

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

JERRY LSON

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

The City of New York,
P.O. MUT. #4945
P.O. JOHN DOE #1
P.O. JOHN DOE #2

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

AMENDED
COMPLAINT

under the Civil Rights Act,
42 U.S.C. § 1983

Jury Trial: Yes No
(check one)

Civ. _____ ()
#: 17-CV-03925-AMD-REIR

FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.
★ AUG 28 2017 ★
BROOKLYN OFFICE

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name JERRY LSON
ID# _____
Current Institution B.N.D.C.
Address 12-12 Hazen St.
E. Amherst, New York, 11370

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name City of New York Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 2 Name JOHN - DOE, # 1 Shield # _____
Where Currently Employed N.Y.P.D. - 109TH Precinct
Address _____

Defendant No. 3 Name JOHN - DOE #2 Shield # _____
Where Currently Employed N.Y.P.D. - 109TH Precinct
Address _____

Who did what?

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? N/A

B. Where in the institution did the events giving rise to your claim(s) occur? N/A

C. What date and approximate time did the events giving rise to your claim(s) occur? ON JUNE, 5th, 2016, AT APPROX 7:13 p.m.

What happened to you?

D. Facts: SEE ATTACH STATEMENT

SEE ATTACHED
STATEMENT
of
FACTS

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Damage Nerve Cells, Swollen Arm &
Lacerations Marks, Neurological Damages.
mental and Physical Pain and suffering
mental anguishment, Anxiety, Fearful Attacks
Chronic- ATROPHY to left Arm, musculoskeletal.
See, Attached. Medical Documents.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ___ No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

ELMHURST HOSPITAL IN QUEENS
COUNTY NEW YORK

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes N/A No N/A Do Not Know N/A

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes N/A No N/A Do Not Know N/A

If YES, which claim(s)?

N/A

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes N/A No N/A

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes N/A No N/A

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Civilian Complaint Review Board.

1. Which claim(s) in this complaint did you grieve? The Assault on Plaintiff.

2. What was the result, if any? Denied Process/Probe.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: SEE ATTACHED legal Documents of filed Complaints to The C.C.R.B.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I would like for this Court to Grant me the leave to have this claim Heard Before a Civil Trial Jury of my Peers.

and if this claim is successfully prosecuted and the Defendants is held liable for my injuries plaintiff would Demand monetary Compensation and punitive Damages for said injuries in the Amount of \$ 500,000 U.S. Dollars.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes No

On these claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No

On other claims

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A can't remember

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____ don't know

4. Name of Judge assigned to your case N/A don't know

5. Approximate date of filing lawsuit 2001

6. Is the case still pending? Yes ___ No

If NO, give the approximate date of disposition 2005

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Settle

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12th day of August, 2017

Signature of Plaintiff

Inmate Number

Institution Address

Jerry Eisen
4411604494
D.N.D.C.
22-21 Hazen St
E. Elmhurst, N.Y.
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12th day of August, 2017 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the EASTERN District of New York.

Signature of Plaintiff:

Jerry Eisen



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

Case Name: Jerry Tson v. City of New York, ET AL.
(Enter the full name of the plaintiff(s)) (Enter the full name of the defendant(s))
Docket No: No. 1:17 Civ. 03925 (MID)-RER
(Enter the docket number, if available; if filing this with your complaint, you will not have a docket number)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained at any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350.00 has been paid, no matter what the outcome of the action.

SIGN AND DATE THE FOLLOWING AUTHORIZATION:

I, Jerry Tson (print or type your name), request and authorize the agency holding me in custody to send to the Clerk of the United States District Court for the EASTERN District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for EASTERN District of New York. This authorization shall apply to any agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my poor person application may be decided.

I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350.00 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED OR EVEN IF I VOLUNTARILY WITHDRAW THE CASE.

August 2017
Date signed

Jerry Tson
Signature of Plaintiff
4411604494
Prisoner I.D. Number

R.N.D. Co.
Name of current facility
12-11 Hazen St
E. Amherst, New York,
11370

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Jerry T. Son

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

#: 17-CV-03925-AMD-RER

Civ. () ()

REQUEST TO PROCEED
IN FORMA PAUPERIS

City of New York;

P.O. - John Doe, #1

P.O. - John Doe, #2, 109th St

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

1. Jerry T. Son (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

- 1. If you are presently employed:
 - a) give the name and address of your employer
 - b) state the amount of your earnings per month

N/A

- 2. If you are NOT PRESENTLY EMPLOYED:
 - a) state the date of start and termination of your last employment
 - b) state your earnings per month
 YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.

- 3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

"None"

- a) Are you receiving any public benefits? No Yes, \$
- b) Do you receive any income from any other source? No Yes, \$

4. Do you have any money, including any money in a checking or savings account? If so, how much?

No. Yes. \$

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

No. Yes. \$ _____

6. Do you pay for rent or for a mortgage? If so, how much each month?

No. Yes. _____

7. List the person(s) that you pay money to support and the amount you pay each month.

"None"

8. State any special financial circumstances which the Court should consider.

"None"

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12th day of August 2017
date month year

X Jerry Isola
Signature
Jerry Isola
#

R.N.D. @,
22-21 HAZEN ST
E. HURST, N.Y. 11370

"STATEMENT OF FACT'S"

- #1.) On June, 5th, 2016 Plaintiff, JERRY ISON, was arrested & Arraigned on a Criminal Complaint charge in the County of Queens, New York, by P.O. SCHMIDT#2728 and P.O. ESPINAL#22798 of the 109th Precinct in Flushing, New York.

- #2.) Upon coming into Police custody at the 109th Precinct the Plaintiff had complained of a Personal injury sustained to him by the complainant and his family members. Plaintiff complained of his shoulder and rib cages injuries of pain & sufferings. Thereafter Plaintiff was taken to Queens New York Flushing Hospital at approximately 12:15 p.m. by Defendant P.O., Schmidt#2728.

- #3.) Plaintiff was returned back to the 109th Precinct station house on June, 5th, 2016 after a 3½ medical treatment trip several hours later plaintiff requested to be sent back to a Hospital for some additional follow up. Plaintiff was taken to Queens General Hospital.

#4.) Plaintiff was escorted by Defendant P.O.#4238 at approxiametly 1955 after completing the follow up examination & treatment. Plaintiff was returned back to the 109th precinct on June,5th, 2016.

#5.) Consequently, after experiencing more pain & effects from the injury in question plaintiff requested to be brought back to the hospital said request was granted and plaintiff was then escorted to Queens New York-ELMHURST HOSPITAL by Defendant P.O MUI#4945 The other two defendants JOHN DOE#1 and JOHN DOE#2 had came to pick plaintiff up from the hospital to help assist P.O. MUI#4945 along with the EMT medical ambulance services.

6
.) On each of the medical trips plaintiff was sent each of those previous trips to Flushing Hospital & Queens General Hospital Plaintiff was never handcuff to his rear end of his body/Person,

#7.) Upon plaintiff arriving at the Elmhurst general Hospital he was examined & treated for the issue's he complained of. thereafter Plaintiff was declared officially discharged at approxiametly 7:13 p.m. moments later on a verbal note the plaintiff had given all the defendants police escorting P.O. a warning on a constructive notice point by informing each of them of his physcial disability condition of being declared permanently Paralyzed in his left entire arm and he could not be handcuff to his rear due to his condition.

#8.) However, Defendant P.O. MUI#4945, became irate & belligerent at plaintiff by grabbing his left arm in a wild & aggressive manner. attempting to place him in the metal restraints handcuffs. Within seconds a doctor came pass and intervned by requesting the Police officer's to refrain from cuffing plaintiff from that angle.

- #9.) The hospital employee(Doctor) stated this to defendant P.O. MUI#4945 due to the plaintiff inability to adjust and the likelihood of being prone to sustaining excruciating pain & discomfort while place in that particular position.
- #10.) Defendant P.O. MUI#4945 replied to the doctor "I have to - handcuff him in the rear".
- #11.) Defendant P.O. MUI#4945 ultimately grabbed plaintiff again and signaled for his partners JOHN DOE#1 & JOHN DOE#2 to assist in taken plaintiff down to the ground by use of unnecessary force. Defendant John Doe# Quickly came from behind the plaintiff and violently kick plaintiff behind his knee Cap area causing him to lose balance and proceed to the ground.

#12.) Defendant JOHN DOE#1 grabbed Plaintiff right **ARM** the other defendants P.O.MUI#4945 and JOHN DOE#2 by securing both arms into the metal restraints handcuffs by a unnecessary use of brutal force on plaintiff.

#13.) Plaintiff at No time during the unwarranted attack resists retaliated Plaintiff began to plead with the entire trio of defendants to remove the cuffs or in the alternative adjust the extreme barbarical grip that the metal restraints were causing substantial obstruction of his blood flow circulations due to his limited mobility movement he has as a paralyzed person.

#14.) Defendants had completely disregarded the plaintiff safety and obvious physically disadvantage condition. They illustrated an disregard for his civil rights by a show of a Callous indifference, by deliberately and consciously depriving plaintiff his Constitutional Rights of the U.S.C.

#15.) Plaintiff JERRY ISON, at No time during the incident in civil questioning before this Court had initiade any type or form any violent act of aggression towards these police officer's who had escorted him to the Hospital on the dates of June, 5th, 6th 7th 2016.

#16.) Plaintiff had began to plead with the Officer's to remove the metal handcuff restraints, but, to No avail. Next Plaintiff asked that the Handcuffs be adjusted to provide some form of physical relief comfort. That plea was practically denied by the entire group of defendants.

#17.) The defendants had basically violated the Police department policy provisions directive in regards to securing it's social class of Americans with Disabilitys Act. A Federal Gauranteed Right whenever a disable citizen is in The U.S. Government agents Care, Custody, & Control.

#18.) Defendants thereafter had picked the Plaintiff up off the ground of the Hospital floor violently and proceeded to head towards the front entrance/exit all the while physically being aggressive by manhandling him to the awaiting patrol car.

#19.) Plaintiff was consequently produced to Court arraigned and remanded to Riker's Island Correctional Facility where he had pursued medical treatment assistance from the defendants assault upon his person/Body.

#20.) As a result of this unfortunate incident on June 7th, 2016 at Queens County Elmhurst Hospital by the Named defendants in this Civil complaint, Plaintiff has sustained the following injuries and has elected to file this civil complaint via Federal Question of Civil Right's Violation pursuant to 28 U.S.C. section 1983.

#21.) Plaintiff Jerry Ison had submitted a grievance civilian complaint to the "Civilian Comolaint Reveiw Board" committee in the Month of July, 13 2016 regarding the assault upon his person to said agency. The plaintiff complaint was replied by C.C.R.B. member Nina S. Mickens who assigned case docket# OCD#201605993 to plaintiff complaint acknowledging receipt of his complaint. Thereafter Ms. Mickens informed plaintiff that his complaint was filed with the agency and that they would be contacting him in the future regarding the outcome of their investigation-probe.

#22.) Soon thereafter plaintiff had recieved an additional response to his grievance complaint from a C.C.R.B. official informing him that his complaint and case was closed due a Conflict of Intrest" with the plaintiff current defense counsel consent to grant the C.C.R.B. authorization to speak with his Client,

#23.) That information was disclosed by C.C.R.B. member Mina Q Malik , Director of Case Management on September, 16th, 2016. Soon thereafter plaintiff received another written letter & correspondence from the C.C.R.B. personnel Ms. Laura Kastner, on September, 20th, 2016 informing him that his complaint was terminated from the agency investigations unit due to its former determination.

#24.) Further inquiry was made to the C.C.R.B. committee and as a result plaintiff received a letter dated November, 3rd, 2016 informing him that his request for an agency explanation as to why his complaint was rejected. Agency representative Mr. Hanna Karsevar, Esq. stated that his request was not in full compliance to Public Officers Law § 87(2)(a) as to the grounds his application was virtually denied was predicated on an exemption rule of Law govern by a State & Federal Statute.

#25.) In addition to the previous replies from the C.C.R.B. plaintiff also received correspondence from Ms.Cindy Horowitz,Esq. on January,17th,2017 informing him that she had received his Notice of Appeal from the CCRB.but failed to disclose its adjudicating findings as whether the denial to process his request for the identity disclosure of each of the JOHN DOE Defendants was made within the judiciary scope of law.

#26.) Lastly another C.C.R.B. member corresponded to plaintiff on January,25th,2017 by the name of MatthewKadushin,Esq. informing him that he has denied part of his request & granted another element of his request.Who based his determination on the same grounds as his colleague Mina Q.Malik, has previously concluded.

#27.) As a result of this incident on June, 7th, 2016 at Elmhurst General Hospital by the named defendants in this civil complaint Plaintiff has sustained the following injuries for which each of the named defendants are to held liable for has elected to file this civil complaint via Federal Civil Rights Violation pursuant Fed. Rule provision of 28 U.S.C. of section#1983. And these Officers Fall Under Color OF State Law.

#28.)

"INJURIES"

Plaintiff has been confirmed by medical examination report conducted Riker's Island Hospital/Clinic Physicians and Elmhurst General Hospital Officials state Damages to the Effect of Severe Nerve damages, Swollen Arm Lacerations, also, Chronic Atropy to the left arm along with Musculoskeletal damages, Neurological Damages. Pain & Sufferings. Mental and Physical Pain & suffering. Mental anxiety Fearful attacks.

#27.) As a result of this incident on June, 9th, 2016 at Elmhurst General Hospital by the named defendants in this civil complaint Plaintiff has sustained the following injuries for which each of the named defendants are to held liable for has elected to file this civil complaint via Federal Civil Rights Violation pursuant Fed. Rule provision of 28 U.S.C. of section#1983. And These Officers Fall Under Color of State Law.

#28.)

"INJURIES"

Plaintiff has been confirmed by medical examination report conducted Riker's Island Hospital/Clinic Physicians and Elmhurst General Hospital Officials state Damages to the Effect of Severe Nerve damages, Swollen Arm Lacerations, also, Chronic Atropy to the left arm along with Musculoskeletal damages, Neurological Damages. Pain & Sufferings. Mental and Physical Pain & suffering. Mental anxiety Fearful attacks. Plaintiff has notes of medical approval to be front cuff,



Elmhurst

ELMHURST HOSPITAL CENTER
79-01 Broadway
Elmhurst NY 11373

Patient: ISON, JERRY
MRN: 1040981
DOB: 2/26/1960, Sex: M
Admit: 6/6/2016 Discharge: 6/6/2016

ED Notes by Yu Yang, RN at 6/6/2016 3:33 PM

Version 1 of 1

Author: Yu Yang, RN	Service: Emergency Dept	Author Type: Registered Nurse
Filed: 6/6/2016 3:36 PM	Date of Service: 6/6/2016 3:33 PM	Note Type: ED Notes
Status: Signed	Editor: Yu Yang, RN (Registered Nurse)	

Patient is awake and oriented x 3 c/o pain to left sided shoulder and ribs cage, denies shortness of breath, no signs of distress, pending MD evaluation.^[YY1.1]

"Electronically signed by Yu Yang, RN at 6/6/2016 3:36 PM"

Revision History

User Key	Date/Time	User	Provider Type	Action
> YY1.1	6/6/2016 3:36 PM	Yu Yang, RN	Registered Nurse	Sign

END OF REPORT

ED Attending Note by Jong Man Kim, MD at 6/6/2016 6:12 PM

Version 3 of 3

Author: Jong Man Kim, MD	Service: Emergency Dept	Author Type: Physician
Filed: 6/6/2016 11:34 PM	Date of Service: 6/6/2016 6:12 PM	Note Type: ED Attending Note
Status: Signed	Editor: Jong Man Kim, MD (Physician)	

ATTENDING DOCUMENTATION

- I have reviewed triage notes
- I have reviewed vital signs
- I have reviewed any laboratory results that are available
- I have reviewed any radiology images and/or reports that are available
- I have reviewed any prehospital documentation that is available
- I have personally seen, evaluated and participated in this patient's care and find this patient's history and physical examination are consistent with the PA/Resident/NP's documentation, unless noted below.

HPI: This is^[JK1.1] 56 y.o. male^[JK1.2],^[JK1.1] H/O psych disorder and left shoulder neuropathy,^[JK1.3] S/P altercation 2 days ago, under NYPD custody, who presents to the ER today complaining of left lateral thorax pain and left shoulder pain. Patient was seen yesterday at Flushing Hospital and told to have contusion after X ray^[JK1.1], and express suicidal intention^[JK1.3]. Denies H/O fever, chills, nausea, vomiting, SOB, HA, LOC or abdominal pain.

ROS: As per HPI, all other systems negative.

I have reviewed the following:^[JK1.1]

Past Medical History

Diagnosis	Date
• Hypertension	
• Prostate disease	
• Psychiatric disorder	

No past surgical history on file.

History

Social History

- Marital status: Single
- Spouse name: N/A
- Number of children: N/A



Elmhurst

ELMHURST HOSPITAL CENTER
79-01 Broadway
Elmhurst NY 11373

Patient: ISON, JERRY
MRN: 1040981
DOB: 2/26/1960, Sex: M
Admit: 6/6/2016 Discharge: 6/6/2016

ED Attending Note by Jong Man Kim, MD at 6/6/2016 6:12 PM (continued)

Version 3 of 3

- Years of education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Not on file
- Smokeless tobacco: Not on file
- Alcohol use: Not on file
- Drug use: Not on file
- Sexual activity: Not on file

Other Topics

- Not on file

Concern

Social History Narrative

- No narrative on file

No Known Allergies

No notes on file^[JK1.2]

Exam:^[JK1.1]

Vitals:

06/06/16 1509
 BP: 172/76
 Pulse: 56
 Resp: 19
 Temp: 97.7 °F (36.5 °C)
 SpO2: 99%^[JK1.2]

CONSTITUTIONAL: Well-appearing; well-nourished; in no apparent distress;

HEAD: Normocephalic, atraumatic;

EYES: PERRL, EOM intact, conjunctiva and sclera WNL;

ENT: normal nose; no rhinorrhea; unremarkable pharynx

NECK/LYMPH: Supple; non-tender;

CARD: Normal S1, S2; no murmurs, rubs, or gallops noted

RESP: Normal chest excursion with respiration; breath sounds clear and equal bilaterally; no wheezes, rhonchi, or rales noted

ABD/GI: soft, non-distended; non-tender; no palpable organomegaly, no pulsatile mass

EXT/MS: moves all extremities; distal pulses are normal, no pedal edema

SKIN: Normal for age and race; warm; dry; good turgor; no apparent lesions or exudate noted

NEURO: Awake, alert, oriented x 3, no gross deficits, CN II-XII grossly intact, no motor or sensory deficit noted

PSYCH: Normal mood; appropriate affect

Assessment and Plan:^[JK1.1]

56 y.o. male^[JK1.2] with^[JK1.1] left lateral contusion and^[JK1.3] SI

1. NSAID PRN
2. Psych consult
3. Reevaluation.^[JK1.4]



Elmhurst

ELMHURST HOSPITAL CENTER
79-01 Broadway
Elmhurst NY 11373

Patient: ISON, JERRY
MRN: 1040981
DOB: 2/26/1960, Sex: M
Admit: 6/6/2016 Discharge: 6/6/2016

ED Attending Note by Jong Man Kim, MD at 6/6/2016 6:12 PM (continued)

Version 1 of 3

Revision History

User Key	Date/Time	User	Provider Type	Action
[N/A]	6/6/2016 11:34 PM	Jong Man Kim, MD	Physician	Sign
[N/A]	6/6/2016 7:12 PM	Jong Man Kim, MD	Physician	Share
> JK1.2	6/6/2016 6:17 PM	Jong Man Kim, MD	Physician	Share
JK1.1	6/6/2016 6:12 PM	Jong Man Kim, MD	Physician	

END OF REPORT

ED Provider Notes by Justin Tsai, MD at 6/6/2016 6:59 PM

Version 1 of 1

Author: Justin Tsai, MD Service: Emergency Dept Author Type: Resident
 Filed: 6/6/2016 7:20 PM Date of Service: 6/6/2016 6:59 PM Note Type: ED Provider Notes
 Status: Attested Editor: Justin Tsai, MD (Resident)
 Cosigner: Jong Man Kim, MD at 6/6/2016 10:31 PM

Attestation signed by Jong Man Kim, MD at 6/6/2016 10:31 PM

Review/Sign-off - resident's documentation: I have personally seen, evaluated and participated in this patient's care and find this patient's history and physical examination are consistent with the resident's documentation.

Note Initiated: 06/06/2016 at 6:59 PM

Chief Complaint:

No chief complaint on file.

History of Present Illness:

HPI Comments: 56M pmh schizophrenia, depression, htn, and LUE brachiopathy s/p "train accident long time ago" BIB PD under custody c/o L shoulder/rib pain x2d and SI/delusions. States was beat up by 5 assailants yesterday morning, punched in stated areas. Per PD and papers provided, pt then arrested for burglary, then went to Queens Med Ctr w/ same complaints of SI, cleared by psych. Then went to Flushing Hospital w/ same complaints of shoulder/rib, had XRs shoulder/ribs/chest unremarkable and dx as contusions.

History provided by: **Patient**

History:

Past Medical History

Diagnosis

Date

- Hypertension
- Prostate disease
- Psychiatric disorder

No past surgical history on file.

No family history on file.

ED Provider Notes by Justin Tsai, MD at 6/6/2016 6:59 PM (continued)

Version 1 of 1

History

Substance Use Topics

- Smoking status: Not on file
- Smokeless tobacco: Not on file
- Alcohol use: Not on file

Review of Systems:

Review of Systems

All other systems reviewed and are negative.

Physical Exam:

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no tenderness.

Musculoskeletal:

LUE: chronic atrophy, 2+ radial, distal sens/motor minimally dec but baseline (per pt). No obvious crepitus, lacs, or ecchy. Faint abrasions along L lower post ribs appear old. L shoulder nonttp, FROM.

Minimal ttp along L post lower ribs.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Medications:

Patient's Medications

New Prescriptions

No medications on file

Previous Medications

ASPIRIN 81 MG TABLET

Take 81 mg by mouth daily.

NITROGLYCERIN 0.2 MG/HR (FOR:NITRO-DUR) 0.2

Place 1 patch on the skin daily.

MG/HR PATCH

TRAZODONE HCL PO

Take by mouth.

Modified Medications

No medications on file

Discontinued Medications

No medications on file

Allergies:

No Known Allergies

Vital Signs:

Visit Vitals

- BP 172/76
- Pulse 56
- Temp 97.7 °F (36.5 °C) (Oral)
- Resp 19
- Ht 1.753 m (5' 9")
- Wt 71.2 kg (157 lb)
- SpO2 99%

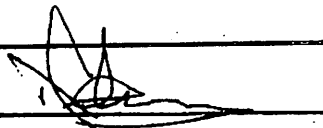
NYC HEALTH + HOSPITALS

Special Needs Form

PATIENT NAME: ISON, JERRY	FACILITY: Robert N. Davoren Center
NYSID: 03986329J	BookCase: 4411604494

I have reviewed the patient's record and I have found that patient will need the following Special Needs/Special Requirements

1. Disability : front cuffs (11/16/2016 - 12/16/2016)


Signature
Cowdery, Todd 11/16/2016 11:23 AM
Print Name/Date/Time

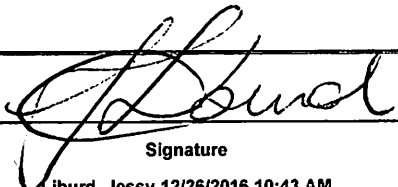


Special Needs Form

PATIENT NAME: ISON, JERRY	FACILITY: Robert N. Davoren Center
NYSID: 03986329J	BookCase: 4411604494

I have reviewed the patient's record and I have found that patient will need the following Special Needs/Special Requirements

1. Disability : front cuffs (12/26/2016 - 01/26/2017)


Signature
Liburd, Jessy 12/26/2016 10:43 AM
Print Name/Date/Time


NYC HEALTH + HOSPITALS

Special Needs Form

PATIENT NAME: ISON, JERRY	FACILITY: Robert N. Davoren Center
NYSID: 03986329J	BookCase: 4411604494

I have reviewed the patient's record and I have found that patient will need the following Special Needs/Special Requirements

1. Disability : Front Cuff (03/03/2017 - 04/03/2017)


Signature
Vilabrera, David 03/03/2017 08:44 AM
Print Name/Date/Time

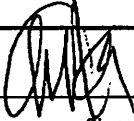
NYC HEALTH + HOSPITALS

Special Needs Form

PATIENT NAME: ISON, JERRY	FACILITY: Robert N. Davoren Center
NYSID: 03986329J	BookCase: 4411604494

I have reviewed the patient's record and I have found that patient will need the following Special Needs/Special Requirements

1. Disability : Front Cuff (04/10/2017 - 06/10/2017)
2. Disability : No Leg Irons (04/10/2017 - 06/10/2017)


Signature
Nwogwugwu, Chika 04/10/2017 11:26 AM
Print Name/Date/Time

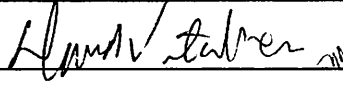


Special Needs Form

PATIENT NAME: ISON, JERRY	FACILITY: Robert N. Davoren Center
NYSID: 03986329J	BookCase: 4411604494

I have reviewed the patient's record and I have found that patient will need the following Special Needs/Special Requirements

1. Disability : Front Cuff (06/16/2017 - 08/16/2017)
2. Disability : No Leg Irons (06/16/2017 - 08/16/2017)


Signature
Vilabrera, David 06/16/2017 06:05 AM
Print Name/Date/Time

NYC HEALTH + HOSPITALS

ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
Facility Code: RNDC Housing Area: 2S
57 Y old Male, DOB: 02/26/1960
Account Number: 289073
2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay

Appointment Facility: Robert N. Davoren Center

03/03/2017

Appointment Provider: David Vilabrera, MD

Current Medications

Taking

- Remeron 45 MG Tablet Total Dose: 45 mg At Bedtime, stop date 03/03/2017, KOP: No, Drug Source: Pharmacy
- Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 05/23/2017, KOP: No, Drug Source: Pharmacy, Notes: Pharmacy
- Aspirin EC 81 MG Tablet Delayed Release Total Dose: 81 mg Daily, stop date 05/23/2017, KOP: No, Drug Source: Pharmacy, Notes: Pharmacy
- Gabapentin 400 MG Capsule Total Dose: 1 TAB TID, stop date 03/31/2017, Drug Source: Pharmacy
- Flomax 0.4 MG Capsule Total Dose: 0.4 MGSA At Bedtime, stop date 05/31/2017, KOP: No, Drug Source: Pharmacy
- Ibuprofen 400 MG Tablet Total Dose: 400 mg po stat then 400 mg Twice a Day, as needed, stop date 03/06/2017, Drug Source: Pharmacy

Past Medical History

- Depression with anxiety
- Depression with anxiety
- Cannabis abuse, episodic
- EtOH [Ethanol] abuse NOS
- Cocaine dependence, continuous abuse
- Alcohol dependence
- Mood disorder NOS

Allergies

N.K.D.A.

Reason for Appointment

1. Requesting letter

History of Present Illness

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 1: Uncomplicated sick call (med renewal, referral request, single Chief Complaint) OR refusal visit has brachial plexus injury in past - needs letter requesting to be front - cuffed.

Assessments

1. BRACHIAL PLEXUS INJURY - 953.4

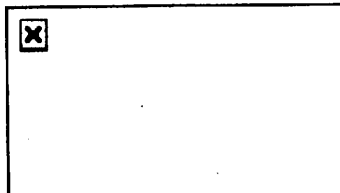
Treatment

1. BRACHIAL PLEXUS INJURY

Notes: letter provided.

Disposition: Fit for Court

Appointment Provider: David Vilabrera, MD



Electronically signed by David Vilabrera on 03/03/2017 at 06:48 AM EST

Sign off status: Completed

Robert N. Davoren Center
11-11 Hazen Street
East Elmhurst, NY 11370
Tel: 347-774-7000
Fax: 347-774-8088

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: David Vilabrera, MD 03/03/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
 Facility Code: RNDC Housing Area: 2S
 57 Y old Male, DOB: 02/26/1960
 Account Number: 289073
 2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay

Appointment Facility: Robert N. Davoren Center

03/01/2017

Appointment Provider: Daniel Ashitey, PA

Current Medications

Taking

- Flomax 0.4 MG Capsule Total Dose: 0.4 MGSAI Bedtime, stop date 03/07/2017, KOP: No, Drug Source: Pharmacy
- Gabapentin 400 MG Capsule Total Dose: 400mg Three Times a Day, stop date 03/01/2017, KOP: No, Drug Source: Pharmacy-Non Carry
- Remeron 45 MG Tablet Total Dose: 45 mg At Bedtime, stop date 03/03/2017, KOP: No, Drug Source: Pharmacy
- Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 05/23/2017, KOP: No, Drug Source: Pharmacy, Notes: Pharmacy
- Aspirin EC 81 MG Tablet Delayed Release Total Dose: 81 mg Daily, stop date 05/23/2017, KOP: No, Drug Source: Pharmacy, Notes: Pharmacy

Past Medical History

- Depression with anxiety
- Depression with anxiety
- Cannabis abuse, episodic
- EtOH [Ethanol] abuse NOS
- Cocaine dependence, continuous abuse
- Alcohol dependence
- Mood disorder NOS

Allergies

N.K.D.A.

Reason for Appointment

1. SICK CALL
2. 57 Y/O MALE WITH H/O LT BRACHIAL PLEXUS INJURY & GSW TO LEFT ARM WITH SURGERY & HYPOTRPHY OF LEFT ARM IS HERE TO RENEW MEDICATION; PATIENT WAS LAST SEEN BY NEUROLOGIST ON 12/1/2016 AND RECOMMENDED GABAPENTIN
3. ASPER ECW REVIEW, ORDER EXPIRES 3/1/2017; WILL RENEW X 30D ; PATIENT ADVISED TO PICK UP AT MEDICATION WINDOW ON 3/2/2017 @ PM

History of Present Illness

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

BP		
126/79	03/01/2017 06:03:33 PM	Daniel Ashitey
Pulse		
67	03/01/2017 06:03:33 PM	Daniel Ashitey
RR		
16	03/01/2017 06:03:33 PM	Daniel Ashitey
Temp		
97.8	03/01/2017 06:03:33 PM	Daniel Ashitey
SaO2		
98	03/01/2017 06:03:33 PM	Daniel Ashitey

Examination

General Examination:

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Daniel Ashitey, PA 03/01/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYC HEALTH + HOSPITALS

ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
 Facility Code: RNDC Housing Area: 8N
 56 Y old Male, DOB: 02/26/1960
 Account Number: 289073
 2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay

Appointment Facility: Robert N. Davoren Center

12/27/2016

Appointment Provider: Jane Sanjose, MD

Current Medications

Taking

- Zepatier 50-100 MG Tablet Total Dose: 1 tablet Once a day, stop date 01/11/2017, KOP: No, Drug Source: Pharmacy
- Zepatier 50-100 MG Tablet Total Dose: 1 tablet Once a day, stop date 01/11/2017, KOP: No, Drug Source: RN/ LPN DOT
- Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 02/26/2017, KOP: No, Drug Source: Pharmacy
- Aspirin EC 81 MG Tablet Delayed Release Total Dose: 81 mg Daily, stop date 02/26/2017, KOP: No, Drug Source: Pharmacy
- Remeron 45 MG Tablet Total Dose: 45mg At Bedtime, stop date 12/29/2016, KOP: No, Drug Source: Pharmacy, Notes: Pharmacy
- Flomax 0.4 MG Capsule Total Dose: 0.4 MGS At Bedtime, stop date 03/07/2017, KOP: No, Drug Source: Pharmacy

Past Medical History

Depression with anxiety
 Depression with anxiety
 Cannabis abuse, episodic
 EtOH [Ethanol] abuse NOS
 Cocaine dependence, continuous abuse
 Alcohol dependence
 Mood disorder NOS

Allergies

N.K.D.A.

Reason for Appointment

1. SICK CALL
2. Request renew of gabapentin/ seen by neuro on 12/ 1/ 16

History of Present Illness

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

BP		
130/80	12/27/2016 05:43:20 PM	Jane Sanjose
Pulse		
60	12/27/2016 05:43:20 PM	Jane Sanjose
RR		
14	12/27/2016 05:43:20 PM	Jane Sanjose
Temp		
98	12/27/2016 05:43:20 PM	Jane Sanjose

Examination

General Examination:

GENERAL APPEARANCE: no acute distress, appears older than stated age.

EXTREMITIES: atrophy left arm.

Assessments

1. Pain in limb - 729.5
2. BRACHIAL PLEXUS INJURY - 953.4

Treatment

1. Pain in limb

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Jane Sanjose, MD 12/27/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

- 1. LIMB PROBLEMS NEC - V49.5 (Primary)
- 2. Chronic hepatitis C - 070.44

Treatment

- 1. LIMB PROBLEMS NEC

Notes: Permit for front cuff handed to Pt.

- 2. Chronic hepatitis C

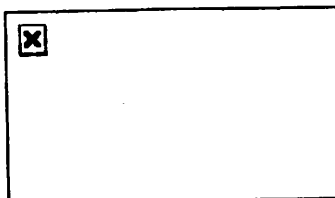
Notes: Zepazier treatment to be completed on 1/ 11/ 17. Pt has a F/ U with ID on 1/ 12/ 17. Pt is made aware.

Follow Up

prn

Disposition: General Population

Appointment Provider: Jessy Liburd, PA



Electronically signed by Jessy Liburd PA on 12/26/2016 at 11:02 AM EST

Sign off status: Completed

**Robert N. Davoren Center
11-11 Hazen Street
East Elmhurst, NY 11370
Tel: 347-774-7000
Fax: 347-774-8088**

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Jessy Liburd, PA 12/26/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYC HEALTH + HOSPITALS

ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
Facility Code: RNDC Housing Area: 8N
56 Y old Male, DOB: 02/26/1960
Account Number: 289073
2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay

Appointment Facility: West Facility

12/01/2016

Sai Kolla, MD

Current Medications

Taking

- Flomax 0.4 MG Capsule Total Dose: 0.4 MGS At Bedtime, stop date 12/11/2016, KOP: No, Drug Source: Pharmacy
- Zepatier 50-100 MG Tablet Total Dose: 1 tablet Once a day, stop date 01/11/2017, KOP: No, Drug Source: Pharmacy
- Zepatier 50-100 MG Tablet Total Dose: 1 tablet Once a day, stop date 01/11/2017, KOP: No, Drug Source: RN/LPN DOT
- Gabapentin 400 MG Capsule Total Dose: 400 mg Three Times a Day, stop date 12/25/2016, KOP: No, Drug Source: Pharmacy
- Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 02/26/2017, KOP: No, Drug Source: Pharmacy
- Aspirin EC 81 MG Tablet Delayed Release Total Dose: 81 mg Daily, stop date 02/26/2017, KOP: No, Drug Source: Pharmacy
- Remeron 45 MG Tablet Total Dose: 45mg At Bedtime, stop date 12/29/2016, KOP: No, Drug Source: Pharmacy, Notes: Pharmacy

Past Medical History

Depression with anxiety
Depression with anxiety
Cannabis abuse, episodic
EtOH [Ethanol] abuse NOS
Cocaine dependence, continuous abuse
Alcohol dependence
Mood disorder NOS

Allergies

N.K.D.A.

Reason for Appointment

1. specialty clinic NEURO

History of Present Illness

Notes:

56 yrs old rt handed male with hx of left arm pain, left brachial plexopathy due to old injury came for f/u. Pt reports that still has pain but Neurontin is helping little bit. Denies changes in his weakness. Pt is having PMHx anemia, HTN, Hep C, LBP, L-brachial plexus injury with chronic LUE paresis/atrophy 1972 due to injury as well as GSW 1983 to L-wrist, R-knee GSW 1979 with chronic RLE foreshortening/weakness/numbness, R-rotator cuff injury 1990s, R-elbow injury with ulnar nerve entrapment surgery in 2002 and chronic R-ulnar numbness/weakness, recent R-D2 injury, ref for left hand and arm pain due to twisting of arm. Denies neck pain and dizziness. States that taking Gabapentin and is helping but it was stopped about a month ago. Denies problems in rt ue at this time.

Examination

General Examination:

GENERAL APPEARANCE: well-appearing, no acute distress from previous examination.

Neurological:

CORTICAL FUNCTIONS: alert and oriented X 3, speech fluent. Neurological examination remains unchanged.

Assessments

1. Pain in limb - 729.5

Treatment

1. Pain in limb

Notes: As gabapentin is working will continue with same dosage. Explained the pt ref side effects of the medication and pt is aware.

Follow Up

4 Months

Disposition: General Population

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Sai Kolla, MD 12/01/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYC HEALTH + HOSPITALS

ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
Facility Code: RNDC Housing Area: 8N
56 Y old Male, DOB: 02/26/1960
Account Number: 289073
2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay

Appointment Facility: Robert N. Davoren Center

11/25/2016

Appointment Provider: Jessy Liburd, PA

Current Medications

Taking

- Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 11/30/2016, KOP: No, Drug Source: Pharmacy
- Aspirin EC 81 MG Tablet Delayed Release Total Dose: 81 mg Daily, stop date 11/30/2016, KOP: No, Drug Source: Pharmacy
- Flomax 0.4 MG Capsule Total Dose: 0.4 MGS At Bedtime, stop date 12/11/2016, KOP: No, Drug Source: Pharmacy
- Zepatier 50-100 MG Tablet Total Dose: 1 tablet Once a day, stop date 01/11/2017, KOP: No, Drug Source: Pharmacy
- Zepatier 50-100 MG Tablet Total Dose: 1 tablet Once a day, stop date 01/11/2017, KOP: No, Drug Source: RN/LPN DOT
- Remeron 45 MG Tablet Total Dose: 45mg At Bedtime, stop date 12/02/2016, KOP: No, Drug Source: Pharmacy, Notes: Pharmacy

Past Medical History

- Depression with anxiety
- Depression with anxiety
- Cannabis abuse, episodic
- EtOH [Ethanol] abuse NOS
- Cocaine dependence, continuous abuse
- Alcohol dependence
- Mood disorder NOS

Allergies

N.K.D.A.

Reason for Appointment

1. New pain med order and neurology referral requested

History of Present Illness

TEMPLATES

Sick Call Evaluation Screening
Pt with Lt brachial plexus injury since 1977, says that the dose of Gabapentin is not helping.

SICK CALL EVALUATION:
SICK CALL EVALUATION SCREENING
OTC Form *Not Applicable/*
Dental Cleaning *Not Applicable/*
Needs Glasses *Not Applicable/*
Medication Re-issue *Regarding a Pain Med - Consult with SMD or On-call Physician /*

Foot *Other - sick call /*
Dietary *Other - sick call /*
Other Chief Complaints (enter in Notes field) /
KEEP or EPIC Requested (After 1 Week of Admission) If Yes =
Refer to KEEP or EPIC *Not Applicable/*
Patient Requested Medical Record *No/*
Patient Requested Aftercare Letter *No/*
Review of On/ Off Island Appointments *No/*
Educate Patient on Reason for On/ Off Island Appointments *No/*
Advise Patient of On-Island Appointment Dates and Date Ranges for Off-Island Appointments *No/*
Mental Health Request (STAT MH referral if patient presents with any of the following, all others Routine) *Not Applicable/*
Location of Nursing Triage *Clinic/*
Triage Disposition *Refer to MD/PA /*

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

BP

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Jessy Liburd, PA 11/25/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

138/82	11/25/2016 09:58:16 AM	Nicole James
Pulse		
66	11/25/2016 09:58:16 AM	Nicole James
RR		
16	11/25/2016 09:58:16 AM	Nicole James
Temp		
97.1	11/25/2016 09:58:16 AM	Nicole James
Pain scale		
7	11/25/2016 09:58:16 AM	Nicole James

Examination

General Examination:

GENERAL APPEARANCE: no acute distress.
 HEENT: EYES:-, PERRLA, conjunctiva clear, .
 HEART: normal S1S2 , RRR.
 LUNGS: clear to auscultation bilaterally.
 ABDOMEN: normal.
 EXTREMITIES: Lt arm is hypothrophic .Pt has sensation in the entire arm but there is no motion.

Assessments

1. Pain in limb - 729.5 (Primary)
2. NEUROPATHY IN OTHER DIS - 357.4

Treatment

1. Pain in limb
 Start Gabapentin Capsule, 400 MG; Total Dose: 400 mg, Orally, Three Times a Day, 30 days, Drug Source: Pharmacy

2. NEUROPATHY IN OTHER DIS

Notes: Patient has pending Neurology clinic appointment.

3. Others

Stop Gabapentin Capsule, 300 MG, Total Dose: 300mg, Orally, Twice a Day, 60 days, KOP: No, Drug Source: Pharmacy

Follow Up

prn
 Disposition: General Population

Appointment Provider: Jessy Liburd, PA

NYC HEALTH + HOSPITALS

ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
Facility Code: RNDC Housing Area: 2S
56 Y old Male, DOB: 02/26/1960
Account Number: 289073
2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay

Appointment Facility: West Facility

11/23/2016

Sai Kolla, MD

Reason for Appointment

1. specilaty clinic NEURO

Electronically signed by Sai Kolla MD, MD on 03/20/2017 at 11:23 AM EDT

Sign off status: Pending

West Facility
16-06 Hazen Street
East Elmhurst, NY 11370
Tel: 347-774-7000
Fax: 347-774-8088

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Sai Kolla, MD 11/23/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYSID: 03986329J BookCase: 4411604494
 Facility Code: RNDC Housing Area: 8N
 Patient: ISON, JERRY
 Account Number: 289073
 DOB: 02/26/1960 Age: 56 Y Sex: Male
 Phone:
 Address: 2135 MADISON AVE, 1D, NYC, NY-10037

Provider: Todd Cowdery, MD

Date: 11/16/2016

Subjective:

Chief Complaints:

- Multiple questions.

HPI:

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Notes:

Sick Call:

Multiple questions re: status updates pertaining to:

- Neuro referral: L arm neuropathy s/p L brachial plexus injury age 17, seen WF Neurology 9/21/16, started on Neurontin, planned f/u, patient requests status of f/u appointment. Also requests front cuff special need documentation as limited L arm ROM limits ability to rear cuff
- Glasses: f/u to 9/21/16 Optometry visit, glasses prescription pending, has not received glasses, questions glasses status
- Colon polyps hx: notes f/u colonoscopy planned at Bellevue, questions referral status. Denies sx's
- Hep C: on Zepatier, 11/14/16 blood draw, requests blood test results.

Medical History: Depression with anxiety, Depression with anxiety, Cannabis abuse, episodic, EtOH [Ethanol] abuse NOS, Cocaine dependence, continuous abuse, Alcohol dependence, Mood disorder NOS.

Medications: Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 11/30/2016, KOP: No, Drug Source: Pharmacy, Aspirin EC 81 MG Tablet Delayed Release Total Dose: 81 mg Daily, stop date 11/30/2016, KOP: No, Drug Source: Pharmacy, Flomax 0.4 MG Capsule Total Dose: 0.4 MGS At Bedtime, stop date 12/11/2016, KOP: No, Drug Source: Pharmacy, Artificial Tears 1.4 % Solution Total Dose: 1 gtt Three Times a Day, stop date 11/20/2016, KOP: No, Drug Source: Pharmacy, Zepatier 50-100 MG Tablet Total Dose: 1 tablet Once a day, stop date 01/11/2017, KOP: No, Drug Source: Pharmacy, Zepatier 50-100 MG Tablet Total Dose: 1 tablet Once a day, stop date 01/11/2017, KOP: No, Drug Source: RN/LPN DOT, Remeron 45 MG Tablet Total Dose: 45mg At Bedtime, stop date 12/02/2016, KOP: No, Drug Source: Pharmacy, Notes: Pharmacy

Objective:

Vitals:

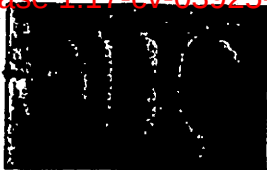
Wt			
176	11/16/2016 11:38:50 AM	Todd Cowdery	
BP			
130/83	11/16/2016 11:38:50 AM	Todd Cowdery	
Pulse			
57	11/16/2016 11:38:50 AM	Todd Cowdery	
RR			
16	11/16/2016 11:38:50 AM	Todd Cowdery	
Temp			
97.3	11/16/2016 11:38:50 AM	Todd Cowdery	

Examination:

General Examination:

GENERAL APPEARANCE: well-appearing, no acute distress.

HEENT: HEAD:-, normocephalic, atraumatic, EYES:-, PERRLA, EOMI, non-icteric sclera,



QUEENS HOSPITAL CENTER

New York City Health And Hospitals Corporation
82-88 164th Street, Jamaica, New York 11432
(718) 883-3000

Affiliated with
Mount Sinai School of Medicine

ISON, JERRY
CSN: 4721991
DOB: 2/26/1960 (56 yrs) M
MRN: 4117787
Adm Date: 6/5/2016



4721991

To: Presiding Judge, Criminal Court, Arraignment Part

From: Queens Hospital Center, Psychiatric Emergency Department

Date: 6/5/16

Re: Hospital evaluation of:

NAME: Jerry Ison
DATE OF BIRTH: 2/26/1960

ARREST#:

Your Honor:

The above-named person was evaluated at Queens Hospital Center. It is the opinion of the evaluating physician that this individual does not require inpatient care and is sufficiently stable to be transported to court for arraignment.

1. If the person remains in custody, it is the physician's opinion that

he or she does not currently require further treatment and can be sent to Rikers Island.


he or she should be promptly evaluated by Correctional Health Services (CHS) in order to receive appropriate treatment while in custody.

2. If the person is released from custody, he or she may seek treatment voluntarily at the facility of his or her choice.

A discharge summary has been prepared for the patient and placed in a sealed envelope. If the person remains in custody, CHS may contact the physician named below in order to receive further clinical information about the patient.

Please do not hesitate to contact me if I can be of assistance.

Respectfully,


Attending Psychiatrist, M.D.
Psychiatry
Telephone: 718-883-5575



**CORRECTION DEPARTMENT
CITY OF NEW YORK**



**REFERRAL OF INMATES TO
MENTAL HEALTH SERVICES**

Side
1 of 2

FORM NO. 4018R
EFF. 04/08/99
REF. DIR. 4018R

Inmate's Name: ISON Jerry Book and Case Number: Location: QDC Date: 6/7/16

Name/Shield Number of Reporting Officer: Pierce #5466 Name/Shield Number of Supervisor Notified: Velez, Captain 1012

BEHAVIORAL CHECKLIST

Listed below are some of the behavioral traits that may indicate a need for Mental Health referral. (Circle the appropriate item(s)).

1. Showing radical changes in behavior;
2. Expressing a desire to commit suicide and/or attempting suicide;
3. Planning to inflict bodily harm, attempting or actually carrying out the act. (This may be expressed verbally or through written communication);
4. Unable to sleep, particularly at night, awakening at odd hours of the early morning and brooding;
5. Arranging personal belongings in order, after habitual disorder;
6. Any signs indicating a trip is being planned e.g., packing personal belongings, discussing travel arrangements etc., when such a trip is not feasible;
7. Giving away valued possessions, e.g., wearing apparel, books, pictures, cigarettes, commissary, etc.;
8. Continually refusing to lock-out during lock-out periods;
9. Hiding or attempting to hide, from view of the correction officer/observation aide;
10. Appearing to be talking to someone when, in fact, no one is present;
11. Frequent displays of shouting, crying and/or screaming;
12. Attempting to inflict self injury by banging parts of the body against the walls or fixtures;
13. Complaining of ailments(s), illness(es) and/or disease(s) that are nonexistent;
14. Expressing a belief that there are plots or plans against personal safety; believing that someone or everyone is watching, talking, spying or acting suspiciously;
15. Having hallucinations/delusions (seeing objects or hearing voices that do not exist);
16. Unusual loss of memory;
17. Showing poor personal hygiene or appearance, doesn't shave, wash or change clothes, etc.;
18. Exhibiting strong feelings of guilt;
19. Being depressed;
20. Constantly fighting and arguing with other inmates;
21. Being alarmed (frightened) or in a state of panic;
22. Any unusual action or behavior that should be brought to the attention of the Mental Health Staff.

Other: (explain) see attached remarks p. 4.
evaluation as per honorable judge Dussale

SUPERVISING OFFICER'S ASSESSMENT AND RECOMMENDATION

Supervisor's Name: [Signature] Shield Number: [Signature] Date: 6-7-16



**CORRECTION DEPARTMENT
CITY OF NEW YORK**



**REFERRAL OF INMATES TO
MENTAL HEALTH SERVICES**

Side
2 of 2

FORM NO. 4018R
EFF. 04/08/89
REF. DFL 4018R

Inmate's Name:

Isin Jerry

Number:

4411604404

SUMMARY OF MENTAL HEALTH EVALUATION/RECOMMENDATION

1. REASON FOR REFERRAL:

See front

2. RELEVANT FINDINGS: (include potential for suicidal and/or violent behavior)

PT DANGES S/H

3. RECOMMENDATIONS: (include special housing needs and precautions as needed)

See front

Signature of Summary Prepared By:

[Handwritten Signature]

Title:

WIC

Date:

6/9/16

DISTRIBUTION:

- 1 copy retained by Mental Health
- 1 copy to Medical Services
- 1 copy to Facility Administration

SICK CALL REQUEST FORM

'16 AUG 24 PM 10:00

DATE: <u>8/24/16</u>	FACILITY: <u>C-74 R.N.D.C.</u>	HOUSING AREA: <u>Mod. 3 - Upper</u>
PATIENT'S NAME: <u>Jerry ISON</u>	BOOK & CASE#: <u>4411604494</u>	DATE OF BIRTH: <u>2/26/60</u>

ALLERGY TO FOOD OR MEDICATION: YES NO (List) _____

MEDICAL COMPLAINT (BE SPECIFIC): Left arm pain, from injury.

SICK CALL REQUEST

I AM IN NEED OF: (SELECT ALL THAT APPLY)

EYEGASSES AFTERCARE LETTER MEDICAL RECORDS REQUEST

DENTAL APPOINTMENT ASSISTIVE DEVICES (HEARING AIDES/CRUTCHES/CANE)

QUESTIONS (On Island/Off Island Medical Appointments)

Patient's Signature Jerry Ison Date 8/24/16

To Be Completed by Medical staff Only (Where Applicable)

Nursing Triage:

Patient to be evaluated in the clinic by medical Patient referred to MH services
 Patient to be evaluated in clinic by nursing other

Staff Response:

DPTometry scheduled on 9/1/16
Dental Appt Referral generated. Appt is pending
Patient never received any canes in the past. Pt Added
to Sick Call to discuss cane.

Medical Staff Signature: [Signature] Date 8/24/16



ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
 Facility Code: AMKC Housing Area: W18LA
 56 Y old Male, DOB: 02/26/1960
 Account Number: 289073
 2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay
 Appointment Facility: Anna M. Cross Correctional Facility

06/17/2016

Appointment Provider: Curt Walker, PA

Current Medications

Taking

- Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 09/07/2016, KOP: No, Drug Source: Pharmacy
- Aspirin EC 81 MG Tablet Delayed Release Total Dose: 81 mg Daily, stop date 09/07/2016, KOP: No, Drug Source: Pharmacy
- Remeron 30 MG Tablet Total Dose: 30 MG At Bedtime, stop date 06/20/2016, Drug Source: Pharmacy
- Tylenol 325 MG Tablet Total Dose: 650 mgs Three Times a Day, stop date 06/18/2016, Drug Source: Pharmacy

Past Medical History

- Depression with anxiety
- Depression with anxiety
- Cannabis abuse, episodic
- EtOH [Ethanol] abuse NOS
- Cocaine dependence, continuous abuse
- Alcohol dependence
- Mood disorder NOS

Allergies

N.K.D.A.

Reason for Appointment

1. S/C

History of Present Illness

Notes:

PAIN IN ARM, states takes ultram in the street. states cant take motrin and tylenol is not working pain in elbow area
 2 - states nees his flomax. Was taking it on the street, now going 6 times a night since he is not taking it.

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

BP		
123/ 77	06/ 17/ 2016 09:50:39 AM	Curt Walker
Pulse		
65	06/ 17/ 2016 09:50:39 AM	Curt Walker
RR		
16	06/ 17/ 2016 09:50:39 AM	Curt Walker
Temp		
97.6	06/ 17/ 2016 09:50:39 AM	Curt Walker

Examination

General Examination:

GENERAL APPEARANCE: no acute distress.
 EXTREMITIES: atrophy left ue, mild elbow swelling, no erythema or ^ warmth.

Assessments

1. Pain in joint, upper arm - 719.42

2. BPH without urinary obstruction - 600.00

Treatment

1. Pain in joint, upper arm

Start Naprosyn Tablet, 250 MG, Total Dose: 500 mg, Orally, Twice a day, 4 days, Drug Source: Pharmacy

2. BPH without urinary obstruction

Start Flomax Capsule, 0.4 MG, Total Dose: 0.4 MGS, Orally, At Bedtime, 90 days, Drug Source: Pharmacy

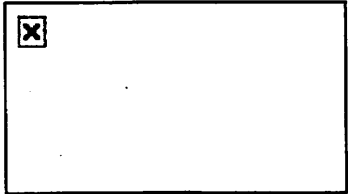
LAB: PSA, 3rd GEN. (Ordered for 07/28/2016)

Follow Up

medical, 2 Months (Reason: bph; f/ u psa)

Disposition: Return to Current Housing

Appointment Provider: Curt Walker, PA



Electronically signed by Curt Walker PA on 06/17/2016 at 03:40 PM EDT

Sign off status: Completed

**Anna M. Kross Correctional Facility
18-18 Hazen Street
East Elmhurst, NY 11370
Tel: 347-774-7000
Fax: 347-774-8088**

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Curt Walker, PA 06/17/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYC HEALTH+ HOSPITALS

ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
 Facility Code: AMKC Housing Area: W18LA
 56 Y old Male, DOB: 02/26/1960
 Account Number: 289073
 2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay

Appointment Facility: Anna M. Cross Correctional Facility

06/14/2016

Appointment Provider: Curt Walker, PA

Current Medications

Taking

- Ibuprofen 400 MG Tablet Total Dose: 1 tab Four Times a Day, stop date 06/15/2016, KOP: No, Drug Source: Pharmacy
- Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 09/07/2016, KOP: No, Drug Source: Pharmacy
- Aspirin EC81 MG Tablet Delayed Release Total Dose: 81mg Daily, stop date 09/07/2016, KOP: No, Drug Source: Pharmacy
- Remeron 30 MG Tablet Total Dose: 30 MG At Bedtime, stop date 06/20/2016, Drug Source: Pharmacy

Past Medical History

- Depression with anxiety
- Depression with anxiety
- Cannabis abuse, episodic
- EtOH [Ethanol] abuse NOS
- Cocaine dependence, continuous abuse
- Alcohol dependence
- Mood disorder NOS

Allergies

N.K.D.A.

Reason for Appointment

1. S/c

History of Present Illness

Notes:

PAIN LEFT ELBOW FROM TRAUMA, STATES CANT TAKE MOTRIN.

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

BP	
131/73	06/14/2016 12:01:27 PM Curt Walker
Pulse	
54	06/14/2016 12:01:27 PM Curt Walker
RR	
16	06/14/2016 12:01:27 PM Curt Walker
Temp	
97.6	06/14/2016 12:01:27 PM Curt Walker

Examination

General Examination:

GENERAL APPEARANCE: no acute distress.
 MUSCULOSKELETAL: LEFT UPPER EXT WITH DEFORMITY, SWELLING LEFT ELBOW AND FOREARM, no erythema or ^ warmth.

LAB TESTS REVIEWED

..STUDY: LEFT ELBOW X-RAY.

CLINICAL HISTORY: TECHNIQUE: AP and lateral views.

FINDINGS: The patient could not stay in the AP position. Only lateral

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Curt Walker, PA 06/14/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

views could be obtained. A discrete fracture is not seen. There is moderate osteoporosis. There appears to be an old healed fracture of the distal radius, which was not completely included in the study. No effusions are identified.

IMPRESSION: 1. Limited study since the patient could only stay in the lateral view. It is grossly negative for fractures. If possible another attempt in AP and both oblique views would be recommended.

2. Old fracture of the distal radius. If there is further necessity to evaluate this forearm study would be recommended. There may be an old fracture of the mid shaft of the ulna as well, which has healed.

3. Moderate osteoporosis. Report Electronically Signed by: Stanley Friedman Report Electronically Signed on: 06/10/2016 06:54 AM

Assessments

1. Pain in joint, upper arm - 719.42 (Primary), elbow

Treatment

1. Pain in joint, upper arm

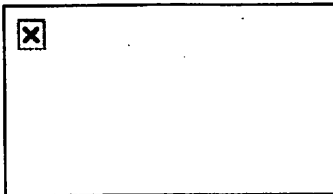
Start Tylenol Tablet, 325 MG, Total Dose: 650 mgs, Orally, Three Times a Day, 4 days, Drug Source: Pharmacy

Follow Up

prn

Disposition: Return to Current Housing

Appointment Provider: Curt Walker, PA



Electronically signed by Curt Walker PA on 06/14/2016 at 04:58 PM EDT

Sign off status: Completed

NYC HEALTH+ HOSPITALS

ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
 Facility Code: AMKC Housing Area: W18LA
 56 Y old Male, DOB: 02/26/1960
 Account Number: 289073
 2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay
 Appointment Facility: Anna M. Cross Correctional Facility

06/11/2016

Appointment Provider: Susan Noah, RPA

Current Medications

Taking

- Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 09/07/2016, KOP: No, Drug Source: Pharmacy
- Aspirin EC 81 MG Tablet Delayed Release Total Dose: 81 mg Daily, stop date 09/07/2016, KOP: No, Drug Source: Pharmacy

Past Medical History

- Depression with anxiety
- Depression with anxiety
- Cannabis abuse, episodic
- EtOH [Ethanol] abuse NOS
- Cocaine dependence, continuous abuse
- Alcohol dependence
- Mood disorder NOS

Allergies

N.K.D.A.

Reason for Appointment

1. S/c
2. Pt says he came to find out the result of his xray done on friday 6/9/16

History of Present Illness

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 2: *Complicated sick call (problem requiring diagnostic evaluation, documented history, physical exam, specified follow up) OR One chronic condition addressed with components specified in (3)*

Vital Signs

BP	
124/71	06/11/2016 07:24:25 PM Susan Noah
Pulse	
60	06/11/2016 07:24:25 PM Susan Noah
RR	
16	06/11/2016 07:24:25 PM Susan Noah
Temp	
98.0	06/11/2016 07:24:25 PM Susan Noah
SaO2	
99	06/11/2016 07:24:25 PM Susan Noah

Examination

General Examination:

GENERAL APPEARANCE: well-nourished, no acute distress.

Assessments

1. Pain in limb - 729.5 (Primary)

X ray of elbow done preliminary report shows no fx or dislocation . neg as per Dr watchtel urgicare MD.

Treatment

1. Pain in limb

Start Ibuprofen Tablet, 400 MG, Total Dose: 1 tab, Orally 1st dose stat,

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Susan Noah, RPA 06/11/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

NYC HEALTH + HOSPITALS

ISON, JERRY

NYSID: 03986329J BookCase: 4411604494
Facility Code: AMKC Housing Area: W18LA
56 Y old Male, DOB: 02/26/1960
Account Number: 289073
2135 MADISON AVE, 1D, NYC, NY-10037

Insurance: Self Pay

Appointment Facility: Anna M. Cross Correctional Facility

06/09/2016

Appointment Provider: Jean-Luc Bernard, PA

Current Medications

Taking

- Lisinopril 2.5 MG Tablet Total Dose: 2.5 mg Daily, stop date 09/07/2016, KOP: No, Drug Source: Pharmacy
- Aspirin EC 81 MG Tablet Delayed Release Total Dose: 81 mg Daily, stop date 09/07/2016, KOP: No, Drug Source: Pharmacy

Past Medical History

Depression with anxiety
Depression with anxiety
Cannabis abuse, episodic
EtOH [Ethanol] abuse NOS
Cocaine dependence, continuous abuse
Alcohol dependence
Mood disorder NOS

Allergies

N.K.D.A.

Reason for Appointment

1. URGICARE REVIEW
2. X RAY Review with Urgicare via telephone.

History of Present Illness

VISIT COMPLEXITY SCALE:

NON-INTAKE ACUITY

Non-Intake Acuity Scale 1: *Uncomplicated sick call (med renewal, referral request, single Chief Complaint) OR refusal visit*

Assessments

1. Pain in limb - 729.5

Treatment

1. Pain in limb

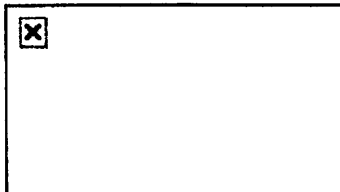
Notes: X-Ray was reviewed by urgicare and preliminary view were negative for Fx or dislocation.

Follow Up

prn

Disposition: General Population

Appointment Provider: Jean-Luc Bernard, PA



Electronically signed by Jean-Luc Bernard PA on 06/09/2016
at 06:22 PM EDT

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Jean-Luc Bernard, PA 06/09/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

7. Coronary atherosclerosis of native coronary artery - 414.01
8. Cocaine abuse, episodic - 305.62
9. Alcohol abuse, episodic - 305.02

Treatment

1. ROUTINE MEDICAL EXAM

- LAB: Rapid HIV Test
- LAB: Urine Drug Screen
- LAB: CBC w DIFF & PLATELETS
- LAB: LIPID SCREEN (CORONARY RISK I)
- LAB: RPR SEROLOGY
- LAB: BASIC METABOLIC
- LAB: HEP. CVIRAL RNA, QUANT., PCR
- LAB: HEPATIC FUNCTION
- LAB: QUANTIFERON-TB IN-TUBE NY
- LAB: Hepatitis C Rapid Screen (AMKC/ RMSC ONLY)

2. Screening for other and unspecified cardiovascular conditions

- IMAGING: EKG (DI)

3. HTN

Start Lisinopril Tablet, 2.5 MG, Total Dose: 2.5 mg, Orally, Daily, 90 days, Drug Source: Pharmacy
Notes: taking lisinopril ; pt educated ; follow up scehduled.

4. Chronic hepatitis C

Notes: never treated; follow up scehduled; labs ordered.

5. Paresis

- IMAGING: Elbow Left Ap, Lateral (XRAY)

Notes: h/o left brachial plexus injury -1977, multiple trauma-permt paralysis/ atrophy; also injured during arrest; with swelling and bruising of left elbow; xray in AM ; to disscuss with urgicare.

6. Psychiatric disorder or problem

Notes: pt with stat DOC consult; h/o mh disorder, taking remeron, trazadone, pt easily agitated/ refused admission process earlier tonight, eventually agreed, at this time denies s/ h/ i or a/ v/ h.
Referral To: Mental Health AMKC Mental health
Reason: h/o mh disorder; stat DOC consult

7. Coronary atherosclerosis of native coronary artery

Start Aspirin EC Tablet Delayed Release, 81 MG, Total Dose: 81 mg, Orally, Daily, 90 days, Drug Source: Pharmacy
Notes: taking ASA; refused Ekg tonight, aware can change his mind; currently asymptomatic; lipid profile ordered follow up scheduled.

8. Cocaine abuse, episodic

Notes: pt educated and advised to quit.

9. Alcohol abuse, episodic

Notes: pt states drinks "some weekends", ciwa=1; pt educated.

10. Others

Notes: seen by ems prior to admission; diagnosed with contusion, stes injured elbow after this hospital visit.

Immunization

Hepatitis B (20 and more) - Refused : 1.0 (Not administered - Refused : Patient decision)

Preventive Medicine

Counseling:

Smoking counselled.
Alcohol and drugs counselled.

Diet educated.
Exercise educated.
Sexual practices educated.

Disposition: DETOX

Notes: Medicated with Methadone 20 mg Po. Given at 3:10AM. B. Nunez RN

Appointment Provider: Joan Downes



Electronically signed by Joan Downes PA on 06/09/2016 at 07:47 AM EDT

Sign off status: Completed

**Anna M. Kross Correctional Facility
18-18 Hazen Street
East Elmhurst, NY 11370
Tel: 347-774-7000
Fax: 347-774-8088**

Patient: ISON, JERRY DOB: 02/26/1960 Progress Note: Joan Downes 06/08/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Anna M. Kross Correctional Facility 18-18 Hazen Street East Elmhurst, NY 11370 Tel: 347-774-7000 Fax: 347-774-8088		Joan Downes Physician Assistant															
Patient: ISON, JERRY DOB: 02/26/1960, Sex: Male Address: 2135 MADISON AVE, 1D, NYC, NY 10037 Phone:	07/05/2016																
Ordered Date: 06/08/2016 Assessments: Paresis Lab: Elbow Left Ap, Lateral (XRAY) Fasting: No Specimen: Collection Date:06/09/2016 Time:8:34 AM Clinical Info:																	
<table border="1"> <thead> <tr> <th>Name</th> <th>Value</th> <th>Reference Range</th> </tr> </thead> <tbody> <tr> <td>Result:</td> <td>Abnormal/Positive/Reactive</td> <td></td> </tr> <tr> <td>Received Date:</td> <td>06/10/2016</td> <td></td> </tr> <tr> <td colspan="3"> Nunez-Salas,Beatriz , RN 6/9/2016 3:27:17 AM > Refused EKG Harris,Vittorio , PA 6/12/2016 7:01:50 AM > Urgicare reviewed Xray, patient seen by medical and treated with analgesics. Name: JERRY ISON Patient ID: 03986329J DOB: 02/26/1960 Phone: Acc #: 194773 Pt Status: Routine Patient Primary Care Physician: Exam Date: 06/09/2016 08:34 AM Exam Name: Elbow Left Ap, Lateral X18 Reason: Referrer: Anna M. Kross Center AMKC 2nd Referrer: Joan Downes Referrer #3: Ordering Physician: </td> </tr> <tr> <td>Notes:</td> <td colspan="2"> STUDY: LEFT ELBOW X-RAY. CLINICAL HISTORY: TECHNIQUE: AP and lateral views. FINDINGS: The patient could not stay in the AP position. Only lateral views could be obtained. A discrete fracture is not seen. There is moderate osteoporosis. There appears to be an old healed fracture of the distal radius, which was not completely included in the study. No effusions are identified. IMPRESSION: 1. Limited study since the patient could only stay in the lateral view. It is grossly negative for fractures. If possible another attempt in AP and both oblique views would be recommended. 2. Old fracture of the distal radius. If there is further necessity to evaluate this forearm study would be recommended. There may be an old fracture of the mid shaft of the ulna as well, which has healed. 3. Moderate osteoporosis. Report Electronically Signed by: Stanley Friedman Report Electronically Signed on: 06/10/2016 06:54 AM Patient Name: JERRY ISON Patient ID: 03986329J Completed Date: 06/09/2016 08:34 AM </td> </tr> </tbody> </table>			Name	Value	Reference Range	Result:	Abnormal/Positive/Reactive		Received Date:	06/10/2016		Nunez-Salas,Beatriz , RN 6/9/2016 3:27:17 AM > Refused EKG Harris,Vittorio , PA 6/12/2016 7:01:50 AM > Urgicare reviewed Xray, patient seen by medical and treated with analgesics. Name: JERRY ISON Patient ID: 03986329J DOB: 02/26/1960 Phone: Acc #: 194773 Pt Status: Routine Patient Primary Care Physician: Exam Date: 06/09/2016 08:34 AM Exam Name: Elbow Left Ap, Lateral X18 Reason: Referrer: Anna M. Kross Center AMKC 2nd Referrer: Joan Downes Referrer #3: Ordering Physician:			Notes:	STUDY: LEFT ELBOW X-RAY. CLINICAL HISTORY: TECHNIQUE: AP and lateral views. FINDINGS: The patient could not stay in the AP position. Only lateral views could be obtained. A discrete fracture is not seen. There is moderate osteoporosis. There appears to be an old healed fracture of the distal radius, which was not completely included in the study. No effusions are identified. IMPRESSION: 1. Limited study since the patient could only stay in the lateral view. It is grossly negative for fractures. If possible another attempt in AP and both oblique views would be recommended. 2. Old fracture of the distal radius. If there is further necessity to evaluate this forearm study would be recommended. There may be an old fracture of the mid shaft of the ulna as well, which has healed. 3. Moderate osteoporosis. Report Electronically Signed by: Stanley Friedman Report Electronically Signed on: 06/10/2016 06:54 AM Patient Name: JERRY ISON Patient ID: 03986329J Completed Date: 06/09/2016 08:34 AM	
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Patient Name: ISON, JERRY , DOB: 02/26/1960

the ID # 10989

Date: 6/18/16
To: Elmhurst Hospital
79-01 Broadway
East Elhurst, N.Y. 11373

From: Terry Tson
18-18 Hazen Street
East Elhurst N.Y. 11370

RE: FREEDOM OF INFORMATION REQUEST

Dear Sir/Madam:

This is a request under the Freedom of Information Act as amended (5 U.S.C.S., section 552) the Privacy Act (5 U.S.C.S. 552a) and the New York Public Officers Law, Section 84-90.

I wish to obtain the following information and records, etc.

I would like to obtain my medical records from your hospital on 6/7/16 or 6/8/16 along with video footage of me being rough up by three police officers. This incident happen in the emergency room

If all or any requests is denied, please list specific exemptions which is/are being cited to withhold information.

If you determine that some portion of this requested material are exempt, I will expect, as the Act provides, that you will provide me with the remaining non-exempt portions. I, of course, reserve the right to appeal any determination to withhold information and expect that you will provide me with the address and office where an appeal may be sent.

As your agency should be aware, the amended Freedom of Information Act requires you to reduce or waive search and/or copying fees when the release of the requested information is in the "public interest". It is my belief that the above requested information falls into this category and I ask that you waive such fees. Again as the Act requires, I expect a reply within ten (10) working days. If there are any questions regarding this request, please contact me at the address listed above.

Respectfully submitted,

Terry Tson

Sworn to before me on this
18 day of June

2016



FOR COMPLAINTS AGAINST MEMBERS OF THE NYC POLICE DEPT. ONLY

COMPLAINT REPORT – CIVILIAN COMPLAINT REVIEW BOARD

Instructions. You may file this report by:

- (A) Delivering it in person to the Civilian Complaint Review Board (CCRB); or
- (B) Mailing it (postage pre-paid) to the CCRB; or
- (C) Telephoning the CCRB at 1-800-341-CCRB; or
- (D) Filing it at any police precinct station house (obtain filing receipt).

1. COMPLAINANT Last Name	First Name	MI	Home Phone	Business Phone		
ISON	Jerry		929-227-8655			
Address (Home/Business)		Apt. No.	City	State	Zip Code	Date of Birth
2135 MADISON AVE		4D	N.Y.	N.Y.S.	10037	2/26/60
Optional/For statistical purposes only: Sex: <input checked="" type="checkbox"/> M () F Race/Ethnicity:						

2. Did you witness the incident complained of? () Yes () No
3. If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s)?
 () Parent () Spouse () Relative () Guardian () Child () Friend () None () Other _____
4. Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident. (Use other side of page if necessary):

a. () VICTIM () WITNESS	Last Name	First Name	MI	Home Phone	Business Phone	
Address (Home/Business)		Apt. No.	City	State	Zip Code	Date of Birth
Optional/For statistical purposes only: Sex: () M () F Race/Ethnicity:						

b. () VICTIM () WITNESS	Last Name	First Name	MI	Home Phone	Business Phone	
Address (Home/Business)		Apt. No.	City	State	Zip Code	Date of Birth
Optional/For statistical purposes only: Sex: () M () F Race/Ethnicity:						

5. 6/7/16 or 6/8/16 ELmhurst Hospital N.Y.
 Date and Time of Incident Location of Incident (including borough)

6. Identification of police officer(s) complained of (if unknown, provide physical description of officer(s) or type of duty performed; such as dressed in uniform or in civilian clothes; foot, scooter or auto patrol; detective). Also identify officer(s) at the scene who are not complained of. (Use other side of page if necessary):

Rank	Name	Precinct/Command	Patrol Car.#.	Shield #
officer	John DOE 1	109 Pct	N/A	N/A
officer	John DOE 2	109 Pct	N/A	N/A
officer	John DOE 3	109 Pct	N/A	N/A

7. Description of the incident in as much detail as possible. (Use other side of page if necessary):
Three police officers from the 109 Pct who were picking me up from the hospital to escort me to court, was told by me that my left arm is paralyzed and it can't be handcuff behind my back cause of the pain it cause, force my paralyze arm in a very excessive manner, causing alot of pain. also causing my hole left arm down to the hand to become swollen as well as marks and SCRODS marks to my back on the left side. (please send receipt)

8. I have read the foregoing complaint and the contents thereof are true to the best of my knowledge and information.

Jerry Ison 7/1/16
 COMPLAINANT'S SIGNATURE DATE



BILL DE BLASIO
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH STREET 10th FLOOR
NEW YORK, NEW YORK 10007 ♦ TELEPHONE (212) 912-7235
www.nyc.gov/ccrb

MAYA D. WILEY, ESQ.
CHAIR

MINA Q. MALIK, ESQ.
EXECUTIVE DIRECTOR

July 13, 2016

Mr. Jerry Ison
2135 Madison Avenue Apt. 1D
New York, NY 10037

RE: OCD 201605993

Dear Mr. Ison:

This letter is to inform you that the Civilian Complaint review Board (CCRB) acknowledges receipt of your complaint.

The CCRB has jurisdiction to investigate complaints filed against officers of the New York City Police Department that allege excessive force, abuse of authority, discourtesy or use of offensive language, including slurs relating to race, ethnicity, religion, gender, sexual orientation and disability. We have determined that your complaint does not fall within the Board's jurisdiction, either because the allegations do not fall within our jurisdiction or because the subject of the allegations is a civilian employee of the Police Department.

The Office of the Chief of Department (OCD) of the New York City Police Department reviews and processes complaints made against both uniformed and civilian members of the Police Department which questions their general performance of duties. Once the Investigation Review Section within OCD determines the proper bureau for your complaint, the respective bureau will assign an investigator for your case. Therefore, we have referred your complaint to the Office of the Chief of Department Investigation Review Section for processing.

An OCD control number has been assigned to your complaint and appears at the top of this page. Once received at the appropriate investigative bureau, an OCD investigator will contact you and will handle all further action regarding your complaint.

If you have any questions, please contact the Chief of Department Investigation Review Section at 718-834-3382 or 3390. Please refer to your OCD control number when making all inquiries. Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Nina S. Mickens".

Nina S. Mickens
Director of Case Management



BILL DE BLASIO
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH STREET 10th FLOOR
NEW YORK, NEW YORK 10007 ♦ TELEPHONE (212) 912-7235
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MAYA D. WILEY, ESQ.
CHAIR

MINA Q. MALIK, ESQ.
EXECUTIVE DIRECTOR

September 16, 2016

Mr. Jerry Ison
2135 Madison Avenue Apt. 1D
New York, NY 10037

Re: CCRB case number 201606000

Dear Mr. Ison:

I am now writing to inform you of the Board's findings on the allegation(s) raised by the above-referenced complaint.

Allegation(s) by letter :

Board finding(s) :

A) Force:
Officers used physical force against
Jerry Ison.

Complainant Uncooperative

The Board did not conduct a full and thorough investigation of this complaint in the absence of an available and cooperative complainant and/or victim(s). However, where new evidence or a previously unavailable or uncooperative witness becomes available within eighteen months of the Board's closure of the case, the Board may reopen the case if such new evidence may reasonably lead to a different finding. To request that the Board reopen a closed case, please detail the new evidence and the request in a letter addressed to Nina Mickens, Director of Case Management, at CCRB, 100 Church Street, 10th Floor, New York, NY 10007.

Sincerely,

Mina Q. Malik
Executive Director

Enclosure



BILL DE BLASIO
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH STREET 10th FLOOR
NEW YORK, NEW YORK 10007 ♦ TELEPHONE (212) 912-7235
www.nyc.gov/ccrb

MAYA D. WILEY, ESQ.
CHAIR

MINA Q. MALIK, ESQ.
EXECUTIVE DIRECTOR

September 20, 2016

Jerry Ison, ID# 44160494
Anna M. Kross Center
18-18 Hazen Street
East Elmhurst, NY 11370

Re: CCRB case number 201606000

Dear Mr. Ison:

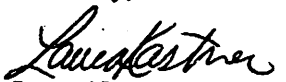
Thank you for your letter requesting to have your case reopened. A case may be reopened when new evidence is acquired that would potentially alter the findings in the initial investigation. After a careful review of this matter, I regret to inform you we will not be reopening this case.

If you would like specific details regarding the investigation of your case, please visit our website and submit a Freedom of Information Law (FOIL) request, attention to CCRB FOIL & Records Access Officer at 100 Church Street, 10th Floor, New York, NY 10007.

If you have any further questions, please contact the Investigative Manager who supervised the investigation of your case, Investigative Manager Laura Kastner, (212) 912-2068.

The CCRB appreciates your willingness to participate in this extremely important process.

Sincerely,


Laura Kastner
Investigative Manager



BILL DE BLASIO
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH STREET 10th FLOOR
NEW YORK, NEW YORK 10007 ♦ TELEPHONE (212) 912-7235
www.nyc.gov/ccrb

MAYA D. WILEY, ESQ.
CHAIR

MINA Q. MALIK, ESQ.
EXECUTIVE DIRECTOR

November 3, 2016

Jerry Ison
Book & Case # 44160494
1111 Hazen Street
Elmhurst, NY 11370

Re: Information Request
CCRB case # 201606000

Dear Mr. Ison,

I am the Acting Records Access Officer for the New York City Civilian Complaint Review Board (“CCRB”) and I have received your second inquiry regarding case number 201606000.

As to your request for an explanation for the CCRB’s actions with respect to your case, I direct you to the letter I previously sent you, which I have enclosed.

As to your inquiry regarding the names of the officer or officers involved in your case, pursuant to the Freedom of Information Law, I am respectfully denying your request.

Public Officers Law § 87(2)(a) permits agencies to deny access to records when they “are specifically exempted from disclosure by state or federal statute.” Among those exempted records are personnel records “used to evaluate performance toward continued employment or promotion” of a police officer, which are confidential pursuant to Civil Rights Law § 50-a(1). Courts have routinely and specifically held that CCRB records – which by their very nature are used to evaluate police officer performance – are restricted by Civil Rights Law § 50-a. See *Telesford v. Patterson*, 27 A.D.3d 328 (1st Dept. 2006) (dismissing Article 78 petition seeking CCRB records pursuant to Freedom of Information Law). This includes evidence obtained through the course of those investigations. See *Matter of Brasky v. City of New York Dept. of Investigation*, 40 A.D.3d 531 (1st Dept. 2007) (refusing to compel City agency to produce copy of interview recording to witness pursuant to public interest privilege).

Please note that there is no way to redact the files in a way that will disassociate allegations against a particular officer given the nature of your request. Because of that, any

Jerry ISON #4411604494
1111 HAZEN Street
EAST ELMHURST NY 11370

11/12/16

CIVILIAN COMPLAINT REVIEW BOARD CCRB Case# 201606000
100 CHURCH STREET 10th FL
New YORK, N.Y. 10007
Records Access Appeals Officer

I'm writing to appeal a decision of my FOIL request
ON NOVEMBER 3, 2016. I UNDERSTAND THAT MY FOIL REQUEST DENIED IN
IN THAT IT FALLS UNDER PUBLIC OFFICERS LAW § 87(2)(a), BUT I ALSO HAD
REQUESTED THE NAMES OF THE OFFICERS INVOLVED IN THE INCIDENT, WHICH
SHOULD NOT BE EXEMPTED FROM DISCLOSURE

THANK YOU FOR YOUR TIME
MR. JERRY ISON



BILL DE BLASIO
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH STREET 10th FLOOR
NEW YORK, NEW YORK 10007 ♦ TELEPHONE (212) 912-7235
www.nyc.gov/ccrb

MAYA D. WILEY, ESQ.
CHAIR

January 17, 2017

Jerry Ison #: 4411604494
1110 Hazen Street
East Elmhurst, N.Y. 11370

Re: FOIL Request
CCRB Case Nos.201606000

Dear Mr. Ison,

I am the Assistant General Counsel and new Acting Records Access Officer for the New York City Civilian Complaint Review Board, and have received your appeal regarding Hanna Karsevar's decision on your FOIL request. Pursuant to Public Officers Law § 89(3)(a), I anticipate responding to your requests within the next thirty (30) days. We apologize for the delay in getting back to you and thank you for your cooperation as I transition into this new role.

Please address future Freedom of Information Law requests to: Records Access Officer, New York City Civilian Complaint Review Board, 100 Church Street, 10th Floor, New York, NY 10007. Please contact me at (212) 912-2019 or chorowitz@ccrb.nyc.gov if you have any questions.

Sincerely,

Cindy Horowitz, Esq.
Assistant General Counsel
Acting Records Access Officer



BILL DE BLASIO
MAYOR

CIVILIAN COMPLAINT REVIEW BOARD
100 CHURCH STREET 10th FLOOR
NEW YORK, NEW YORK 10007 ♦ TELEPHONE (212) 912-7235
www.nyc.gov/ccrb

MAYA D. WILEY, ESQ.
CHAIR

January 25, 2017

Jerry Ison #: 4411604494
1110 Hazen Street
East Elmhurst, N.Y. 11370

Re: FOIL Request
201606000

Dear Mr. Ison,

I am the Appeals Records Access Officer for the New York City Civilian Complaint Review Board ("CCRB"), and have reviewed your requests for records concerning CCRB Case No. 201606000. Pursuant to the Freedom of Information Law, I am granting your request in part and respectfully denying your request in part.

In your letter dated October 22, 2016, you wrote, "I am writing to find out under FOIL how the CCRB came up with their decision to close my case, and how did they investigate this complaint, and the names of those officers."

With respect to your request for information about why your case was closed, please note that as a general matter, the CCRB may not communicate with parties that are represented by counsel. As such, the CCRB must first seek permission from counsel before speaking to a client. In your case, the CCRB sought permission from Mr. Jonathan Latimer of Queens Law Associates who denied the CCRB permission to speak with you on August 18, 2016. As a result, CCRB Case# 201606000 was closed as complainant uncooperative, and a letter was sent to you stating the same on September 16, 2016. The CCRB received your request to re-open your case on September 9, 2016. You were sent a letter dated September 20, 2016 in which your request was denied. Our records indicate that you are still represented by counsel. Therefore, we cannot speak to you without the permission of your attorney.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Kadushin".

Matthew Kadushin, Esq.
General Counsel

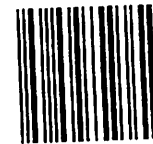
Appeals Records Access Officer

cc: Herbert Kellner, Esq.
Guttman & Kellner, P.C.
25 West Main Street
Smithtown, N.Y. 11787

ERRY ISON #111604114
1-11 HAZEN STREET
EAST ELMHURST N.Y. 11370



1000



11201

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CLERK OF U.S. DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
225 CADMAN PLAZA EAST
BROOKLYN, NEW YORK 11201
C/O Judge ANN M. DONNELLY

LEGAL MAIL

LEGAL MAIL