

# Ineligible Volunteer Record Sheet

## REGISTRATION SERVICE BOY SCOUTS OF AMERICA

Date: 8/5/91

Full name Donald "Lee" L. Kral Social Security no. [REDACTED]  
(Do not use initials if you can get the full name)  
 Address [REDACTED]  
 City Winter Park State CO. ZIP code 80482  
 Date of birth 02/05/67 (This is important: it should be exact.)  
 Approximate age \_\_\_\_\_ (To be used ONLY when date of birth is not known.)  
 Religion \_\_\_\_\_ Nationality (citizen of) \_\_\_\_\_  
 Occupation YMCA Snow Mountain Ranch - Food Service  
 Education \_\_\_\_\_  
 Weight 165 Height 5'10" Race \_\_\_\_\_ Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_  
 Distinguishing physical characteristics \_\_\_\_\_  
 Hobbies or special interests \_\_\_\_\_  
 Married  Single  Name of spouse \_\_\_\_\_  
 Children: Number \_\_\_\_\_ Names and ages \_\_\_\_\_

**SCOUTING CONNECTIONS:**

Unit no.	City	State	Position	Date registered	Date resigned
<u>S0188</u>	<u>El Paso</u>	<u>Texas</u>	<u>ASM</u>	<u>12/87</u>	<u>8/89</u>
<u>S0059</u>	<u>El Paso</u>	<u>Texas</u>	<u>ASM</u>	<u>8/89</u>	<u>5/91</u>

Chartered organization \_\_\_\_\_  
 Special recognitions \_\_\_\_\_  
 Incident: Type 1 & 3 Date July 1991 Resolution 5

- | Type   | Resolution  |
|--|---|
| 1. Scouting related<br>2. Not Scouting related<br>3. Homosexual (not specifically involving youth) | 1. Internal (only BSA members know)<br>2. Criminal action<br>3. Court action<br>4. Probationary status<br>5. Reported to state agency |
- Check-off list of attached documentation
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Description of incident<br><input checked="" type="checkbox"/> Statement by victim(s)<br><input type="checkbox"/> Media reports<br><input type="checkbox"/> Legal proceedings | <input type="checkbox"/> Offender's statement<br><input type="checkbox"/> Official notification of termination<br><input type="checkbox"/> Found guilty/innocent by court |
|---|---|
- Council Denver Area Signed *Arthur R. Kyslaw*  
Scout executive

**NOTED**

**OCT 18 1991**

**JOSEPH L. ANGLIM**

**CONFIDENTIAL**

**AUG 12 1991**

**F. STARON**

October 25, 1991

Mr. William R. Kephart  
Scout Executive  
Denver Area Council, No. 61

PERSONAL AND CONFIDENTIAL

SUBJECT: DONALD "LEE" L. KRAL

Dear Bill:

Thank you for the detailed information sent concerning the above Scouter. This case has been reviewed with our attorney and is now on our permanent Ineligible Volunteer File.

Sincerely,

Paul Ernst, Director  
Registration and Statistical Service

eko

cc: Gerald R. Ulrich, North Central Region,

READY FOR FILE

OCT 21 1991

ERIN O'RILEY

CONF026154



BOY SCOUTS OF AMERICA

Denver Area Council  
2901 W. 19th Ave.  
Denver, Colorado 80204  
303-455-5522

September 26, 1991

Mr. Paul I. Ernst, S108  
National Director of Registration  
Boy Scouts of America  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079

Dear Paul:

Just wanted to give you an update on the "Ineligible Record File" of Donald L. Kral.

Mr. Kral has pleaded guilty to a Class 4, Sexual Assault on a Child. No sentencing date has been set, but the Sheriff's Department indicated it would probably be sometime in November.

I'll keep you posted on the outcome.

Most sincerely,

A handwritten signature in cursive script, appearing to read "W. R. Kephart".

William R. Kephart  
Scout Executive

ll

August 14, 1991

AUG 14 1991  
A. GRAVES

Mr. William R. Kephart  
Scout Executive  
Denver Area Council, No. 61

PERSONAL AND CONFIDENTIAL

SUBJECT: DONALD "LEE" L. KRAL

Dear Bill:

Thanks for all the documentation which you recently sent. This is most helpful as we establish a file.

We would like to know if any legal action is contemplated against Mr. Kral. If so, we would like the outcome once it occurs.

Thanks again for helping protect the youth of America.

Sincerely,

Paul Ernst, Director  
Registration and Statistical Service

ag

cc: Gerald R. Ulrich, North Central Region

CONF026156



BOY SCOUTS OF AMERICA

Denver Area Council  
2901 W. 19th Ave.  
Denver, Colorado 80204  
303-455-5522

August 6, 1991

Mr. Paul I. Ernst, S108  
National Director of Registration  
Boy Scouts of America  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079

Dear Paul:

Enclosed are three items along with supporting documentation on a Donald "Lee" L. Kral: Ineligible Volunteer Record Sheet, Suspected Child Abuse Reporting Form, and a copy of the letter we sent Mr. Kral stating his registration form was being denied.

Mr. Kral was originally registered in the Yucca Council in El Paso, Texas until May 1991, and wanted to transfer to our Council upon moving to Colorado.

Thank you. If you have any questions, please call me.

573-30059 04290  
2/67

Most sincerely,

William R. Kephart  
Scout Executive

ll  
Enclosures (3)

*Added to IV file  
Deleted from reg  
note NES file  
8/12/91*



BOY SCOUTS OF AMERICA

Denver Area Council  
2901 W. 19th Ave.  
Denver, Colorado 80204  
303-455-5522

August 6, 1991

Mr. Donald L. Kral

[REDACTED]  
Granby, Colorado 80446

Dear Mr. Kral:

After careful review, we have decided that your registration with the Boy Scouts of America should be denied. We are therefore compelled to request that you sever any relations that you may have with the Boy Scouts of America.

You should understand that B.S.A. membership registration is a privilege and is not automatically granted to everyone who applies. We reserve the right to refuse registration whenever there is a concern that an individual may not meet the high standards of membership which the B.S.A. seeks.

If you wish to have this decision reviewed by a B.S.A. Regional Review Committee, please write to the Regional Director within sixty days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a B.S.A. member should be granted. The procedures for a review of this decision are enclosed.

Sincerely,

William R. Kephart  
Scout Executive

ll  
Enclosure  
Certified

REVIEW PROCESS

The following information is provided should you desire a review by the North Central Region, Boy Scouts of America of the decision to deny your registration.

1. Within sixty days, you must request in writing a review of this decision. Your request should be sent to: J. Thomas Ford, Jr., Regional Director, Boy Scouts of America, P.O. Box 29140, Overland Park, Kansas 66201-9140. In your request you must include your version of what occurred in support of your claim that registration should not have been denied.
2. Upon the receipt of your written request, a committee will be appointed to review the situation.
3. If the Regional Review Committee determines that a review hearing is necessary, the committee will advise you whether or not you may attend. In some instances, no useful purpose would be served by having the applicant present. The hearing is not adversarial in nature and neither the committee nor you, if you attend, will be represented by legal counsel. If you wish, in the event you attend, you may be accompanied by no more than two other individuals if their testimony might assist the committee in discovering the truth and arriving at a correct decision.
4. The committee will review the facts as presented, and may interview any persons whose testimony might assist them in arriving at a correct decision.
5. You will receive a letter setting forth the decision of the committee.
6. If you are dissatisfied with the decision of a regional review, you may request a further review by the National Council. The decision of the National Council will be final.

# Suspected Child Abuse Reporting Form

## ANY COUNCIL BOY SCOUTS OF AMERICA

The following information was provided to:

Brad Harris, Camp Director

(Telephone number/address)

Name of suspected abuser: Donald "Lee" L. Kral

Address: Winter Park, CO. 80482

Telephone No.:                      Scouting position if known:                     

Child's name:                      Date of birth:                     

Address:                     

Parent's name:                     

Address:                     

Telephone No.:                     

Physical indicators observed: See attached

Behavioral indicators observed: See attached

Other indicators observed/known: See attached

Reporter's name and position: Charlie Arboqast, Director of Field Service

Date of report: 8/5/91 Signature: *Will R. Hyland*





# LEADERSHIP TRANSFER NOTICE

Mail this form directly to the individual's new council or, if this is not known, mail the form to Registration Service, S108, Boy Scouts of America, 1325 Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015-2079.

Region	Council No.
SC	573

CHECK

This individual, registered in this council, has rendered valuable service and is now moving to your area. I would recommend a contact by a Scouter in your council to provide the opportunity to continue Scouting.

OR

This individual, applying for registration, has indicated previous registration in your council. Please complete this form and return it to the address at the bottom of this page.

Name DONALD LEE KRAL

New address \_\_\_\_\_

Former address \_\_\_\_\_

Occupation DAY CAMP COUNSELOR

Present Scouting position ASST SCT MASTER Renewal date FEB 92

Highest youth rank achieved 1st.

Circle Individual's Strength(s)

Boy leadership, supervisory leadership, district commissioner, unit commissioner, administrative positions, training, finance, Cub Scouting, Boy Scouting, Varsity Scouting, Exploring, camping, special events, unit organization, other (specify) \_\_\_\_\_

### ADULT REGISTRATION RECORD

Position	Unit	Local Council	From	To
ASST SM	188	Yucca	Dec 87	AUG 89
ASST S.M	59	Yucca	AUG 89	MAY 91

### TRAINING COURSES COMPLETED AND SPECIAL AWARDS RECEIVED

Name of Training Course or Special Award	Date
Scout Leader Training	FEB 90

Date 15 April 1991 Signed [Signature] Scout executive

New council name \_\_\_\_\_  
Address \_\_\_\_\_ ZIP code \_\_\_\_\_

SEE OTHER SIDE FOR TRANSFER APPLICATION (YOUTH MEMBER)

Troop

No. 28-501E

BOY SCOUTS OF AMERICA

ADULT APPLICATION

The information obtained in this form is for the internal use of BSA only.

Please print one letter in each space—press hard; you are making four copies.

**UNIT SCOUTERS**

Check one

Pack No. \_\_\_\_\_

Troop No. \_\_\_\_\_

Team No. \_\_\_\_\_

Post No. \_\_\_\_\_

Ship No. \_\_\_\_\_

**COUNCIL/DISTRICT/DIVISION SCOUTERS**

Council/District/Division position \_\_\_\_\_

District name \_\_\_\_\_

OR

First name and initial: D O N A L D Last name: K R A L

Social Security number (optional) \_\_\_\_\_

Address—street or R.F.D. \_\_\_\_\_ Additional address information (if necessary) \_\_\_\_\_

City: W I N T E R P A R K State: C O ZIP code: 8 0 4 8 2 -

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Date of birth: 0 5 / 0 6 / 6 7 Training (see cover) 7 Position Code (see cover) SA

Occupation, employer, and business address: YMCA SNOW MOUNTAIN RANCH

Years at this employment: 0 0 Boys' Life:  Former leader:  New leader:  Transfer:  Sex:  U.S. citizen:  Are you an Eagle Scout?:

Driver's license No. \_\_\_\_\_ State: T X Expiration: 1 9 9 3

1. Scouting background

Position	Council	Year
<u>SA</u>	<u>YUCCA</u>	<u>87-91</u>

6. Additional information.

a. Do you use illegal drugs? Yes  No

b. Have you ever been convicted of a criminal offense? (If yes, explain below.) Yes  No

c. Have you ever been charged with child neglect or abuse? Yes  No

d. Has your driver's license ever been suspended or revoked? (If yes, explain below.) Yes  No

e. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? (If yes, explain below.) Yes  No

N/A

2. Experience working with youth in other organizations?

CIUAC AIR PATROL

YOUTH ACTIVITIES FT. BLISS

3. Previous residences (for last 5 years).

City	State
<u>EL PASO</u>	<u>T X</u>
<u>GERMANY</u>	

4. Current memberships (religious, community, business, labor, or professional organizations).

CAP

USSF

5. References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name: GENE SMITH

Name: LOUIE LUTAN

Name: ANDY MENDOZA

I understand that:

a. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, local council, Boy Scouts of America, and the officers, employees, and volunteers thereof.

b. In signing this application, I affirm that the information I have given is true and correct.

X D L King 5-19-91

Signature of applicant \_\_\_\_\_ date \_\_\_\_\_

**APPROVALS FOR UNIT SCOUTERS**

We are unaware of any information contrary to the information stated on this application. This applicant meets the leadership standards of the Boy Scouts of America:

Signature of unit committee chairman \_\_\_\_\_

Date \_\_\_\_\_

Signature of chartered organization head or chartered organization representative \_\_\_\_\_

Date \_\_\_\_\_

Signature of Scout executive or designee \_\_\_\_\_

Date \_\_\_\_\_

**APPROVAL FOR COUNCIL, DISTRICT, AND DIVISION SCOUTERS**

We are unaware of any information contrary to the information stated on this application. This applicant meets the leadership standards of the Boy Scouts of America:

Signature of Scout executive or designee \_\_\_\_\_

Date \_\_\_\_\_

Registration fee \$ <u>    </u> <u>    </u> <u>    </u>	Boys' Life fee \$ <u>    </u> <u>    </u> <u>    </u>	Term (months) <u>    </u> <u>    </u>	Unit renewal date Month <u>    </u> Year <u>    </u>
--	--	--	---

If applicant has an unexpired membership certificate, registration may be accomplished by paying \$1 for processing the transfer. Check the box and attach certificate. It will be returned by the council.

**FOR COUNCIL USE**

Transfer from: Council                Nat'l unit No.                               Member ID No.                              

Occupation code                Employer code               

NATIONAL OFFICE COPY

CONF026162

ADULT REGISTRATION APPLICATION • 17MM590 No. 28-E

Camp staff service demands your very best. At the same time you will find camp staff service among your most enjoyable experiences. Acceptance and signing of this document shall indicate to the local council and its camp management, your sincere desire to serve the youth and leaders of the Denver area Council.

All Camp Leaders should be registered members of the Boy Scouts of America, and agree to live up to the Scout Oath and Law at all times.

ACCEPTED BY: [Signature] DATE: 7-21-91  
(Signature of Volunteer Staff Member)

### PERSONAL INFORMATION

NAME: DONALD LEE KRAL

PERMANENT HOME ADDRESS: STAFF SNOW MOUNTAIN RANCH  
[Redacted] CO. 80482

PHONE: (H) N/A (B) 887 5021

BIRTH DATE: 5 FEB 67

IN CASE OF EMERGENCY CONTACT: [Redacted]

RELATIONSHIP: mom

EMERGENCY CONTACT PHONE: (H) \_\_\_\_\_ (B) \_\_\_\_\_

Have you ever been convicted of any felony, child abuse, or unlawful sex offense? no  
If yes, indicate when: \_\_\_\_\_

Have you ever been charged with the commission of an act of child abuse or unlawful sexual offense? no If yes, indicate when: \_\_\_\_\_

Current Certifications related to camp that you hold: (i.e: Camp Management School, CPR, Red Cross, First Aid, Etc.) C.A.P. GROUND RESCUE TEAM LEADER

LOCAL COUNCIL CAMP STAFF AGREEMENT  
FOR VOLUNTEER LEADERS

Congratulations! As a volunteer leader you fall into the category of a member of the camp staff during your tenure at camp. Please read this letter of agreement carefully. If you agree to these terms, please complete the form and sign. Please turn this form into the Scout Service Center at least a week before your departure to camp.

POSITION: SCOUT LEADER TROOP NUMBER: 605

REPORTING DATE TO CAMP: 7-21-91 TIME: \_\_\_\_\_

TERMINATION DATE OF FUNCTION: \_\_\_\_\_



As a volunteer camp staff member for the Denver Area Council camps you will have the opportunity to serve the youth of our council in a significant, meaningful, and rewarding manner.

Certain requirements will be made of all staff personnel. You will be expected to perform functions related to your function as a Scout Leader. You may also volunteer your personal services in additional areas of the camp setting.

As a member of the camp staff, you come under the jurisdiction of the Denver Area Council in the performance of your regular camp function. It is therefore imperative that there be a full understanding and compliance to the management of the camp in all matters outlined in this and/or other documents.

In the event of a situation in the opinion of either party which renders it appropriate to do so, either the Council or you may cancel this agreement at any time in keeping with the procedures outlined by the Denver Area Council.

All staff members are required to prepare themselves physically for the camp season. An adult medical examination attesting to this fact is required by the local council. This completed form should be turned into the Camp Director prior to the opening of the camp season. The examination must not be over one year prior to the time of service at camp.

All members of the camp staff will be provided with room and board at camp with cost based on number of youth attending with volunteer's unit.

Charlie -

Here's the application I would like for you to check out for the Cranby OJAS Troop. Gary Cooper, the Branch President, says that they feel "uncomfortable" about him, but he is reluctant to refuse membership to him.

1. Mr. Kral works at Snow Mtn. YMCA Ranch - was transferred from youth related work to housekeeping.
2. Mr. Kral applied to the Cranby "Partners" program (similar to ours) but was not selected to participate.
3. Mr. Kral, though not OJAS, has been "very aggressive" about getting involved with this Troop.
4. Mr. Kral has been working with "a boy in the troop who is less emotionally mature," taking him swimming, etc.

I have called National... they don't show anything in the confidential file

The A.E. in Pal Pass reports only that "he sometimes yells to the kids"

I have called Julie Orr, Personnel Director  
at Snow Mtn. Ranch [REDACTED], but she  
has not gotten back to me.

Could you please follow up & call Branch  
President Gary Cooper at (B) [REDACTED]  
(H) [REDACTED]

Thanks,  
Rich

Discussion with Julie Orr (7-23-91)

Day Camp Youth Counselor

In housekeeping

incident, blew up, lost temper, etc.

Decision by YMCA not to have work with children

Now in Food Service

Discussion with Brad Harris (7-23-91)

Youth in troop during 1st Aid MB class blurted out  
Mr. Kval had tried to crawl in sleeping bag of  
another Scout ([REDACTED]) during a campout

Youth tentative and "afraid"

Brad to meet this afternoon

Options as of 11:15 a.m.

Have Kval leave camp or put a staff member w/ troop

John Mierhead - Awake, Adult Tent, Keep an eye

Brad Again (7-23) 4:15 PM

Visited with [REDACTED]

[REDACTED] No comments

(Told by parents to stay away from Lee)

[REDACTED] will have state member in composite

" to call Grand County Social Services

7-25-91

Lee Kval, via Gary Cooper -

Had taken [REDACTED] camping approx. one-two weeks ago

Asked to strip down to underwear,  
Boy Scout way

[REDACTED] - Mom

[REDACTED] told Gary

Gary will visit w/ [REDACTED]

7-25-91

Discussion w/ BRAD

[REDACTED] "opened up" with First Aid Counselor

Says Lee Kval fondled him

Brad called Grand County Social Services & Sheriff

Lee is out of camp

Brad's files passed on to WRA

7-25-91

Charlie visited with Gary Cooper

Copy of letter to be sent, Lee not to be allowed to participate

7-26

Charlie called Julie Orr e  
YMCA, shared info,  
suggested she contact  
Social Services

7-26

All info passed on to WRK Sov file



DOCUMENTATION OF INFORMATION RECEIVED BY ME  
THIS DAY JULY 22, 1991 AT 4<sup>25</sup> PM (APPROX).

INFORMATION RECEIVED BY ME FROM [REDACTED]  
WHO IS A BOY SCOUT IN TROOP 605.

~~TOP~~ @

AS I WAS INSTRUCTING A CLASS OF  
APPROX. 25 BOYS ON THE SIGNS OF HYPOTHERMIA.  
DURING THE INSTRUCTION ONE OF THE BOYS  
WENT OFF THE SUBJECT AND MENTIONED THAT ONE OF  
HIS ADULT LEADERS TRIED TO GET INTO THE SLEEPING  
BAG OF ONE OF THE YOUNGER BOYS.

I IMMEDIATELY ASKED MY COUNSELOR JACOB HART  
TO CONTINUE THE CLASS & TOOK THE YOUNG MAN,  
INTO ANOTHER ROOM & ASKED HIM TO EXPLAIN  
WHAT HAPPENED.

HE SAID THAT AT A PREVIOUS CAMPING  
TRIP THAT A ADULT LEADER NAMED MR. <sup>Donald</sup> ~~LEE~~ ~~KRAL~~ Kral  
HAD TRIED TO GET INTO THE SLEEPING BAG OF  
A BOY NAMED [REDACTED] (LAST NAME ACQUIRED FROM MED FORM)

HE THEN MENTIONED THAT THIS ADULT LEADER  
WAS THE ONLY ADULT LEADER WITH THEM IN CAMP  
AND THAT THE BOYS WERE SCARED. HE ALSO STATED  
THAT [REDACTED] DOESN'T LIKE TO TALK ABOUT IT MUCH.

THE EMOTIONAL STATUS OF [REDACTED]  
WAS ONE OF FEAR AND IT LOOKED AS IF HE WAS

NERVOUS AND HIS EYES HAD MORE WATER IN THEM THAN NORMAL.

IMMEDIATELY FOLLOWING CLASS I WENT TO ~~BRAD~~ ~~EREC~~ ERIC KOHUBUSH & TOLD HIM WHAT I HEARD. HE INSTRUCTED ME TO TELL BRAD <sup>(CAMP DIRECTOR)</sup> HARRIS & DON <sup>(CHAIRMAN)</sup> PALMER. I THEN CONTACTED MR. BRAD HARRIS & MR. DON PALMER & INFORMED THEM OF THE INFORMATION I RECEIVED FROM [REDACTED].

6:50 PM

~~AT DINNER I SAT WITH [REDACTED]~~

AT DINNER I SAT WITH [REDACTED] & RECONFIRMED HIS FEELINGS THAT HE FELT THAT MR. LEE KRAC HAD ACTUALLY TRIED TO ABUSE [REDACTED] WHEN HE WAS GETTING INTO SLEEPING BAG ON SOME OTHER CAMPING TRIP.

THE ABOVE STATEMENT IS WRITTEN THIS DAY IN SOBERNESS.

Don A. Miller 7-22-91

FINISH TIME 7:10 PM

X7



AGE

17

12

12

12

X-7 DONALD L. KAAL. 24.

Monday evening at about 5:45 p.m., July 22nd, <sup>1991</sup> in the medical Lodge, [redacted] related to me what he had heard earlier in the day at First Aid Merit Badge class.

Tuesday, 10:30 a.m. <sup>July 23, 1991</sup> I called the Council office and received several phone #'s from Troop 605.

Executive Officer - Gary Cooper  
Scoutmaster - Bill Trail  
Chartered Representative - James Green [redacted]

Called Gary Cooper at 10:42 a.m. <sup>July 23, 1991</sup> His wife gave me his work #. [redacted]

Called his work # at <sup>July 23, 1991</sup> 10:43 a.m. He related to me that he had concerns <sup>and suspicions</sup> about the same individual Donald Lee Kral and had arranged with John Merhead from the Frisco Ward Troop to make sure everything went well at camp. He said that 1 week ago he talked to Rich Boyles at the Council office. Gary was expecting a phone call from Charlie Arbogast.

John Merhead - Frisco Ward Troop

Tim Myers - Golden Stake

Mr. Cooper told me that <sup>Donald</sup> Lee Kral held no position in the ward and was an interested adult. He mentioned that another adult was coming to camp on Wednesday, tomorrow.

At 10:57 a.m. I called the Cris Dobbins Office, John Metcalf told me that the troop records indicated that Donald Lee ~~Kral~~ <sup>Kral</sup> was scheduled to be in camp from Sunday to Wednesday, and a Mr. Gaul was scheduled to show up on Thursday.

At 11:02 a.m. I called the Council Office and talked to Charlie Arbogast.

Donald L. Kral

Charlie was aware of the situation. He suggested I orchestrate a meeting with Bobby Adams, myself and another adult to confirm the accusation. IF the accusation is strengthened, ~~by~~ I was instructed to ask Donald L. Kral to leave camp. Charlie told me that Mr. Kral has submitted an adult application, but it wasn't approved. I was further instructed to have a staff member spend the night with the troop in the campsite.

Tuesday, July 23  
4:40 p.m. - Don Palmer and I met with [REDACTED] at the medical Lodge. He refused to say anything about the alleged abuse. He did reveal that he had told his parents, they told him to be careful and choose an older scout to tent with. When questioned he said that he was afraid of Mr. Kral, not from any experience this week, but from an experience in the past.

July 23, 1991  
4:40 p.m. - Called Directory Assistance to get Grand County Social Services # [REDACTED]  
4:45 p.m. - went to medical Lodge and got medical Form of Donald L. Kral.  
4:50 p.m. - Called Gary Cooper at office to get phone # and address - Left a message with secretary

5:15 p.m. - Asked Mark Neuin to spend the night in the Cripple Creek Campsite

Donald L. Kral

Height 70"

Weight 164 lbs

Social Security [REDACTED]

Age 24

[REDACTED]  
Winter Park, ~~CO~~ CO 80482

Wednesday, July 24, 1991, 2:45 p.m.

Gary Cooper called me and reported that he had talked with Bill Trail. Bill Trail reported that ~~Bob~~ [REDACTED] mother told him that about two weeks ago Lee Kral took [REDACTED] on a campout and that [REDACTED] was told to strip down to his shorts. Allegedly Lee told [REDACTED] that it was part of the Scout requirements to strip down.

3:05 p.m., July 24, 1991 called Grand County Social Services [REDACTED], it was busy.

3:06 p.m. <sup>July 24, 1991</sup> Contacted Social Services - Spoke with Perry McCain. I gave him all the information that I had collected.

4:05 p.m., July 24th - Dane Williams, Camp Staph - reports that [REDACTED] had revealed specific information - that Lee had touched him in his groin area.

4:25 p.m. Called ~~Ken~~ Perry McCain at Social Services - told him the new information he suggested I make sure he leaves camp today and only if he can't leave camp, to confront him.

5:00 p.m. Walked to Cripple Creek campsite and asked Mr. Murrhead to confirm when Mr. Krof was leaving. I found Mr. Krof at the Fort Lupton cabin and found out from him that he ~~was~~ leaving camp after dinner tonight.

During dinner on Wednesday, July 24 I asked John Metcalf to follow Mr. Krof until he left. John kept an eye on Mr. Krof until 7:20 ~~p.m.~~ when he drove away. He drives a tan Chevy Malibu classic station wagon, License # EXS 360.

Called Gary Cooper to communicate final information at 8:58 p.m. <sup>July 24, 1991</sup> No answer

8:59 p.m., July 24, 1991 called Charlie Arbogast, it was busy.

July 25, 1991 4:03 p.m. called Gary Cooper - his secretary took a message.

4:04 <sup>July 25</sup> p.m. called Charlie Arbogast at work.





605

YMCA OF THE ROCKIES

PHYSICIAN'S STATEMENT  
(A CONFIDENTIAL MEDICAL REPORT)

Dear Physician:

The individual that you are evaluating HAS ALREADY BEEN ACCEPTED for employment at the YMCA of the Rockies. The center is located at an elevation in excess of 8,000 feet A.S.L. Physical requirements, at the minimum, require a large amount of walking (to and from staff living quarters, place of work and the staff dining room). We realize that at this altitude, complications can be encountered by persons who are overweight, those who have cardio-vascular or respiratory restrictions and by epileptics. Please counsel with this patient about such dangers if they apply and please provide our medical staff with the information requested. The information on this report will be used by our nurses and possibly by a local physician or hospital staff in the event of an emergency. It will otherwise be kept confidential. THANK YOU FOR YOUR ASSISTANCE!

Name Donald L. Kral Date of Birth 2/5/67 Age 24  
Height 70" Weight 164 1/2 Sex M Social Security # [REDACTED]

BLOOD PRESSURE  
Blood pressure taken this date is 5/2/91 5 100/78  
Do you consider this person to have HIGH BLOOD PRESSURE? \_\_\_\_\_  
Medications required for this condition? None

IMMUNIZATIONS (please list all current immunizations and date given)  
See attached

ALLERGIES (please list all known allergies and medications for each)  
NKA

Dist  
Does this patient have any dietary restrictions or complications? \_\_\_\_\_  
(no peanuts, due to allergies)  
Is this patient DIABETIC or HYPOGLYCEMIC? \_\_\_\_\_  
Medications required for this condition? \_\_\_\_\_

(OVER PLEASE)

UT El Paso Student Health Center  
2061-83 Wiggins Hall  
El Paso, Texas



CLINIC APPOINTMENTS

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

TAKE THIS RECORD EACH TIME YOU VISIT YOUR PHYSICIAN OR CLINIC SO THAT DATES OF IMMUNIZATIONS CAN BE RECORDED

Name: Donny L KRAL Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PERSONAL IMMUNIZATION RECORD

Bureau of Disease Control and Epidemiology  
TEXAS DEPARTMENT OF HEALTH

YOUR PHYSICIAN MAY WISH TO CHANGE THE ABOVE SCHEDULE

- AGE VACCINES
- 2 months DTP and Polio
  - 4 months DTP and Polio
  - 6 months DTP and Polio
  - 15 months DTP, Polio, Measles, Mumps & Rubella
  - 2 years Haemophilus influenzae Type b
  - 4-6 years DTP and Polio
  - 10-16 years Td
  - Thereafter Td every 10 years
  - 6 month polio dose optional

SUGGESTED IMMUNIZATION SCHEDULE

AN IMMUNIZATION RECORD IS REQUIRED WHEN ENTERING A CHILD CARE FACILITY OR SCHOOL IN TEXAS. THE VACCINE RE-QUIREMENTS FOR SCHOOLS AND CHILD-CARE FACILITIES MAY DIFFER FROM THE SUGGESTED IMMUNIZATION SCHEDULE. DO NOT LOSE OR GIVE THIS RECORD AWAY.

THIS RECORD IS VALUABLE!

VACCINES	DATE GIVEN	VALIDATION DOCTOR OR CLINIC	Date Dose Due
	1 <u>6-04-85</u>		
	2		
DTP <input type="checkbox"/>	3		
Pd <input type="checkbox"/>	4		
DT <input checked="" type="checkbox"/>	5		
	6		
Polio	1		
<input type="checkbox"/> Oral	2		
<input type="checkbox"/> IRV	3		
	4		
	5		
Measles	<u>6-6-85</u>		
Mumps	<u>3-8-85</u>		
Rubella	<u>6-6-85</u>		
Hib			
Hepatitis B			
Pneumococcal			
Influenza			
Other			
Hz	Date: _____	Signature: _____	
R	500	1000	2000
L	500	1000	2000
			4000
			6000
Vision	Date: _____	Signature: _____	
R 20/	L 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
TB Test	Date: <u>4-18-88</u>	Result: <u>NEG</u>	

PHYSICIAN'S VERIFICATION OF MEASLES/MUMPS ILLNESS

This is to verify that the person for whom this card was issued had:

- measles illness on or about \_\_\_\_\_ month and year
- mumps illness on or about \_\_\_\_\_ month and year

Date

Physician's Signature

MSOB MEMBERSHIP SUPPORT SYSTEM 08/12/91  
MEMBER DELETE 10:35:15

CNCL 573 PRG/UNIT S0059 SEQ. 043944

FIRST: DONALD LEE LAST: KRAL  
ADDR1: [REDACTED] ADDR2: EL PASO TX ZIP: 79912  
ADDR3: ADDR4:

REG STATUS: R ENROLL: 0390 BIRTH: 0267 SEX: M AGENCY: M ADULT/YOUTH: A  
POSITION: SA FINDERCODE: 51 PHONE: [REDACTED] BULK: MAD--STATUS: S  
REN DAT: 0292

TRANSFER FROM = CNCL: PGM/UNIT: SEQ: TRANSFER DATE:

MAGAZINES

TYPE	CNCL	P/UNT	CODE	TRM	DATE	FIRST	LAST	ORIG	TOTAL	COUNT	PRINTED	DAT
S			N	06	0591	0591	0991	04	004	00	2405	0392

PF2>DELETE PF12>MENU CLR>END  
MEMBER DELETED FROM DATABASE SUCCESSFULLY