines long
173 COVID as "the continuation or development of new symptoms 3 months after the initial SARS-
174 CoV-2 infection, with symptoms lasting for at least 2 months with no other explanation. The

175 CDC has stated that long COVID includes a wide range of ongoing health problems that can last
176 weeks, months, or years. The condition can affect any part of the body with persistent and
177 chronic inflammation, and in serious cases may affect multiple body systems, including the
178 heart, lungs, kidneys, skin, and brain. Each patient is different. Not everyone with long COVID
179 has had a severe case of COVID-19. Some acquired the condition after a mild case, and others
180 may have developed symptoms but never tested positive for COVID-19. We usually call those
181 patients 'presumed COVID.' Unfortunately, there is no one pill or strategy that helps everyone
182 with long COVID. It is best for patients with long COVID to be thoroughly evaluated and, if
183 necessary, referred to cardiologists, neurologists, pulmonologists, rheumatologists, and other
184 specialists who have experience treating the condition including physical therapists and social
185 work services—the latter because long COVID can affect relationships, finances, job security,
186 and quality of life. Disability is a major concern among people with long COVID, to the point
187 where the condition is officially considered a disability under the Americans with Disabilities Act
188 (ADA) and the Affordable Care Act (ACA). In Indiana, we continue to deal with long COVID cases
189 and have had to establish updated protocols because these patients have required long
190 hospitalizations. A higher percentage of these patients are also generally immunocompromised,
191 as well as within minority populations.

192 After having examined the Plaintiff's medical records, I have no doubts that Julian is
193 suffering from long COVID. I have reviewed their medical history, including admissions to the
194 hospital from January 4, 2021, to February 1, 2021, and May 14, 2021, through May 27, 2021.
195 The records document symptoms that are common to long COVID such as tissue inflammation
196 and difficulty breathing due to the inflamed tissue of the trachea causing decreased oxygen

197 intake. The hospital protocol established for the Plaintiff's treatment consisted of a COVID-19
198 protocol including full use of PPE for all medical staff when treating and caring for the Plaintiff
199 despite the original inconclusive testing performed on January 4, 2021. You have to remember
200 that COVID testing had not advanced in January of 2021 to where it is today. There has been a
201 lot more research in this field and the tests have been perfected to be more accurate than they
202 were back then. In conclusion, my opinion within a reasonable degree of medical probability is
203 that the Plaintiff acquired the COVID virus at the New Year's Eve party on December 31, 2020,
204 and continues to suffer long COVID to this day.

205 I have carefully reviewed this statement. It is true and accurate, and it includes
206 everything I know that could be relevant to the events I discussed. I understand that I can and
207 must update this statement if anything new occurs to me before the trial.

208

209 By: Campbell Green, M.D., MPH

210 Campbell Green, M.D., MPH

1 **QUINN DIXON – WITNESS STATEMENT**

2 My name is Quinn Dixon, and I would like to share my perspective on the New Year's
3 Eve party that took place on my rooftop deck on December 31, 2020, where the Plaintiff, Julian
4 Grimes, claims to have become infected with COVID.

5 Julian and I have been friends for years. In fact, Julian is an old law school classmate of
6 mine, as were a number of the other guests at the party. Although Julian and I have been
7 friends for quite some time, all of the guests at the party were friends or acquaintances of
8 mine, with the exception of maybe one or two people.

9 Everyone I knew had been cooped up in their homes since the pandemic took off in
10 March 2020—or should I say: since the “Plandemic” took off. Anyway, I had the most extreme
11 case of cabin fever known to man. I just had to do something to feel normal again. I understand
12 that the topic of throwing a party during COVID is a contentious one, but I wanted to offer an
13 opportunity for guests to defend their right to make personal choices, even when they differ
14 from prevailing health guidelines.

15 Keeping that in mind, I decided to throw a small but elegant New Years Eve party at my
16 apartment. The space was perfect for it, as you can see in Exhibit 6, because the building had an
17 inviting rooftop deck, and I knew some “sheeple” would be nervous about congregating inside.
18 I thought having the outdoor space available would be more inviting for partygoers and I could
19 get the maximum number of people to show up.

20 I also feared people still wouldn't show up because of the Code Orange
21 recommendations the Governor's office had put in place, which limited the number of
22 congregants to just 10 people from no more than two households. Regardless of the

23 restrictions, I wanted to have a nice gathering so I invited approximately thirty people to the
24 party thinking that only about 10 people would even show up. You know, based on the rule of
25 thumb about how many invitees show for a wedding.

26 I had another party earlier that year in July anyway, and no one seemed to get sick. It
27 was a smaller gathering, about 15 people, but I still invited people to take the same precautions
28 I had at the New Year's Eve party—even though those measures are mostly nonsense. Everyone
29 was so scared of the pandemic that I had to give everyone the illusion that I was making it safe
30 to attend. The city was under a Code Red "Stay at Home" alert at that time of that earlier party,
31 and no one got sick that I know of so that just goes to show that the "Plandemic" is a big ruse. If
32 I could safely have a party during a Code Red, I certainly could have a safe party during a Code
33 Orange.

34 It's disheartening to witness the erosion of our basic freedoms under the guise of COVID
35 restrictions. The Constitution stands as a steadfast guardian of our rights to assemble, and it's
36 deeply troubling to see how easily some have been willing to relinquish their liberties in the
37 name of so called "safety". These unprecedented measures have resulted in a disproportionate
38 infringement on our personal rights, likely even free speech. It's essential to recognize that the
39 virus has been exploited as a means to exert control, and the supposed "emergency" has
40 become a convenient justification for power-hungry officials to overstep their bounds—
41 squelching public transparency all the way.

42 Even my HOA has become power hungry in response to COVID. After the party in July,
43 my HOA received some allegedly anonymous complaints. The HOA attempted to fine me for
44 violating a vague clause in the HOA bylaws that provided: "No resident shall allow their unit to

45 be used for unlawful purposes.” The HOA cited the Governor’s Safer at Home Order disfavoring
46 certain gatherings and the Code Red that was in effect at that time. The HOA didn’t know who
47 they were messing with though. I am a lawyer after all. I challenged the fine through an internal
48 HOA hearing process, and the HOA conceded in a decision issued via e-mail that is shown in
49 Exhibit 10 that I did not violate the bylaw because the bylaw prohibited criminal activity and
50 regular unlawful use but did not prohibit one-off civil violations.

51 After my successful defense against the HOA fascists, I knew that when the county
52 changed the restriction from Code Red to Code Orange right after Christmas that I could
53 definitely hold an even bigger party and that there was nothing anyone could do about it.

54 I wasn’t gearing up for a massive party or anything but did expect a larger turnout than
55 the July party. At the beginning of the evening, less than ten people were at the party, but by
56 the end of the evening I was surprised to see there were approximately twenty-five guests
57 present. I guess I was not the only the only one with cabin fever.

58 I’m not exactly sure when Julian arrived, but I saw Julian early in the evening when there
59 were just a few people present. I also bumped into Julian later on in the evening after it got a
60 bit more crowded. I saw Julian speaking to Bailey Peletier for a short time and then saw Bailey
61 quickly move on to socialize with other groups at the party. I don’t really remember when Julian
62 left, but I’m fairly sure Julian was not there when the party was at its peak. I wasn't aware of
63 Julian’s departure because there was so much happening around me.

64 Throughout the evening, I noticed people making an effort to keep their distance and
65 wear masks—at least initially. People started to feel more relaxed as the evening went on. An
66 amusing incident occurred when a couple shared a quick kiss, and I playfully reminded them to

67 keep a bit of social distance. People nearby burst into laughter, and it added to the
68 lightheartedness of the evening.

69 Because glass was not allowed on the rooftop deck, to comply with the building's
70 regulations, we used plastic cups instead of glass ones. This ended up being a bit of a disaster
71 though because while people tend to keep track of their glasses, later no one can tell their cups
72 apart. I provided markers so guests could write their names on their cups, but by the end of the
73 night there were way more cups around than guests and I even picked up the wrong cup a few
74 times while I tried to remember where I placed my drink.

75 I also provided a nice food spread. There were a variety of finger foods including
76 crackers, cheeses, nuts, grapes, chips and dips. I also made shish kebabs on the grill outside.
77 Because it was so cold out that evening, I decided to make a little food spread in my kitchen so
78 the kebabs could stay warm. Guests were able to enter my apartment through a sliding glass
79 door and refill drinks and eat from the snack table I set up. It was almost like a little buffet line,
80 and everybody loved it. People started to congregate around the buffet, eating and drinking. It
81 was such a nice evening after being locked indoors for so long.

82 After the party wound down, I cleaned up the rooftop area and went to bed. The
83 following day, I received news that a neighbor had reported me again after being concerned
84 about the party. This time, the party was reported to city officials for violating COVID-19
85 guidelines. As a result, I was fined for disregarding the restrictions on gatherings during the
86 pandemic. Without hesitation, I paid the fine, understanding there is no fighting city hall. Plus,
87 any government corrupt enough to put these restrictions in place, certainly wouldn't care
88 about my freedom.

89 I want to emphasize that I never intended for anyone to fall ill or face any harm. My aim
90 was to create a memorable evening for everyone. In fact, I don't believe Julian even caught
91 COVID at my party—Bailey mentioned that Julian coughed at the party. I think Julian already
92 had COVID and is now just looking to hold me responsible for the damages.

93 The COVID pandemic has undeniably brought about significant changes in the way we
94 live and interact with one another. Health authorities have issued guidelines to limit the spread
95 of the virus, including restrictions on gatherings and social events. Even if these measures are
96 presumably well-intentioned, and aimed at protecting public health, it's also essential to
97 consider the broader implications of such restrictions on our personal freedoms.

98 One of the fundamental principles of a free society is the right to make choices about
99 our own lives. This includes the ability to gather and celebrate with friends and family. While it's
100 true that hosting a party during an alleged pandemic could potentially increase the risk of
101 COVID transmission, it's also crucial to recognize that individuals have the capacity to make
102 informed decisions about their actions. I did not force Julian or anyone else to come to the
103 party, and I did not force Julian or anyone else to remove their masks or to sip out of cups they
104 did not recognize as their own. Personal decisions, aka acceptance of risk, play a part in our
105 everyday lives, on-going pseudo-health emergency or otherwise.

106 Furthermore, there are several arguments that can be made in defense of hosting a
107 party, even during a legitimate pandemic. First, social interactions are an integral part of our
108 well-being. Isolation and social distancing measures have led to increased rates of anxiety,
109 depression, and loneliness. By hosting a gathering, individuals can alleviate some of these
110 negative mental health effects by connecting with others in a meaningful way. Some might

111 argue that I could also be sued for *not* throwing the party as it could lead to increased
112 depression, or anti-social violence. If that sounds ridiculous, imagine how I feel being sued for
113 inviting people to come to a party and celebrate the upcoming new year. I was promoting hope
114 and celebrating our successes as COVID faded into history.

115 Personal responsibility plays a significant role here. Those who choose to attend a party
116 are likely aware of the potential risks involved and can take appropriate precautions to protect
117 themselves and others. This could include wearing masks, practicing good hygiene, and
118 refraining from attending if they were feeling unwell or are immunocompromised. Who's
119 actually responsible for anything that happens by individual actors at a party, anyway?

120 It's also important to acknowledge that there is a level of trust that should be afforded
121 to individuals in making their own choices. While health officials provide guidance based on
122 scientific evidence, individual circumstances vary widely; one size never fits all. Some may live
123 in areas with lower infection rates or have already recovered from COVID, potentially providing
124 them with a level of immunity. That certainly was the case for me. I'm pretty sure I had COVID
125 in July of 2020. The symptoms were very mild, and I recovered fairly quickly. From that
126 experience, I was able to build up my natural immunity and get over my unease of COVID.

127 Moreover, the effectiveness of masks has been far from conclusive, with conflicting
128 studies and expert opinions muddying the waters. The notion that a piece of cloth could single-
129 handedly prevent the spread of a virus seems dubious at best, and it's alarming that dissenting
130 voices challenging this narrative have been silenced or marginalized. Nevertheless, I told all
131 guests to wear masks, stand a responsible distance apart, wash hands often, and to not attend

132 if they or anyone in their household recently had COVID. They chose to ignore those safeguards
133 at their peril.

134 The media's role in perpetuating this sense of panic cannot be underestimated. While
135 it's important to stay informed, the constant barrage of sensationalized profit-seeking headlines
136 and fear-inducing statistics has led to a skewed perception of the actual threat posed by COVID.
137 It's high time we question whether the pandemic truly warranted such drastic upheavals of our
138 daily lives.

139 As for the vaccines, the rush to develop and distribute them has raised legitimate
140 concerns about their safety and efficacy. The pharmaceutical industry's track record of
141 prioritizing profit over public health should give us pause. Reports of adverse reactions and
142 breakthrough infections among vaccinated individuals cast doubt on the promised protection.
143 Rather than blindly trusting in unproven vaccines, we must demand transparency from elected
144 officials, thorough research, and a more balanced consideration of alternative treatments and
145 prevention strategies, such as ivermectin and hydroxychloroquine. It's a matter of preserving
146 our autonomy and ensuring that our decisions are based on reliable information rather than
147 the agenda-driven hysteria narratives that have clouded our judgment.

148 I have carefully reviewed this statement. It is true and accurate, and it includes
149 everything I know that could be relevant to the events I discussed. I understand that I can and
150 must update this statement if anything new occurs to me before the trial.

151

152 By: Quinn Dixon

153 Quinn Dixon

1 **BAILEY PELETIER – WITNESS STATEMENT**

2 My name is Bailey Peletier, and I am a licensed attorney with Kirkman and Moore, a
3 Denver based personal injury law firm. Since passing the bar, Julian Grimes and I had both been
4 employed with the same firm. I attended the University of Denver Sturm College of Law with
5 Julian and Quinn Dixon but never really hung out with Julian. I had seen Julian around school
6 and at some events, but Julian wasn't the fun, outgoing type of person I typically hung out with.
7 Julian did not socialize as much as some other students and seemed really introverted.

8 I'll be honest, I'm not really friends with Julian. Shortly after we started at Kirkman and
9 Moore, they did this fun competition where each new associate went out and tried to get
10 donations for a local school supply drive. We formed little teams and Julian was on my team.
11 Julian didn't do anything. Julian didn't contact any businesses, Julian didn't buy any pencils,
12 Julian didn't donate a single dollar. When our team ended up winning the "competition" (we
13 raised the most money), Julian tried to take the credit and accolades. It doesn't seem like a big
14 deal, but the one thing we need to protect as attorneys is our credibility and integrity. I was
15 very disappointed in Julian.

16 Quinn and I got to know each other pretty well in law school because we were both on
17 law review. We also were in the same section, so we had a lot of the same classes and study
18 groups. Quinn was also pretty outgoing and knew how to throw a killer party.

19 I heard that Julian is claiming to have contracted COVID at one of those parties, but
20 there were appropriate precautions in place. I attended the same rooftop New Year's Eve party.
21 Guests had on masks, and folks were being really cautious about the restrictions. I don't really
22 know what the big deal was. Maybe I should start from the beginning.

23 Quinn has this sweet rooftop deck that can be used by all building residents. Colorado
24 restrictions at that time were at an Orange Level, meaning masks were still in place, social
25 distancing was a thing, and only a limited number of guests were allowed. But the deck was all
26 outdoors so more people could be included than if the soiree was held inside Quinn's pad.

27 Quinn sent an invitation to party guests and told everyone they needed to comply with
28 the state guidelines. Quinn also said folks were required to wear masks and maintain
29 appropriate social distancing. Quinn really seemed to be going out of their way to make sure
30 people were safe, by printing all of the precautions right on the party invitation shown in
31 Exhibit 5. Quinn told me Julian had accepted the party invite, which surprised me because I did
32 not think Julian liked socializing or going to parties. Julian reached out to me before the party to
33 ask if I was going, and I said yes. I didn't talk to Julian about the safety protocols Quinn was
34 requiring – I assumed Julian knew what they were because Julian received Quinn's party
35 invitation.

36 I got to the party about an hour into the festivities. I think the party started around 7
37 p.m. and I remember being there from about 8 to just after midnight. I remember seeing plastic
38 cups at the party and everyone could write their name on their cup too. Food was inside, but
39 everyone just popped in, grabbed a plate, and went back outside. It was a little chilly on the
40 rooftop, but man, the stars were stunning! The music was great, and it was very nice to relax
41 and unwind after a crazy year.

42 I didn't count how many people showed up, but it didn't seem like there were too many
43 people. Some folks stayed for a few minutes and others a bit longer. I remember running into a
44 bunch of other people I went to law school with, and we were having a great time reminiscing

45 about law school. Now that we are all working at firms and tracking six minutes of our lives, it
46 was fun to look back on the silly things we stressed about.

47 During one conversation, Julian walked over to our group. I remember some people
48 were eating some chips and salsa and others were drinking beverages so it's possible some
49 masks were briefly pulled down. Anyway, Julian came over and was well within six feet of some
50 people. I heard Julian cough once or twice too. Julian coughed loud enough that I could hear it
51 over the music. After the first cough, a law school buddy just gave me this look like "what was
52 that" and quickly moved away. COVID is no joke, so it was surprising that Julian was at the party
53 coughing like that.

54 Julian was maybe chatting with our group for 15-20 minutes. I remember a few times
55 Julian leaned in to hear what folks were saying. Did I mention the music was good? Thank
56 goodness the acoustics on the roof are great and Quinn didn't get a noise complaint. But a few
57 of those times when Julian was within the six-foot social distance guideline, I know Julian's
58 mask was pulled down.

59 I remember everyone was wearing a mask that night. I only had a cloth mask—those
60 N95 masks were out of stock everywhere I looked. But I felt fine that night and didn't notice
61 anyone else around me with a cough or other symptoms.

62 After Julian coughed the second time, I left the scene. I knew I had a lot on my plate in
63 January with upcoming projects and wanted to make sure I started the year strong with
64 billables. I could not afford to get even a stuffy nose much less COVID.

65 I did see Julian a couple other times throughout the night, both before and after Julian
66 was chatting with the law school crew. The few other times I saw Julian, Julian had a plate of

67 food or a drink in hand and was almost always removing their mask to eat or drink. I didn't
68 bring a yard stick, but it didn't look like Julian was following that 6-foot rule everywhere either.

69 I didn't stay to ring in the New Year because like I said, I had projects. I saw Julian had
70 some champagne and maybe some sparkling water but wasn't really paying attention to what
71 Julian was doing. I took a rideshare home because I maybe had a little more to drink than I was
72 planning to. Julian was still at the party when I left for home. I did not want to be hungover
73 because I had a lot to do on my project. Have I mentioned it to you yet?

74 Well, the project is that I'm writing a book. It is going to be an epic fantasy series. I have
75 a whole world to build and a cast of characters a mile long. Think Lord of the Rings meets Game
76 of Thrones but in space. With all the ideas running through my head, I think it'll be about seven
77 novels so every spare moment I am not billing for work, I am writing. You should see my dining
78 room table – covered in Post-it notes with character histories and plot ideas.

79 I think I managed to get out of my apartment on January 1st one or two times. I had to
80 toss the trash and pick up some food I had delivered. I wasn't wearing a mask either time
81 because I didn't think I'd run into anyone, but when I was walking out with the trash, I did see
82 one of my neighbors. My neighbor wasn't wearing a mask either and we were within an arm's
83 length or so away from each other. We briefly chatted about the parties we attended the night
84 before. It wasn't a big deal.

85 Other than working on my books, I did have dinner with my family that weekend—on
86 Sunday. No one had a fever, no one was coughing, not even a runny nose. I wasn't wearing a
87 mask, heck no one was. We typically get together for dinner every Sunday and, because it is
88 family, we did not have to do the social distancing thing either. I don't remember anyone telling

89 me they had COVID after that dinner, but I know my sister had it in April, but that was months
90 later. Don't get me wrong, my family was cautious about COVID, but other than our Sunday
91 dinners I know they had been wearing masks in public and limiting contact with others. Besides,
92 if they had been exposed, they would have said something and cancelled our dinner.

93 I didn't tell my family about the party. To be honest, going to it was not a big deal. It was
94 outside, with social distancing, and masks. I think the only person I saw cough at the party was
95 Julian.

96 Unfortunately, I did develop a fever and body aches beginning late on January 10, 2021.
97 I felt pretty crummy for about a week. I had some flu-like symptoms, and it was hard for me to
98 breathe. After that first week I felt better but still run down. It was maybe two weeks before I
99 felt like I could get out of the house and do my normal routine. And I did lose my sense of smell.
100 It took six months before I got that back too. I was so glad when I could smell my mom's home
101 cooking again. I never did take a COVID test when I was feeling gross. I assume that's what it
102 was, but I can't tell you for sure. No one else at the family dinner has gotten sick or tested
103 positive for COVID since the dinner after New Year's Day.

104 I mostly live alone. I am divorced and have partial custody of my 6-year-old son, Hank.
105 Hank will spend two days a week at my place and the rest of the time with my ex. I don't know
106 with whom Hank and my ex spend time when not with me. For example, when Hank was on his
107 winter break, he only stayed with me on December 29th and 30th. I know my ex had some
108 vacation plans, but I don't know if the ex and Hank went anywhere or were with anyone during
109 the rest of the two weeks.

110 Hank ended up staying with my ex from New Year's Eve until my sickness was gone so I
111 didn't really see him in January.

112 I have carefully reviewed this statement. It is true and accurate, and it includes everything
113 I know that could be relevant to the events I discussed. I understand that I can and must update
114 this statement if anything new occurs to me before the trial.

115 By: Bailey Peletier

116 Bailey Peletier

1 **DR. ROBIN NEGAN – WITNESS STATEMENT**

2 My name is Dr. Robin Negan and I have been retained to testify on behalf of the
3 Defendant in this matter. I have been an epidemiologist for 30 years, initially receiving my
4 Bachelor of Science degree with a focus on Biology at the University Colorado at Boulder. After
5 working in a lab for a couple of years, I decided to pursue a career in epidemiology. I received
6 my Masters in Public Health from University of California Los Angeles (UCLA) and worked at the
7 Center for Disease Control for approximately 15 years. At the CDC, I worked at the National
8 Center for Immunization and Respiratory Diseases. While at the CDC, I pursued my PhD at
9 Stanford University in Public Health. After receiving my PhD, I left the CDC to become the
10 Director of Los Angeles County of Public Health (DPH) and continued that work through 2022.
11 At DPH, I worked closest with the staff who focused on respiratory illnesses, including
12 Respiratory Syncytial Virus (RSV), community acquired pneumonia, and when the need arose,
13 COVID-19. After leaving the DPH in late 2022, I relocated back to Colorado and am currently an
14 adjunct professor at CU in their Public Health Department. My curriculum vitae and my list of
15 publications and lectures are attached as Exhibit 2.

16 During my time at DPH, I reviewed and analyzed the nascent data and studies regarding
17 the spread of COVID 19 and used that information to advise local officials about the appropriate
18 steps to stop the spread. In that work, we determined that when people interacted with each
19 other, the best method of prevention was for them to do so outside and spaced at least 6 feet
20 apart. For further protection, a well fitted KN95 mask reduced the spread of COVID 19 by 43%.
21 In December of 2020/January of 2021, Delta was the prevalent variant of COVID 19. While more
22 contagious, those who were vaccinated (even one dose) and who wore KN95 masks were very

23 well protected from the spread. At that point in the pandemic, KN95 masks were difficult to
24 find, and those in possession were much better suited to go out into crowds, without
25 contracting the virus. In January of 2021, the CDC published a study reflecting on the potential
26 of spread in the school setting and determined that if the schools took proper precautions,
27 students could successfully go back to in-person learning without an increase of positive cases.
28 The proper precautions include: mask wearing, proper spacing and proper ventilation. As such,
29 at DPH we worked quickly to outfit LA County public schools with the proper ventilation and
30 precautions and were able to return to in-person learning in April of 2021. Those individuals
31 who congregated outside were also more likely to avoid spreading the virus. We have since
32 found that ventilation is a key piece of prevention and had a greater success rate than the
33 distance between people or mask wearing. Attending a party that was primarily outside and
34 where the participants were wearing face covering substantially reduced the Plaintiff's risk of
35 contracting COVID-19 at the Defendant's gathering. Further, the Plaintiff's use of the KN95
36 mask further reduced the possibility of contracting the virus.

37 In late 2020, the CDC issued guidance that "close contact" with an infected person
38 meant being around that person for 15 minutes within a 24-hour period. However, this time
39 frame did not factor in precautions such as wearing a mask or social distancing. Further, it was
40 not an exact science. Using the proper precautions could prolong your exposure time. This was
41 exemplified in the healthcare profession when medical personnel were continuously exposed
42 to COVID-19 positive patients for blocks of time longer than 15 minutes and who did not
43 subsequently contract the virus. If the Plaintiff took the precautions at the party as they say
44 they did, it is unlikely that they contracted COVID-19 at the party.

45 Similarly, while the CDC released guidance on keeping gatherings small, the guidance
46 was not based on the theory that a limited number of people would greatly reduce the
47 likelihood of contracting COVID 19. You could easily avoid contracting the virus in a group of 30
48 people if none of the 30 were infected. A group of five could lead to an infection if one of the
49 five was positive. During this stage of the pandemic, many public health departments and the
50 CDC were giving advice as data was being analyzed and were doing their best to limit exposure,
51 while also allowing people to live normal(ish) lives. The number of people in a gathering would
52 statistically reduce the likelihood of exposure, but there was no magic number or time frame
53 that could keep one safe from contracting the virus.

54 The Plaintiff's timeline for having symptoms also does not reflect the exposure times we
55 were seeing with the Delta variant in the winter of 2020/2021. The Plaintiff attended the
56 Defendant's party on December 31, 2020, into January 1, 2021 and began having symptoms on
57 January 3, 2021. On average, infected individuals began seeing symptoms 5.6 days after
58 exposure with the Delta variant. If the Plaintiff contracted COVID-19 at Defendant's party, it is
59 unlikely the Plaintiff would have started experiencing symptoms so soon. Further, the Plaintiff's
60 description of their symptoms coupled with the inconclusive COVID-19 test at the hospital
61 suggests that it is likely the Plaintiff's symptoms were the result of a flare up of their Wegener's
62 disease and not symptoms of COVID-19. The symptoms of the Plaintiff's Wegener's disease are
63 very similar to flu-like symptoms and could easily be the explanation of the Plaintiff's sickness
64 so soon after the Defendant's party.

65 All of this to say, it is possible that the Plaintiff caught COVID-19 at the Defendant's
66 party, but it cannot be said that it is more likely than not that the Plaintiff caught COVID-19 at

67 the party. The Plaintiff took significant precautions to avoid exposure at the party including
68 proper masking, social distancing and remaining outside more often than not. The Plaintiff's
69 exposure risk was greater in their own home. The Plaintiff's roommate worked as a nurse
70 during the height of the pandemic, often working with COVID-19 positive patients. The
71 Plaintiff's roommate was exposed multiple times, greatly increasing the risk of becoming
72 infected. Further, while the Plaintiff's roommate never tested positive after being exposed by
73 their fiancé, the roommate could have easily contracted COVID-19 from any of their patients
74 and been asymptomatic. Living with a positive person, asymptomatic or not, would greatly
75 increase the chances of contracting the virus as it is unlikely the Plaintiff was masked twenty-
76 four hours a day, seven days a week.

77 Finally, even if the Plaintiff was able to prove that they contracted COVID-19 at
78 Defendant's party, it was not reasonable in the winter of 2020/2021 to assume that attending
79 any party would be a safe activity to avoid contracting COVID-19, especially as a person with
80 Wegener's disease. The CDC guidance at that time was to avoid nonessential indoor gatherings
81 and crowded outdoor gatherings. The guidance for those with compromised immune system
82 was to avoid gatherings with non-household members. This guidance was well publicized.
83 Further, it was well publicized that transmission of the disease increased or spiked during the
84 winter months, similar to spikes we typically see for cold and flu season. Plaintiff, taking the
85 precautions they were taking, would have been well versed in the exposure risk they chose to
86 take when attending Defendant's party. While the precautions they took would have offered
87 the best-case scenario for prevention, it was not a shield against the virus whether 10 people
88 attended the party or 30.

89 Moreover, the Plaintiff did test positive in May of 2021 for COVID-19. That test was well
90 after 90 days from Defendant’s party, meaning the Plaintiff likely did contract COVID-19 from a
91 different exposure in the spring. As such, it is likely the “long COVID” that the Plaintiff alleges to
92 be suffering from is not from their alleged exposure in January, but from exposure that
93 occurred after January 1, 2021, as shown by the positive test in May of 2021 coupled with their
94 Wegener’s disease.

95 In conclusion, in my professional opinion, there is not sufficient evidence to
96 demonstrate that the Plaintiff had COVID-19 in January 2021 as the Plaintiff never received a
97 positive test. The symptoms the Plaintiff experienced coupled with the inconclusive test could
98 have been a Wegener’s flare-up. Further, the Plaintiff’s onset of symptoms do not reflect the
99 onset of symptoms for the Delta variant which was prevalent in the winter of 2020/2021,
100 suggesting it is more likely than not that the symptoms were the result of a Wegener’s flare-up.
101 Further, in my professional opinion, even if Plaintiff did contract COVID-19 at Defendant’s party,
102 Plaintiff knew of the risks of attending a gathering even with precautions and consciously
103 ignored those risks to attend the party. Increasing the number of guests from 10 to 30 would
104 not, in my professional opinion, have greatly increased the Plaintiff’s risk of contracting the
105 virus or negated the known risks of attending the party. Plaintiff has also not provided sufficient
106 evidence that the illness they suffered from in January 2021 is the cause of their continued
107 health problems. It is more likely that the COVID-19 diagnosis in the Spring of 2021 was caused
108 by a later exposure to COVID-19. Coupled with Plaintiff’s Wegener’s disease, this later exposure
109 is the cause of their ongoing health issues.

110 I have carefully reviewed this statement. It is true and accurate, and it includes everything
111 I know that could be relevant to the events I discussed. I understand that I can and must update
112 this statement if anything new occurs to me before the trial.

113

114 By: Robin Negan, M.D.

115 Robin Negan, M.D.

Exhibit 1

Curriculum Vitae
Campbell Green, M.D.
campbellgreen@campbellgreen.com

Education:

Indiana University School of Medicine, MD (2006)
Medical Residency, 2006-2009
University of North Carolina, MPH (2002)
University of Michigan, BS-Biochemistry (1998)

Employment:

Present:

University of Notre Dame, South Bend, Indiana, 2011-23
Full Professor

Eck Institute for Global Health, chair

Memorial Hospital, South Bend, Indiana, 2013-23

Staff physician, part time

Previous:

IU Health Presbyterian Clinical Research, South Bend, Indiana, 2009-11

University Hospital, South Bend, Indiana, 2006-09

State Laboratory of Public Health, Raleigh, North Carolina, 2002-06

The Institute of Global Health and Infectious Diseases, intern, 1998-99

Certifications:

CIC Certification

Certification Board of Infection Control and Epidemiology

Courses:

Essentials in Global Health; Community and Public Health Services;

Introduction to Epidemiology; Infectious Respiratory Disease.

Publications:

"Preparing for the Next Pandemic," J of Epidemiology, Spring '23

"Overcoming Vaccine Misinformation," AMA Today, Vol. 5

"We Thought MERS was Bad: Communicability and COVID-19," Virology, 2:8

Exhibit 2

Robin Negan, Ph.D

Epidemiologist

13001 E 17th Place
Aurora, CO 80045
RNegan@cuanschutz.edu

Education

Bachelor of Science, Biology (1989)	University of Colorado, Boulder
Master of Science, Public Health (1993)	University of California Los Angeles
Doctor of Philosophy, Public Health (2013)	Stanford University

Employment History

2022 to present: **Adjunct Professor, University of Colorado School of Public Health
Anschutz Campus**
2018 to 2022: **Los Angeles County Department of Public Health
Director**
1993 to 2018: **Centers for Disease Control
National Center for Immunization and Respiratory Diseases**
1989 to 1991: **Environmental Health Labs**

Miscellaneous

Courses Presently Taught:

Environmental and Occupational Epidemiology
Concepts and Methods of Infectious Respiratory Disease

Publications and Lectures

“Public Health and the Response to COVID-19.” *Am J Infectious Disease*, Vol 24 (2020)
“Epidemiology in the 22nd Century.” *Public Health Soc*, 1:27 (2021)
Lecture: Is Los Angeles Ready for the Pandemic? California Public Health Conference, 2022
Lecture: Advances in Inoculation and Vaccination. CDC Annual Conference, 2022

WHAT YOU NEED TO KNOW:

- Personal gathering size is limited to 10 individuals from no more than two households.
- Restaurants: 25% of the posted occupancy-limit indoors, not to exceed 50 people excluding staff, whichever is less, per room
- Groups at restaurants are limited to a party size of 10 people or fewer; outside dining must allow six feet between parties
- Bars are closed; any other facility that sells alcohol, including restaurants, breweries, distilleries, wineries, and grocery stores, will not be allowed to sell their products after 10 p.m.
- Places of Worship: it is strongly recommended to substitute in-person service with online programming and prioritize outdoor activities over indoor
- Child care: open
- Non-critical manufacturing: 25% of the posted occupancy limit indoors, not to exceed 50 people
- Offices: 25% of their employees; work-from-home is strongly encouraged
- Critical and non-critical retail: 50% capacity with increased curbside pick up, and delivery. Dedicated senior and at-risk hours encouraged
- Personal services (salons, studios, parlors, barber shops, etc.): 25% of the posted occupancy-limit, not to exceed 25 people, whichever is less, per room
- Gyms/fitness: 25% capacity, not to exceed 50 people, outdoors in groups less than 10
- Only organized events adhering to COVID control measures may operate at the event capacity limit of:
 - Indoor event: 25% of the posted occupancy limit, not to exceed 50 people, excluding staff, whichever is less, per room
 - Outdoor event: 25% of the posted occupancy limit, not to exceed 75 people, excluding staff, whichever is less, per designated activity or area

LEVEL ORANGE: HIGH RISK RESTRICTIONS

DON'T FORGET:

Face coverings must be worn when outdoors with people other than those from the same household when social distancing is not possible.

Exhibit 4



Vaccines:

1 Dose: 50% effective

2 Doses: 93% effective

33% effective

88% effective

(against symptomatic disease)

Reproduction Number:

(average number of non-immunized people who will become infected from contact with an infected person.)

4-5

5-8

Common Symptoms:

A	Loss of Taste or Smell	
A	Fever	Δ
A	Cough	
A	Shortness of Breath	
A	Fatigue	
A	Body Aches	
A	Headache	Δ
A	Sore Throat	Δ
A	Runny Nose	Δ
A	Nausea	
A	Diarrhea	Δ



YOU'RE INVITED

New Year's Eve

CONDO ROOFTOP PARTY

Hosted by Quinn Dixon

"Celebrate the End of Covid"

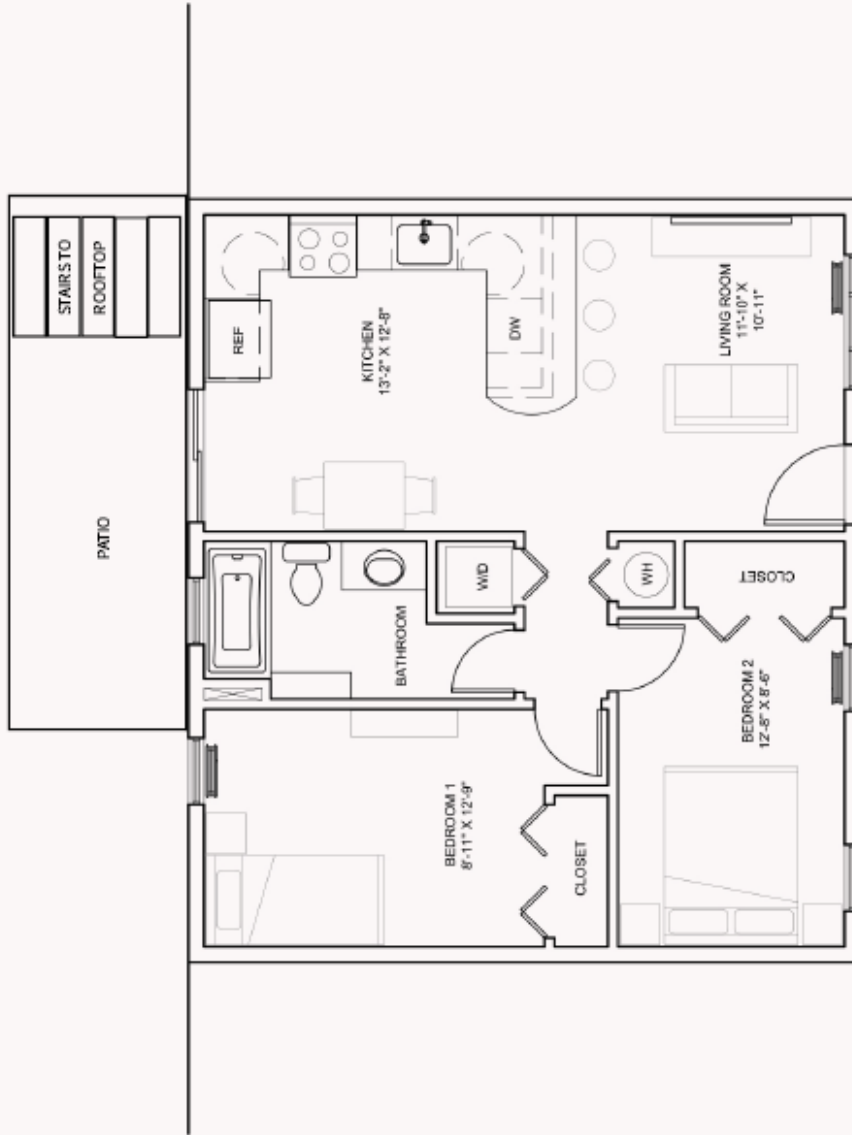
THURSDAY, DECEMBER 31, 2020

7:00 P.M. UNTIL POST MIDNIGHT

Level Orange Covid Restrictions Apply.
All Must Wear Masks and
Adhere to 6 ft. Social Distancing.

478653 West Alama Avenue, Unit 4F
Lakewood, CO

Exhibit



THEIS
REALTY



SEPTEMBER 19TH 2022

SCALE: 1/4" = 1'-0"

WEATHERINGTON BUILDING 3 - APARTMENT 10

TWO BEDROOM - ONE BATH - 659 SQFT

Exhibit



DENVER CENTRAL HOSPITAL

Peyton Rhee Employee Schedule December 1, 2020 – December 31, 2020							
Department	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Emergency Department	Start: 7:00pm End: 7:00am				Start: 7:00pm End: 7:00am		
Intensive Care Unit		Start: 7:00pm End: 7:00am				Start: 7:00pm End: 7:00am	

Peyton Rhee Employee Schedule January 1, 2021 – January 2021							
Department	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Emergency Department			Start: 7:00pm End: 7:00am				Start: 7:00pm End: 7:00am
Intensive Care Unit		Start: 7:00pm End: 7:00am			Start: 7:00pm End: 7:00am		

Exhibit



AFTER VISIT SUMMARY

Julian Grimes MRN: 443311114444555500

10/23/2016 3:30 PM PRIMARY CARE 303-333-3333

This summary has health information about your visit.

Instructions from Ashley Staab, MD



Labs ordered today

ERYTHORCYTE SEDIMENTATION RATE (ESR)
Complete as directedANTINEUTROPHIL CYTOPLASMIC ANTIBODIES (ANCA)
Complete as directedCBC (COMPLETE BLOOD COUNT) WITH DIFFERENTIAL
Complete as directedCOMPREHENSIVE METABOLIC PANEL
Complete as directedALANINE TRANSAMINASE (ALT) AND ASPARTATE
TRANSAMINASE (AST)
Complete as directedALKALINE PHOSPHATASE (ALP)
Complete as directedGAMMA-GLUTAMYL TRANSFERASE (GGT)
Complete as directedURINE ALBUMIN-TO-CREATININE RATION (UACR), PATIENT
COLLECT
Complete as directed

Today's Visit

You saw Ashley Staab, MD on Tuesday October 23, 2016. The following issues were addressed:

- ANNUAL WELLNESS VISIT
- EXPERIENCING SHORTNESS OF BREATH, FATIGUE, FEVER, NIGHT SWEATS

Changes to your health record information available online

More of your health information may be available to you and anyone who has permission to access your health record on 5280health.com. You may even see detailed test results before your care team has had a chance to review them and contact you about them. Some test results or notes may be difficult to interpret on your own.

Important Note: It is not necessary for you to contact us. Your care team will review your results and follow-up with you as quickly as possible.

5280health.com

Visit **5280health.com** to access video, e-visit, email, and chat online features. You'll also get access to schedule routine and select specialty appointments, view most lab results, visit notes from your doctor, and more!

Preventive Care See what screenings and immunizations you are due for in your personal action plan at 5280health.com

Results

ANCA Proteins present in blood

Protein and blood detected in urine

GRANULOMATOSIS WITH POLYANGIITIS (GPA) - POSITIVE

Results Disclosure Message

Granulomatosis with polyangiitis (GPA) is a rare disorder in which blood vessels become inflamed. It is an autoimmune disorder that can lead to damage in major organs of the body.

Treatments

Treatment is required. You will be given high doses of prednisone directly through the vein for 3 - 5 days. You will have to continue with monthly infusions following the initial treatment

My Prescriptions

Rituximab (Rituxan) Intervenus Infusion from a certified healthcare provider

No Known Drug Allergies

Severity
Not Specified

Exhibit 1



Cypress Creek Homeowners Association

July 30, 2020

Sent via electronic mail

Quinn Dixon
478653 West Alama Avenue, Unit 4F
Lakewood, CO 80999
quinndixon@email.com

Dear Quinn Dixon:

As you know, on July 4, 2020, you held an in-person gathering in your unit at Cypress Creek Apartments. After the gathering, the Cypress Creek Homeowners Association (“HOA”) received multiple anonymous complaints claiming that the gathering was held in violation of the Governor of Colorado’s “Safer at Home Order.” This Order prohibits certain in-person gatherings and requires compliance with the Code Red restrictions that were in effect at the time. The HOA issued you a fine for violation of HOA Bylaw 6.1, which states: “No resident shall allow their unit to be used for unlawful purposes.” You appealed this fine and the HOA’s decision. The HOA provided you with an internal hearing pursuant to its Bylaws.

After careful consideration of the information presented at the hearing, the HOA concludes that Bylaw 6.1 only applies to activity that violates criminal law and does not apply to civil violations. The HOA further concludes that the gathering

you held on July 4, 2020, is considered a civil violation because it was not a violation of any criminal statute. Therefore, the HOA finds that your actions do not constitute prohibited criminal activity, and that the gathering on July 4, 2020, was not held in violation of Bylaw 6.1. The HOA hereby vacates all previously issued fines associated with the violation.

Cypress Creek Apartments prides itself in providing a safe living space for all residents to enjoy. The HOA cautions you to comply with all state-issued guidelines and protocols in the future to ensure the comfort and safety of all community members.

Sincerely,

Hank Scorpio

President
Cypress Creek Homeowners Association