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5 **Attorneys for Defendants Mohave County Board of Supervisors,**
6 **Tom Sheahan, Bruce Brown, and Gary Trotter***

7 **IN THE UNITED STATES DISTRICT COURT**
8 **FOR THE DISTRICT OF ARIZONA**

9 JOHN E. WHEELER,) NO.CV-06-02019-PCT-JWS (JRI)
10)
Plaintiff,)
11 vs.) **DEFENDANT BRUCE BROWN'S**
12) **RESPONSES TO PLAINTIFF'S**
MOHAVE COUNTY BOARD OF) **REQUESTS FOR PRODUCTION**
13 SUPERVISORS, et al.,) **OF DOCUMENTS**
14) **[SECOND SET]**
Defendants.)

15 Pursuant to Rule 34 of the Federal Rules of Civil Procedure, Defendant Bruce
16 Brown by and through undersigned counsel, hereby responds to Plaintiff's Request
17 for Production of Documents as follows:

18 **REQUEST FOR PRODUCTION OF DOCUMENTS**

19 **REQUEST FOR PRODUCTION NO. 1:** *Withdrawn*

20 Produce any document required to be disclosed pursuant to Rule 26(a)(e),
21 Federal Rules of Civil Procedure.

22 *///*

23 _____
24 * Defendants Law Library Officer and Mohave County Jail were dismissed pursuant
to this Court's Order dated April 30, 2007. (Doc. 10)

1 **There is no Rule 26(a)(e), Federal Rule of Civil Procedure.**

2 **Without waiving the foregoing objection:**

3 **See documents produced in response to Request for Production No. 5.**

4 **REQUEST FOR PRODUCTION NO. 2:**

5 Produce copy of any consent decree, injunction, final order, of any suit you
6 have been named as a Defendant as defined in Interrogatory 3.

7 **Defendant has no such document in his possession, custody or control.**

8 **REQUEST FOR PRODUCTION NO. 3:**

9 Produce any document, report or other memorandum created during the
10 process of needs assessment, sight selection and design build of a new jail facility
11 to address overcrowding at the jail.

12 **Objections:**

13 **1. Request for production assumes facts other than as responding**
14 **defendant assume them to be.**

15 **2. Information sought is not relevant and is not reasonably**
16 **calculated to lead to discovery of admissible evidence.**

17 **3. Request for production is overbroad.**

18 **REQUEST FOR PRODUCTION NO. 4:**

19 Produce any document that sets forth job duties of any and all personnel at
20 the jail, or directing their conduct in relation to management and operation at the jail,
21 including but not limited to:
22

- 23 A. Sanitation
24 B. Laundry
 C. Medical Care

- D. Classification
- E. Maintenance
- F. Inventory Purchase and Supply
- G. Security Walks
- H. Mail
- I. Law Library
- J. Reporting Violence

Objections:

1. Information sought is not relevant and is not reasonably calculated to lead to discovery of admissible evidence.

2. Request for production is overbroad.

REQUEST FOR PRODUCTION NO. 5:

Produce the following Mohave County Jail records concerning the Plaintiff for each term of Plaintiff's confinement at the jail:

- A. Booking and Release
- B. Inmate Account
- C. Debit to Account for Meals
- D. Classification
- E. Medical file
- F. Sick Call Requests
- G. Incident Reports
- H. Discipline Reports
- I. Grievances filed including all attachments
- J. Inmate letters and communication with staff.

Copies of the following are produced herewith:

3122-00001 – 00129 Victim Notification, Inmate Grievance and Inmate Request Forms

3122-00156 – 00166 Mohave County Sheriff's Office Arrest and Booking Sheet, Receipt for Personal Property and Finger Prints re: Plaintiff John Wheeler

3122-00190 - 00250 Records of Inmate Grievances received and Incident Reports re: Plaintiff John Wheeler

1 **3122-00251 – 00294 Sick Call Request, Medical Refusal Forms, Nursing**
2 **Services Progress Notes, Protocols, Wound Care and Observation Flow Sheets re:**
3 **Plaintiff John Wheeler**

4 **3122-00295 – 00315 University Medical Center of Southern Nevada**
5 **Medical Records re: Plaintiff John Wheeler**

6 **3122-00322 - 00348 Yard Logs re: Plaintiff John Wheeler**

7 **REQUEST FOR PRODUCTION NO. 6: *withdrawn***

8 Produce the following Mohave County Jail records for each term of Plaintiff's
9 confinement at the jail:

- 10 A. Log books for main, and pod, control rooms
- 11 B. Floor officer log books
- 12 C. All head count sheets and rosters
- 13 D. Records of recreation and exercise time provided

14 **Objections:**

- 15 1. Information sought is not relevant and is not reasonably
16 calculated to lead to discovery of admissible evidence.
- 17 2. Request for production is overbroad.
- 18 3. The Court's Order of July 30, 2007, imposes a limit of 15 requests
19 for production, including subparts, on each party to any other party. The
20 preceding requests for production, including subparts, constitute 15 requests
21 for production.

22 **REQUEST FOR PRODUCTION NO. 7:**

23 Produce any and all records, reports or other written memorandum, document
24 concerning incidents of violence at the jail that occurred from January 1, 2000

25 *///*

26 *///*

1 through the date of your response, including but not limited to incidents of:

- 2 A. Assault
- 3 B. Fights
- 4 C. Riots
- 5 D. Homicide
- 6 E. Sexual Assault
- 7 F. Suicide and attempted suicide

8 **Objection:**

9 The Court's Order of July 30, 2007, imposes a limit of 15 requests for
10 production, including subparts, on each party to any other party. The
11 preceding requests for production, including subparts, constitute 15 requests
12 for production.

13 **REQUEST FOR PRODUCTION NO. 8:** *Withdrawn*

14 Produce records of inmate grievances, filed by inmates at the jail including but
15 not limited to:

- 16 A. Grievance Log Book
- 17 B. Grievances filed by Plaintiff including all attached pages

18 **Objection:**

19 The Court's Order of July 30, 2007, imposes a limit of 15 requests for
20 production, including subparts, on each party to any other party. The
21 preceding requests for production, including subparts, constitute 15 requests
22 for production.

23 **REQUEST FOR PRODUCTION NO. 9:** *Withdrawn*

24 Produce records of maintenance and inspection of:

- 25 A. Fire Sprinkler System
- 26 B. Plumbing
- 27 C. Security Lighting

28 ///

1 ORIGINAL of the foregoing mailed
2 this 15th day of January, 2008, to:

3 John E. Wheeler, #49345
4 ASP – Winslow
5 2100 S. Hwy 87
6 Winslow, Arizona 86047
7 Plaintiff

8 By: 

9
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CERTIFICATE OF SERVICE

I certify that I arrested JOHN EVERETT WHEELER at _____
09:55 (a.m./p.m.) on 13TH day of JANUARY, 2006, and presented him before
Judge _____,
at _____.

MOHAVE CO. S.O.
Agency

Gene Milam, F22
Deputy Sheriff/Officer

MOHAVE COUNTY



Tom Sheahan
SHERIFF

Jim McCabe
CHIEF DEPUTY

SHERIFF'S OFFICE

ARRESTEE NAME Wheeler, JOHN EVERETT RACE W SEX M DOB 1-26-60

TRANSPORTING OFFICER MILAM F22 BOOKING OFFICER _____

ARRESTING / TRANSPORTING OFFICER'S VISUAL OPINION OF ARRESTEE

1. Is the arrestee Conscious?..... YES NO
2. Does the arrestee have obvious Pain, Bleeding, or other Symptoms suggesting need for emergency treatment?..... YES NO
3. Are there visual signs of Trauma or Illness requiring immediate emergency or Doctor's care?..... YES NO
4. Is there obvious Fever, Jaundice, or Infection?..... YES NO
5. Is the skin in good condition free of Infection, or Lice?..... YES NO
6. Does the arrestee appear to be under the influence of Alcohol or Drugs?..... YES NO
7. Are there any visible signs of Alcohol / Drug withdrawal symptoms?..... YES NO
8. Does the arrestee's behavior suggest the risk of assault to staff or other arrestees?..... YES NO
9. Does the arrestee's behavior suggest the risk of suicide?..... YES NO
10. Is the arrestee carrying Medications, or report being on Medicines which should be continued?..... YES NO

CORRECTIONS OFFICER - ARRESTEE QUESTIONNAIRE

11. Are you presently taking medication for FR, Diabetes, Heart Disease, Seizures, Arthritis, Asthma, Ulcers, High Blood Pressure, or Psychiatric Disorder?..... YES NO
12. Have you recently been Hospitalized, or seen by a Medical or Psychiatric Doctor for any illness?..... YES NO LAS VEGAS
13. Are you Allergic to any medications or food? Type _____ YES NO
14. Have you recently fainted or had a Head injury?..... YES NO
15. Do you have Epilepsy?..... YES NO
16. Do you have Diabetes?..... YES NO
17. Do you have Hepatitis?..... YES NO
18. Do you have a painful Dental condition?..... YES NO
19. If Female, are you Pregnant?..... YES NO
20. Do you have any Other Medical Conditions we should be aware about?..... YES NO
Describe: R - KNEE - HIP - PELVIS

H-4
A-14 PER M5

GRIEVANCE NO. // NO. DE QUEJA
532798

INMATE GRIEVANCE. // QUEJA DE PRESO

1 INSTRUCTIONS PLEASE FILL OUT ONLY THE UNSHADED BOXES IN PART 1, AND GIVE THE COMPLETED FORM TO A CORRECTIONS OFFICER. WRITE OR PRINT CLEARLY, PRESSING HARD SO ALL COPIES CAN BE READ.
INSTRUCCIONES FAVOR DE COMPLETAR SÓLO LAS CAJAS QUE NO SON OSCURAS EN LA PARTE NO. 1 Y DAR ESTA FORMA COMPLETA A UN CARCELERO. ESCRIBA CLARAMENTE, IMPRIMIENDO CON FUERZA PARA QUE TODAS COPIAS SEAN LEGIBLES.

YOUR NAME: LAST, FIRST // SU NOMBRE: APELLIDO PATERNAL, NOMBRE
WHEELER, JOHN 254426

TODAY'S DATE // FECHA DE HOY: **03/22/06** YOUR CELL // SU CELDA: **C-24**

- PLEASE CHECK THE SUBJECTS YOU ARE WRITING ABOUT: FAVOR DE MARCAR LOS TEMAS DE LOS CUALES ESCRIBE:
- VISITS VISTAS
 - MAIL CORREO
 - HANDLING OF PROPERTY CUSTODIA DE PROPIEDAD
 - FOOD SERVICE ALIMENTACIÓN
 - INMATE PROGRAMS PROGRAMAS PARA PRESOS
 - RELIGIOUS SERVICES SERVICIOS RELIGIOSOS
 - COUNSELING SERVICES SERVICIOS DE CONSEJO
 - LIBRARY
 - MEDICAL SERVICIOS DE SALUD
 - WORK RELEASE FURLOUGH LIBERTAD CONDICIONAL O PARA TRABAJO
 - INMATE CLASSIFICATION CLASIFICACIÓN DE PRESOS
 - STAFF TREATMENT OF INMATES TRATAMIENTO DE PRESOS POR CARCELEROS
 - APPEAL GRIEVANCE
 - APPEAL HEARING
 - OTHER OTRO
 - APPEAL ADMIN/SEG

HAVE YOU TRIED TO SOLVE THIS PROBLEM BY SPEAKING WITH A CORRECTIONS OFFICER OR SUPERVISOR? YES SI NO NO

HA TRATADO DE RESOLVER EL PROBLEMA HABLANDO CON UN CARCELERO O EL ENCARGADO?

HOW DID YOU TRY TO SOLVE IT? // COMO TRATÓ DE RESOLVERLO?
Spoke to Trotter and Deputy's on Duty on 3-22-06

PLEASE DESCRIBE THE PROBLEM(S) // FAVOR DE DESCRIBIR LOS PROBLEMAS

My Requests for Photocopies and Paper, Pen, Envelopes, Postage to Prepare and file 42 USC 1983 and other Pro-Se Civil Actions has been Denied. I cannot be granted Pro-Se Status for Law Library if you prevent filing of Pro-Se Civil Action.

CHECK THIS BOX IF YOU ARE CONTINUING ON ANOTHER PAGE // MARQUE LA CAJA SI CONTINUA EN OTRA PÁGINA

PLEASE SIGN HERE // FAVOR DE FIRMAR AQUÍ: **John Wheeler**

RECEIVED BY // RECIBIDO POR: **HECKARD** 5225

DATE // FECHA: **03-22-06** TIME // HORA: **1905**

YOUR GRIEVANCE HAS BEEN RECEIVED, AND WILL BE INVESTIGATED BY THE GRIEVANCE CO-ORDINATOR. YOU WILL RECEIVE A REPLY WITHIN 7 WORKING DAYS.

SU QUEJA HA SIDO RECIBIDA, Y SERÁ INVESTIGADA POR EL ADMINISTRADOR DE QUEJAS. USTED RECIBIRÁ UNA RESPUESTA DENTRO DE 7 DÍAS DE TRABAJO.

2 INSTRUCTIONS PART 2 IS ONLY FILLED OUT BY THE GRIEVANCE CO-ORDINATOR
INSTRUCCIONES PARTE 2 SE COMPLETA SÓLO POR EL ADMINISTRADOR DE QUEJAS

GRIEVANCE RESOLUTION // RESOLUCIÓN DE QUEJA:

As per our discussion about this on several occasions, I have no paperwork saying you are PRO-SE or pro-per. As the attached policy that states you must be pro per by the courts to use the library at your convenience. The library is a privilege - not a right.

CHECK THIS BOX IF YOU ARE CONTINUING ON ANOTHER PAGE // MARQUE LA CAJA SI CONTINUA EN OTRA PÁGINA

GRIEVANCE CO-ORDINATOR // ADMINISTRADOR DE QUEJAS: **A. Trotter 5149**

DATE // FECHA: **4-5-06**

Wheeler

IF YOU FEEL THAT THIS GRIEVANCE RESOLUTION IS NOT ACCEPTABLE, YOU MAY APPEAL IT TO THE COMMANDER OF ADMINISTRATION AND SUPPORT SERVICES OR DESIGNEE. YOUR APPEAL MUST FULLY DESCRIBE WHY YOU THINK THE GRIEVANCE CO-ORDINATOR'S RESOLUTION WAS NOT ACCEPTABLE. THE DECISION MADE BY THE COMMANDER OF ADMINISTRATION AND SUPPORT SERVICES OR DESIGNEE IS FINAL. IT CANNOT BE APPEALED.

SI USTED NO ACEPTA ESTA RESOLUCIÓN DE QUEJA, PUEDE APELARLA AL GERENTE DE ADMINISTRACIÓN Y SERVICIOS DE APOYO. SU APELACIÓN DEBE DESCRIBIR COMPLETAMENTE LAS RAZONES PORQUE NO PUDO ACEPTAR LA RESOLUCIÓN DEL ADMINISTRADOR DE QUEJAS. LA DECISIÓN DEL GERENTE DE ADMINISTRACIÓN Y SERVICIOS DE APOYO ES FINAL. NO PUEDE SER APELADA.

DISTRIBUTION OF THIS FORM: WHITE: PRISONER MANAGEMENT MASTER FILE; YELLOW: COPY TO INMATE WHEN GRIEVANCE RESOLVED; PINK: COPY TO INMATE WHEN GRIEVANCE DENIED

DISTRIBUCIÓN DE ESTA FORMA: BLANCA: ARCHIVO PRINCIPAL EN PRISONER MANAGEMENT; AMARILLA: COPIA AL PRESO CUANDO SOMETE LA QUEJA

3122 00011

PER J21

GRIEVANCE NO. // NO. DE QUEJA
528339

INMATE GRIEVANCE. // QUEJA DE PRESO

1 INSTRUCTIONS PLEASE FILL OUT ONLY THE UNSHADED BOXES IN PART 1, AND GIVE THE COMPLETED FORM TO A CORRECTIONS OFFICER. WRITE OR PRINT CLEARLY, PRESSING HARD SO ALL COPIES CAN BE READ.
INSTRUCCIONES FAVOR DE COMPLETAR SÓLO LAS CAJAS QUE NO SON OSCURAS EN LA PARTE NO. 1. Y DAR ESTA FORMA COMPLETA A UN CARCELERO. ESCRIBA CLARAMENTE, IMPRIMIENDO CON FUERZA PARA QUE TODAS COPIAS SEÁN LEGIBLES.

YOUR NAME: LAST, FIRST // SU NOMBRE: APELLIDO PATERNAL, NOMBRE
 TODAY'S DATE // FECHA DE HOY: YOUR CELL // SU CELDA:

PLEASE CHECK THE SUBJECTS YOU ARE WRITING ABOUT:
 FAVOR DE MARCAR LOS TEMAS DE LOS CUALES ESCRIBE:

139795

VISITS VISTAS
 MAIL CORREO
 HANDLING OF PROPERTY CUSTODIA DE PROPIEDAD
 FOOD SERVICE ALIMENTACIÓN

INMATE PROGRAMS PROGRAMAS PARA PRESOS
 RELIGIOUS SERVICES SERVICIOS RELIGIOSOS
 COUNSELING SERVICES SERVICIOS DE CONSEJO
 LIBRARY

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 STAFF TREATMENT OF INMATES TRATAMIENTO DE PRESOS POR CARCELEROS

APPEAL GRIEVANCE
 APPEAL HEARING
 OTHER OTRO
 APPEAL ADMINSEG

HAVE YOU TRIED TO SOLVE THIS PROBLEM BY SPEAKING WITH A CORRECTIONS OFFICER OR SUPERVISOR?
 HA TRATADO DE RESOLVER EL PROBLEMA HABLANDO CON UN CARCELERO O EL ENCARGADO?

YES SI
 NO

HOW DID YOU TRY TO SOLVE IT? // COMO TRATÓ DE RESOLVERLO?
 3-1-06 Talked to C/O. [Signature]

PLEASE DESCRIBE THE PROBLEM(S) // FAVOR DE DESCRIBIR LOS PROBLEMAS

I have been moved to a 4 Man Cell which holds 6 inmates - 2 of which sleep on floor including myself. We do not have adequate cleaning supplies for clean linen - clothing and the Jail is overcrowded we also have the books for

CHECK THIS BOX IF YOU ARE CONTINUING ON ANOTHER PAGE // MARQUE LA CAJA SI CONTINUA EN OTRA PÁGINA

PLEASE SIGN HERE // FAVOR DE FIRMAR AQUI:
 X [Signature]

RECEIVED BY // RECIBIDO POR: [Signature]
 SHIFT DATE // FECHA: [Blank]
 TIME // HORA: [Blank]

YOUR GRIEVANCE HAS BEEN RECEIVED, AND WILL BE INVESTIGATED BY THE GRIEVANCE CO-ORDINATOR. YOU WILL RECEIVE A REPLY WITHIN 7 WORKING DAYS.
 SU QUEJA HA SIDO RECIBIDA, Y SERÁ INVESTIGADA POR EL ADMINISTRADOR DE QUEJAS. USTED RECIBIRÁ UNA RESPUESTA DENTRO DE 7 DÍAS DE TRABAJO.

2 INSTRUCTIONS PART 2 IS ONLY FILLED OUT BY THE GRIEVANCE CO-ORDINATOR
INSTRUCCIONES PARTE 2 SE COMPLETA SÓLO POR EL ADMINISTRADOR DE QUEJAS

GRIEVANCE RESOLUTION // RESOLUCIÓN DE QUEJA:

AS PER OUR DISCUSSION, WE ARE DOING THE BEST WE CAN. WE ARE AWARE OF THE CROWDED CONDITIONS. IF YOU NEED MORE CLEANING SUPPLIES, ASK THE OFFICERS. YOUR LOCKDOWN FOR SMU STATUS IS FOR 14 DAYS PER THE CAPTAIN AND WILL BE REEVALUATED AT THAT TIME.

CHECK THIS BOX IF YOU ARE CONTINUING ON ANOTHER PAGE // MARQUE LA CAJA SI CONTINUA EN OTRA PÁGINA

GRIEVANCE CO-ORDINATOR // ADMINISTRADOR DE QUEJAS:
 [Signature] N149

DATE // FECHA:
 3-7-06 [Signature]

IF YOU FEEL THAT THIS GRIEVANCE RESOLUTION IS NOT ACCEPTABLE, YOU MAY APPEAL IT TO THE COMMANDER OF ADMINISTRATION AND SUPPORT SERVICES OR DESIGNEE. YOUR APPEAL MUST FULLY DESCRIBE WHY YOU THINK THE GRIEVANCE CO-ORDINATOR'S RESOLUTION WAS NOT ACCEPTABLE. THE DECISION MADE BY THE COMMANDER OF ADMINISTRATION AND SUPPORT SERVICES OR DESIGNEE IS FINAL. IT CANNOT BE APPEALED.
 SI USTED NO ACEPTA ESTA RESOLUCIÓN DE QUEJA, PUEDE APELARLA AL GERENTE DE ADMINISTRACIÓN Y SERVICIOS DE APOYO. SU APELACIÓN DEBE DESCRIBIR COMPLETAMENTE LAS RAZONES PORQUE NO PUDO ACEPTAR LA RESOLUCIÓN DEL ADMINISTRADOR DE QUEJAS. LA DECISIÓN DEL GERENTE DE ADMINISTRACION Y SERVICIOS DE APOYO ES FINAL. NO PUEDE SER APELADA.

DISTRIBUTION OF THIS FORM
 WHITE: PRISONER MANAGEMENT MASTER FILE
 YELLOW: COPY TO INMATE WHEN GRIEVANCE RESOLVED

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 BLANCA: ARCHIVO PRINCIPAL EN PRISONER MANAGEMENT
 AMARILLA: COPIA AL PRESO CUANDO SOMETE LA QUEJA

3122 00047

Event Number: 520461
Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 18:21:34 01/13/06 Treatment Date:
Type of event: IMB Inmate Booking
Quantity: 0.00
Officer: Dusho, S.
Booking Number: 139795
Description:

Arrived at jail 15:37:00 01/13/06
Event Number: 520462
Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 18:21:34 01/13/06 Treatment Date:
Type of event: ICC Inmate Cell Change
Quantity: 0.00
Officer: Dusho, S.
Booking Number: 139795
Description:

Assigned to location `MCSO-JAIL-HOLD-H-4 -23`
Event Number: 520724
Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 17:01:49 01/15/06 Treatment Date:
Type of event: ICC Inmate Cell Change
Quantity: 0.00
Officer: Hammontree, S
Booking Number: 139795
Description:

Reassigned from `MCSO-JAIL-HOLD-H-4 -23` to `MCSO-JAIL-CPOD-C11 -3`

Event Number: 503331
Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 20:20:23 09/13/05 Treatment Date:
Type of event: IMB Inmate Booking
Quantity: 0.00
Officer: Quackenbush, C.
Booking Number: 135538
Description:

Arrived at jail 16:37:00 09/13/05

Event Number: 503332
Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 20:20:23 09/13/05 Treatment Date:
Type of event: ICC Inmate Cell Change
Quantity: 0.00
Officer: Quackenbush, C.
Booking Number: 135538
Description:

Assigned to location `MCSO-JAIL-HOLD-H-4 -21`

Event Number: 503417
Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 11:13:03 09/14/05 Treatment Date:
Type of event: ICC Inmate Cell Change
Quantity: 0.00
Officer: Hammontree, S
Booking Number: 135538
Description:

Reassigned from `MCSO-JAIL-HOLD-H-4 -21` to `MCSO-JAIL-DPOD-DR -12`

Event Number: 502932
Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 02:48:41 09/11/05 Treatment Date:
Type of event: IMB Inmate Booking
Quantity: 0.00
Officer: Young, C.
Booking Number: 135431
Description:

Arrived at jail 01:05:00 09/11/05
Event Number: 502933
Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 02:48:41 09/11/05 Treatment Date:
Type of event: ICC Inmate Cell Change
Quantity: 0.00
Officer: Young, C.
Booking Number: 135431
Description:

Assigned to location `MCSO-JAIL-HOLD-H-4 -16`
Event Number: 502994
Name ID: 254426

Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

Time/Date of Event: 12:52:21 09/11/05 Treatment Date:
Type of event: ICC Inmate Cell Change
Quantity: 0.00
Officer: Byas, B.
Booking Number: 135431
Description:

Reassigned from `MCSO-JAIL-HOLD-H-4 -16` to `MCSO-JAIL-CPOD-C21 -5`

Booking Number: 130774

Agency: MOH

+ - Inmate: 254426

Lst: WHEELER	Fst: JOHN	Mid: EVERETT
B: 01/26/60	SSN: 527-47-9536	Adr& 3997 HEARNE AVENUE
Rac: W Sx: M Male ()	Cty: KINGMAN	ST: AZ Zip: 86401

Assigned Housing: - - - -
 Current Location: - - - - Belong: Temp:
 Booking Date: 05/12/05

Property Withheld: 130774	Initial Inmate Assessment: 130774
Medical Screening:	Medical History:
Risk Assessment:	Required Medications:
Arrest & Offenses: 130774	Property Issued:
Cash Account:	Holds:
Jail Log Records: 130774	Scheduled Events:
Medical Events:	Scheduled Commitments:
Intake/Release: 130774	Active: 2 Here: 0

Comments:

=====

INVOLVEMENTS:

Type	Record #	Date	Description	Relationship
LW	05-016754	05/12/05	Fraud	*Arrest/Offense
NM	254426	/ /	WHEELER, JOHN EVERETT	*Arrested

Inmate Property Taken:

Item	Description	Qty	In	Date Rcvd	Loctn	Csh	Receipt #
SHIRT	BLACK	1.00			283	N N	136419
SHORTS	BLUE	1.00			283	N N	136419
UNDERWEAR	BLACK	1.00			283	N N	136419
SOCKS	WHITE	2.00			283	N N	136419
BOOTS	BROWN	2.00			283	N N	136419
BELT	BLACK	1.00			283	N N	136419

Initial Inmate Assessment:

Added By: 210 Modified By: 210

Added When: 13:54:11 05/14/05 Modified When: 13:59:25 05/14/05

NO MEDS, NO ENEMIES, DOC- COUPLE OF TIMES FOR ABOUT TWO YEARS A PIECE. INMATE CLASSIFIES TO DPOD BUT WILL BE UPGRADED TO CPOD DUE TO OVERCROWDING

Part One: Ask the inmate the following questions and record the answers:

1. Is this your first time in jail?N
2. Is this your first arrest?N

3. Are there any other issues going on other than what you are in here for that you are concerned about?N
4. Have you ever attempted suicide? N If yes, when and how?
5. In the last six months, have you experienced:
Job Loss, Arrest of a loved one, Death of a loved one, Marital Separation or Divorce?N
6. Do you have any co-defendants in this case?N
7. Do you have any enemies in this facility that you can not be house with?N
8. Do you have any physical handicaps which would restrict you from being housed in a top bunk or upstairs?N
9. Do you have any allergies to food? If yes, when were you diagnosed and who was the doctor that diagnosed you with this allergy?N
10. Have you ever in your lifetime been affiliated with any Gang? If yes, who and how long ago?N

Applies to those between the ages of 18 and 21:

Have you ever been tested and found in need of special education?

If yes, have you received a GED or High School Diploma?

If no, notify Mike Kitchen at extension 4455.

Part Two: Record the following observations:

1. Is the person drug or alcohol intoxicated?N
2. Does the person display incoherent or withdrawn behavior?N
3. Is the person's behavior violent, assaultive or hostile?N
4. Is the person uncooperative?N
5. Is the person anxious, afraid?N
6. Does the person understand questions?Y
7. Does the person display bizarre behavior?N

1. Current Offense Assaultive / Felony
If yes, proceed to question #2 If no, proceed to question #4
2. Prior Assaultive Felony Convictions
If yes, proceed to question #3 If no, proceed to question #5
3. Known Past/Present Serious Institutional Behavior Problems
If yes, house in A-pod If no, house in B-pod
4. Prior Assaultive Felony Convictions
If yes, proceed to question #5 If no, proceed to question # 6
5. Escape History (Secure Facility)
If yes, house in B-pod If no, proceed to question #7
6. Escape History (Secure Facility)
If yes, proceed to question #7 If no, proceed to question # 8
7. Known Past/Present Institutional Behavior Problems
If yes, house in B-pod If no, house in C-pod
8. Three (3) or more Felony Convictions in last Six (6) years
If yes, proceed to question #9 If no, proceed to question #10
9. Known Past/Present Institutional Behavior Problems
If yes, house in C-pod If no, house in D-pod
10. Detainer Warrants / Pending Charges
If yes, return to question #9 If no, proceed to question #11
11. Known Past/Present Institutional Behavior Problems
If yes, house in D-pod If no, proceed to question #12
12. DOC Sentenced
If yes, house in E-pod If no, proceed to question #13
13. Current Offenses (Felony or Misdemeanor)
If Felony, proceed to question #14
If Misdemeanor, proceed to question #16
If Pre-Sentence, proceed to question 15
14. Family Ties / Employment
If yes, house in G-pod (min) If no, house in F-pod
15. Pre-Sentence / Family Ties / Local
If yes, house at Janx (Pre-sentence side)
16. Family Ties / Employment
If yes, house at Janx If no, house in G-pod

**Females who fall in A-F house in W-71

**Females who fall in G-Janx house in K-pod

3122 00220

OV(IDE REASON: (If housing inmate in other area than they classify to)

Officer Name BYAS J# 220 Date 051405

INAMTE HAS AN ATTITUDE AND IS VERY SHORT WITH HIS ANSWERS, HE LIED ABOUT EVER BEING ARRESTED AND HAVING ANY TATTOOS

Offenses Information:

+ Arrest Number: -----+
Time/Date: 18:30:00 05/12/05 Agency: MOH Age at Arst:
Location: 3997 HEARNE Officer: Parker, S. Arrest Type: CUST
Area: BUTL Reference: 05-016754 Disposition:
-----+
Bonds/Fees/fines/Rest/Other: Sentenced: Offense Number: 236559
Local ID: TN Suffix:
Statute: ARS13-1506A1 BURGLARY 3RD DEG-UNLA NCIC:
Offense: BRUE Burglary, Resident, Unlawf Reference: 05-016754
Offense Type: AZ State Statute Area: BUTL
Crime Class: F Felony Related Incident: 05-016754
Jurisdiction: ARS ARIZONA REVISED STAT Entry Code: CRIM
Location: 3997 HEARNE Court Code: KJC
Occurred: 18:30:00 05/12/05 Judicial Status: PRP
Billing Agency: NONE Prosecutor Agency:
Billing Beg: : : / / Disposition: Date: / /
End: : : / / Sentencing Judge:
Alcohol/Drug: Sent. Components:
Comments: (None) Sentenced: : : / /

+ Arrest Number: -----+
Time/Date: 18:30:00 05/12/05 Agency: MOH Age at Arst:
Location: 3997 HEARNE Officer: Parker, S. Arrest Type: CUST
Area: BUTL Reference: 05-016754 Disposition:
-----+
Bonds/Fees/fines/Rest/Other: Sentenced: Offense Number: 236558
Local ID: TN Suffix:
Statute: ARS13-1802A2 THEFT-UNAUTH SERVICE/ NCIC:
Offense: TPOT Theft, Property, Other Reference: 05-016754
Offense Type: AZ State Statute Area: BUTL
Crime Class: F Felony Related Incident: 05-016754
Jurisdiction: ARS ARIZONA REVISED STAT Entry Code: CRIM
Location: 3997 HEARNE Court Code: KJC
Occurred: 18:30:00 05/12/05 Judicial Status: PRP
Billing Agency: NONE Prosecutor Agency:
Billing Beg: : : / / Disposition: Date: / /
End: : : / / Sentencing Judge:
Alcohol/Drug: Sent. Components:
Comments: (None) Sentenced: : : / /

Event Number: 484586
Name ID: 254426

-----+-----
Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536
-----+-----

Time/Date of Event: 21:45:10 05/12/05 Treatment Date:

Type of event: IMB Inmate Booking

Quantity: 0.00

Officer: Dusho, S.

Booking Number: 130774

Description:

Arrived at jail 18:30:00 05/12/05

Event Number: 484587

Name ID: 254426

-----+-----
Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536
-----+-----

Time/Date of Event: 21:45:10 05/12/05 Treatment Date:

Type of event: ICC Inmate Cell Change

Quantity: 0.00

Officer: Dusho, S.

Booking Number: 130774

Description:

Assigned to location `MCSO-JAIL-HOLD-H-4 -17 '.

Event Number: 484864

Name ID: 254426

-----+-----
Last: WHEELER First: JOHN Mid: EVERE
Addr& 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536
-----+-----

Time/Date of Event: 14:02:23 05/14/05 Treatment Date:

Type of event: ICC Inmate Cell Change

Quantity: 0.00

Officer: Byas, B.

Booking Number: 130774

Description:

Reassigned from `MCSO-JAIL-HOLD-H-4 -17 ' to `MCSO-JAIL-CPOD-C11 -2 '.

06/21/07
14:21

Mohave County Sheriff's Office
Jail Log:

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Page: 1

Event Number: 532797
Name ID: 254426

Inactive

+--Last:-WHEELER-----First:-JOHN-----Mid:-EVERE--+
| Addr= 3997 HEARNE AVENUE Phone: () -
| City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-11:49:04-04/05/06-----Treatment-Date:-----+
Type of event: APL GRIEVANCE APPEAL
Quantity: 0.00
Officer: Cook, S.
Booking Number: 139795
Description:
(See below)

=====

Description:

GRIEVANCE APPEAL- ANSWERED BY CPATAIN BROWN ON 03/27/06. "THIS GRIEVANCE DOES INDICATE A REQUESTED SOLUTION TO YOUR CONCERN. MOHAVE COUNTY IS IN THE PROCESS OF NEEDS ASSESSMENT, SITE SELECTION, AND DESIGN TO BUILD A NEW JAIL FACILITY WHICH WILL ADDRESS OVERCROWDING ISSUES. C-POD IS VASTLY AWARE OF THE DAMAGE THE IN TES CAoused TO THAT POD WHICH PROMPTED A 14 DAY LOCKDOWN.

06/21/07
14:24

Mohave County Sheriff's Office
Jail Log:

Arrest Number: 528339
Name ID: 254426

Inactive

+--Last:-WHEELER-----First:-JOHN-----Mid:-EVERE--+
Addr= 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-14:24:40-03/06/06-----Treatment-Date:-----+
Type of event: IGR INMATE GRIEVANCE RECEIVED
Quantity: 0.00
Officer: Cook, S.
Booking Number: 139795
Description:-
(See below)

= = = = =

Description:

AUTHORIZED BY J-210. SUBMITTED BY UNKNOWN. INMATE CLAIMS "THAT ON 03/01/06 TALKED TO OFC HILDERBRAND." "I HAVE BEEN MOVED TO A 4 MAN CELL WHICH HILDS 6 INMATES. 2 OF WHICH SLEEP ON FLOOR INCLUDING MYSELF. WE ARE NOT GIVEN ADEQUATE CLEANING SUPPLIES OR CLEAN LINEN-CLOTHING AND THE JAIL IS OVERCROWDED WE ALSO HA NO BOOKS OR" THIS GRIEVANCE IS CONTINUED ON AN ATTACHED PAGE. INMATE HAS A LIST OF 16 COMPLAINTS-----
" #1 THE JAIL IS OVERCROWDED, UNSAFE AND WE ARE NOT PROVIDED CLEAN LINEN OR CLOTHES-BEDDING ON REGULAR SCHEDULE PURSUANT TO INMATE HANDBOOK. #2 THE POD T.V. VOLUME CONTROL IS STUCK FULL VOLUM CAUSING EXCESSIVE NOISE. #3 WE ARE NOT GIVEN REGULAR OUTSIDE RECREATION. #4 WE ARE NOT PROVIDED INSIDE RECREATION MATERIALS. #5 WE ARE NOT PROVIDED LIBRARY BOOKS #6 WE ARE NOT PROVIDED REGULAR BARBER OR HAIR CLIPPERS #7 MY MEDICAL ORTHOPEDIC REQUESTS HAVE BEEN IGNORED CAUSING SEVER JOINT PAIN. #8 THE FOOD IS SERVED COLD ON A REGULAR BASIS. #9 WE ARE NOT PROVIDED ADQUATE CLEANING SUPPLIES AND STAFF INFECTIONS RUN RAMPANT. #10 I HAVE BEEN PLACED IN A OVERCROWDED CELL ON 14 DAY LOCKDOWN SLEEPING ON THE FLOOR. #11 I AM NOT PROVIDED LAW LIBRARY ACCESS TWICE WEEKLEY. #12. INMATES ON PROTECTIVE CUSTODY STATUS ARE HOUSED IN GENERAL POPULATION CAUSING HEALTH AND SAFETY CONCERNS DUE TO INMATES DISLIKE OF BEING HOUSED TOGATHER WITH PROTECTIVE CUSTODY INMATE. #13 INMATE RELIGIOUS DIET REQUESTS ARE NOT PROVIDED #14 I AM BEING HELD ON A 14 DAY LOCKDOWN IN A CELL DESIGNED FOR TWO MEN OVERCROWDED HOLDING 6 MEN MYSELF AND OTHERS SLEEPING ON THE FLOOR WITH INADIQUET VENTILATION AND EXCESSIVE HEAT. #15 CELLBLOCK C IS BEING HELD ON 14 DAY LOCKDOWN FOR GROUP PUNISHMENT #16 THE POD OVERCROWDING PROVIDES INADIQUET TABLESPACE FOR MEDS AND BASIC NEEDS."

06/21/07
14:33

Mohave County Sheriff's Office
Jail Log:

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Page: 1

Event Number: 528338
Name ID: 254426

Inactive

+Last:-WHEELER-----First:-JOHN-----Mid:-EVERE-+
Addr= 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-14:21:57-03/06/06-----Treatment-Date:-----+
Type of event: IGR INMATE GRIEVANCE RECEIVED
Quantity: 0.00
Officer: Cook, S.
Booking Number: 139795
Description: .
(See below)

=====

Description:

AUTHORIZED BY J-UNKNOWN. SUBMITTED BY UNKNOWN. FOOD SERVICE COMPLAINT. INMATE CLAIMS "THE FOOD ON DIET TRAYS IS SERVED COLD. THE PORTIONS ON THE DINNER TRAYS ARE NOT RIGHT IN COMPARRISON TO REGULAR, DIET "

THIS GRIEVANCE IS NOT TO FINISH PROCESSING. NO SIGNATURE FROM OFFICER, NO AUTHORIZATION FROM SUPERVISOR. J-172.

06/21/07
14:34

Mohave County Sheriff's Office
Jail Log:

276
Page: 1

Print Number: 528779
Name ID: 254426

Inactive

+--Last:--WHEELER-----First:--JOHN-----Mid:--EVERE--+
Addr= 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-15:28:36-03/09/06-----Treatment-Date:-----+
Type of event: IGR INMATE GRIEVANCE RECEIVED
Quantity: 0.00
Officer: Cook, S.
Booking Number: 139795

Description:
AUTHORIZED BY J-221. SUBMITTED BY J-206. INMATE APPEAL TO GRIEVANCE #528339.
INMATE STATES "I HAVE BEEN PLACED IN AD SEG W/O DUE PROCESS OF LAY. MY
GRIEVANCE #528339 HAS A LIST OF HEALTH AND SAFETY CONCERNS AND OVERCROWDING
ISSUES THAT HAVE NOT BEEN ADDRESSED, THAT WERE LISTED ON A CONTINUING PAGE."

= = = = =

06/21/07
14:34

Mohave County Sheriff's Office
Jail Log:

Print Number: 532798
Name ID: 254426

Inactive

+Last:-WHEELER-----First:-JOHN-----Mid:-EVERE--+
Addr= 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-11:53:22-04/05/06-----Treatment-Date:-----+
Type of event: IGR INMATE GRIEVANCE RECEIVED
Quantity: 0.00
Officer: Cook, S.
Booking Number: 139795
Description:
(See below)

=====

Description:
AUTHORIZED BY M-5. SUBMITTED BY J-225. INMATE WHEELER HE ATTEMPTED TO SPEAK TO TROTTER, AND DEPUTY'S ON DUTY ON 03-22-06. INMATE FURTHER CLAIMS "MY REQUESTS FOR PHOTOCOPIES AND PAPER, PEN, ENVELOPES, POSTAGE TO PREPARE AND FILE 42 USC 1983 AND OTHER PRO-SE CIVIL ACTIONS HAS BEEN DENIED. I CANNOT BE GRANTED PRO-SE STIPULATIONS FOR LAW LIBRARY OF YOU PREVENT FILING OF PRO-SE CIVIL ACTION."

06/21/07
14:37

Mohave County Sheriff's Office
Jail Log:

Arrest Number: 596039
Name ID: 254426

Inactive

+--Last:-WHEELER-----First:-JOHN-----Mid:-EVERE--+
Addr= 3997 HEARNE AVENUE Phone: () -
City: KINGMAN ST: AZ Zip: 86401 DOB: 01/26/60 SSN: 527-47-9536

+Time/Date-of-Event:-10:35:12-04/17/07-----Treatment-Date:-----+
Type of event: INC INCIDENT REPORT
Quantity: 0.00
Officer: Cook, S.
Booking Number: 139795
Description:
(See below)

=====

Description:

SUB BY LANCASTER J207 APP BY SGT RICHARDSON J230; ON 040506 AT APPROX 1300 HOURS I OFFICER LANCASTER J207 WAS WORKING CONTROL III WHEN INMATE WHEELER, JOHN IN C-POD STATED HE WAS ROLLING OUT. OFFICERS WARREN J191 AND COREY J177 PULLED INMATE WHEELER OUT OF C-POD. WHEN INMATE WHEELER WAS QUESTIONED, HE STATED THAT IF HE DIDN'T ROLL OUT THAT C-POD WOULD RIOT. I ASKED HIM WHY AND HE STATED THAT THERE WAS A CERTAIN INMATE IN THE POD THAT HE WAS HAVING PROBLEMS WITH AND THAT THERE WERE TWO GROUPS OF WHITES AGAINST EACH OTHER. INMATE WHEELER WAS PLACED IN THE YARD. SGT RICHARDSON J230 WAS NOTIFIED. INMATE WHEELER WAS TAKEN TO HOLDING FOR RECLASSIFICATION.



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Wheeler Date of Request: 5-4-06
ID # 254426 Date of Birth: 1-16-60 Location: A
Nature of problem or request: My I have been Placed on Sick Call
for 3 Different Requests But have not been Called for Sick
Call Why

Wheeler
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 5-7-06
Time: 0730
Receiving Nurse Initials LY

(S)ubjective:

Placed on Sick Call

(O)bjective

List

Linda

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

3122 00253

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Wheeler Date of Request: 4/11/06
ID # 254426 Date of Birth: 1-26-60 Location: A-Pod

Nature of problem or request:
Anxiety I have severe stress and cannot sleep

Signature: Wheeler

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: ___ AM PM
Allergies: _____

RECEIVED
Date: 4-12-06
Time: 2300
Receiving Nurse Initials [Signature]

(S)ubjective:

(O)bjective

sick call scheduled

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

3122 00254

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

A

Print Name: J. Wheeler Date of Request: 4-8-06
 ID # 254426 Date of Birth: 1-26-60 Location: A-Pod
 Nature of problem or request: Please Return my Diet
Refill Percocet to Vega - Vegetarian
Wheeler
 Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
 Time: _____ AM PM
 Allergies: _____

RECEIVED
Date: <u>4-10-06</u>
Time: <u>0800</u>
Receiving Nurse Initials <u>MS</u>

(S)ubjective:

Contact Captain Brown

(O)bjective

about your diet. Medical
is out of the picture,

(A)ssessment:

As for Renewal of Percocet
Will schedule you for next

(P)lan:

available sick call,

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
 If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

M. Garcia
 SIGNATURE AND TITLE



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Wheeler Date of Request: _____
ID # 254421 Date of Birth: 1-26-60 Location: 0
Nature of problem or request: Psych. I need to see
psych. I have severe depression

Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective: JOHN -

UPON MEDICAL INTAKE

(O)bjective YOU DID DENIED ANY HISTORY
OF MENTAL ILLNESS?

(A)ssessment: I AM CONFUSED.

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

LARRY, LMFT

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

3122 00257

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

C

Print Name: Wheeler Date of Request: _____
 ID # 254426 Date of Birth: 1-26-60 Location: C
 Nature of problem or request: My Orthopedic Dr
was from UNLV MC Nevada
Please allow me My Shoes
 Signature: Wheeler

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
 Time: _____ AM PM
 Allergies: _____

RECEIVED
Date: 3/29/06
Time: 1000
Receiving Nurse Initials <u>ms</u>

(S)ubjective:

Need a doctors order

(O)bjective

We examined your shoes

(A)ssessment:

there is no orthotics in them, they are just regular

(P)lan:

Casual shoes, sign a release of information to get the order from Nevada that prescribed your shoes and there should be no problem

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
 If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

3122 00260

Morgan
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
 YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

MOHAVE COUNTY JAIL INMATE REQUEST FORM

DATE: 03-14-06 NAME: WHEELER, JOHN CELL #: C-24

JAIL COMMANDER: CPT. BROWN

JAIL SUPERVISOR:

SHIFT SUPERVISOR:

OTHER:

ATTORNEY:

COURT:

PROBATION:

RELEASE PROPERTY:

REQUEST: I have Severe Pain Due to Denial of Ortho Pedic Shoes in Property. I had Knee Reconstruction and Hip Injury Due to Broken Pelvis. Please allow me the Shoes in Property or Alternative Means of Foot & Joint Support.

OFFICER RECEIVING REQUEST: D. HECKARD 5-225 03-14-06
ACTION TAKEN BY: Capt Brown
ACTION TAKEN: Please fill out a medical file. If the jail physician says you must have these shoes, it will be approved.

REVIEWED BY:

INMATE SIGNATURE (AFTER ACTION): DATE:

MOHAVE COUNTY JAIL INMATE REQUEST FORM

DATE: 3/24/06 NAME: WHEELER, JOHN CELL #: C-24

JAIL COMMANDER:

JAIL SUPERVISOR:

SHIFT SUPERVISOR:

OTHER: X CPL REILEY

REQUEST:

ATTORNEY:

COURT:

PROBATION:

RELEASE PROPERTY:

Here is Capt. Browns Response Sick Call told me to have your Remove Shoes from Property

OFFICER RECEIVING REQUEST: NM 3193 3/24/06
ACTION TAKEN BY:
ACTION TAKEN: Who is your Orthopedic doctor that ordered regular Brown shoes in your Property, those are not special shoes
INMATE SIGNATURE (AFTER ACTION):

REVIEWED BY:



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

C

Print Name: Wheeler Date of Request: 3-24-06
ID # 254476 Date of Birth: 1-26-60 Location: C

Nature of problem or request: I was on pain medications prior to my arrest for severe joint pain which have my pain medications been denied Vicodin and soma. I have severe pain. Wheeler

Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: ___ AM PM
Allergies: _____

RECEIVED
Date: 3-24-06
Time: 1400
Receiving Nurse Initials CRRK

(S)ubjective:

You ARE on 1st AVAILABLE

(O)bjective

NURSE SICK CALL

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

3122 00263

Catherine RN

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: John Wheeler Date of Request: 3-10-06
ID # 254476 Date of Birth: 1-26-60 Location: C

Nature of problem or request: Broken Tooth Needs Fix
Extreme Pain

Wheeler
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: 3-11-06
Time: 1400
Receiving Nurse Initials EGK

(S)ubjective:

(O)bjective

goin,

I HAVE YOU ON 1ST PRIORITY

(A)ssessment:

SICK CALL LIST

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

3122 00265

Latino RN
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

C

Print Name: Wheeler Date of Request: 3-18-06
ID # 254426 Date of Birth: 1-26-60 Location: C

Nature of problem or request: Capt. Brown assured me that
Pedic shoes in my property. I have severe pain
Due to knee reconstruction and fractured kelvis
Please give med. permission for shoes
Wheeler

Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: ___ AM PM
Allergies: _____

RECEIVED
Date: 3-20-06
Time:
Receiving Nurse Initials _____

(S)ubjective: Contact: Corporal Riley

(O)bjective: Medical doesn't get in
Inmates properly

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

J

Print Name: Whelan Date of Request: 3-1-06

ID # 254426 Date of Birth: _____ Location: J

Nature of problem or request: My eye glasses were broken by shakedown while being showered down (also I have severe joint pain need ortho pedic shoes on property.

Whelan
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: 3-3-06
Time: 2300
Receiving Nurse Initials MS

(S)ubjective: Sorry can't have orthopedic shoes for joint pain, who broke your glasses??

(O)bjective

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()
If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

Manson
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

3122 00270

Mohave County
Progress Notes

NKA

Name: Wheeler John D.O.B. 1-26-60 SS# unkn

Date	Time	Notes
1-27-06	0815	Ref NSC Z Jaber UPA
2-27-06	1020	TO NSC re 6 skin infection
	0915	
	P-67	
	T-035	
	R-20	
		<p>O: (6) First finger 2cm cut - I/M reports purulent drainage & drainage @ this time and suprapubic area approx 6cm in diam & 6-8 lesions. VSS afebrile</p> <p>A: Aft in Conf Aft in skin integ</p> <p>P: See M.D orders for med's Cleansed open areas & H₂O₂ Covered & Silvadene + Gauze Placed on Wnd Care Placed order & SC Pharm.</p> <p>Z Jaber UPA</p>
2/04/05 2000		<p>I/M caught "cheeky" his meds - I/M took spit med out at office when told to swallow his medication - possible that he has been non-compliant & medication to plan for several med passes. B. Gray M</p>
3/16/06	1015	See Dental protocol
		Z Jaber UPA
3/24/06	0930	TO NSC for Wt. V Z Jaber UPA
	1985	
	81P 11/08	
	P-67	
	T-054	



PRISON HEALTH SERVICES, INC.
TREATMENT PROTOCOLS
NSC
JOINT PAIN

S: Ask patient and document the following:

1. Any recent/old trauma? If so, when and what type?
2. Any pain with weight bearing – non weight bearing?
3. Family history of arthritis or other connective tissue disease?
4. History of Sickle Cell disease?

1980 knee reconstruction
for pelvis

O: Examine the patient:

1. Temp 99.4, Pulse 72, Resp 18, BP 102/64, Wt 183#
2. Joint hot, swollen?
3. Crepitus on motion?
4. Joint deformity, loss of motion, discoloration?

A/P: Treatment:

Refer to MD

Any loss of ROM, swollen/hot joint, crepitus, temperature 101F degrees.

When No MD Referral

1. Tylenol 650mg BID-TID po or Motrin 400mg BID-TID po X 14 days.
2. Percogesic i or ii PO BID-TID x 4 days

Patient Teaching:

1. Rest affected joint(s).
2. Keep elevated if possible.
3. Medication use.
4. Importance of return to sick call if problems continue or worsen.

MD Signature

1-3-03

Date

3122 00274

<u>Wheeler John</u>	<u>01-26-60</u>		<u>NKA</u>
Inmate Name	DOB	Number	Allergies



MASTER PROBLEM LIST

Name: <i>Wheeler John</i>		SSN: <i>unk</i>		DOB: <i>1-26-60</i>	
Allergies: <i>NKA</i>					
Test	Date	Results	Other Tests	Date	Results
PPD					
CXR					
Tetanus					
PAP					
HIV					
STD/type					

CHRONIC PROBLEM LIST

Date Identified	Problem Letter	Chronic (long-term) Condition

TEMPORARY PROBLEM LIST

Problem #	Problem	Date of each occurrence						
<i>1</i>	<i>skin infection</i>	<i>6/27/06</i>						
<i>#2</i>	<i>dental</i>	<i>3/16/06</i>	<i>4/1/06</i>					
<i>#3</i>	<i>joint pain</i>	<i>4/1/06</i>						

WT, 202
HT 5'10"



RECEIVING SCREENING

LAST NAME <u>wheeler</u>	FIRST <u>John</u>	M.I. <u>E</u>	DATE <u>9-13-05</u>	TIME <u>2005</u>	AM PM
INMATE I.D. No.	SOCIAL SECURITY No. <u>527-47-9576</u>	SEX <u>M</u>	D.O.B. <u>1-26-60</u>	PREVIOUS INCARCERATION? WHERE? WHEN? <u>2X yesterday at NEWARK HALL</u>	
INTERVIEWER'S NAME AND TITLE <u>LS</u>					

VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N

- Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral?
If yes, _____
- Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries: needle marks, body vermin?
If yes, _____
- Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?
If yes, _____
- Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol?
If yes, _____
- Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc.?
If yes, _____

YES	NO
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N

INMATE QUESTIONNAIRE (Explain all "Yes" answers) Circle Y or N

- Have you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers, or other conditions?
If other, DX 10yrs ago
- Have you taken or are you taking any medication(s) prescribed for you by a physician?
If yes, no meds
- Are you allergic to any medications, foods, plants, etc.?
If yes, _____
- Have you fainted or had a head injury within the last 72 hours?
If yes, _____
- Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease?
If yes, _____
- Have you been hospitalized by a physician or psychiatrist within the last year?
If yes, _____
- Have you ever considered or attempted suicide?
If yes, _____
- Do you have a painful dental condition?
If yes, _____
- Are you on a specific diet prescribed by a physician?
If yes, Hypoglycemic Diet. out of state MD
- Do you use drugs? How often? Drugs Last time? _____
What kind? _____ How much? _____
- Do you use alcohol? How often? Drugs Last time? _____
What kind? _____ How much? _____
- Females: LMP _____. Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge
If yes, _____
- Do you suffer from: Shortness of breath, cough, abdominal pains, chest pains?
- Have you been lethargic recently?
- Have you noticed an increase or decrease in weight recently? How many pounds _____?
- Are you now or have you in the past experienced feelings of hopelessness? Do you feel like there is no way out

YES	NO
<input checked="" type="radio"/> Y	N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N
Y	<input checked="" type="radio"/> N

21a Explain: _____

If affirmative response to 3, 11 (for depression / suicidal thoughts or attempt), 12 or 21 proceed with SUICIDE PREVENTION SCREENING GUIDELINES.

PLACEMENT RECOMMENDATION (Check one)

Emergency Room
 General Population
 Infirmary
 Isolation
 Observation
 Next Sick Call
 MARKS: AS 135

3122 00279

I have answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I hereby give my consent for professional services to be provided to me by and through Prison Health Services, Inc.

Inmate's Signature <u>[Signature]</u>	Respiration <u>18</u>	Pulse <u>92</u>	Temp <u>98.6</u>	Blood Pressure <u>110/70</u>
--	--------------------------	--------------------	---------------------	---------------------------------



MEDICAL HISTORY AND PHYSICAL ASSESSMENT HISTORY

Inmate's Name Wheeler, John
(Last) (First) (MI)

Problems	Yes	No	Problems	Yes	No
Vision			Gall Bladder		
Hearing			Liver		
Balance/Dizziness			Hepatitis		
Blackouts			Diabetes		
D.T.'s			Kidney Disease		
Headaches			Bladder Infection		
Seizures			Trouble Voiding		
Nervous Disorder			Pediculi (lice)		
Throat			Gonorrhea		
Teeth	✓		Syphilis		
Asthma			Muscle Problem <i>g. p. p. p.</i>		
Hay Fever			Joint Problem <i>(knee) ✓</i>		
Pneumonia	✓		Arthritis <i>hand ✓</i>		
Tuberculosis	✓		Other:		
Heart			Other:		
Hypertension			Regular Menstrual Period		
Anemia			Irregular Menstrual Period		
Blood			Duration Days Menstrual Period		
Stomach Pain			LMP		
Heartburn			Gravida/Para		
Ulcer			Last Pap		
Nausea/vomiting			Contraception		

EXAM

Age <u>40</u>	Sex <u>M</u>	Race <u>C</u>	Ht. <u>5'10"</u>	Wt. <u>183#</u>
Pulse <u>72</u>	BP <u>102/64</u>	Temp. <u>97.6</u>	Comments	
Respiration <u>18</u>				
Skin	Color	WNL		
	Condition	WNL		
	Turgor	WNL		
	Recent Injury	-		
Head	Glasses	-		
	Pupils	PERRL		
	Sclera	WNL		
	Conjunctiva	WNL		
	Vision	WNL		
Ears	Appearance	WNL		
	Canals	WNL		
	Hearing	WNL		
Mouth	Teeth & Gums	brake mola ⊕		
	Dentures/Plates	-		
	Throat	WNL		
	Tongue	WNL		
	Tonsils	WNL		
Nose	WNL			
Neck	Veins	flat		
	Mobility	supple		
	Thyroid	WNL		
	Carotids	WNL		
	Lymph nodes	WNL		
Chest (Breasts)	Configuration	CTA		
	Auscultation	even/unilateral		
	Respirations	⊕ ⊕		
	Cough/Sputum	-		
Heart	Auscultation	⊕ HRM		
	Radial pulses	⊕		
	Apical pulse	-		
	Rhythm	-		
Extremities	Pulses	⊕		
	Edema	-		
	Joints	flexible		
Spine	flexible			
Abdomen	Shape	flat		
	Bowel sounds	⊕ x4		
	Palpation	soft		
	Hernia	-		
Genital/Urinary System	deferred			

LABORATORY TESTS

	Date & Initial	Results
TINE/PPD	4/1/06	Report ⊕ TB test up to date
VDRL		Report ⊕ had treatment
SMA-12		
CBC		
U/A (Dip Stick)		

COMMENTS

4/1/06 IM on dental list + motion for teeth. In process of confirming need use of ss.

Inmate's Signature: [Signature] Date: 4/1/06 Examiner's Signature: [Signature] Date: 4/1/06

3122 00286



Prison Health Services Dental Intake Screening Sheet

1. Date of Initial Screening: 3-16-06
2. Patient's Name: Wheeler John
3. ID Number: _____
4. Patient's SS Number: UNK
5. Date of Birth: 1-26-60
6. Patient's Chief Dental Complaint: Broken teeth
"Pain all over mouth"
7. Status of Oral Hygiene:
Good _____ Fair _____ Poor
8. Carious State of Patient:
Patient has cavities Patient has no cavities _____
9. Prepare the attached 90-Day Dental Exam Sheet. *This sheet must be forwarded to the Dental Department immediately.*

Linda
Signature - Medical Personnel

3-16-06
Date

KATHLEEN,
THE JOE CALLED AND
SAID THIS GUY HAS
BEEN GONE SO LONG THAT
HIS RECORDS SHOULD HAVE
BEEN DESTROYED, THEY
SAID ALL SUCH REQUESTS
SHOULD GO TO CAROL
PEARSON @ THE CENTRAL
OFFICE AT THE
FAX #

Catherine

JOHN W. WELLS
602 364 2956
DATACORP
CENTRAL OFFICE
CAROL PEARSON



AUTHORIZATION FOR RELEASE OF INFORMATION

To: ADOC → Physician's Name: * Cimmaron
City/State: * Tucson AZ
Phone Number: _____
Fax Number: 520-574-7307
Patient: * Wheeler, John
Alias: _____
Date of Birth: * 01-26-60

From: Mohave County Jail - PHS Medical Department
415 Pine Street
Kingman, Arizona 86401
Phone: 928.753.0750 / Fax: 928.753.5735
Inmate ID No.: _____
Social Security No.: * 527-47-9530
Date(s) of Service: * _____

I hereby authorize the above named provider to release to Prison Health Services, Inc. or any of its representatives the following confidential information:

- Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care
- Admission Summary Discharge Summary Operative Summary Reports
- X-Ray Immunization History HIV Test
- Psychiatric Summary Report Drug Treatment History and Counseling Reports
- Dental Treatment Records

Other Records: MD who prescribed orthopedically designed support
CURRENT diagnosis, medications and most recent contact note
(Specify information requested) James

This authorization shall remain in full force and effect until withdrawn in writing by me. I hereby release and agree to hold provider harmless from any and all liability that may result from such release of information.

* John Wheeler (Patient's Signature)
ca (Witness' Signature)

4/1/06 (Date)
4/1/06 (Date)

The information requested is recognized as confidential and will be used only to ensure prompt and appropriate treatment of the named patient.

* ca (Signature and Title for PHS)

4/1/06 (Date)

PLEASE NOTE: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standard"), HIPAA's Privacy Rule does not apply to PHS.

3122 00292

101
MOHAWA COUNTY JAIL INMATE REQUEST FORM

DATE: 3/24/06 NAME: WHEELER, JOHN CELL #: C-24

JAIL COMMANDER: _____ ATTORNEY: _____

JAIL SUPERVISOR: _____ COURT: _____

SHIFT SUPERVISOR: _____ PROBATION: _____

OTHER: CP RELEVY _____ RELEASE PROPERTY: _____

REQUEST: _____

Here is Capt. Browns Response
Sick Call told me to have your
Remove Shers from Property

OFFICER RECEIVING REQUEST: MM 2193 3/24/06

ACTION TAKEN BY: _____ REVIEWED BY: _____

ACTION TAKEN: With in your orthopedic doctor that ordered
three regular session Shers in your Property, three
Shers are not special Shers

INMATE SIGNATURE (AFTER ACTION): Mugent DATE: 3/24/06

1-790-412
INP 62805



AUTHORIZATION FOR RELEASE OF INFORMATION

To: Physician's Name: University Medical From: Mohave County Jail - PHS Medical Department
City/State: Ctr Las Vegas NV 415 Pine Street
Phone Number: Kingman, Arizona 86401
Fax Number: 702-383-2012 Phone: 928.753.0750 / Fax: 928.753.5735

Patient: Wheeler, John Inmate ID No.: _____
 Alias: _____ Social Security No.: 521-41-9536
 Date of Birth: 01-26-60 Date(s) of Service: _____

I hereby authorize the above named provider to release to Prison Health Services, Inc. or any of its representatives the following confidential information:

- Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care
- Admission Summary Discharge Summary Operative Summary Reports
- X-Ray Immunization History HIV Test
- Psychiatric Summary Report Drug Treatment History and Counseling Reports
- Dental Treatment Records
- Other Records: CURRENT diagnosis, medications and most recent contact note **MEDICAL RECORDS**
(specify information requested)

RECEIVED BY
APR 06 2006

This authorization shall remain in full force and effect until withdrawn in writing by me. I hereby release and agree to hold provider harmless from any and all liability that may result from such release of information.

John Wheeler (Patient's signature) 4/1/06 (Date)
 _____ (Witness signature) Ca 4/1/06 (Date)

The information requested is recognized as confidential and will be used only to ensure prompt and appropriate treatment of the named patient.

_____ (Signature and Title for PHS) 4/1/06 (Date)

PLEASE NOTE: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standard"), HIPAA's Privacy Rule does not apply to PHS.

3122 00297

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

ADMITTED: 06/20/2005

DISCHARGED: 06/28/2005

FINAL DIAGNOSES:

1. Status post motor vehicle collision with one rib fracture.
2. Right acetabular fracture with nonoperative management per Dr. Sylvain.
3. Splenic laceration.
4. Aspiration.
5. Previous intubation while under the care of Dr. Deborah Kulhs.

DISCHARGE INSTRUCTIONS:

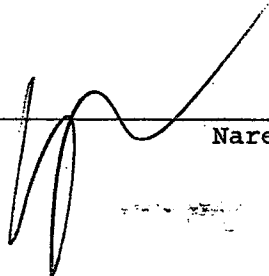
1. Discharge to home.
2. Diet as tolerated.
3. Activity as per physical therapy.
4. Follow up with Dr. Sylvain as an outpatient.
5. Soma 350 mg one p.o. 3x a day.
6. Lortab 7.5 mg 1-2 p.o. every four hours p.r.n. for pain.
7. Follow up with Dr. Sylvain.

BRIEF SUMMARY: This patient was admitted initially under the care of Dr. Kulhs for trauma who subsequently stepped down to the trauma hospitalist service. We followed the patient. Nonweightbearing of the left lower extremity was recommended by Dr. Sylvain. Discussions of operative risks versus nonoperative management were held. The patient was concluded to be managed nonoperatively with further discussion and evaluation as an outpatient. He was subsequently discharged under the supervision of Dr. Sylvain.

CC:

DD: 08/11/2005 19:16:36

DT: 08/11/2005 20:14:44


Naresh P Singh, MD

PATIENT: WHEELER, JOHN M.
MR#: 001-790-412
JOB #: 551326
ADM. DATE: 06/20/2005

ACCOUNT#: 00029506722

3122 00298

Dictated by: Naresh P Singh, MD
Attending:

TRANSFER SUMMARY

Medical Record

6/28/05 inc

CONFIDENTIAL MEDICAL/MENTAL HEALTH INFORMATION TRANSFER SUMMARY

MEDICAL SERVICES DIVISION
SAN DIEGO CENTRAL JAIL
 Facility: 1173 FRONT ST
 Address: SAN DIEGO, CA 92101
 Phone: (619) 615-2454
 Date Summary Completed _____

To: Mohave County

- NEEDS IMMEDIATE ATTENTION
- No medical treatment given prior to transfer

INMATE NAME: Wheeler, John
 AKA: _____
 ALLERGIES: NKA

INMATE ID #: 5156297
 DOB: 1-26-60

Medical/Mental Health Problems (including suicide attempts, dental needs, special diets, etc.):
Chronic Arthritis due to old pelvis & knee injuries. Deafness hearing
Both ears

Medications: (including TB)	DOSE	ROUTE	FREQUENCY	START DATE	STOP DATE
<u>6</u>					
Treatments:					
<u>6</u>					

Pregnant (Circle one):
 Yes No Unknown
 EDC: _____

TB: PPD Test: _____ mm Date: _____
 Chest X-Ray: normal abnormal Date: _____
 Active TB Disease: suspect known
 If suspect or known active TB disease, attach TB Patient Plan and provide the date
 Local Health Officer was notified of the pending transfer: _____

Other Lab Data:
 Pending Appointments/Labs:
 Attachments Yes No

Tests (Circle as appropriate):

RPR / VDRL:	Reactive	Non Reactive	Treated	Yes	No	Date
GC:	Negative	Positive	Yes	No		

Other screening test results and dates (including hepatitis): _____
 Immunizations given/date : _____

Additional Information:

COMPLETED BY: Shirley Blankin RS 9226 01/13/06 Signature/Title/ARJIS: _____

SPECIAL TRANSPORT INSTRUCTIONS: _____
 3122 00315



5156297 01-12-06