ARAPAHOE DISTRICT COURT, ARAPAHOE COUNTY, COLORADO

DATE FILED: February 14, 2022 10:05 AM

AFFIDAVIT OF PROBABLE CAUSE FOR ARREST WARRANT

I, Investigator Jamie Wright, of lawful age and being first sworn upon oath, state that I have probable cause for believing that:

KIM, GEOFFREY S
DOB: 04/26/1969

did commit the crime(s) of:

18-3-202(1)(c)	Assault in the First Degree	3F
18-3-105	Criminally Negligent Homicide	5F

on/or between 08/01/2019, within Arapahoe County, Colorado, and as grounds therefore state as follows:

That this Affiant is an Investigator with the Arapahoe County Sheriff's Office, and that the following information was obtained by me personally and from the official records of the aforementioned office.

This Affiant is aware of the following information as it is contained in Arapahoe County Sheriff's Office Offense Report #AC19-0017420, which was written by this Affiant.

Dr. GEOFFREY KIM committed the crime of Assault in the first degree by manifesting extreme indifference to the value of human life by: refusing his staff's requests to call 911 after performing CPR at 1415 hours; failing to provide accurate information to EMMALYN's mother who would have sought advanced medical care for her daughter had she known of the situation; failing to recognize traumatic injury to EMMALYN's brain and not seeking immediate advanced medical care; providing misinformation to Emergency Medical Personnel as to when EMMALYN had her cardiac event; and providing misinformation to Dr. BOSCH on two separate occasions which led to the further neglect in EMMALYN's care.

As a physician who has practiced medicine in Colorado since 2005, he knowingly engaged in conduct which created a grave risk of death to EMMALYN. EMMALYN ultimately was in a vegetative state from 08/01/2019 until her death on 10/04/2020. Per her death certificate issued by the Arapahoe County Coroner her cause of death was "sepsis complicating aspiration pneumonia, complications of persistent vegetative state, anoxic brain injury and complications of anesthesia". Dr. KIM's actions on 08/01/2019 caused the death of EMMALYN by conduct amounting to criminal negligence. Criminal negligence

is defined by the Colorado Revised Statutes as, "A person acts with criminal negligence when, through a gross deviation from the standard of care that a reasonable person would exercise, he fails to perceive a substantial and unjustifiable risk that a result will occur or that a circumstance exists."

Dr. GEOFFREY KIM received his medical degree from the Geisel School of Medicine at Dartmouth College in Hanover New Hampshire in 1997 and has been practicing medicine in Colorado and Kansas since 2004. He held a Kansas medical license from 2004-2016 and has had a Colorado medical license from 2005 to current in 2022. Dr. KIM specializes in Plastic Surgery. The Colorado Medical Board effectively suspended Dr. KIM's medical license (DR-43664) on 01/09/2020 at 1600 hours. Dr. KIM's license was suspended after he admitted that he did not contact emergency personnel for approximately five hours after EMMALYNN had a cardiac arrest (Page 2, Paragraph 7, subparagraph b. Stipulation and Final Agency Order for case number 2019-5460-A Colorado Medical Board documentation). Dr. KIM's medical license was ultimately reinstated on a three year probationary status effective 02/15/2020.

The case is described as the following:

On 08/01/2019 at approximately 1330 hours, eighteen year old female:

NGUYEN, EMMALYN NHI
DOB: 07/18/2001

arrived at the Colorado Aesthetics & Plastic Surgery (CAPS), located at:

7180 EAST ORCHARD ROAD STE. 206
UNINCORPORATED ARAPAHOE COUNTY
STATE OF COLORADO

to have a breast augmentation performed by doctor:

KIM, GEOFFREY S
DOB: 04/26/1969

The breast augmentation was not started or completed.

Prior to her surgical appointment, EMMALYN completed her informed consent paperwork for the procedure which is 13 pages in length. This occurred on 07/24/2019. Per the consent document (only items pertaining to aspects of EMMALYN's medical care, not the procedure, are listed here):

> On page 7 under **SURGICAL ANESTHESIA** it states both local and general anesthesia involves risk. There is the possibility of complications, injury, and even

heart attack, stroke, blindness, disability and death from all forms of surgical anesthesia or sedation.

Under **CARDIAC AND PULMONARY COMPLICATIONS** it states Pulmonary (lung) complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli), pneumonia, or partial collapse of the lungs after general anesthesia, and these can be life threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs and causing a major blood clot that may result in death. It is important to discuss any past history of swelling in your legs or blood clots that may contribute to this condition with your physician. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek immediate medical attention. Should any of these complications occur, hospitalization and additional treatment may be required.

Under **DRUG REACTIONS** it stated unexpected drug allergies, lack of proper response to medication, or illness caused by the prescribed drug are possibilities. It is important for you to inform your physician of any problems you have had with any medication or allergies to medication, prescribed or over-the-counter, as well as the medications you now regularly take. Provide your surgeon with a list of the medications and supplements you are currently taking.

On page 12 under **DISCLAIMER** it states informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance, and as practice patterns evolve.

On page 13 there are 12 items regarding informed consent.

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are necessary and desirable in the exercise of his or her professional judgment. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure has begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.

4. I understand what my surgeon can and cannot do, and I understand that there are no warranties or guarantees, implied or specific, as to my outcome. I have had the opportunity to explain my goals and understand which desired outcomes are

realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as the additional risks and complications, benefits, and alternative. Understanding all of this, I elect to proceed.

EMMALYN initialed all pages to include pages 7 and 12 as well as signed her signature to page 13 titled **CONSENT FOR SURGERY/PROCEDURE OR TREATMENT** stating she understood the risks of anesthesia and surgery**.**

During a pre-operation appointment dated 07/22/2019 with EMMALYN, Dr. KIM noted the following in reference to EMMALYN:

- The patient is a previously healthy 18 year old female, who presents for evaluation of her breasts. She states that she desires "larger" breasts. Her medical and surgical history is unremarkable. She takes no medications. She is not allergic to any medications and does not smoke. Her weight has been stable in the recent past. She denies having any symptoms involving her breasts. She has no family history of breast cancer.

Having previously completed the necessary paperwork on 07/24/2019, EMMALYN entered the Operating Room (OR) at 1355 hours. EMMALYN, per medical records from CAPS, was given anesthesia at 1400 hours by Certified Registered Nurse Anesthetist (CRNA);

MEEKER, REX
DOB: 04/30/1951

Per documentation from EMMALYN's medical chart, CRNA MEEKER notated the following (some of the documentation is illegible):

At 1400 hours, he administered local anesthesia.

Per Drugs.com, below are the descriptions of each of the drugs administered by CRNA MEEKER:

PROPOFOL: "slows the activity of your brain and nervous system. It is used to put you to sleep and keep you asleep during general anesthesia for surgery or other medical procedures." The amount is illegible and CRNA MEEKER did not chart the total dosage given.

VERSED: "is a benzodiazepine that is used to help you relax before having a minor surgery, dental work, or other medical procedure". EMMALYN was given a total of 4 mg as noted by CRNA MEEKER.

FENTANYL: "is an opioid pain medication, sometimes called a narcotic". EMMALYN was given a total of 0.175 mg as noted by CRNA MEEKER.

CEFAZOLIN: “is a cephalosporin antibiotic that is used to treat bacterial infections. It is sometimes given before and after surgery to prevent infection”. EMMALYN was given a total of 2 mg (the record is hard to read and I believe it states 2 mg) as noted by CRNA MEEKER.

DECADRON: “is a steroid that prevents the release of substances in the body that cause inflammation”. EMMALYN was given a total of 8 mg as noted by CRNA MEEKER.

LABETALOL: “is a beta blocker that is used to treat hypertension (high blood pressure)”. It appears in CRNA MEEKER’s notes this was also given at 1400 hours with the previous drugs. Per CRNA MEEKER’s notes, EMMALYN’s blood pressure (BP) was 100/60.

Between 1400 and 1415 hours, CRNA MEEKER notates on her chart EMMALYN’s BP as:
(rough estimate from notes)
1400 hours 100/60
1405 hours 100/58
1410 hours 95/45
1415 hours 100/50

CRNA MEEKER notes EMMALYN has a pulse that appears to be noted at 21 at 1420 hours, however he notes there is no blood pressure from 1420 through 1430 hours. At this time he notes on the chart Cardio Pulmonary Resuscitation (CPR) starts at 1415 hours and they utilize a mask to perform respirations for EMMALYN. They continue to use a bag mask for ventilation until 1530 hours.

CRNA MEEKER notates EMMALYN is in Asystole from 1420 hours through 1440 hours. Asystole is defined by the National Institute of Health (NIH.gov) as:

> “Colloquially referred to as flatline, represents the cessation of electrical and mechanical activity of the heart. Asystole typically occurs as a deterioration of the initial non-perfusing ventricular rhythms: ventricular fibrillation (V-fib) or pulseless ventricular tachycardia (V-tach)”.

Asystole is noted on the chart at the same time CPR is being conducted and they are using a mask for ventilation to assist EMMALYN with oxygen intake. EMMALYN’s blood pressure and pulse are noted during this time. At 1540 hours, it is noted in the chart that EMMALYN has spontaneous ventilation and they replace the mask for nasal prongs to administer oxygen. Between 1445 hours and 1545 hours EMMALYN’s BP is 160/108 on the high end and 120/61 on the low end. Once the nasal prongs are placed EMMALYN’s BP is noted as 140/82 on the high end and 118/70. These numbers are approximated as the chart has notations inside boxes between numbers jumping by 20. EMMALYN’s pulse shows 120 on the high end and 70 on the low end between 1545 hours until 1745 hours.

At 1415 hours, CRNA MEEKER notes in the chart he gave EMMALYN 0.2 mg of Glycopyrrolate. Glycopyrrolate is defined by Drugs.com as;

GLYCOPYRROLATE: "is used during surgery to reduce secretions in your stomach or airway, and to help protect your heart and nervous system while you are under general anesthesia".

At 1445 hours, CRNA MEEKER administers 0.1 mg of Romazicon. Romazicon is defined by Drugs.com as;

ROMAZICON: Flumazenil, an imidazobenzodiazepine derivative, antagonizes the actions of benzodiazepines on the central nervous system. Flumazenil competitively inhibits the activity at the benzodiazepine recognition site on the GABA/benzodiazepine receptor complex. Flumazenil is used to reverse the effects of a benzodiazepine sedative such as Valium, VERSED, Xanax Tranxene and others.

CRNA MEEKER proceeds to administer additional doses of Romazicon at 1510 hours (0.1), 1525 hours (0.1 mg), 1540 hours (0.1 mg) and the last dose at 1445 hours (0.1 mg).

At 1520 hours, CRNA MEEKER administers 0.2 mg of Narcan. Narcan is defined by Drugs.com as;

NARCAN: "Naloxone blocks or reverses the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness".

CRNA MEEKER proceeds to administer NARCAN again at 1530 hours (0.2 mg), 1540 hours (0.4 mg) and the last dose at 1545 hours (0.4 mg).

CRNA MEEKER administers 9 separate doses of anesthetic reversal medications in a one hour period.

CRNA MEEKER does notate EMMALYN's Oxygen Saturation (O2Sat) between 1400 hours and 2005 hours. Her O2Sat appears to have been at 95 on the low end and 100 on the high end.

CRNA MEEKER notes he gave EMMALYN Propofol (60 mg) and Rocuronium (15 mg) prior to transport by Emergency Medical Personnel from South Metro Fire Rescue (SMFR). Rocuronium, is defined by Drugs.com as:

ROCURONIUM: "is used to relax the muscles. It works by blocking the signals between your nerves and your muscles. It is given before general anesthesia in preparing you for surgery. It helps keep your body still during surgery. It also relaxes your throat so a breathing tube can be inserted before the surgery".

CRNA MEEKER completed narrative notes along with documenting on the chart. CRNA MEEKER's narrative states the following:

- 1400 hours: (illegible) local anesthesia

- 1415 hours: Cyanosis appears on lips/face and spread rapidly to upper torso. Monitor: SR & SPO2 (Oxygenation) 92-95%, No BP (blood pressure). Pt (patient) immediately ventilated with mask. Monitors SPO2 86-93%, No BP, no EKG (Echokardiogram) or EEG rhythm. Monitor lead increased and gain increased. Sinus Brady seen. Glycopyrolate IV. Dr. KIM arrives in OR at this time. 1 minute of beginning of incident. Chest compression begin, EKG rhythm returns to 50's. Chest compressions stopped, ventilation continued, EGG Rhythm (illegible) & heart block ration 2:1 (illegible). Compressions resume and ephedrine 10 mg given IV. Compressions continued till BP observed, SR returned & SPO2 WNL. Pt. unresponsive following with reversal of Benzo and Narcs. Pt. began to exhibit some respirations. Glasco (Glasgow Coma Scale) Score 7 E (Eye Opening Response) 1; V (Verbal Response) 2; M (Motor Response) 4. Blood Glucose 125. 12 lead EKG-WNL. Temp 98. Respirations allowed to be spontaneous with nasal prongs O2 (illegible) SPO2 > 96 %. Pupils equal and reactive to light. No signs of respiratory obstruction. Close monitoring and observation continued. Total time asystole <5 min, Total Time Asystole without chest compression <1 min.

- 1645 hours: Pt. begins to clench hands and then relax, followed by occasional flexion (this is crossed out) contraction and release of arms. This continues sporadically. She will shake her head in response to her arms and hand being placed on her forehead. She tightens her eyelids following pupillary check. No definitive posturing observed.

- 1935 hours: 911 called- request ambulance transfer to hospital

- 1940-45 hours: ambulance staff arrives, report given

- 1950 hours: begin intubation process-admin meds, ventilate by mask, easy intubation 7.0 oral Tracheal tube, Miller 2 Blade, EBBS

- 1955 hours: Emergency personnel take control of patient

CRNA MEEKER noted at 1415 hours, EMMALYN had visible cyanosis.

CYANOSIS is defined as a bluish discoloration of the skin resulting from poor circulation or inadequate oxygenation of the blood.

Dr. KIM came into the OR at this time and CPR was started. The chest compressions were stopped when a heart rhythm was picked up on the EKG monitor. Chest compressions were started again and continued until EMMALYN's BP was observed. CRNA MEEKER noted her pupils were equal and reactive to light. His notes state "close monitoring and observation continued".

Dr. KIM was observed on surveillance video entering the OR at 1415 hours, which is consistent with the written account by CRNA MEEKER. Dr. KIM is seen entering and leaving the OR multiple times from 1415 hours until EMMALYN is transported out of the office by SMFR. CRNA MEEKER was only observed on surveillance camera leaving the OR at 1711 hours and then returning.

South Metro Fire Rescue is seen on surveillance arriving at 1955 hours and seen leaving with EMMALYN on a stretcher 2012 hours.

On 08/15/2019, EMMALYN's mother, identified as:

FAM, LYNN CHAN
DOB: 09/25/1984

Contacted the Greenwood Village Police Department to report EMMALYN was in the hospital with brain damage and she believed Dr. KIM had caused her to be there. LYNN reported to Officer BRANDON JONES the following:

- LYNN took EMMALYN to the clinic at 1315 hours
- The surgery was supposed to last roughly two hours
- LYNN left and never received a phone call to pick EMMALYN up from the clinic because she would not be able to drive
- LYNN went to the clinic at 1600 hours and was told by front desk staff that EMMALYN was fine but her heart rate had dropped
- She was told that staff had brought her heart rate back up
- Staff also told her the surgery was never started and would need to be rescheduled
- A nurse (unnamed) told her EMMALYN was taking longer to wake, possibly because it was the first time being under anesthesia
- Dr. KIM came to the waiting room and told LYNN that EMMALYN was "fine", however it was taking longer than expected for her to wake up
- Dr. KIM would not allow her to go into the operating room to be with EMMALYN
- At 1930 hours, Dr. KIM told her it was time to call 911 as EMMALYN was taking too long to wake up
- LYNN was unable to see EMMALYN prior to her being transported to Littleton Adventist Hospital
- EMMALYN arrived at 2030 hours and was not awake
- Nurses and a doctor were running tests and EMMALYN was going to be moved to the ICU
- A nurse at the hospital told LYNN that CPR had been performed at the plastic surgery office
- She believed CPR had been performed around 1600 hours
- CRNA MEEKER arrived at the hospital and told LYNN that CPR had been performed at approximately 1430 hours because her oxygen had reached 0 and it took two minutes to return her heartbeat
- Later that evening, Dr. KIM came to the hospital and told LYNN that EMMALYN's heartbeat never dropped to 0 but was below 30 beats per minute

- LYNN denied Dr. KIM access to EMMALYN's medical status at the hospital as he had called multiple times after this visit trying to get medical information on her
- EMMALYN was on life support and had severe brain damage

Detective GEORGE VOIGT with the Greenwood Village Police Department determined the address on Orchard Road is in Unincorporated Arapahoe County. Detective VOIGT provided me an email from LYNN. The email recounts a conversation LYNN had with CRNA MEEKER at the hospital. Per LYNN, CRNA MEEKER told her:

- Everything happened at approximately 1430 hours
- CPR was performed at this time
- He turned around and EMMALYN's lips and her arms were blue
- He tilted EMMALYN's head back to open her airway
- He checked her oxygen and blood pressure, both were at 0
- Dr. KIM walked in at this time and they began performing CPR
- It took 1-2 minutes of CPR to get her heartbeat back up
- He was surprised LYNN had not been informed CPR had taken place and he believed Dr. KIM would have told her
- The medical staff thought EMMALYN would come around
- After three hours he told Dr. KIM it was time to call 911
- Dr. KIM said to wait and EMMALYN would come around
- There were four staff members in the operating room the whole time monitoring her
- There were two nurses, Dr. KIM and him
- He told LYNN that he has nothing to hide and would answer any questions

Shortly after CRNA MEEKER left, Dr. KIM arrived and spoke with LYNN. He told her the following:

- EMMALYN's heartbeat never dropped to 0 and it was below 30
- He did not tell her about performing CPR because he was trying to prevent her from going into shock
- He is a physician and his medical office has everything the same as a hospital for care
- He thought she would wake up because the anesthesia had been reversed and she was young and healthy
- EMMALYN was under CRNA MEEKER's care once the anesthesia was administered
- CRNA MEEKER is his own contractor and works for himself
- He has nothing to hide

Per LYNN, CRNA MEEKER and Dr. KIM were telling her different versions of what happened and blaming each other.

LYNN signed a release of information and this AFFIANT obtained the medical records for EMMALYN from Littleton Adventist Hospital (LAH). Having no medical training I asked

the Administrative Manager for the Arapahoe County Detention Facility to look over the records and assist in deciphering them. He is identified as:

ANDERSON, CARL

CARL is a Registered Nurse with a Bachelor's of Science in Nursing and is a Certified Correctional Healthcare Professional. CARL provided a timeline of events. I have paraphrased aspects of the timeline:

- On 08/01/2019 patient arrives at 2029 hours via ambulance to LAH Emergency Department
- Admitting diagnosis:
    - Cardiac Arrest
    - Encephalopathy (abnormal brain function)
        - Anoxic (depletion of oxygen) brain damage
        - Acute respiratory failure with hypoxia (lack of sufficient oxygen)
        - Toxic encephalopathy (Defined as disease of the brain that alters brain function or structure caused by: Infectious agent (bacteria, virus or prion), Metabolic or mitochondrial dysfunction, Brain tumor or increased pressure in the skull, Prolonged exposure to toxic elements (including solvents, drugs, radiation, paints, industrial chemicals and certain metals, Chronic progressive trauma, poor nutrition, Lack of oxygen or blood flow to the brain. National Institute of Neurological Disorders and Stroke, a division of the National Institutes of Health.)
        - Disorders of autonomic nervous system (the autonomic nervous system is responsible for unconscious regulation of heart rate, digestion, respiratory rate, etc.)
        - Dysphagia (difficulty swallowing foods or fluids)
- Noted patient was brought in by medics from the surgery center and CPR was initiated at the surgical center for approximately 1-2 minutes before return of spontaneous circulation (ROSC). Also noted, upon medics arrival to the surgical center, that the patient was "posturing" (posturing is a sign of severe brain damage, and it is displayed by a person becoming stiff, with bent arms, clenched fists and legs extended straight)
- At 2101 hours a note states Dr. Kim arrived at LAH and was at bedside and he wanted to attend the CT scan with the patient
- On 08/02/2019 Dr. Greene (LAH) made the following note:
    - "I saw the patient, reviewed labs and examined her. She is a 18 year old who was admitted last evening after having gone for a breast augmentation-she received fentanyl (medication used for severe pain), propofol (medication used for anesthesia causing relaxation) and versed (medication used for sedation) and then became bradycardic (slow heart rate) and had CPR for 1-2 minutes and ROSC was achieved. This apparently happened around 4 pm. She was not intubated at that time per Dr. Kim (that I spoke to this am) but was bagged and then placed on nasal

cannula and watched. She was given Narcan (medication used to treat (reverse) opioid overdose) and Romazicon, (medication used to treat (reverse) sedation). Approximately 4 hours later EMS was called because she had not woken up-when EMS arrived, she had an NPA (Nasopharyngeal Airway) in place, was unresponsive, and noted to be posturing. EMS intubated, given Rocuronium (medication for muscle relaxation) and Propofol and transported to ED. She had a head CT which was unremarkable, had Artic Sun (protocol used to create hypothermic state for patients suffering from Cardiac Arrest) started and was transferred here (ICU)."

- On 08/03/2019 at approximately 1811 hours Dr. Pales writes:
  "Patient was seen and examined. Long discussion with parents, discussed with ICU team. EEL (electroencephalogram) is read. MRI results reviewed. Poor prognosis for meaningful brain recovery."

This AFFIANT received the medical records from Dr. KIM's office reference EMMALYN on 10/16/2019. CARL reviewed these documents as well. He provided the following timeline:

- 07/22/2019 Dr. Kim completed a pre-operation evaluation and notes, "The patient is a previously healthy 18 year old female, who presents for evaluation of her breasts." This pre-operation note ultimately displays that Emmalyn did not have any medical history that would prevent Dr. Kim from performing the elective surgical procedure and that Emmalyn did not take any medication.
- 08/01/2019 Dr. Kim noted, "I entered the operating room at approximately 1415 after sedation and local anesthetics were administered by CRNA (Certified Registered Nurse Anesthetist) at which no detectable rhythm was displayed on the monitor. Chest compression was started and the patient was ventilated with mask. The patient was resuscitated in less than a minute with Heartrate in the 50s, compression was restarted when bradycardia (low heartrate) and heart block were noted and continued until the patient's hemodynamics (blood flow to body) stabilized. The patient remained hemodynamically stable with spontaneous breathing throughout with Oxygen saturation in the 90s. NO respiratory distress with normal respiration rate. The patient was kept in the operating room throughout day which both I and CRNA were present and the patient being closely monitored. Sedation was pharma logically reversed. When patient displayed no signs of being conscious after being given ample time, at 1935, EMS were notified to transfer patient to Littleton Hospital. The patient was intubated to prevent any possible compromise in airway during transfer."
- An additional note on 08/01/2019 at 1645 hours, "Patient begins to clench hands and then relax followed by occasional flexion contraction (bending) and relax of arms. This continues sporadically. She will shake her head in response to her hand being placed on her forehead. She tightens her eyelids following pupillary check. No definitive posturing noted." The author of this note is unknown but may be the CRNA
- At 1935 hours 911 was called

- At 1940-1945 hours ambulance staff arrives
- 1955 hours emergency staff takes control of patient

DAVID WOODRUFF
(LYNN's Private Attorney)

provided the names and contact information for the Medical Experts from the civil case against Dr. KIM. He also provided the name of the Emergency Room Doctor who was on duty when EMMALYN was brought into the hospital. He was identified as:

BOSCH, DAVID
DOB: 02/15/1984

On 06/28/2021 at 1100 hours I spoke with Dr. Bosch by phone. Dr. BOSCH told me the following (the conversation has been modified or shortened from the original statements and items most related to EMMALYN are entered here. The audio of this conversation was entered into evidence and a full transcript is available):

- He received a phone call from Dr. KIM while working in the ER
- Dr. KIM identified himself as a local plastic surgeon
- Dr. KIM was sending a girl (EMMALYN) to the emergency room
- Dr. KIM was sending her to be observed until the medications could wear off, she could wake up and he could send her home
- Dr. KIM said, "I think she'll be ok"
- He thought it was strange to have an 18 year old with cardiac arrest
- When the ambulance arrived, the EMS report was similar, stating she had been sedated actively when she had a cardiac arrest
- She was given medication for her sedation and then in front of everyone had a cardiac arrest and the heart stopping, which is called systolic bradycardia and they did CPR for a very brief period of time, which they estimated between one or two minutes and then got her back, as far as her circulation and then sent her to the ER with a breathing tube in
- This is what EMS reported
- From his standpoint it didn't seem that irregular
- This would be ok for her to be sent to the hospital
- After his first evaluation of EMMALYN, he felt things were abnormal
- She had abnormal movements, tremors, which are really irregular and indicative of severe brain damage
- He felt nothing made sense at that time
- They had put a breathing tube in and gave her medication that fully paralyzes for an hour, but only gave her sedation medication for five minutes
- Basically the sedation medication would wear off but the paralyzing medications would not so you would be aware but paralyzed for an hour and couldn't open your eyes

- They gave these medications at the office for transport by EMS to put the breathing tube in
- He thought not being able to wake up would be torture
- He provided her more sedation medications because of the amount of paralyzing medications she was given
- The paralyzing medication was called Rocuronium
- He had contacted the ICU advising they were observing EMMALYN but she may need to be transferred to ICU
- Roughly 30-45 minutes later Dr. KIM arrived at the hospital
- Dr. KIM asked him what he had done as far as testing for EMMALYN
- He told Dr. KIM that there was not a lot of testing to be done, based on the information provided by him (Dr. KIM)
- The information he had provided, was she had the cardiac arrest in front of everyone, and they then directly transferred EMMALYN to the hospital
- Dr. KIM then told him, after pausing, "oh, actually this happened four hours ago"
- He believed Dr. KIM told him around 1600 hours
- He stopped what he was doing and just stared at Dr. KIM and asked him what do you mean four hours ago
- He can tell exactly what time Dr. KIM told him 1600 hours because he immediately ordered a CAT scan of EMMALYN's brain
- This occurred at 2053 hours
- A CAT scan would have been a more immediate form of treatment rather than observe her until she woke up based on the correct information of her cardiac event
- If there is an immediate cardiac event, there is really no reason to take a CAT scan of the brain, but if you haven't awakened up in five hours, then you need to look for other things like swelling, etc.
- MEEKER then came over to him and sat down next to him
- MEEKER asked his opinion of what was going on
- He told Dr. KIM and MEEKER that they needed to provide him accurate information on what had happened
- What he was seeing in EMMALYN was someone who was posturing, which is the tremoring movement and he was really worried at this point that she had a significant brain injury
- With cardiac arrest, if CPR is done immediately, people recover and do well within minutes
- Dr. KIM and MEEKER both hung around, going through medications that were given, they both kept reassuring the family that everything was going to be ok
- EMMALYN was then admitted into the ICU

This Affiant asked Dr. BOSCH if he felt Dr. KIM deliberately gave him misinformation on the phone prior to EMMALYN being brought in. Dr. BOSCH stated he did not know why Dr. KIM did not provide the correct information so he could provide the correct care for her. He stated he did not know if it was deliberate, however it seemed like it had to have been deliberate. The information he received on the phone by Dr. KIM was the same information relayed to EMS. He does not know how it could not have been deliberate if the accounts were the same.

This Affiant then asked him, based on his professional opinion, at what point you as a doctor call 911 after a cardiac event. He stated, "Immediately. At a surgical center like that, where there's no back up, no resources, it's immediate."

On 06/16/2021 at 1450 hours I spoke by phone with:

KINGSLEY, BRUCE P

Dr. KINGSLEY is an expert witness and has been an Anesthesiologist for 47 years. Dr. KINGSLEY was not used as an expert witness for the civil case because it had already settled. Had he testified, he would have been testifying with an evaluation toward determining liability under the standard of care and causation analysis, for the purpose of recovery in a wrongful death action.

Dr. KINGSLEY stated EMMALYN had no pre-existing disease. She was not known to have a heart problem, was not known to have a blood pressure problem, and was not known to have an airway problem, a lung problem or an allergy problem. EMMALYN was healthy.

He believed there were two possibilities that would determine what happened to her. The first is:

- A dose of intravenous anesthetics and sedatives, sufficient to cause her airway to relax enough that it completely obstructed and then she was obstructed for a period of eight or nine or ten minutes to the point where she is anoxic for that period of time. Not enough to kill her heart but enough to very seriously damage her brain

The second is:

- She had toxicity of local anesthetics that were injected for the purpose of surgery. A local anesthetic, if you give enough it can be absorbed and cause cardiac collapse. The cardiac depression so severe that the person collapses. These were happening at the same time so they were injecting local anesthetics and they were sedating her so she would not resist the injection of the local anesthetics

Dr. KINGSLEY stated that the amount of anesthetic given to EMMALYN is not documented in the records from the surgical center. When asked about the term "Snowing" which is what was described as a technique CRNA MEEKER used on a regular basis, Dr. KINGSLEY detailed "Snowing" as a term that implies a greater than necessary dose and means that the patient is "snowed" or they're out.

Per Dr. KINGSLEY, snowing is not illegal and there is nothing wrong with giving enough anesthesia, the patient has no pain, remembers nothing and doesn't move, however you have to attend to the patient and get the airway open and make sure they're continuing to

ventilate adequately and their blood pressure is adequately maintained and doesn't require support.

CRNA MEEKER used general anesthetics and provided them to the patient so the patient can undergo major surgery and with this most patients are fine. There is nothing wrong with a patient being "snowed" unless either the intent was not to snow them or you intend to snow but then you leave them to fend for themselves with an unsecured airway.

EMMALYN's airway had no management until hours later when it was time for her to be transported. Dr. KINGSLEY's understanding after reviewing documentation was that transport refused to take EMMALYN unless she was intubated.

Dr. KINGSLEY advised he believed in his expert opinion, waiting six hours to call for an ambulance was not reasonable and stated Dr. KIM should have called 911 immediately. This would be the standard of care. This would be the standard of care even if the patient was awake.

Dr. KINGSLEY stated EMMALYN would have needed a chest x-ray, laboratory work and an echocardiogram to determine if she would have been able to even leave the hospital. In an office operating room setting, the doctor would not have the equipment needed to perform any of these tests in the office.

This AFFIANT asked Dr. KINGSLEY if he found Dr. KIM's behavior amounted to criminal negligence, "The failure to perceive through a gross deviation from the standard of reasonable care, a substantial and unjustifiable risk that death will result from your conduct." He said Dr. KIM's behavior was a "gross deviation from the standard of care."

On 01/07/2021 at 1237 hours this AFFIANT called Dr. KINGSLEY to ask follow up questions to CRNA MEEKER's medical notes. I asked Dr. KINGLSEY about the number of doses CRNA MEEKER used for the anesthetic reversal. Dr. KINGSLEY stated the following:

- The indication for using the Romazicon is that they were attempting to turn off the anesthetics and are trying to discern if she had sustained neurologic impairment, temporary or permanent, due to the arrest
- You would give reversal agents for the anesthetic, in the hope that it reverses
- The reversal agent works quickly, no longer than 5 minutes
- It should not take one hour to reverse the anesthetic
- With post arrest management, its common to see practitioners hoping that the neurologic impairment they are observing with the patients failure to wake up, when continuous anesthetic drugs like Propofol intravenously or gaseous anesthetics, would be the desired outcome
- They hope what they are seeing is an exaggerated response to the narcotics and sedatives that are typically given at the start
- He has never seen the number of doses that were given in this case
- The most (doses) he has seen to reverse anesthetics is 2

- In 40 years of practice he has never given a second dose of Narcan or Romazicon
- He has never given a dose of Romazicon
- Romazicon is indicated for reversing sedation and reversing the effects of the Midazolams (benzodiazepine that is used to help you relax before having minor surgery, dental work or other medical procedure-drugs.com) producing agitation or disorientation after the post-operative period
- He has never seen a case of coma from pre-operative medications such as Versed or Fentanyl in any dose
- With this time line there is obviously something else wrong
- If a patient has no response; zero response to neither of these medications, it's a pretty good sign that the medication is not the problem
- These responses are dose related, meaning that if there is a massive overdose of narcotic and the patient is completely aptic and you give an appropriate dose of Narcan you will see some response
- You may not get total reversal but you will get some response
- The fact they gave the drugs and there was evidently no response, it suggested the drugs were not the problem
- After not receiving a response from the first dose of Narcan or Romazicon it should have occurred to them they needed help
- A cardiac event is bigger than they could have handled in a surgery center, not attached to a hospital
- A cardiac arrest without a pulse that requires chest compressions, is a medical emergency and requires 911 to be called
- 911 would need to be called because she is going to need things they cannot do
- She would need a twelve lead EKG, chest xray, cardiology consultation, monitoring for 24 hours
- If she had awoken at the surgical center would they have sent her home after performing CPR? No.
- It would be medical negligence to send her home after performing CPR, not criminal
- The whole thing about outpatient office surgery is it's all predicated on a general approach that if anything goes wrong, care can be escalated and care will be escalated

This AFFIANT then asked DR. KINGLSEY about the GSC noted by CRNA MEEKER and his later notation at 1630 hours reference EMMALYN's movements. Dr. KINGSLEY stated:

- As a general rule, a neurological examination following general anesthesia is unreliable
- A general anesthetic is a form of medically induced coma
- As you transition from the medically induced coma to a normal awake state, you can see a lot of stuff
- You can see posturing, you can see things that look like seizures, rigidity, shaking. That's all possible
- You check back an hour later and the patient is awake and ready to go home

- The trigger of the emergency is not that the patient didn't wake up, it's that she arrested
- The not waking up is evidence that the arrest was not promptly recognized and the resuscitative measures were insufficient in her case
- None of that is criminally actionable
- To not help, to not call the emergency, to not have her transported to the hospital, to not intubate her immediately when she was arresting, that's denial of care to a patient who's in extremes
- You could argue she not needing to intubate right away; but to not ramp up the care to ensure they were doing everything they could
- Had they called 911 at the time, would she have been better off? Probably not because she had arrested for such a long period
- As far as the record, it most likely was done after the fact, as the care of the patient is more important than record keeping
- Creating the record later is not outside of the standard of care
- She must have been pulseless for a much longer period of time than noted because, as we now know, she was so brain injured
- If a situation develops in an operating room in a surgery center and there is the possibility that a brain injury could be occurring then you need to call for help and you need to escalate care
- If you do not escalate care, then you are denying that person an opportunity, and that's reckless

Dr. KINGSLEY was then asked if EMMALYN would have been able to maintain an oxygenation in the 90's as CRNA MEEKER notated with a severe brain injury, he said:

- She was capable of breathing on her own and keeping her oxygen levels up with a severe brain injury because the brain stem is the last to go
- The brain stem is what drives and regulates respiration
- She's young, strong and has a normal heart and lungs going into the procedure and he would expect if she was given nasal cannula oxygen she would be able to maintain a saturation in the 90s post op even if she had a lethal brain injury

This AFFIANT asked about the volume of drugs administered for transport, specifically about Dr. BOSCH stating the amount of paralytic was high and the sedative low. Dr. KINGSLEY stated:

- 60 mg of Propofol (15 minutes) and 15 mg Rocuronium (30-1 hours) are within normal range of what would be given based on EMMALYN's weight
- The drugs would keep her from trying to pull out the tracheal tube if she became closer to consciousness
- The drugs were used to facilitate intubation
- Had she woken up she most likely would not have remembered not being able to move in regards to the Rocuronium
- Patients are paralyzed for transport all of the time so the airway can be secured

On 06/22/2021 this AFFIANT spoke by phone with the former President (2014-2015) of the American Society of Cosmetic Breast Surgery, Dr. WILBUR HAH. Dr. HAH stated

that leaving a patient unobserved is not appropriate. There should be several cross checks to ensure the patients safety and the airway should always be protected. It is standard practice to keep drugs in the office to reverse anesthesia.

Dr. HAH stated you would never walk away from a patient once anesthesia is administered and you would call 911 immediately after a cardiac event. Per accreditation standards you have to have a protocol for a situation like this.

Dr. HAH has reviewed the medical records from Dr. KIM and noticed a gap in the documentation about the incident with EMMALYN. Dr. HAH stated he believed Dr. KIM's behavior is a gross deviation from the standard of care. Dr. HAH advised that as the surgeon you are in a command position which comes with significant responsibility. Just like with the police, if medical professionals see someone is not behaving properly they are just as guilty for not acting or reporting. Dr. HAH believes Dr. KIM's behavior or lack thereof amounts to an extreme indifference towards the value of human life.

On 06/22/2021, this AFFIANT received a signed Production of Records for CAPS, signed by Magistrate JANSKI. On 08/27/2021 I received the requested documents and video surveillance from Attorney John Richilano. In the documents, Dr. KIM has a Cardiac Emergency Response Team Protocol. His document states the following (I have only included the bullets relevant to EMMALYN):

Follow these steps in responding to a suspected cardiac emergency:

(a) Recognize the following signs of sudden cardiac arrest and take action in the event of one or more of the following:

- The person is not moving, or is unresponsive, or appears to be unconscious
- The person is not breathing normally (has irregular breaths, gasping or gurgling, or is not breathing at all).
- The person appears to be having a seizure or is experiencing convulsion-like activity. (Cardiac arrest victims commonly appear to be having convulsions).

(b) Facilitate immediate access to professional medical help:

- Call 9-1-1 as soon as you suspect a sudden cardiac arrest. Provide the (school) address, cross streets, and patient condition. Remain on the phone with 9-1-1. (Bring your mobile phone to the patients' side, if possible.) Give the exact location and provide the recommended route for ambulances to enter and exit. Facilitate access to the victim for arriving Emergency Medical Service (EMS) personnel.
- Immediately contact the members of the Cardiac Emergency Response Team.
    - Give the exact location of the emergency. Be sure to let EMS know which door to enter. Assign someone to go to that door to wait for and flag down EMS responders and escort them to the exact location of the patient.

(c) Start CPR:

- Begin continuous chest compressions and have someone retrieve the AED

(b) Transition care to EMS:

Transition care to EMS upon arrival so that they can provide advanced life support.

Page CAPS000030 is a CODE TRACKING form that lists the start times for the code, action/medication, who administered it. This form was not used in EMMALYN's file or provided as used in her CAPS medical record.

Page CAPS000035 is a form for Hospital Transfer Information. This form notes all pertinent information needed for the patient to be transferred to the hospital for advanced care. This completed form was not provided by CAPS or EMS.

Page CAPS000111 is a form titled Incident Report. This report has events titled, minor event, moderate event, major event and sentinel event. It asks for a description of event and how the patient was affected by it. A completed copy of this form was not included for EMMALYN's incident.

Page CAPS000113 is another Hospital Transfer Information form. A completed one for this event was not included in the records.

Beginning on page CAPS000113, there is a Guide for Interfacility Patient Transfer that details meeting the patients needs. It states Critical Care Knowledge and Skills:

- Advanced airway management
- Ventilator management
- All forms of medication administration
- Pharmacology at the DOT EMT-Paramedic National Standard Curriculum level, plus advanced knowledge of vasoactive and antiarrhythmic drugs and
- Circulatory management and support

Beginning on CAPS 000127 the manual for Standards and Checklist for accreditation of ambulatory surgery facilities. Page CAPS000153 (100.010.015) states:

- Patients receiving anesthetic agents other than topical or local anesthesia should be supervised in the immediate post-discharge period by a responsible adult for at least 12 to 24 hours, depending on the procedure and the anesthesia used.

Also provided in the court ordered items from CAPS was the video surveillance of the CAPS office. The Operating Room (OR) was not recorded, however the hallway to the OR door was recorded. EMMALYN is seen going into the OR at approximately 1355 hours. Per the medical records, MEEKER provided EMMALYN the anesthesia at 1400 hours. At 1409 hours on the video Dr. KIM is seen walking out of the OR. He walks back into the OR at 1411 hours. Multiple CAPS employees walk in and out of the OR for several minutes. Dr. KIM is seen again walking out of the OR at 1441 hours. MEEKER is not seen again on the video until 1711 hours when he exits the OR. Dr. KIM is seen walking in and out of the OR several times and appears to be talking on the phone occasionally. EMS arrives at 1953 hours and EMMALYN is then transferred to LAH at 2012 hours and arrived at 2024 hours.

This AFFIANT obtained the medical/transport records from South Metro Fire. Under the patient information section of their intake form it states, "Cognitive Functions and Awareness-Altered mental status." Written in the Narrative by EMT MICHAEL GRIFFITHS, it states (not all information from the notes have been entered here, for a full account please see the SMFR report):

- Upon arrival, an 18-year-old female was found lying supine on a surgical table, with the plastic surgeon and anesthesiologist by her side. The patient was found to have an NPA (Nasal Pharyngeal Airway) in her nose and had 2 wooden sticks stuffed into the sides of her mouth to prevent the patient from biting on her cheeks. The patient was found with her hands clenched and pulled inward toward her body.
- The surgeon stated they performed CPR on the patient for 10 minutes and during that time called 911. The patient's heart had returned to a Tachycardic rate but (sic) the time of our arrival. (TACHYCARDIA is defined by the Mayo Clinic as a heart rate over 100 beats a minute.)
- When we arrived the patient was having agonal respirations and would not respond to verbal or painful stimuli. The patient was being monitored by the anesthesiologist via a pulse ox and supplemental oxygen was given via a nonrebreather. It was determined at that time that it would be best for the patient to be sedated and intubated by the anesthesiologist so that we could transport the patient. At that time the patient was then given another 80 mg of Propofol and 15 mg of Rocuronium.

On 11/15/2021 I left a voicemail for Registered Nurse:

HUBERT, SHAY
DOB: 10/22/1991

Through her attorney, Ms. HUBERT told me the following:

- She began working for CAPS in January of 2019 and was working on August 1, 2019
- Prior to the commencement of the medical procedure, EMMALYN suffered from medical complications
- Dr. KIM, along with staff, performed multiple medical interventions, including CPR, resuscitative medication, supplemental oxygen, reversal of the anesthesia, repeated evaluations and constant monitoring
- During this period, multiple requests to call 911 were made by her, MEEKER and others in the operating room
- Dr. KIM would not initially agree to 911 being called and assured the staff that EMMALYN would wake up if given some additional time
- Dr. KIM later agreed to have the staff call 911 and MEEKER made the call

On 02/03/2022 this AFFIANT was provided an additional statement from Ms. HUBERT via her attorney. The statement (paraphrased by me) said:

- She was the circulating RN for EMMALYN's surgery

- She conducted this assignment on a regular basis since the start of her employment with CAPS
- She assisted preparing the room for surgery
- CRNA MEEKER served as the anesthesia provider
- Her license and her role as circulating RN require her to take direction related to medical decisions from Dr. KIM and CRNA MEEKER
- She escorted EMMALYN to the operating room and situated her on the bed
- She and the surgical technician "METZU COVARRUBIAS" were present when CRNA MEEKER administered the anesthetic
- It is her understanding CRNA MEEKER remained in the operating room while the anesthetic was administered
- She briefly left the OR to inform Dr. KIM they were nearly ready for surgery
- Dr. KIM was in in his office when she relayed this information and then she returned to the OR
- When she returned to the OR, CRNA MEEKER was monitoring EMMALYN
- EMMALYN presented normal, ventilated with a healthy skin color, and no monitor alarms were sounding
- "METZU" began placing the large 1010 surgical drapes
- After the drapes were placed, she (HUBERT) noticed that EMMALYN's lips were purplish and altered (sic) others to that finding
- She felt for a pulse and felt a very slow pulse
- MEEKER was already in the process of assessing the patient and then he began bagging EMMALYN
- When EMMALYN began to suffer from medical complications, Dr. KIM and the staff performed multiple medical interventions, Dr. KIM and the staff performed multiple medical interventions
- She believes Dr. KIM performed CPR around 2-4 times
- At some point, the decision was made to reverse the anesthesia
- She recalls MEEKER stating, "I am administering Narcan," as he pushed it through EMMALYN's IV
- Despite multiple attempts to wake EMMALYN and provide care, she was not arousable
- They performed tactile and verbal stimulation after the administration of Narcan and she took her blood glucose and temperature
- Dr. KIM interacted with EMS when they were called, as was she and retrieving documents for them
- MEEKER was intubating EMMALYN once EMS was on scene

This AFFIANT made attempts to contact additional staff from CAPS on 11/18/2021 to obtain information. I was unable to contact:

BAHENA, LITZY
DOB: 08/22/2000

And

OLIVAS, SHAWNY
DOB: 07/05/1993

This AFFIANT left a message for:

COVELLI, HAILY
DOB: 09/25/1994

HAILY's father,

COVELLI, REED
DOB: 03/02/1964

returned the message and advised she was a new employee and had nothing to offer the investigation.

At 1239 hours, this AFFIANT spoke via phone with:

PEREZ, WENDY
DOB: 04/19/1996

WENDY advised she had been a new employee and had nothing to say.

At 1243 hours this AFFIANT spoke with:

COVARRUBIAS, METZULEMET
DOB: 10/02/1990

METZULEMET advised she was told not to speak to anyone about this and would not say anything.

On 02/09/2022 this AFFIANT spoke by phone with Dr. KINGSLEY. Dr. KINGSLEY stated (paraphrased by me):

- To produce the kind of injury in EMMALYN, it would take somebody of her age to be pulseless for 5 to 10 minutes
- If at the time of recognition of the cyanosis by someone other than CRNA MEEKER, she had been pulseless for less than 5 minutes and she had had a full advanced cardiac life support provided her and she had been transported immediately to the hospital then she most likely would have survived with minimal injury
- If the argument is that EMMALYN had been pulseless for 15 minutes, it was not recognized by anyone, it would be true then nothing they would have done could have turned it around
- If EMMALYN was in cardiac arrest 15 minutes and then they notice there is a problem, do CPR, get her heart started, didn't intubate the trachea, didn't call for

help, didn't take her to the hospital, didn't call 911, then almost certainly the outcome would have been what it was
- Neither Dr. KIM nor MEEKER diagnosed cardiopulmonary arrest
- The failure with this is HUBERT the nurse diagnosed the cardiopulmonary arrest
- The job of MEEKER is to timely diagnose a critical situation
- MEEKER didn't diagnose the arrest and then compounded the error by omitting to provide complete resuscitative protocols
- Part of the failure was not intubating the trachea
- Part of the failure was not monitoring the blood pressure in a documented fashion using recording equipment
- Part of the failure was not calling 911
- Part of the failure was not calling the hospital
- Part of the failure was not immediately transporting her
- MEEKER is responsible for failing to diagnose the cardiopulmonary arrest
- However, all of these failures in combination caused her death
- The failure to diagnose arrest, failure to have Intralipid in the facility (which is the explicit or specific anecdote to local anesthetic toxicity), failure to timely institute CPR including tracheal intubation, failure to call 911 once EMMALYN's heart was restarted and transport her immediately to the hospital for post resuscitative efforts; All of these failures together caused or contributed to her death
- Had they sent her to the hospital in a timely manner, would she have been better off?
- EMMALYN would have had a statistically significant increased likelihood of improved functionality
- Without statements from MEEKER or Dr. KIM, you can only conclude the outcome is the result of all of these things taken together
- Is Colorado an Independent Practice State for CRNAs?

Per the Colorado Association of Nurse Anesthetists COANA.org, Colorado is an Independent Practice State. This means the administration of anesthesia by CRNAs is an independent nursing function and does not require physician.

- Dr. KIM is not obligated to be in the OR at the time anesthesia is administered, but he is obligated to have Intralipid in the facility and have protocols in place for the administration of Intralipid for local anesthetic toxicity and he is responsible for the overall care of the patient
- There is no way to know how long EMMALYN arrested because there was a series of additional mistakes
- The arrest could have been completely innocent; it could have been due to or not due to over sedation or failure to observe the airway, an airway obstruction, hypoxemia and so on
- It may have been from local anesthetic toxicity but we do not know that
- What we do know is there is a hideously brain injured EMMALYN, who sustained cardiac arrest that was due to some form of anesthetic care
- It was either due to local anesthetic toxicity in which case that is not necessarily negligence or it was due to failure to monitor the airway and oxygenation during

deep sedation or in which case it is due to negligence or some combination of the two

- This is the kickoff point and everything Dr. KIM and CRNA MEEKER did after made the situation worse
- In his opinion the only thing they did correctly was CPR
- Both parties are responsible due to acts or omissions of both Dr. KIM and CRNA MEEKER who contributed to or caused the death of EMMALYN
- Dr. KIM told his staff not to call 911
- If Dr. KIM is relying on MEEKER to attend to all of EMMALYN's care, why is he making the decision not to call 911?
- If MEEKER is independent of Dr. KIM, why did Dr. KIM intervene?
- Dr. KIM did not know the extent of EMMALYN's injuries at the time of the arrest
- Did Dr. KIM timely recognize the cardiac arrest? Maybe not or maybe so. We don't know
- Did anyone timely administer Intralipid? No, it was never done
- Did anyone timely intubate the trachea? No, it was not done
- Did anyone timely compress the heart and administer epinephrine? Based on the result, maybe not, maybe so, depending on the time between the recognition and the administration
- By the evidence here, CRNA MEEKER and Dr. KIM didn't recognize the cardio pulmonary arrest, it was HUBERT who recognized it
- Based on this information, Dr. KIM delayed providing maximal care
- This is reckless disregard for human life
- Dr. KIM's actions become criminal when he is delaying escalations of care and blocking staff from getting help
- Because there is insufficient documentation regarding the arrest, there is no way to know at what point the injury became irreversible

Therefore, this Affiant respectfully requests that an arrest warrant be issued for:

KIM, GEOFFREY S
DOB: 04/26/1969

for the charge (s) of:

18-3-202(1)(c)	Assault in the First Degree	3F
18-3-105	Criminally Negligent Homicide	5F

This Affiant has read the foregoing statement and the matters stated therein are true to the best of my knowledge and belief.

Jamie Wright, Affiant

SUBSCRIBED AND SWORN TO before me on this 10th day of February AD 2022.

RONDA MCGUINNIS
Notary Public
State of Colorado
Notary ID # 19964005010
My Commission Expires 05-05-2025

Notary Public