

FILED

JUN 20 2007

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY CE DEPUTY CLERK

Plaintiff's Name John E. James III  
Inmate No. B-13474  
Address A-2-204 / P.O. Box 1050  
Soledad, CA. 93960

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA

John E. James III  
(Name of Plaintiff)

1:07-cv-00880 LJO WMW PC  
(Case Number)

vs.

COMPLAINT

A.K. Scribner, et. al.,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Names of all Defendants)

Civil Rights Act, 42 U.S.C. § 1983

I. Previous Lawsuits (list all other previous or pending lawsuits on back of this form):

A. Have you brought any other lawsuits while a prisoner? Yes ☒ No ☐

B. If your answer to A is yes, how many? 2

(PC) James v. Scribner et al. Describe previous or pending lawsuits in the space below.

Doc. 13 Att. 2

(If more than one, use back of paper to continue outlining all lawsuits.)

1. Parties to this previous lawsuit:

Plaintiff John James

Defendants (California State Prison Corcoran / C.S.P.-Cor)  
officials. (1-16)

2. Court (if Federal Court, give name of District; if State Court, give name of County)  
U.S. Dis Court E. Dis of Cali

3. Docket Number CV-04-5878-C30-DCB-P4. Assigned Judge Dennis L. Beck (Magistrate)

5. Disposition (For example: Was the case dismissed? Was it appealed? Is it still pending?)  
Pending

6. Filing date (approx.) June 2004

7. Disposition date (approx.) N/A

## II. Exhaustion of Administrative Remedies

A. Is there an inmate appeal or administrative remedy process available at your institution?

Yes ☒ No ☐

B. Have you filed an appeal or grievance concerning ALL of the facts contained in this complaint?

Yes ☒ No ☐

If your answer is no, explain why not \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Is the process completed?

Yes ☐

If your answer is yes, briefly explain what happened at each level.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No ☒

If your answer is no, explain why not.

Prison officials screened out plaintiff's appeal at the 2nd level of review; said screen out was done unjustly, & done to intentionally deny plaintiff any Available Administrative Remedies, & prevent plaintiff from seeking any civil lawsuit relief in this matter; causing a chilling effect of Plaintiff's First Amendment Right of the U.S. Constitution... — (See Included 1st Amend Claim of this complaint) —

### NOTICE:

Pursuant to the Prison Litigation Reform Act of 1995, "[n]o action shall be brought with respect to prison conditions under [42 U.S.C. § 1983], 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." 42 U.S.C. § 1997e(a). If there is an inmate appeal or administrative remedy process available at your institution, you may not file an action under Section 1983, or any other federal law, until you have first completed (exhausted) the process available at your institution. You are required to complete (exhaust) the inmate appeal or administrative remedy process before filing suit, regardless of the relief offered by the process. Booth v. Churner, 532 U.S. 731, 741 (2001); McKinney v. Carey, 311 F.3d 1198, 1999 (9th Cir. 2002). **Even if you are seeking only money damages and the inmate appeal or administrative remedy process does not provide money, you must exhaust the process before filing suit.** Booth, 532 U.S. at 734.

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item B for the names, positions and places of employment of any additional defendants.)

- A. Defendant M.A. Melo is employed as ~~Officer~~  
Lieutenant at (C.S.P. - Corcoran)
- B. Additional defendants R. Athey (Officer); E. Barron (Officer); K. Edmond (Officer);  
T. Swaim (Officer); I.G. Valdez (Officer); R. Hernandez  
R. Hernandez (M.T.A.); M. Correia (Sergeant (A1)); C. Galaviz (Sergeant);  
Sunderland (R.N.); N. Grannis (Chief of Inmate Appeals / 3rd Level Sacramento, CA)

IV. Statement of Claim E. Mazon - Alec (Lieutenant); R. Vella (Captain); D.D. Sheppard - Brooks (CDW (A));  
D. Ortiz (A.W.); A.K. Scribner (Warden);  
 (State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

(See Attached claims: ① Excessive Force..

② Deliberate Indifference; ③ Conspiracy... ④ Retaliation...

⑤ Denial of any Available Administrative Remedies... ⑥ Medical Deliberate Indifference.

(Attached pages (4-17))

Violations of the 1st, 3rd & 8th Amendments of the U.S. Constitution.

V. Relief.

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

Order Two Million Dollars Punitive, & Two Million Compensatory to be paid by each  
defendant.

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

Date 6-17-07

Signature of Plaintiff John E. James III

(revised 9/17/03)

Deliberate Indifference to Cruel & Unusual Punishment,  
"Excessive Force", In Violation of the Eighth Amend-  
-ment of the U.S. Constitution; & Conspiracy to Cover  
Up Excessive Force against Plaintiff.

On 6-20-05 Immediately following the Incident plaintiff (JAMES) continually alleged excessive force in this matter, to the following present (though not limited to) (CSPC) officials: ① "M. Correia", (SGT); ② "C. Galaviz", (SGT); ③ "M. Melo", (LT); ④ "T. Swaim", (C/O); ⑤ "I.G. Valdez", (C/O); ⑥ "R. Hernandez", (M.T.A); ... (See Ex: A; A-1; A-2.)

On 6-20-05 at approx between 1200 & 1600 hrs., (while plaintiff was in administrative segregation (Ad-Seg) placement) plaintiff was contacted by (SGT) "C. Galaviz", at which time "Galaviz" (accompanied by an unknown supervizing official) performed a "Video Tape Recorded Interview" of plaintiff, concerning plaintiff's allegations of excessive force, in this matter... (See Ex: A-2; A-3)

On 6-20-05 plaintiff prepared & filed a (CDCR) (602/Grievance Appeal) "Staff Complaint", against involved (CSPC) officials alleging excessive force. (See Attached Ex: A-4)... In the mentioned appeals (Section B. / Action Requested) the plaintiff requested (in part) as follows: ① to be issued a Polygraph Examination per CCR title 15. § 3293 ... ② For the Warden: "A.K. Scribner", to be notified of plaintiff's allegations in this matter; & order an investigation — into it. Warden: A.K. Scribner, failed to take the appropriate action in this matter...

Prison officials Intentionally "Miscategorized" plaintiff's 6-20-05 Excessive Force Allegations, as a category (1) staff Misconduct Complaint; thereby allowing the Institution to handle the Investigation Into the matter, & prevent the matter from being required to be <sup>(referred)</sup> reported to an outside Investigating Agency per Department Operations Manual (D.O.M.) — § 31140.6.2. "Category (2) Investigations"... (See Staff Complaint/Ex: A-4)

A "Category (2) Investigation" is defined as follows:

Serious Misconduct that warrants outside Investigation; referral to the office of Internal Affairs (O.I.A.). (Examples/via, =

= Imputes allegations of Excessive Force resulting in Injury.

= Multiple staff Involvement in alleged misconduct.

= Felony or Misdemeanor Law Violation. / Etc. etc... etc...

(See D.O.M. § 31140.6.2. "category (2) investigations" / Ex:     )

Being on 6-20-05 the plaintiff alleged multiple staff as being involved in the misconduct against him in this matter; & being alleged misconduct did invoke the allegation of excessive force resulting in Injury; & being the allegation (as explained) did rise to warrant a Felony Law Violation; prison officials failure to administer the appropriate Investigation per D.O.M. policy <sup>(demonstrated)</sup> ~~constituted~~ deliberate indifference; & officials intentional miscategorization of the alleged misconduct (via, category (1)) as an unjust method to circumvent

Case 1:07-cv-00889-RC Document 1 Filed 06/20/2007 Page 6 of 86  
the state of California (2) Investigation, Conspiracy by officials to Cover Up their Excessive Force, & Medical deliberate Indifference officials inflicted upon plaintiff...

Prison officials conspiracy to cover up their 6-20-05 misconduct against plaintiff, is further demonstrated through officials violation of the California Codes of Regulations (CCR) Title 15, § 3084.5 (e) 'Level of Appeals Review & Disposition'... In regards to (CSPC) officials review of plaintiff's 6-20-05 'Staff Complaint / Ex: A-4' said grievance was reviewed by 'C. Galaviz', (SGT); (See Ex: A-4 / First Level Response = Section E.). (SGT) 'Galaviz', review of the 6-20-05 grievance was a violation of CCR Title 15, § 3084.5 (e), because, on 6-20-05 (SGT) 'Galaviz' was present concerning the incident, was involved, & even submitted a report regarding his involvement in this matter with the (CDCR) 837 Incident report. (See Ex: A-5)...

CCR Title 15, § 3084.5 (e), states: 'Appeal Review.' Formal appeals shall not be reviewed by a staff person who participated in the event or decision being appealed. (See § 3084.5 (e))... In this matter 'Galaviz', was in fact a staff person who participated in the event being appealed; & therefore is in fact prohibited from reviewing the appeal in this matter, & in doing so, 'Galaviz', violated CCR Title 15, § Policy. As a result of the illegal hearing 'Galaviz', also denied plaintiff's appeal, based on 'Galaviz's' own fact-finding inquiry (via category (1) investigation), 'Galaviz' reported that plaintiff's allegation of staff misconduct were "Not substantiated".

The following (CSPC) officials reviewed & approved (SGT) 'Galaviz', illegal review of plaintiff's 6-20-05 appeal; they also had knowledge of allegations plaintiff raised in this matter, though they failed to take any corrective action: D.D. Sheppard-Brooks, (CDW(A)); R. Vella, (Cptn); D. Ortiz, (AW); said officials were deliberately indifferent, & conspired to cover up excessive force against plaintiff.



Case 1:07-cv-00880-RG Document 1 Filed 06/20/2007 Page 7 of 86  
Denial of any available Administrative Remedies in a Conspiracy  
to prevent the Plaintiff from seeking Civil Litigation in Court,  
causing a chilling effect on plaintiff exercising his 1st Amendment Right  
of the U.S. Constitution.

On 6-20-05 (the day of the incident) plaintiff filed a (CDCR) (602/Appeal) "Staff Complaint", alleging Excessive Force used against him in this matter. (See Ex: A-4)

On around or about 8-29-05 said appeal was returned to plaintiff after receiving its 1st level review. On 9-6-05 plaintiff resubmitted said appeal for its 2nd level review. (See Ex: A-4 / sec. E, § F.)

On 11-3-05 plaintiff was transferred out of (CSPC), to Calipatria State Prison (Cal).

On 1-10-06 (while at Cal) plaintiff received said appeal back with its 2nd level response... // Be Advised: On 1-10-06 when plaintiff received said

appeals 2nd level response at (Cal), the appeal was already approx (3) months overdue for its response; so upon its delivery the plaintiff requested the (Cal) officer delivering the appeal c/o "E. Apodaca", to sign & date said appeal as being the date said appeal was received by plaintiff. c/o "E. Apodaca", complied with plaintiff's request by, signing, dating, & noting the appeal as the date received. (See Ex: A-4 / Inmate Appeal Form (Front page, at bottom, under section D.)

Upon receiving the appeal plaintiff was an indigent prisoner, requiring state postage & manilla envelopes (large) to mail said appeal to Sacramento, CA. to receive a 3rd level review. Being the indigent manilla envelopes needed could only be obtained at (Cal) library, & (Cal) was on a state of emergency

lockdown; ~~plaintiff's multiple request for library access were not granted~~ until 2-2-06. On 2-2-06 plaintiff prepared a brief Cover Sheet Letter explaining the reason for the appeals delay, attached it to the cover of the appeal, & sent the appeal to the 3rd Level for review. (See Ex: A-4 / Cover Sheet Letter, dated: 2-2-06)...

On around ~~4-2-06~~ <sup>5-2-06</sup> said appeal was screened out (S/O) to plaintiff from the 3rd Level, alleging a (15) day time lapse between the date on the appeal as being returned to plaintiff 10-13-05, & the date plaintiff actually received the appeal 1-10-06, & the date it was filed. 2-2-06...

Being around ~~4-2-06~~ <sup>5-3-06</sup> plaintiff could not obtain Immediate Library access (via, Manila Envelopes) to return the appeal to the 3rd Level; ~~instead~~ Plaintiff wrote a letter to the (CDCR) Director "J.S. Woodford", explaining all of the foregoing, & requesting that she order said appeal faxed to the 3rd Level & issued a 3rd Level review. (See Letter to Director / Ex: A-6)

On 7-23-06 the Director responded to plaintiff's 5-3-06 correspondence, stating that said appeal Log No. # 05-2259, was being processed & reviewed, as requested. (See 7-23-06 letter from Director / Ex: A-7)

On 5-22-06 (upon receiving Library Access) plaintiff wrote a second Cover Sheet Letter dated: 5-22-06, explaining the reason for said appeals delay in being processed — "in great detail" — explaining all of the foregoing, plus the fact that a (CDCR) employee even signed & dated the appeal, confirming plaintiff's explanation. Plaintiff included said appeal, & requested that it be issued a 3rd Level Review. (See Ex: A-4 / Cover Sheet Letter dated: 5-22-06)



Case 1:07-cv-00880-EC Document 1-1 Filed 06/20/2007 Page 9 of 86  
On 9-27-06 prison officials, "N. Grannis", (Chief of the appeals branch);  
screened out (s/o) plaintiff's appeal, again, for the second time, alleging  
plaintiff had violated the time restraints for processing the appeal.

On 10-11-06 plaintiff prepared & attached another Cover Sheet Letter,  
to said appeal, this time alleging (CDCR) officials conspiring to deny  
plaintiff any available (Ad-rem(s)), in attempts to prevent plaintiff from  
seeking civil action in the matter of appeal log No. # (Cor-OS-2259  
Staff Complaint)... In said correspondence plaintiff again expressed all of  
the foregoing. (See Attached 10-11-06 Correspondence to (CDCR) Director/Ex: A-4)

On 1-6-07 (CDCR) officials unjustly (s/o) plaintiff's appeal in  
this matter, for the third time. (CDCR) official, "N. Grannis",  
(though not limited to) denied plaintiff any available administrative remedies  
in this matter, to prevent plaintiff from seeking civil relief, causing a  
chilling effect of plaintiff's 1st Amend Right of the U.S. Const...

On the morning of 6-20-05 at approx (0945 hrs.) plaintiff was sprayed in the left eye (close range/approx (3) inches away) with a: "MK-9 Cannister of Pepper Spray". Plaintiff was then tackled from behind (while blinded from the O.C. Pepper Spray) at which time his forehead was repeatedly banged into the ~~concrete~~ cement by prison guards, while plaintiff was locked in hand restraints behind his back...

Upon conclusion of the incident, plaintiff was denied decontamination from chemical agents (O.C.P.S.) used on him; plaintiff was not allowed to rinse the pepper spray (P/S) out of his eyes ~~for~~ for approx (30) minutes after the incident, causing the following (though not limited to) injuries: "① completely blinding plaintiff in left eye for approx (2) weeks; ② Pressure burns in left eye causing embrasians; ③ Infection (via. yellow/green pus & discharge) in left eye; ④ Blurry vision, off & on; ⑤ Migrain Headace; ⑥ Migrain Headaces when reading small print / & or in light-shade changes..."

On 6-20-05 in the dayroom section of building 3C01, at that time there were (6) fully operational showers, & (2) sink faucets in which

Case 1:07-cv-00880-JRC Document 1 Filed 06/20/2007 Page 11 of 86  
officials could have used to decontaminate (via.) rinse pepper spray out of the eyes) of plaintiff. Instead, officials: K. Edmond; R. Athey; E. Barron; M. Correia; M. Melo; T. Swaim; I. G. Valdez; // elected to take plaintiff outside of 3C01 (away from cool fresh running water) allowing said chemical Agent to burn in plaintiff's eyes; attempting to Maim plaintiff.

Concluding the Incident plaintiff was held outside 3C01 denied decontamination (while plaintiff screamed in pain for medical treatment, cause his eyes were burning) for approx (15) minutes before ~~being~~ setting off to the medical office; upon arriving at the medical office plaintiff was placed in a holding cell & denied medical treatment by officers: "T. Swaim; I. G. Valdez" & medical staff: "R. Hernandez" (M.T.A.); & "Sunderland" (R.N.); while plaintiff constantly screamed in pain requesting medical treatment because the pepper spray was burning his eyes. Plaintiff was left in a holding cage, denied decontamination for another (15 to 25) minutes. c/o (s) "T. Swaim, & I. G. Valdez", (Still denying plaintiff decontamination) then took plaintiff out of the medical office, & took him outside of 3C02 (approx 200 yards away from the M.T.A. office) & held plaintiff outside of 3C02 building for another approx (10) minutes without decontamination. When plaintiff was finally allowed to rinse his eyes out with water at 3C02 C-section C-shower, plaintiff was unable to gain his vision in his left eye, due to the denial of a practical timely decontamination (via.) rinsing w/cool water) of plaintiff's left eye. Plaintiff also suffered a left eye infection, ~~and~~ & extreme pain & suffering.

documents of plaintiff's left eye, post incident treatment(s) / Ex:       ,       ,       ,       )

During the 6-20-05 incident plaintiff's forehead was banged into the cement multiple times by "Edmonds"; as a result plaintiff suffered (2) large lumps on his head (in the center of his forehead).

(See witness declaration by M. Foster / Ex: A-2) ; (declaration by "Kevin Dyas" Ex: A) ... ; (declaration by "Thurman Spencer" Ex: A-1) ...

On 6-20-05 after the incident the witnessing reporting medical staff refused to treat plaintiff's head injuries, even though said head injuries were clearly visible at the time of the initial post-incident medical evaluation.

In fact, medical officials even conspired with custody officials to cover up the assault upon plaintiff, by refusing to report/log/document plaintiff's head injuries in their 6-20-05 (7219) medical report. (See Attached Medical report of injury or unusual occurrence, by "R. Henderson", ; "Sunderland", / Ex: A-5)

6-20-05 (7219) reports plaintiff had NO visible injuries...

Based on the foregoing (though not limited to) It is clear that the defendants were deliberately indifferent to plaintiff's medical needs in this matter.

Retaliation against Plaintiff in Violation of the First Amendment of the U.S. Constitution, through actions that did not advance any legitimate penological goals, nor were such actions tailored narrowly enough to achieve such goals.

On around or about 6-16-05 plaintiff was a victim of death threats, & harrassment by (CSPC) officials; said (threats/harrass) were exercised by defendants: ① Edmond; ② Athey; ③ & Barron; as follows: " % Barron, pointed a gun at plaintiff while plaintiff stood alones quietly in the dayroom; Barron, repeatedly threatening to shoot plaintiff. when plaintiff contacted % (s) Edmond, & Athey, for assistance, both officers threatening to assault plaintiff; plaintiff then repeatedly asked to speak with a Sergeant though all of his request were denied by said defendants, & plaintiff was ordered to lock himself into his cell; plaintiff complied..."

On 6-19-05 Plaintiff Filed a (COCR) (602) Staff Complaint against said official concerning said 6-16-05 Incident; appeal log No. # CSPC-04-05-02394.

### Retaliation :

On 6-20-05 (the very next morning after plaintiff filed said (602) Staff Complaint) Plaintiff was released out of his cell by defendant % "R. Athey", approached by defendants % Edmond, & % Barron; at which time plaintiff was assaulted by Edmond & Barron; by way of Excessive Force. (See Attached witness declarations by "Kevin Dyas", &

The defendants then issued plaintiff a fabricated (CDCR) Rules Violation Report (RVR 115) alleging plaintiff <attempted> to batter staff. Said (RVR) was later heard, & the fabricated charge of attempted battery on a peace officer, was dropped, & plaintiff was found guilty of a lesser offense of:  
'Behavior that could lead to violence'...

At no time in this matter did plaintiff ever attempt to batter staff; nor did reviewing prison officials find that plaintiff did so. On 6-20-05 defendants stuck the nozzle of an MK-9 canister of O.C. Pepper Spray, into plaintiff's left eye, & discharged it into plaintiff's eye at extreme close-range; without just cause. Officials then went on to physically assault plaintiff while he was blinded by pepper spray.

This Excessive Force by <sup>(defendants)</sup> ~~↑↑↑↑~~ transpired exactly one day after plaintiff filed a (602) Staff Complaint against said defendants.

On 6-19-05 Plaintiff filed the grievance Inquest.

On 6-20-05 Plaintiff was attacked by the same officials he grieved...

Prison officials Retaliated against Plaintiff for filing a grievance against officials, (via, exercised his 1st Amend Right); & said retaliatory action advanced No legitimate penological Interest.

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(See Hines v. Gomez, 108 F.3d 265 (9th Cir. 1997)).



( See Attached Sheet Continuing  
Cruel & Unusual Punishment )

1 On 6-20-05 at approx 0900 hrs. petitioner was released  
 2 out of his assigned cell by % Atthey (Tower), § ordered to  
 3 report to work exchange for transportation to ACH. At that  
 4 time. % Atthey order petitioner to take out/undue his DreadLox,  
 5 this order was Impossible for petitioner to comply with § was a completely  
 6 illogical order by staff. (Note: Petitioner attends ACH on a regular  
 7 basis, twice weekly, § has done so for approx 2½ years here at  
 8 (C.S.P.C.). % Atthey is a regular employee stationed in 3C01 Tower, § has  
 9 released petitioner out of cell/building to attend ACH. (Physical Therapy)  
 10 approx (20) times or more... Petitioner has had dreadlox since 2002, % Atthey  
 11 has observe the dreadlox on every ACH visit occasion — though has never  
 12 attempted to deny me medical treatment due to the dreadlox...)  
 13 % Atthey then contacted % Edmond, § Barron, both officers approached  
 14 petitioner § immediately began threatening ~~me~~ to spray me while shaking  
 15 cans of O.C. Pepper Spray... As done while speaking to % Atthey I  
 16 continued requesting supervizing officials to be present, all staff:  
 17 Edmond, Barron, § Atthey repeatedly denying my request... As petitioner  
 18 glanced to his <sup>(Right)</sup> % Edmond sprayed me in my ~~face~~ • Left eye at point  
 19 blaink range (Less than (4) foots distance). Edmond then tackled me from  
 20 the back § knocked me down, he then ordered my hands behind my back §  
 21 applied cuffs, he then (In the process of roughing me) banged my forehead  
 22 into the concrete floor numerous times. Additional officers arrived § began  
 23 violently escorting me out of the building, the escorting officers were % Swain,  
 24 § % I.G. Valdez, the officers removed me from the building, Petitioner was  
 25 screaming in pain for medical attention § decontamination, both officers  
 26 denying petitioner medical treatment § holding me outside the building  
 27 laughing § calling me names while I burned in pain. The officers  
 28 Later escorted me over to 3C-Medical building § Locked me in a holding-  
 cell. Petitioner screamed in pain begging approx (5) medical staff for medical  
 assistance, all staff refused to treat me, the doctor present (Less than (10) feet

Continuing  
 Cruel & Unusual Punishment

(Turn ↓

(Continue On Back Side ↓

away) even got up & closed his office door to drown out petitioners screams in  
for medical assistance. For medical staff present were (2) Men & (3) Women.  
RECEIVED CAL APPEALS JUL 26 2007 Case 1:07-cv-00989-RC Document 1 Filed 06/20/2007 Page 17 of 86  
Only names know was M.T.A. Hernandez". After approx (15) minutes (s) Swain & Valdez, then  
escorted me approx (200 Yards) to 3C02 building, held me outside for approx (3) minutes then  
finally placed me in 3C02 - C-section shower, & then left me locked in restraints. During the  
escorting (s) Swain constantly threatened me & made racial slurs/sarcasim, stating if I attempted  
to spit the pepper spray out of my mouth he would slam my face into the ground & make  
me eat gravel. Further stating that he would file a false charge against me alleging I spat on  
his boots, I stated I did not, & he stated there was plenty of DNA on the ground to plant  
on his boots... Petitioner became blind in his left eye completely (momentarily), all medical  
staff refused to treat my eye, nor log these injuries to both my eye & left shoulder....  
While locked in a holding cell in 3C- Program Office, I overheard (SGT): "Correia", Inform  
(s) Barron, of what to write in her Incident report, Informing Barron to report that she  
held petitioner down until 3 additional staff arrived... Falsifying these allegation that petitioner  
made attempts to resist... /// There was No cause for the use of any force, staff  
conspired against petitioner to assault me, then file false charges against me that would  
justify a D.A. referral & False Criminal charges...

DECLARATION FOR I/M JAMES P-13474

ON 6-20-05 AT APPROXIMATELY 0915, I KEVIN DYAS D-97250, WAS HOUSED IN 3C01-117L. I OBSERVED I/M JAMES P-13474 BEING RELEASED OUT OF HIS CELL 3C01-116. SUBSEQUENTLY, HE STOPPED BY THE 3C01 CONTROL TOWER %ATHEY AT THE GRILL-GATE AND A CONVERSATION ENSUED. I THEN OBSERVED %EDMUNDS AND %BARRON (3C01 FLOOR STAFF) ENTER THE GRILL GATE AND GOT INVOLVED WITH THE CONVERSATION WITH %ATHEY & I/M JAMES P-13474. SUBSEQUENTLY %EDMUNDS TOOK CONTROL OF THE CONVERSATION AND HE & I/M JAMES P-13474 WAS TALKING. I DID NOT HEAR THE CONVERSATION, BUT I NOTICED %EDMUNDS PLACED HIS O.C. PEPPER SPRAY IN HIS LEFT HAND AND STARTED SHAKING IT AS THE CONVERSATION BETWEEN HE & JAMES P-13474 CONTINUED. I THEN NOTICED I/M JAMES P-13474 TURN ~~TOWARD~~ AWAY FROM %EDMUNDS AND IN A QUICK MOTION %EDMUNDS SPRAYED O.C. PEPPER SPRAY TO JAMES P-13474 FACIAL AREA AND TACKLED JAMES P-13474 TO THE GROUND SLAMMING HIS FOREHEAD TO THE PAVEMENT AND PLACED JAMES P-13474 IN RESTRAINTS WITHOUT ANY RESISTANCE FROM I/M JAMES.

IN MY OPINION %EDMUNDS WAS NOT JUSTIFIED IN HIS ACT AGAINST I/M JAMES, BECAUSE IT DIDN'T TAKE USE OF FORCE TO SETTLE A DISPUTE. %EDMUNDS COULD HAVE PLACED I/M JAMES ON THE WALL FOR A PAT DOWN SEARCH, PLACED HIM IN RESTRAINTS AND ESCORTED I/M JAMES TO PROGRAM SERGEANT WITHOUT FORCE.

I KEVIN DYAS D-97250 DECLARE UNDER PENALTY OF PERJURY THE FOREGOING IS TRUE AND CORRECT.

RESPECTFULLY SUBMITTED

Kevin Dyas D-97250  
KEVIN DYAS D-97250

6/7/19/05

Exhibit: A

ATTORNEY PRO-PERTHURMAN SPENCER SAW THE INCIDENT REGARDING THE MATTER OF MR. JAMES. MR. JAMES REFUSE AND DENY TO RETURN BACK TO HIS CELL BECAUSE MR. JAMES MADE TWO EMERGENCY REQUEST TO SPEAK TO C/O EDMOND SGT. ON DUTY AND MR. JAMES WAS DENY TO SPEAK TO A SGT. MR. JAMES CONTINUE TO INFORM C/O EDMOND HE NEEDED TO TALK TO A SGT. C/O EDMOND STARTED SPREADING MR. JAMES, MR. JAMES WAS (WRONGFULLY AND UNLAWFULLY) REMOVED FROM BUILDING 3C01, THEREFORE WITHOUT ANY DOUBT C/O EDMOND AND OTHERS INDEED (VIOLATED RULES, STATE AND FEDERAL LAWS).

I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT, BASED UPON MY INFORMATION AND BELIEF. EXECUTED THIS 9TH DAY OF JULY, 2005 AT CORCORAN P.O. BOX 3471 CORCORAN, CA. 93212.

("Exhibit: A-1")

ATTORNEY PRO-Perthurman Spencer  
SIGNATURE OF DECLARANT  
CDC T15088 3C01 124L



DECLARATION OF MICHAEL FOSTER

I, MICHAEL FOSTER, DECLARE THE FOLLOWING:

I AM A PRISONER AT CORCORAN STATE PRISON, HOUSED IN ASU 1 CELL 126.

ON 6-20-2005 I WAS CALLED OUT OF MY CELL TO SPEAK WITH INMATE JAMES P-13474 ABOUT POSSIBLY RECEIVING HIM AS A CELLIE. WHEN I ~~SAW~~ FIRST SAW JAMES I NOTICED HIS LEFT EYE WAS RED AND IRRITATED AND HE HAD A BRUISE AND A BIG KNOT ON HIS FOREHEAD. WHILE WE WERE IN THE CAGE TALKING, ~~INMATE~~ JAMES WAS TAKEN INTO A ROOM FOR A VIDEO INTERVIEW.

I AGREED TO LET MR. JAMES MOVE INTO THE CELL WITH ME. AFTER A COUPLE OF HOURS WENT BY, JAMES TOOK THE PATCH OFF OF HIS EYE AND SAID, "MAN I CAN'T SEE OUT OF MY EYE AND MY EYE IS BURNING". I TOLD OFFICER'S AND MTA'S AS EACH ONE CAME INTO "C" SECTION THAT MY CELLMATE CAN'T SEE OUT OF HIS EYE AND IS IN PAIN.

LATER ON, THAT SAME DAY, 6-20-05 WHEN SET. WHITE CAME BY WITH THE MTA TO GIVE JAMES SOME EYE DROPS I REQUESTED THAT SET. WHITE DOCUMENT, OR LOG THAT JAMES HAS A BIG KNOT ON HIS HEAD AND THAT HE HAD IT BEFORE HE CAME INTO THIS CELL, TO PROTECT MYSELF BE ACCUSED OF CAUSING JAMES' INJURIES.

LATER THAT SAME NIGHT 6-20-05 JAMES WROTE A 602 AND COMPLAINT, AND GAVE IT TO SET. WHITE AND ASKED HIM TO ~~SEND~~ SEND IT TO THE APPEALS COORDINATOR, SET. WHITE SAID HE WOULD DO THAT.

ON THAT NIGHT 6-20-05 JAMES WAS TAKEN FROM THIS CELL TO GO TO THE HOSPITAL.

THE NEXT MORNING 6-21-05 JAMES COULDN'T OPEN HIS EYE. TO PUT THE EYE DROPS IN, AND THICK YELLOW PUSS WAS COMING OUT OF HIS EYE. THIS CONTINUED AND IS STILL LEAKING PUSS NOW.



("Exhibit A 2")

DECLARATION CONTINUED MP

ON 6-22-05, OR 6-23-05 I CAN'T REMEMBER THE EXACT DAY, SGT. GALAVICE CAME TO THE CELL AND ASK FOR A WRITTEN STATEMENT OF THE INCIDENT. JAMES TOLD HIM THAT HE FILE A 602 COMPLAINT AND GAVE IT TO SGT WHITE TO SEND TO THE APPEALS COORDINATOR AND TO MAKE A COPY OF THAT.

ON 6-26-05 SGT. G. POLZIEN CAME TO THE CELL AND ASKED JAMES FOR A WRITTEN STATEMENT OF THE INCIDENT, STATING THAT THE WATCH COMMANDER REQUESTED A STATEMENT FROM JAMES FOR SGT. GALAVICE OF THE INCIDENT.

I PERSONALLY HEARD JAMES TELL SGT. GALAVICE THAT HE WROTE A STATEMENT IN A 602 COMPLAINT AND TO GET A COPY OF THAT FROM THE APPEALS COORDINATOR. SGT. GALAVICE SAID HE WOULD DO THAT.

ON 6-26-05 JAMES CONVEYED TO SGT. G. POLZIEN HIS DISCUSSION WITH SGT. GALVICE ABOUT THE STATEMENT AND THAT HE WOULD WRITE ANOTHER ONE IF NECESSARY, SGT. POLZIEN SAID, "LET ME CHECK BACK WITH THE WATCH COMMANDER AND I'LL GET BACK TO YOU AND LET YOU KNOW". SGT. POLZIEN NEVER CAME BACK.

NOTE: I PERSONALLY WITNESSED JAMES ASK ALL SGT'S MENTIONED HEREIN FOR A COPY OF HIS CDC 114 D LOCK-UP ORDER. ALL SGT'S STATED THAT THEY WOULD PROVIDE HIM WITH IT BUT AS OF THIS DAY 6-26-05 3:00 P.M. JAMES STILL HAS NOT RECEIVED A COPY OF HIS 114 D.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

DATED: 6-26-05

Michael Foster  
MICHAEL FOSTER  
DECLARANT / D-11452

(Exhibit: A-3)

ATE:

he following is to be used as a tool to focus the interview. Do not ask questions inappropriate to the situation.

## BEGINNING THE INTERVIEW

If the inmate refuses to speak on tape, continue the interview and detail the contents in a memorandum.

A. Introduce yourself:

"Hello my name is Lieutenant/Sergeant GALTARIZ. This is a videotaped interview regarding the Jones P-13474. Today's date is 6-20-05, and the time is currently 1320 hrs. I will now have the Camera operator introduce himself/herself. S. Pina

B. Have the inmate state his name and CDC number. Ask the inmate to verify that there are no other staff member's in the room.

## I. INTERVIEW FORMAT FOR SIGNIFICANT INJURY & HEAD INJURY

State the following, "I will ask you specific questions and I need your answers to be as specific as possible."

A. On (date) \_\_\_\_\_, you were involved in an incident that occurred (where) \_\_\_\_\_.

B. This incident has been assigned CDC INCIDENT LOG # \_\_\_\_\_.

C. According to the documentation provided on the CDC-7219, Medical Report of Injury or Unusual Occurrence, you sustained/stated, "\_\_\_\_\_."

D. In your own words, explain how you receive this injury and be as specific as possible.

E. Have you filed an appeal on this issue?

F. How many staff members were present when this transpired?

G. Can you identify these staff members by name?

H. How many inmate witnesses were present?

I. Can you identify these inmates by name?

If the inmate states that he does not know, or does not remember who was present or how he obtained the injury **CONCLUDE THE INTERVIEW.**

IT IS NOT NECESSARY TO PROD THE INMATE FOR MORE INFORMATION.

(Exhibit: A-3)

## II. INTERVIEW FORMAT FOR ALLEGATIONS OF INAPPROPRIATE USE OF FORCE

State the following, "I will ask you specific questions and I need your answers to be as specific as possible."

- A. On what day did this happen? *Today 6-20-05*  
 B. Do you have any injuries? *YES--*  
 C. What is the nature of the injury? *Neck injury - right upper intercostal forehead left eye.*  
 D. How did you receive the injury? *result of the inmate slamming my head in the ground*  
 E. Did you receive appropriate medical treatment? *NO I did*  
 F. Where did this happen? *SCC -*  
 G. Have you filed an appeal on this issue? *Y*  
 H. Explain who used force and **EXACTLY** what happened? *—*  
 I. Can you list inmate names? *— Every inmate every place in the building — 216 Bolton*  
 J. Can you list staff witnesses? *the other, Bolman, Cromwell COT. 215 - Smith 217 - Smith*

request that the inmate write his account of what transpired. The written statement should be signed, witnessed and dated

ensure a videotaping of the inmate's body be taken with particular attention to alleged injured areas.

have the inmate taken to the medical clinic and an evaluation conducted unless this has already been done.

It is responsibility of the Lieutenant/Sergeant to prepare and submit a report to the Facility Captain. This report shall address all reports reviewed and information gathered in relationship to the interview subject. Further, it is the responsibility of the interviewer to summarize the interview statements and the results of the fact-finding. This report shall include a conclusion and make a recommendation to the Captain as to actions to be taken. The recommendation shall be supported by specific evidence.

For example: The officer's report which states.....

The videotape which shows.....

The 7219 which details.....

("Exhibit A-3")

**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



January 6, 2007

A4  
108

JAMES, CDC #P-13474  
Calipatria State Prison  
P.O. Box 5002  
Calipatria, CA 92233

REC'D JAN 22 2007

Re: Institution Appeal Log #COR 05-02259 Staff Complaint

Dear Mr. JAMES:

The enclosed documents are being returned to you for the following reasons:

An appellant must submit the appeal within 15 working days of the event or decision being appealed, or of receiving a lower level decision in accordance with CCR 3084.6(c).

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

  
N. GRANNIS, Chief  
Inmate Appeals Branch

Note: Obtain this name:

("Exhibit: A-4")

ATTN: Director, (CDCR)

(CDCR) officials are conspiring to deny me any available Administrative Remedies (Ad-rem(s)), in attempts to prevent petitioner from seeking Civil Suit relief; in the matter of appeal log# (Cor-05-2259 Staff Complaint)

Note: On 1-10-06 petitioner recieved said appeal in the mail from (CSPC); the (Cal) officer ~~on~~ whom delivered the appeal to petitioner even signed it, & dated it, as the date delivered being 1-10-06

(of the page)  
(See (602) Face Sheet, at the bottom under D. Formal level, it states Recieved B-3 1/10/06 signed by c/o E. Apodaca)

As stated on initial cover-sheet<sup>(letter)</sup>, petitioner is indigent, & need Law Library access for a large Manila Envelopes, & Postage. Petitioner obtained Library access on 2-2-06 & filed/forwarded appeal to the 3rd level (via U.S. Postal).

IF (CSPC) officials allege that the appeal was s/o to petitioner on 10-13-05, then they are mistaken; because as you can clearly see, a (Cal) c/o 'E. Apodaca', signed & dated the appeal as not being delivered to petitioner until 1-10-06.

'This barrification is by a (CDCR) employee...' No time Restraints have been violated by petitioner; Please process this appeal...

Date: 10-11-06

(P-13474)

Dr John E. James III



**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



September 27, 2006

JAMES, CDC #P-13474  
Calipatria State Prison  
P.O. Box 5002  
Calipatria, CA 92233

Re: Institution Appeal Log #COR 05-2259 Staff Complaint

Dear Mr. JAMES:

The enclosed documents are being returned to you for the following reasons:

An appellant must submit the appeal within 15 working days of the event or decision being appealed, or of receiving a lower level decision in accordance with CCR 3084.6(c).

Your assigned counselor, the Appeals Coordinator, or your Parole Agent can answer any questions you may have regarding the appeals process. Library staff can help you obtain any addresses you need.

*fa* *RA*  
N. GRANNIS, Chief  
Inmate Appeals Branch

**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



July 23, 2006

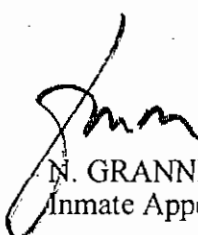
Appeals Coordinator  
Calipatria State Prison  
P.O. Box 5002  
Calipatria, CA 92233

CAL

RE: JAMES, CDC #P-13474 Institution Appeal Log #COR 05-2259 Staff Complaint

To the Appeals Coordinator:

Inmate claims he did not receive the Second Level Response until 1/1/06. Please verify and return the appeal package to the IAB for processing. Please complete and return the requested documents to this office by August 22, 2006.

  
N. GRANNIS, Chief  
Inmate Appeals Branch

7/26/06 I spoke with Tiffany Jones - Agpa CSP-COR  
She said the returned date is as noted on the 602  
form, and there were no circumstances in which  
the appeal would have been returned to the IAB  
in January of 2006.

DEdwards  
CCH SP-appeals  
CAL

**INMATE/PAROLEE  
APPEAL FORM**  
CDC 602 (12/87)

1. **CSP-CORCORAN** 2. **05-2259** 3. **7**  
4. **CAL**

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME: **John James** NUMBER: **P-13474** ASSIGNMENT: **3B03-106** UNIT/ROOM NUMBER: **3601 H6**

A. Describe Problem: **Excessive Force; Retaliation; Fabricating Documents; Falsifying Charges** In retaliation to petitioner filing Citizens Complaint(s) of a civil suit § 1983 Case No. CV-04-5878 Rec DLR-P; by Administrative Official(s) to retaliate by assaulting - & filing charges against petitioner... On 6-19-05 petitioner filed an § 832.5(a) Citizens Complaint against all of the following (C.S.P.C.) official(s): (A.W.): "Poules", (Cptn): "R. Vella", (SGT): "R. Vogel", (LT): "Whitford", & 401(s): Edmund - Barron - Pecum - Cooper; the 6-19-05 complaint raised conspiracy to retaliate/harass/threats/& deliberate indifference.

If you need more space, attach one additional sheet.

B. Action Requested: ① Process this Complaint per Cal P.C. § 832.5(a) Citizens Complaint; ② Be Issued a Polygraph Examination § CCR Title 15, § 3293; ③ That Warden: "A.K. Scribner" be notified & order an investigation.

Inmate/Parolee Signature: **John James** Date Submitted: **6-20-05**

C. INFORMAL LEVEL (Date Received: ) Staff Response:

REMINDER: Per OP 439, "CDC Form 602, Inmate/Parolee Appeal Forms alleging misconduct will be completed with a fact-finding report addressed to the Division Head and a separate First Level response to the inmate. The employee will indicate their finding in accordance to the following explanations: NO FINDING / NOT SUSTAINED / UNFOUNDED / EXONERATED / SUSTAINED." Responses received without this statement will be returned. (See OP 439 for further information.)

Signature: Date Submitted: CDC Appeal Number:

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim  
Received 13-5  
1/10/06 c/o EAPODACA

First Level ☐ Granted ☐ P. Granted ☒ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 6/27/05Due Date: 8/9/05Interviewed by: Sgt. C. Calvey on 8-8-05This appeal is DeniedSee AttachedStaff Signature: C. CalveyTitle: Sgt.Date Completed: 8-9-05Division Head Approved: [Signature]Signature: [Signature]Title: ANCA

Returned

Date to Inmate: 8/24/05

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Officials are conspiring to cover up staff Excessive Force.  
And the misconduct in this matter shall be brought to light.Signature: John JamesDate Submitted: 9-6-05Second Level ☐ Granted ☐ P. Granted ☒ Denied ☐ OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 9/26/05Due Date: 10/25/05☒ See Attached LetterSignature: [Signature]10-7-5Date Completed: 10/7/05Warden/Superintendent Signature: [Signature]Date Returned to Inmate: 10/13/05

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

You didn't even institute the appropriate investigation per  
D.O.M. 31140.6.2 Category (1) Investigations...  
- O.I.A. -This Complaint fits O.I.A. Investigation criteria  
for multiple reasons. This is just another conspiracy by CDC & RSignature: John JamesDate Submitted: 1-11-06For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate AppealsDIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: \_\_\_\_\_



On 6-20-05 at approx 0900 hrs. petitioner was released out of his assigned cell by % Atthey (Tower), § ordered to report to work exchange for transportation to ACH. At that time % Atthey order petitioner to take out/undue his DreadLox, this order was impossible for petitioner to comply with § was a completely illogical order by staff. (Note: Petitioner attends ACH on a regular basis, twice weekly, § has done so for approx 2 1/2 years here at (C.S.P.C.). % Atthey is a regular employee stationed in 3C01 Tower, § has released petitioner out of cell/building to attend ACH (Physical Therapy) approx (20) times or more... Petitioner has had dreadlox since 2002, % Atthey has observe the dreadlox on every ACH visit occasion — though has never attempted to deny me medical treatment due to the dreadlox...)

% Atthey then contacted % Edmond, § Barron, both officers approached petitioner § immediately began threatening — to spray me while shaking cans of O.C. Pepper Spray... As done while speaking to % Atthey I continued requesting supervizing officials to be present, all staff: Edmond, Barron, § Atthey repeatedly denying my request... As petitioner glanced to his <sup>(Right)</sup> % Edmond sprayed me in my ~~eye~~ a left eye at point blank range (less than (4) feet distance). Edmond then tackled me from the back § knocked me down, he then ordered my hands behind my back § applied cuffs, he then (in the process of roughing me) banged my forehead into the concrete floor numerous times. Additional officers arrived § began violently escorting me out of the building, the escorting officers were % R. Swain, § I.G. Valdez, the officers removed me from the building, Petitioner was screaming in pain for medical attention § decontamination, both officers denying petitioner medical treatment § holding me outside the building laughing § calling me names while I burned in pain. The officers later escorted me over to 3C-Medical building § locked me in a holding-cell. Petitioner screamed in pain begging approx (5) medical staff for medical assistance, all staff refused to treat me, the doctor present (less than (10) feet



away) even got up & closed his office door to drown out petitioners screams in for medical assistance... The medical staff present were (2) Men & (3) Women. Only names known was M.T.A. Hernandez. After approx (15) minutes to (15) Swain & Valdez, then escorted me approx (200 Yards) to 3C02 building, held me outside for approx (3) minutes then finally placed me in 3C02-C-section shower, & then left me locked in restraints. During the escorting to Swain constantly threatened me & made Racial slurs/sarcasim, stating If I attempted to spit the pepper spray out of my mouth he would slam my face into the ground & make me eat gravel. Further stating that he would file a False charge against me alleging I spat on his boots, I stated I did not, & he stated there was plenty of DNA on the ground to plant on his boots... Petitioner became blind in his left eye completely (momentarily), all medical staff refused to treat my eye, nor log these injuries to both my eye & left shoulder... While locked in a holding cell in 3C-Program Office, I overheard (SGT): "Correia", Inform to Barron, of what to write in her Incident report, Informing Barron to report that she held petitioner down until 3 additional staff arrived... Falsifying the allegation that petitioner made attempts to resist... /// There was No cause for the use of any force, staff conspired against petitioner to assault me, then file False charge's against me that would justify a D.A. referral & False Criminal charge's...

# Cover Sheet Letter

F-22-06

Appeal Log # No. Cor-05-2259, was s/o by the 3rd Level during the month of May 2006; stating CCR. § 3084 Time Lapse...

The appeal reading it was s/o to petitioner at the 2nd level on 10-13-05; though the appeal was not actually delivered to plaintiff until 1-10-06. (See (cal) Staff Received Notice on (602) Face sheet at the bottom; signed & ~~dated~~ dated by s/o "E. Apodaca", below section D.)...

On 11-3-05 petitioner transferred out of Corcoran, to (Calipatria); said (602) was mailed to petitioner at (cal) & issued on 1-10-06...

Said appeal is extensive in page's & requires a large manilla envelope. Petitioner is indigent & can only receive large manilla envelope from (cal) library... After 1-10-06 (when the appeal was delivered to petitioner) petitioner was not allowed to (cal) library until 2-2-06...

On 2-2-06 I sent the appeal to the 3rd Level as soon as I received a manilla envelope from the library...

As stated, the appeal was s/o by the 3rd level, back to petitioner... Immediately thereafter in May 2006 I wrote the director of (CDCR) "J.S. Woodford", explaining all of the foregoing, & requesting that she order the appeal faxed to the 3rd level, & processed. (Due to the fact that (cal) is on lockdown & inmates

(Turn &amp; Over)

are not allowed library access without (30) day court deadline.

And I'm still indigent & need a large manilla envelope; On 5-22-06 I recieved library access at (cal), & the needed envelope...

I am requesting that this appeal be processed, this is my second request to have this appeal processed; not including the May 2006 correspondence sent to "J.S. Woodford"...

Date 5-22-06

John E. James III  
John E. James III

Paper Trail.

# Cover Sheet Letter

Appeal not delivered until 1-1-06

No Law Library Access until 2-2-06

I/M needed library access for manila envelope;  
3 postage...

Please process appeal...

John E. James III

P-13474

Date: 2-2-06

RECEIVED CAL APPEALS JUL 26 2005

First Level: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 6/27/05

Due Date: 8/9/05

Interviewed by: Sgt. C. Calvey on 8-8-05 This appeal is Denied  
see attachedRECEIVED  
OCT 18 2006  
INMATE APPEALS  
BRANCH

Staff Signature: C. Calvey

Title: Sgt.

Date Completed: 8-9-05

Division Head Approved: [Signature]

Returned

Signature: [Signature]

Title: ANCA

Date to Inmate: 8/24/05

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Officials are conspiring to cover up staff Excessive Force.  
And there misconduct in this matter shall be brought to light

Signature: John James

Date Submitted: 9-6-05

Second Level: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 9/20/05

Due Date: 10/25/05

☒ See Attached Letter

Signature: [Signature]

Date Completed: 10/7/05

Warden/Superintendent Signature: [Signature]

Date Returned to Inmate: 10/13/05

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

RECEIVED  
MAY 26 2006  
INMATE APPEALS  
BRANCH

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate AppealsDIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other☐ See Attached Letter

Date: \_\_\_\_\_

RECEIVED  
JUL 28 2006  
INMATE APPEALS  
BRANCH



**DIVISION OF ADULT OPERATIONS**  
**CALIFORNIA STATE PRISON - CORCORAN**  
P.O. Box 8800  
Corcoran, CA 93212



October 7, 2005

**Inmate James P13474**

**Re: SECOND LEVEL APPEAL RESPONSE**

Log # CSP-C-4-05-2259

Issue: Complaint against Staff

**DECISION: Denied**

**PROBLEM DESCRIPTION:** You relate that in your appeal that the staff you have named within section A of your appeal are guilty of staff misconduct.

**ACTION REQUESTED:** You request an investigation.

**APPEAL RESPONSE:** You were interviewed at the First Level Review. Your appeal was filed, accepted, and processed as a complaint against staff. A fact-finding was conducted at the First Level of Review and the allegations were not sustained. You provided no further facts not available to the previous level of review. The fact-finding failed to disclose a preponderance of evidence to prove or disprove the allegations made, therefore, they are found not sustained.

Considering the above information, your appeal is denied at the Second Level of Review.

You may proceed to the next level of administrative review if you seek further relief.

  
**D.D. Sheppard-Brooks**  
Chief Deputy Warden (A) – Operations  
California State Prison – Corcoran

**CALIFORNIA STATE PRISON-CORCORAN**  
Corcoran, California

JAMES  
Inmate Name

P-13474  
CDC #

Appeal Log Number: CSPC-04-05-02259

Appeal Decision: Denied

Inmate Interviewed: JAMES

Appeal Issue: STAFF COMPLAINT

Appeal Response:

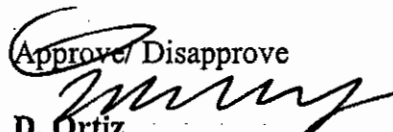
On 08-07-05, Inmate James you were interviewed by Correctional Sergeant C. Galaviz regarding this appeal of allegations of staff misconduct. In addition to you being interviewed, Sergeant Galaviz, conducted a fact-finding inquiry concerning all individuals involved.

You are being advised that the fact-finding part of your appeal has been completed. The information received during the fact-finding inquiry is confidential and therefore will not be disclosed. If any staff misconduct is discovered, appropriate action will be taken.

Based on the information received during the fact-finding inquiry, your appeal is **Denied** at the First Level of Review.

Also, based on the fact-finding inquiry, I have concluded that your allegations of staff misconduct is "**Not Sustained**".

Approve/Disapprove  
  
R. Vena  
Facility Captain  
Facility 3C  
CSP-Corcoran

Approve/Disapprove  
  
D. Ortiz  
Associate Warden  
CSP-Corcoran

## RULES VIOLATION REPORT - PART C

|                                                                                                                                                                                                                                                     |                        |                            |                        |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|------------------------|--------------------------|
| CDC NUMBER<br>P-13474                                                                                                                                                                                                                               | INMATE'S NAME<br>JAMES | LOG NUMBER<br>4B-05-06-030 | INSTITUTION<br>CSP-COR | TODAY'S DATE<br>07/28/05 |
| <input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                        |                            |                        |                          |

## ADJUDICATION/DISPOSITION (CONTINUED)

**D.A. REFERRAL:** This matter has been referred to the local District Attorney's Office for consideration of criminal prosecution. Inmate James has requested prompt hearing of this matter stating he wished to waive his rights to postpone his hearing pending the District Attorney's decision regarding prosecution, as documented by his signature on the CDC-115A on July 5, 2005. James has been advised that any statements made by him in this hearing may be used against him in a court of law.

**DUE PROCESS:** The CDC-115 Rules Violation Report, dated June 20, 2005, was served on James on July 5, 2005, within the required 15 days from discovery. This disciplinary hearing is being held within 30 days of that service. Therefore, all time constraints have been met and there are no due process issues prohibiting the forfeiture of credits.

**INVESTIGATIVE EMPLOYEE:** James requested and received the services of an Investigative Employee. He was issued a completed copy of the Investigative Employee's Report on July 18, 2005, more than 24 hours prior to this hearing.

**NOTE:** A Mental Health Assessment Request was not initiated as James is not a participant in the Mental Health Services Delivery System and his alleged conduct was not bizarre, unusual, or uncharacteristic.

**STAFF ASSISTANT:** This Senior Hearing Officer determined that James speaks English, is literate in that he has a reading level greater than 4.0, the issues are not complex and a confidential relationship is not required. James therefore was not assigned a Staff Assistant as the factors encompassing this case do not meet the criteria pursuant to CCR §3315(d)(2).

**REQUEST FOR WITNESSES:** At the time the CDC-115A was issued to James he requested that witnesses be present at his hearing (see CDC-115A). However, at the time of this hearing when this Senior Hearing Officer attempted to confirm this request, James stated he wished to withdraw his prior request and instead requested that only Correctional Officer R. Athey be present as a witness. James signed a CDC-128B chrono documenting this request, which this Senior Hearing Officer granted, and Officer Athey was summoned to the hearing. Upon the witness' arrival, James asked the following questions to which Officer Athey provided the below-stated responses:

- Q #1) "Are you the regular Control Booth Officer?"  
 A #1) "Yes."  
 Q #2) "How long have I been in the Unit?"  
 A #2) "I don't know, I would have to look in my book."  
 Q #3) "Has it been longer than 30 days?"  
 A #3) "Yes."  
 Q #4) "Are you aware that I attend ACH?"  
 A #4) "I know you have been called out."  
 Q #5) "Did the C/O ever ask me to cuff up?"  
 A #5) "No, at that time it was unnecessary."  
 Q #6) "Did I ask you to call the Sergeant?"  
 A #6) "I don't remember."

|                                                                    |  |             |             |
|--------------------------------------------------------------------|--|-------------|-------------|
| SIGNATURE OF WRITER<br>E. MAZON-ALC, Correctional Lieutenant (SHD) |  | DATE SIGNED |             |
| GIVEN BY: (Staff's Signature)                                      |  | DATE SIGNED | TIME SIGNED |
| <input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE         |  |             |             |

|                                                                                                                                                                                                                                                     |                        |                            |                        |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|------------------------|--------------------------|
| CDC NUMBER<br>P-13474                                                                                                                                                                                                                               | INMATE'S NAME<br>JAMES | LOG NUMBER<br>4B-05-06-030 | INSTITUTION<br>CSP-COR | TODAY'S DATE<br>07/28/05 |
| <input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                        |                            |                        |                          |

ADJUDICATION/DISPOSITION (CONTINUED)

Neither James nor this Senior Hearing Officer had any further questions for the witness and Officer Athey was excused from the hearing.

**INMATE'S PLEA AND STATEMENT:** James is charged with, "ATTEMPTED BATTERY ON A PEACE OFFICER," a Division 'B' Offense, which is in violation of CCR § 3005(c). The circumstances of the violation were read to James. He acknowledged understanding the charge filed against him. James pled "NOT GUILTY." After entering his plea stated, "There is no evidence I tried to batter Staff."

**EVIDENCE PRESENTED AT THE HEARING:**

|                                                          |                |                 |
|----------------------------------------------------------|----------------|-----------------|
| Rules Violation Report/CDC-115, Log # 4B-05-06-030       | 03C-05-06-030- | DATED: 06/20/05 |
| CDC-837 Crime/Incident Report, Log # COR-03C-05-06-0307  |                | DATED: 06/20/05 |
| Investigative Employee's Report authored by C/O R. Lerma |                | DATED: 07/06/05 |
| Hearing Testimony of Officer Athey                       |                | DATED: 07/28/05 |
| James' Plea and Plea Statement at the Hearing            |                | DATED: 07/28/05 |

**FINDINGS:** All evidence was considered during this hearing. This preponderance of evidence as described here includes:

- 1) The Reporting Employee's written report, which states in part, "...Inmate James was standing next to the podium in the dayroom yelling at the Control Booth Officer. Officer Barron and I approached Inmate James. I gave Inmate James three verbal orders to lock-up. Inmate James refused to comply. I advised Inmate James that if he didn't lock-up I would spray him with pepper spray. Inmate James refused to comply. Inmate James took a combative stance by stepping back with his right foot and clenching both fists and stated 'Fuck This' ... I ordered Inmate James to 'Get Down.' James refused to comply. Using both hands on Inmate James' shirt, I pulled him down to a prone position. I ordered Inmate James to place his hands behind his back. Inmate James refused to comply. Using both hands I grabbed Inmate James' right hand and placed it behind his back...."
- 2) The contents of the CDC-837 Incident Package, all of which are consistent with the finding in this matter; specifically, the following reports:

a) The written Supplemental Report of Correctional Officer Officer Athey, which states in part, "I advised James that he needs to be in compliance with Grooming Standards per the Title 15.... James said he was not going to get in compliance. I explained to James that is considered a refusal and he needs to return to his cell. James yelled, 'Fuck this, I need to go get my treatment!' I again ordered James to lock up. He said 'No, I'm not going to .' I asked 3C01 Floor Officers K. Edmonds and E. Barron to escort James back to his cell. Edmonds and Barron both ordered James back to his cell. James repeatedly yelled, 'Fuck that, I'm not locking up!' Edmonds and Barron withdrew their state-issued Oleoresin Capsicum spray. Edmonds stated, 'Go lock up or I'm going to spray you.' James yelled, 'Fuck this.' Edmonds sprayed James in the face and yelled 'Get down.' James did not get down...."

|                                                            |                                                                     |                            |
|------------------------------------------------------------|---------------------------------------------------------------------|----------------------------|
| <input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | SIGNATURE OF WRITER<br>E. MAZON ALEC, Correctional Lieutenant (SHO) | DATE SIGNED<br>7/28/05     |
|                                                            | GIVEN BY: (Staff's Signature)                                       | DATE SIGNED<br>TIME SIGNED |



|                                                                                                         |                |                                                                                                                                              |                                |                                           |                                                                                                                                                                                                                                                                                                                                                      |                        |
|---------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| CRIME / INCIDENT REPORT<br>PART A - COVER SHEET<br>CDC837-A1 (09/03)                                    |                | PAGE 1 OF 1                                                                                                                                  |                                | INCIDENT LOG NUMBER<br>COR-03C-05-06-0307 | INCIDENT DATE<br>06/20/05                                                                                                                                                                                                                                                                                                                            | INCIDENT TIME<br>09:45 |
| INSTITUTION<br>CSP-Corcoran                                                                             | FACILITY<br>3C | FACILITY LEVEL<br><input type="checkbox"/> I <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV | INCIDENT SITE<br>Dayroom Floor | LOCATION<br>3C01 DAYROOM                  | <input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> PHU<br><input type="checkbox"/> SNY <input checked="" type="checkbox"/> GP <input type="checkbox"/> CTC <input type="checkbox"/> RC<br>SEG YARD: <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM |                        |
| SPECIFIC CRIME / INCIDENT<br>Attempted Battery/Assault on a Peace Officer Resulting in the Use of Force |                |                                                                                                                                              |                                |                                           | <input checked="" type="checkbox"/> CCR <input type="checkbox"/> PC <input type="checkbox"/> N/A 3005 (c) Force & Violence<br>NUMBER / SUBSECTION:                                                                                                                                                                                                   |                        |

|                                                                                               |                                                                                       |                                                                                      |                                                                                           |                                                                                        |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| D.A. REFERRAL ELIGIBLE<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | SERT ACTIVATED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | NMT ACTIVATED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | MUTUAL AID REQUEST<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | PIO/AA NOTIFIED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

RELATED INFORMATION (CHECK ALL THAT APPLY)

|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| DEATH<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> STAFF<br><input type="checkbox"/> VISITOR<br><input type="checkbox"/> OTHER<br><br><input checked="" type="checkbox"/> N/A | CAUSE OF DEATH<br><input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE<br><input type="checkbox"/> EXECUTIO <input type="checkbox"/> NATURAL<br><input type="checkbox"/> HOMICIDE<br><input type="checkbox"/> OVERDOSE<br><input type="checkbox"/> UNKNOWN<br><input checked="" type="checkbox"/> N/A | ASSAULT / BATTERY<br><input type="checkbox"/> INMATE<br><input checked="" type="checkbox"/> STAFF<br><input type="checkbox"/> VISITOR<br><input type="checkbox"/> OTHER<br><br><input type="checkbox"/> N/A | TYPE OF ASSAULT / BATTERY<br><input checked="" type="checkbox"/> BEATING <input type="checkbox"/> SPEARING<br><input type="checkbox"/> GASSING <input type="checkbox"/> STABBING<br><input type="checkbox"/> POISONING <input type="checkbox"/> STRANGLING<br><input type="checkbox"/> SEXUAL <input type="checkbox"/> OTHER<br><input type="checkbox"/> SHOOTING<br><input type="checkbox"/> SLASHING <input type="checkbox"/> N/A |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SERIOUS INJURY<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> STAFF<br><input type="checkbox"/> VISITO<br><input type="checkbox"/> OTHER<br><br><input checked="" type="checkbox"/> N/A | INMATE WEAPONS<br>TYPE:<br><input type="checkbox"/> COMMERCIAL WEAPON<br><input type="checkbox"/> INMATE MANUFACTURED<br><input checked="" type="checkbox"/> HANDS / FEET<br><input type="checkbox"/> KNIFE<br><input type="checkbox"/> SAP / SLUNG SHOT<br><input type="checkbox"/> PROJECTILE<br><input type="checkbox"/> SPEAR<br><input type="checkbox"/> SLASHING INSTRUMENT<br><input type="checkbox"/> STABBING INSTRUMENT<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID<br><input type="checkbox"/> UNKNOWN LIQUID<br><input type="checkbox"/> N/A | SHOTS FIRED / TYPE WEAPON / FORCE<br>WEAPON: <input type="checkbox"/> MINI 14 <input type="checkbox"/> 38 CAL. <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN<br>LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> L8 <input type="checkbox"/> 40MM <input type="checkbox"/> 40 MM MULTI <input type="checkbox"/> HFWRS<br>FORCE: <input type="checkbox"/> SIDE HANDLE BATON <input checked="" type="checkbox"/> PHYSICAL FORCE <input type="checkbox"/> X10 <input type="checkbox"/> OTHER<br>WARNING # EFFECT # TYPE: NO:<br>BATON ROUND: <input type="checkbox"/> WOOD <input type="checkbox"/> RUBBER <input type="checkbox"/> FOAM<br>STINGER: <input type="checkbox"/> .32 (A) <input type="checkbox"/> .60 (B)<br>EXACT IMPACT: <input type="checkbox"/> CTS 4557 <input type="checkbox"/> XM 1008<br>CHEMICAL: <input checked="" type="checkbox"/> OC <input type="checkbox"/> CN <input type="checkbox"/> CS <input type="checkbox"/> N/A |
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| CONTROLLED SUBSTANCE / WEIGHT<br><input type="checkbox"/> POSITIVE UA <input type="checkbox"/> CONTROLLED MEDS<br><input type="checkbox"/> WITH PACKAGING <input type="checkbox"/> WITHOUT PACKAGING<br>PRELIMINARY LAB<br><input type="checkbox"/> AMPHETAMINE <input type="checkbox"/> BARBITUATES <input type="checkbox"/> COCAINE <input type="checkbox"/> CODEINE <input type="checkbox"/> HEROIN <input type="checkbox"/> MARIJUANA / THC <input type="checkbox"/> METAMPHETAMINE <input type="checkbox"/> MORPHINE <input type="checkbox"/> OTHE<br><input checked="" type="checkbox"/> N/A | PROGRAM STATUS<br><input type="checkbox"/> MODIFIED PROGRAM<br><input type="checkbox"/> LOCKDOWN<br><input type="checkbox"/> STATE OF EMERGENCY<br>IF YES, LIST AFFECTED PROGRAMS:<br><input checked="" type="checkbox"/> N/A | EXCEPTIONAL ACTIVITY<br><input type="checkbox"/> EMPLOYEE JOB ACTION <input type="checkbox"/> WEATHER<br><input type="checkbox"/> ENVIRONMENTAL HAZARD <input type="checkbox"/> SEARCH WARRANT<br><input type="checkbox"/> EXPLOSION <input type="checkbox"/> ARREST<br><input type="checkbox"/> FIRE <input type="checkbox"/> OTHER<br><input type="checkbox"/> GANG / DISRUPTIVE GROUP<br><input type="checkbox"/> HOSTAGE<br><input type="checkbox"/> INMATE STRIKE<br><input type="checkbox"/> MAJOR DISTURBANCE<br><input type="checkbox"/> MAJOR POWER OUTAGE<br><input type="checkbox"/> NATURAL DISASTER<br><input type="checkbox"/> PUBLIC DEMONSTRATION<br><input type="checkbox"/> SPECIAL INTEREST I / M <input checked="" type="checkbox"/> N/A |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

BRIEF DESCRIPTION OF INCIDENT ( ONE OR TWO SENTENCES )

On 06/20/05 at approximately 0945 hours, Inmate J. James, P-13474, refused to follow staff orders and return to his cell. When James approached staff he took an aggressive stance. Officer K. Edmonds administered one two second burst of OC Pepper Spray to stop the threat and used physical force to gain compliance with staff orders to get down in a prone position.

COMPLETE SYNOPSIS / SUMMARY ON PART A1

|                                                     |                                    |                  |                  |
|-----------------------------------------------------|------------------------------------|------------------|------------------|
| NAME OF REPORTING STAFF (PRINT/TYPE)<br>M. A. Melo  | TITLE<br>Lieutenant                | ID#<br>2062271   | BADGE #<br>33570 |
| SIGNATURE OF REPORTING STAFF<br><i>[Signature]</i>  | PHONE EXT. (INCIDENT SITE)<br>6503 | DATE<br>06/20/05 |                  |
| NAME OF WARDEN / AOD (PRINT/SIGN)<br>A. K. SCRIBNER | TITLE<br>Warden                    | DATE             |                  |



|                                                                      |  |                           |                                           |
|----------------------------------------------------------------------|--|---------------------------|-------------------------------------------|
| CRIME / INCIDENT REPORT<br>PART A1 - SUPPLEMENT<br>CDC837-A1 (09/03) |  | PAGE <u>1</u> OF <u>2</u> | INCIDENT LOG NUMBER<br>COR-03C-05-06-0307 |
|----------------------------------------------------------------------|--|---------------------------|-------------------------------------------|

|                             |                |                              |                           |
|-----------------------------|----------------|------------------------------|---------------------------|
| INSTITUTION<br>CSP-Corcoran | FACILITY<br>3C | DATE OF INCIDENT<br>06/20/05 | TIME OF INCIDENT<br>09:45 |
|-----------------------------|----------------|------------------------------|---------------------------|

TYPE OF INFORMATION:

☒ SYNOPSIS/SUMMARY OF INCIDENT    ☐ SUPPLEMENTAL INFORMATION    ☐ AMENDED INFORMATION    ☐ CLOSURE REPORT

**NARRATIVE:**

**"IMMEDIATE USE OF FORCE"**

On Monday June 20, 2005, at approximately 0945 hours, Correctional Officer R. Athey, 3C01 Control Booth Officer, released Inmate J. James, P-13474, 3C01-116L, to report to 3C Work Change to be accounted and escorted to the Acute Care Hospital. Officer R. Athey advised Inmate James that he needed to be in compliance with grooming standards. Inmate James has his hair worn in a braid like style and facial hair. Inmate James told the Officer R. Athey that he was not going to comply with the grooming standards. Officer R. Athey ordered James to return to his assigned cell and James yelled " Fuck that, I need to go get my treatment!". Officer R. Athey again ordered James to return his cell and James yelled "No, I'm not going to!" Officer R. Athey asked Correctional Officers K. Edmonds, 3C01 Floor Officer #1, and E. Barron to escort James back to his assigned cell. Both Officers gave several orders to James to return to his cell. Inmate James failed to comply with staff orders and yelled "Fuck that, I'm not locking up!" Officers K. Edmonds and E. Barron unholster their state issued MK-09 OC Pepper Spray and K. Edmonds ordered James to return to his cell or he was going to spray him with OC Pepper Spray. Inmate James yelled "Fuck this!" and stepped back with his right leg and made both hands into a fist. Officer K. Edmonds immediately sprayed James in the facial area with one, 2 second burst of OC Pepper Spray to stop the threat. Officer K. Edmonds ordered James to get down in a prone position on the floor. Inmate James refused to comply with staff instruction. Officer K. Edmonds used physical force to place James on the floor. Officer K. Edmonds ordered James to place his hands behind his back. Inmate James again refused to comply with Officer K. Edmonds' orders. This required Officer K. Edmonds and with the assistance from Officer E. Barron to use physical force to place his hands behind his back. Officer K. Edmonds then placed handcuffs on James without further incident. The unit alarm was activated and responding staff arrived to assist. Correctional Officers I. Valdez, 3CS&E #2 and T. Swaim, 3C02 Floor Officer #1, escorted Inmate James to 3C Medical Clinic holding cell for a medical evaluation. Both Officer escorted James to building 3C02, where he was decontaminated in the "C" section shower.

A more descriptive/detailed account of the incident and forced used is contained in the employee's 837C, Part C-1-Supplement.

**SUSPECT(S):**

J. James, P-13474, 3C01-116L, Not Affiliated Inmate, that is not a participant in the Mental Health Services Delivery System. He has a TABE score of above 4.0 and is not a participant in the DDP.

**VICTIM(S):**

Correctional Officer K. Edmonds 3C01 Floor Officer #1.

**USE OF FORCE:**

Officer K. Edmonds discharged one (1), approximate two (2) second burst of Oleoresin Capsicum from an MK-09 canister and applied physical force/strength and holds.  
Officer E. Barron applied physical force/strength and holds.

A more descriptive/detailed account of the force used is contained in the employee's 837C, Part C-1-Supplement.

☒ CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1

|                                                                                                                     |                     |                                    |                  |
|---------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|------------------|
| NAME OF REPORTING STAFF (PRINT/TYPE)<br>M. A. Melo                                                                  | TITLE<br>Lieutenant | ID#<br>2062271                     | BADGE #<br>33570 |
| SIGNATURE OF REPORTING STAFF<br> |                     | PHONE EXT. (INCIDENT SITE)<br>6503 | DATE<br>06/20/05 |
| NAME OF WARDEN / AOD (PRINT/SIGN)<br>A. K. SCRIBNER                                                                 |                     | TITLE<br>Warden                    | DATE             |

RECEIVED CAL APPEALS JUL 26 2006

**CRIME / INCIDENT REPORT**

**PART A1 - SUPPLEMENT**

**CDC837-A1 (09/03)**

**INCIDENT LOG NUMBER**

**COR-03C-05-06-0307**

**PAGE 2 OF 2**

**INSTITUTION**

CSP-Corcoran

**FACILITY**

3C

**DATE OF INCIDENT**

06/20/05

**TIME OF INCIDENT**

09:45

**TYPE OF INFORMATION:**

☒ **SYNOPSIS/SUMMARY OF INCIDENT** ☐ **SUPPLEMENTAL INFORMATION** ☐ **AMENDED INFORMATION** ☐ **CLOSURE REPORT**

**NARRATIVE:**

**ESCORT(S):**

Officers I. Valdez and T. Swaim escorted inmate James from Unit 3C01 dayroom floor to the 3C Medical Clinic holding cell and to 3C02 "C" section lower tier shower for decontamination. After he was decontaminated in the shower, James was escorted to the 3C Program Office and placed in the holding cell. Later uninvolved staff escorted inmate James to his new housing in the Administrative Segregation Unit without further incident.

**CRIME SCENE/EVIDENCE:**

There was no crime scene to process and there was no evidence collected as a result of this incident.

**MEDICAL/MENTAL HEALTH EVALUATION/TREATMENT:**

Medical Technical Assistant (MTA) R. Hernandez completed medical evaluations CDC-7219 on Inmates J. James noting no injuries. Inmate J. James was medically cleared for re-housing in Administrative Segregation. Inmate James was decontaminated with fresh air and cool running water.

A CDC 128B Mental Health Referral was not generated because neither of the suspects were participants in the Mental Health Services Delivery System (MHSDS) and neither exhibited bizarre or unusual behavior.

**NOTIFICATIONS:**

All appropriate Administrative staff were advised of this incident. Additional notifications or information, if any, will be made via supplemental reports. This incident will be referred to the District Attorney for possible prosecution.

**CONCLUSION:**

Inmate J. James will be issued a Rules Violation Report, CDC 115, Log# 3C-05-06-030 charging him with violation of California Code of Regulations, Title 15, section 3005 c, for the specific act of "Attempted Battery/Assault on a Peace Officer". Inmate James was re-housed in Administrative Segregation without further incident.

This incident report was reviewed by:

  
R. Vella

Correctional Captain Facility 3C

CSP-Corcoran

☐ **CHECK IF NARRATIVE IS CONTINUED ON ADDITIONAL A1**

**NAME OF REPORTING STAFF (PRINT/TYPE)**

M. A. Melo

**TITLE**

Lieutenant

**ID#**

2062271

**BADGE #**

33570

**SIGNATURE OF REPORTING STAFF**

**PHONE EXT. (INCIDENT SITE)**

6503

**DATE**

06/20/05

**NAME OF WARDEN / AOD (PRINT/SIGN)**

A. K. SCRIBNER

**TITLE**

Warden

**DATE**

## CRIME / INCIDENT REPORT

Case 1:07-cv-00880-RC Document 1 Filed 06/20/2007 Page 43 of 86

## PART B1 - INMATE

CDC837-B1 (09/03)

PAGE 1 OF 1

INSTITUTION

CSP-Corcoran

FACILITY

3C

INCIDENT LOG NUMBER

COR-03C-05-06-0307

## INMATE (ENTIRE SHEET)

|                                                                                                                                                                                                                              |                       |                                                                                  |                                  |                                   |                                           |                                                                                      |                    |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------|----------------------------------|-----------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------|--------------------|--------------------------------------|
| NAME: LAST<br>James                                                                                                                                                                                                          | FIRST<br>John         | MI<br>E                                                                          | CDC #<br>P-13474                 | SEX<br>M                          | ETHNICITY<br>Black                        | FBI #<br>953875TA5                                                                   | CII #<br>A12106539 |                                      |
| CHECK ONE<br><input type="checkbox"/> VICTIM<br><input checked="" type="checkbox"/> SUSPECT<br><input type="checkbox"/> WITNESS                                                                                              | CLASS<br>SCORE<br>128 | PV RTC<br><input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO | DATE REC'D<br>BY CDC<br>10/14/98 | DATE REC'D<br>BY INST<br>01/23/03 | ANTICIPATED<br>RELEASE DATE<br>01/31/2011 | EXTRACTION<br><input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO | DOB<br>02/29/76    | HOUSING ASSIGN.<br>3C01-116L         |
| <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> DPP <input type="checkbox"/> DMH<br><input type="checkbox"/> MHCBC <input type="checkbox"/> DDP <input checked="" type="checkbox"/> N/A |                       |                                                                                  |                                  |                                   |                                           | COMMITMENT OFFENSE<br>Refer to C-File                                                |                    | COUNTY OF COMMITMENT<br>Contra Costa |

## DESCRIPTION OF INJURIES:

None

## PRISON GANG / DISRUPTIVE GROUP

Not Affiliated

☐ N/A☐ VALIDATED ☐ ASSOCIATED ☐ N/A☐ HOSPITALIZED ☒ TREATED AND RELEASED ☐ REFUSED TREATMENT

NAME / LOCATION OF HOSP. / TREAT. FACILITY

☐ DECEASED DATE: 06/20/05☐ N/A☐ N/A 3C Facility MTA Clinic

|                                                                                                                                                                                                                   |                |                                                                       |                      |                       |                             |                                                                           |       |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------|----------------------|-----------------------|-----------------------------|---------------------------------------------------------------------------|-------|----------------------|
| NAME: LAST                                                                                                                                                                                                        | FIRST          | MI                                                                    | CDC #                | SEX                   | ETHNICITY                   | FBI #                                                                     | CII # |                      |
| CHECK ONE<br><input type="checkbox"/> VICTIM<br><input type="checkbox"/> SUSPECT<br><input type="checkbox"/> WITNESS                                                                                              | CLASS<br>SCORE | PV RTC<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | DATE REC'D<br>BY CDC | DATE REC'D<br>BY INST | ANTICIPATED<br>RELEASE DATE | EXTRACTION<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | DOB   | HOUSING ASSIGN.      |
| <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> DPP <input type="checkbox"/> DMH<br><input type="checkbox"/> MHCBC <input type="checkbox"/> DDP <input type="checkbox"/> N/A |                |                                                                       |                      |                       |                             | COMMITMENT OFFENSE                                                        |       | COUNTY OF COMMITMENT |

## DESCRIPTION OF INJURIES:

☐ N/A

## PRISON GANG / DISRUPTIVE GROUP

☐ VALIDATED ☐ ASSOCIATED ☐ N/A☐ HOSPITALIZED ☐ TREATED AND RELEASED ☐ REFUSED TREATMENT

NAME / LOCATION OF HOSP. / TREAT. FACILITY

☐ DECEASED DATE:☐ N/A☐ N/A

|                                                                                                                                                                                                                   |                |                                                                       |                      |                       |                             |                                                                           |       |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------|----------------------|-----------------------|-----------------------------|---------------------------------------------------------------------------|-------|----------------------|
| NAME: LAST                                                                                                                                                                                                        | FIRST          | MI                                                                    | CDC #                | SEX                   | ETHNICITY                   | FBI #                                                                     | CII # |                      |
| CHECK ONE<br><input type="checkbox"/> VICTIM<br><input type="checkbox"/> SUSPECT<br><input type="checkbox"/> WITNESS                                                                                              | CLASS<br>SCORE | PV RTC<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | DATE REC'D<br>BY CDC | DATE REC'D<br>BY INST | ANTICIPATED<br>RELEASE DATE | EXTRACTION<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | DOB   | HOUSING ASSIGN.      |
| <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> DPP <input type="checkbox"/> DMH<br><input type="checkbox"/> MHCBC <input type="checkbox"/> DDP <input type="checkbox"/> N/A |                |                                                                       |                      |                       |                             | COMMITMENT OFFENSE                                                        |       | COUNTY OF COMMITMENT |

## DESCRIPTION OF INJURIES:

☐ N/A

## PRISON GANG / DISRUPTIVE GROUP

☐ VALIDATED ☐ ASSOCIATED ☐ N/A☐ HOSPITALIZED ☐ TREATED AND RELEASED ☐ REFUSED TREATMENT

NAME / LOCATION OF HOSP. / TREAT. FACILITY

☐ DECEASED DATE:☐ N/A☐ N/A

|                                                                                                                                                                                                                   |                |                                                                       |                      |                       |                             |                                                                           |       |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------|----------------------|-----------------------|-----------------------------|---------------------------------------------------------------------------|-------|----------------------|
| NAME: LAST                                                                                                                                                                                                        | FIRST          | MI                                                                    | CDC #                | SEX                   | ETHNICITY                   | FBI #                                                                     | CII # |                      |
| CHECK ONE<br><input type="checkbox"/> VICTIM<br><input type="checkbox"/> SUSPECT<br><input type="checkbox"/> WITNESS                                                                                              | CLASS<br>SCORE | PV RTC<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | DATE REC'D<br>BY CDC | DATE REC'D<br>BY INST | ANTICIPATED<br>RELEASE DATE | EXTRACTION<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | DOB   | HOUSING ASSIGN.      |
| <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> DPP <input type="checkbox"/> DMH<br><input type="checkbox"/> MHCBC <input type="checkbox"/> DDP <input type="checkbox"/> N/A |                |                                                                       |                      |                       |                             | COMMITMENT OFFENSE                                                        |       | COUNTY OF COMMITMENT |

## DESCRIPTION OF INJURIES:

☐ N/A

## PRISON GANG / DISRUPTIVE GROUP

☐ VALIDATED ☐ ASSOCIATED ☐ N/A☐ HOSPITALIZED ☐ TREATED AND RELEASED ☐ REFUSED TREATMENT

NAME / LOCATION OF HOSP. / TREAT. FACILITY

☐ DECEASED DATE:☐ N/A☐ N/A



CRIME / INCIDENT REPORT

PART B2 - STAFF

CDC837-B2 (09/03)

PAGE 1 OF 2

|                             |                |                                           |
|-----------------------------|----------------|-------------------------------------------|
| INSTITUTION<br>CSP-Corcoran | FACILITY<br>3C | INCIDENT LOG NUMBER<br>COR-03C-05-06-0307 |
|-----------------------------|----------------|-------------------------------------------|

STAFF (ENTIRE SHEET)

|                     |             |    |                  |          |                    |              |
|---------------------|-------------|----|------------------|----------|--------------------|--------------|
| NAME: LAST<br>Athey | FIRST<br>R. | MI | TITLE<br>Officer | SEX<br>F | ETHNICITY<br>White | RDO'S<br>T/W |
|---------------------|-------------|----|------------------|----------|--------------------|--------------|

|                                                                                                                                                                                                       |                  |                 |                        |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|------------------------|-------------------------------|
| CHECK ONE<br><input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input type="checkbox"/> RESPONDER<br><input type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM | BADGE #<br>64493 | ID #<br>2062671 | POST ASSIGN. #<br>2303 | POSITION<br>3C01 CNTL BTH (B) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|------------------------|-------------------------------|

|                                 |                              |
|---------------------------------|------------------------------|
| DESCRIPTION OF INJURIES<br>None | <input type="checkbox"/> N/A |
|---------------------------------|------------------------------|

|                                                                                                                                                                              |                                                                                 |                                            |                                                                                            |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE: | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A | NAME / LOCATION OF HOSP. / TREAT. FACILITY | USED FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TYPE: | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                      |             |    |                  |          |                       |              |
|----------------------|-------------|----|------------------|----------|-----------------------|--------------|
| NAME: LAST<br>Barron | FIRST<br>E. | MI | TITLE<br>Officer | SEX<br>F | ETHNICITY<br>Hispanic | RDO'S<br>W/T |
|----------------------|-------------|----|------------------|----------|-----------------------|--------------|

|                                                                                                                                                                                                       |                  |                |                        |                             |
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| CHECK ONE<br><input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input type="checkbox"/> RESPONDER<br><input type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM | BADGE #<br>60382 | ID #<br>206958 | POST ASSIGN. #<br>2309 | POSITION<br>3C01 FLR #2 (B) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|------------------------|-----------------------------|

|                                 |                              |
|---------------------------------|------------------------------|
| DESCRIPTION OF INJURIES<br>None | <input type="checkbox"/> N/A |
|---------------------------------|------------------------------|

|                                                                                                                                                                              |                                                                                 |                                            |                                                                                            |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE: | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A | NAME / LOCATION OF HOSP. / TREAT. FACILITY | USED FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TYPE: | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                       |             |    |                       |          |                    |              |
|-----------------------|-------------|----|-----------------------|----------|--------------------|--------------|
| NAME: LAST<br>CORREIA | FIRST<br>M. | MI | TITLE<br>Sergeant (A) | SEX<br>M | ETHNICITY<br>White | RDO'S<br>T/F |
|-----------------------|-------------|----|-----------------------|----------|--------------------|--------------|

|                                                                                                                                                                                                       |                  |                 |                          |                             |
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| CHECK ONE<br><input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input type="checkbox"/> RESPONDER<br><input checked="" type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM | BADGE #<br>64697 | ID #<br>2062670 | POST ASSIGN. #<br>230375 | POSITION<br>3C FAC YARD SGT |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|--------------------------|-----------------------------|

|                                 |                              |
|---------------------------------|------------------------------|
| DESCRIPTION OF INJURIES<br>None | <input type="checkbox"/> N/A |
|---------------------------------|------------------------------|

|                                                                                                                                                                              |                                                                                 |                                            |                                                                                            |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE: | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A | NAME / LOCATION OF HOSP. / TREAT. FACILITY | USED FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TYPE: | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                       |             |    |                  |          |                    |              |
|-----------------------|-------------|----|------------------|----------|--------------------|--------------|
| NAME: LAST<br>Edmonds | FIRST<br>K. | MI | TITLE<br>Officer | SEX<br>M | ETHNICITY<br>White | RDO'S<br>F/S |
|-----------------------|-------------|----|------------------|----------|--------------------|--------------|

|                                                                                                                                                                                                       |                  |                  |                        |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------------|-----------------------------|
| CHECK ONE<br><input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input type="checkbox"/> RESPONDER<br><input type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM | BADGE #<br>46239 | ID #<br>20643321 | POST ASSIGN. #<br>2308 | POSITION<br>3C01 FLR #1 (B) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|------------------------|-----------------------------|

|                                 |                              |
|---------------------------------|------------------------------|
| DESCRIPTION OF INJURIES<br>None | <input type="checkbox"/> N/A |
|---------------------------------|------------------------------|

|                                                                                                                                                                              |                                                                                 |                                            |                                                                                                      |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE: | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A | NAME / LOCATION OF HOSP. / TREAT. FACILITY | USED FORCE<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>TYPE: OC Pepper | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                       |            |    |                   |          |                       |              |
|-----------------------|------------|----|-------------------|----------|-----------------------|--------------|
| NAME: LAST<br>Galaviz | FIRST<br>C | MI | TITLE<br>Sergeant | SEX<br>M | ETHNICITY<br>Hispanic | RDO'S<br>F/S |
|-----------------------|------------|----|-------------------|----------|-----------------------|--------------|

|                                                                                                                                                                                                       |                  |                |                          |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|--------------------------|-------------------------|
| CHECK ONE<br><input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input checked="" type="checkbox"/> RESPONDER<br><input type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM | BADGE #<br>38401 | ID #<br>206430 | POST ASSIGN. #<br>230375 | POSITION<br>3C YARD SGT |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|--------------------------|-------------------------|

|                                 |                              |
|---------------------------------|------------------------------|
| DESCRIPTION OF INJURIES<br>None | <input type="checkbox"/> N/A |
|---------------------------------|------------------------------|

|                                                                                                                                                                              |                                                                                 |                                            |                                                                                            |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE: | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A | NAME / LOCATION OF HOSP. / TREAT. FACILITY | USED FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TYPE: | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

## CRIME / INCIDENT REPORT

## PART B2 - STAFF

CDC#37-B2 (09/03)

PAGE 2 OF 2

|                                                                                                                                                                                                       |  |                                                                                 |                 |                                            |                               |                                                                                            |                       |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|-----------------|--------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------|
| INSTITUTION<br>CSP-Corcoran                                                                                                                                                                           |  | FACILITY<br>3C                                                                  |                 | INCIDENT LOG NUMBER<br>COR-03C-05-06-0307  |                               |                                                                                            |                       |                                                                                           |
| STAFF (ENTIRE SHEET)                                                                                                                                                                                  |  |                                                                                 |                 |                                            |                               |                                                                                            |                       |                                                                                           |
| NAME: LAST<br>Hernandez                                                                                                                                                                               |  | FIRST<br>R.                                                                     |                 | MI                                         | TITLE<br>M.T.A.               | SEX<br>F                                                                                   | ETHNICITY<br>Hispanic | RDO'S<br>T/W                                                                              |
| CHECK ONE<br><input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input type="checkbox"/> RESPONDER<br><input checked="" type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM |  | BADGE #<br>69143                                                                | ID #<br>2063386 | POST ASSIGN. #<br>M206                     | POSITION<br>3C FAC MTA #1 (B) |                                                                                            |                       |                                                                                           |
|                                                                                                                                                                                                       |  | DESCRIPTION OF INJURIES<br>None<br><input type="checkbox"/> N/A                 |                 |                                            |                               |                                                                                            |                       |                                                                                           |
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE:                          |  | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A |                 | NAME / LOCATION OF HOSP. / TREAT. FACILITY |                               | USED FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TYPE: |                       | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| NAME: LAST<br>Melo                                                                                                                                                                                    |  | FIRST<br>M.                                                                     |                 | MI                                         | TITLE<br>Lieutenant           | SEX<br>M                                                                                   | ETHNICITY<br>Hispanic | RDO'S<br>T/W                                                                              |
| CHECK ONE<br><input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input type="checkbox"/> RESPONDER<br><input checked="" type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM |  | BADGE #<br>33570                                                                | ID #<br>2062271 | POST ASSIGN. #<br>230170                   | POSITION<br>3C LIEUTENANT     |                                                                                            |                       |                                                                                           |
|                                                                                                                                                                                                       |  | DESCRIPTION OF INJURIES<br>None<br><input type="checkbox"/> N/A                 |                 |                                            |                               |                                                                                            |                       |                                                                                           |
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE:                          |  | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A |                 | NAME / LOCATION OF HOSP. / TREAT. FACILITY |                               | USED FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TYPE: |                       | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| NAME: LAST<br>Swaim                                                                                                                                                                                   |  | FIRST<br>T.                                                                     |                 | MI                                         | TITLE<br>Officer              | SEX<br>M                                                                                   | ETHNICITY<br>Black    | RDO'S<br>T/W                                                                              |
| CHECK ONE<br><input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input type="checkbox"/> RESPONDER<br><input checked="" type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM |  | BADGE #<br>60332                                                                | ID #<br>206909  | POST ASSIGN. #<br>2310                     | POSITION<br>3C02 FLR #1 (B)   |                                                                                            |                       |                                                                                           |
|                                                                                                                                                                                                       |  | DESCRIPTION OF INJURIES<br>None<br><input type="checkbox"/> N/A                 |                 |                                            |                               |                                                                                            |                       |                                                                                           |
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE:                          |  | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A |                 | NAME / LOCATION OF HOSP. / TREAT. FACILITY |                               | USED FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TYPE: |                       | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| NAME: LAST<br>Valdez                                                                                                                                                                                  |  | FIRST<br>I. G.                                                                  |                 | MI                                         | TITLE<br>Officer              | SEX<br>M                                                                                   | ETHNICITY<br>Hispanic | RDO'S<br>F/S                                                                              |
| CHECK ONE<br><input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input type="checkbox"/> RESPONDER<br><input checked="" type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM |  | BADGE #<br>35878                                                                | ID #<br>2061579 | POST ASSIGN. #<br>231844                   | POSITION<br>3C S & E #2 (B)   |                                                                                            |                       |                                                                                           |
|                                                                                                                                                                                                       |  | DESCRIPTION OF INJURIES<br>None<br><input type="checkbox"/> N/A                 |                 |                                            |                               |                                                                                            |                       |                                                                                           |
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE:                          |  | <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A |                 | NAME / LOCATION OF HOSP. / TREAT. FACILITY |                               | USED FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>TYPE: |                       | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| NAME: LAST                                                                                                                                                                                            |  | FIRST                                                                           |                 | MI                                         | TITLE                         | SEX                                                                                        | ETHNICITY             | RDO'S                                                                                     |
| CHECK ONE<br><input type="checkbox"/> PRIMARY <input type="checkbox"/> CAMERA<br><input type="checkbox"/> RESPONDER<br><input type="checkbox"/> WITNESS<br><input type="checkbox"/> VICTIM            |  | BADGE #                                                                         | ID #            | POST ASSIGN. #                             | POSITION                      |                                                                                            |                       |                                                                                           |
|                                                                                                                                                                                                       |  | DESCRIPTION OF INJURIES<br><input type="checkbox"/> N/A                         |                 |                                            |                               |                                                                                            |                       |                                                                                           |
| <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED<br><input type="checkbox"/> REFUSED TREATMENT<br><input type="checkbox"/> DECEASED DATE:                          |  | <input type="checkbox"/> N/A <input type="checkbox"/> N/A                       |                 | NAME / LOCATION OF HOSP. / TREAT. FACILITY |                               | USED FORCE<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>TYPE:            |                       | PROCESSED EVIDENCE<br><input type="checkbox"/> YES <input type="checkbox"/> NO            |



Department of Corrections

Supplemental to the Crime/Incident Report (CDC Form 837)

Page: 1 of 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      |                                                                                                                                                                          |                                                                                                 |                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name, First Name, Initial<br><b>HITCHEY, R.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                      | Badge #<br><b>12693</b>                                                                                                                                                  | Incident Date<br><b>6/20/05</b>                                                                 | Incident Log #<br><b>CR-310-5-00013</b>                                                                                                                                           |
| Length of Service<br><b>3 YRS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID#<br><b>24211</b>                                                                                                                                                  | Post Description<br><b>3rd CORRECTOR</b>                                                                                                                                 | Incident Time<br><b>0415 HOURS</b>                                                              | Report Date<br><b>6/20/05</b>                                                                                                                                                     |
| RDOs<br><b>TR-1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Duty Hours<br><b>06-14</b>                                                                                                                                           | Incident Location<br><b>3rd DETENTION FLOOR</b>                                                                                                                          |                                                                                                 |                                                                                                                                                                                   |
| Description of Incident/Crime<br><b>ATTEMPTED BATTERY ON A PEACE OFFICER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                      | CCR Section/Rule<br><b>3005 (1)</b>                                                                                                                                      |                                                                                                 |                                                                                                                                                                                   |
| Your Role<br><input type="checkbox"/> Primary (S)<br><input type="checkbox"/> Responder<br><input checked="" type="checkbox"/> Witness<br><input type="checkbox"/> Victim<br><input type="checkbox"/> Camera                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Witness (preface S-Suspect, V-Victim, O-Other)<br><b>KEMONA STEPHENSON</b>                                                                                           |                                                                                                                                                                          | Inmates Involved (preface S-Suspect, V-Victim, W-Witness)<br><b>JAMES, P13474</b>               |                                                                                                                                                                                   |
| Force Used by You<br><input type="checkbox"/> Lethal<br><input type="checkbox"/> Less Lethal<br><input type="checkbox"/> Physical<br><input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Less Lethal Weapons<br><input type="checkbox"/> 37 mm<br><input type="checkbox"/> Baton<br><input type="checkbox"/> OC<br><input type="checkbox"/> Other: <b>N/A</b> | Lethal Weapons<br><input type="checkbox"/> Mini-14<br><input type="checkbox"/> Shotgun<br><input type="checkbox"/> Handgun<br><input type="checkbox"/> Other: <b>N/A</b> | Number of Rounds Fired<br>_____                                                                 | Force Observed by You<br><input type="checkbox"/> Lethal<br><input checked="" type="checkbox"/> Less Lethal<br><input type="checkbox"/> Physical<br><input type="checkbox"/> None |
| Evidence Collected<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No <b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Evidence Description<br><b>N/A</b>                                                                                                                                   | Disposition<br><b>N/A</b>                                                                                                                                                | Weapon<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                | BIO Hazard<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                              |
| Reporting Staff Injured<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Description of Injury<br><b>N/A</b>                                                                                                                                  | Location Treated<br><b>N/A</b>                                                                                                                                           | Bodily Fluid Exposure<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | SCIF 3351.3067 Comp<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                     |
| Narrative:<br>ON 6-20-05 AT APPROXIMATELY 0915 HOURS, I REQUESTED<br>JAMES JAMES, P13474, 3001, WENT TO 3001 TO 3001 WORKCHANGE TO<br>BE ESCORTED TO THE ACUTE CARE HOSPITAL FOR TREATMENT. I ADVISED<br>JAMES THAT HE NEEDS TO BE IN COMPLIANCE WITH APPOINTING STANDARDS<br>FOR THE TREATMENT. JAMES HAS HIS HAIR WASHED IN A BRASS-CLIP MACHINER<br>GAVE FACIAL HAIR. JAMES SAID THAT HE WAS NOT GOING TO GET IN<br>COMPLIANCE. I EXPLAINED TO JAMES THAT IS CONSIDERED A REFUSAL AND<br>HE NEEDS TO RETURN TO HIS CELL. JAMES YAWNED, 'EACH TIME, I HAVE<br>TO GO GET MY TREATMENT.' I ASKED JAMES TO LOOK UP.<br>HE SAID 'NO I'M NOT GOING TO.' I ASKED 3001 FLOOR OFFICER |                                                                                                                                                                      |                                                                                                                                                                          |                                                                                                 |                                                                                                                                                                                   |
| Reporting Staff Signature<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      | Date<br><b>6/20/05</b>                                                                                                                                                   |                                                                                                 |                                                                                                                                                                                   |
| Reviewer's Signature<br><b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                      | Approved<br><input checked="" type="checkbox"/>                                                                                                                          | Clarification Needed<br><input type="checkbox"/>                                                | Date<br><b>6-20-05</b>                                                                                                                                                            |

(Print in ink or employees can personally type or complete this form on a computer)  
(At no time will this form be completed by anyone other than the reporting employee)

Incident Log Number 02-03C-05-06-0007

| Last Name, First Name Initial | Badge # | Incident Date | Incident Time |
|-------------------------------|---------|---------------|---------------|
| ATLEY E.                      | 64697   | 6/26/07       | 0745 Hours    |

|                                                         |                                                 |                                                |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Continuation Report | <input type="checkbox"/> Additional Information | <input type="checkbox"/> Clarification Request |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|

Narrative:

K. EDWARDS AND E. BARRON TO Escort James Barr to his cell. EDWARDS AND BARRON BOTH ORDERED JAMES BARR TO HIS CELL. JAMES BARRON REPLIED "FUCK THAT I'M NOT LAYING UP!" EDWARDS AND BARRON WITHDREW THEIR STAFFS ISSUED OUTSTANDING CAPSTOWN SPRAY. EDWARDS STATED "DO NOT LAY UP OR I'M GOING TO SPRAY YOU" JAMES REPLIED "FUCK THIS" WHILE STEPPING BACK WITH HIS RIGHT FOOT AND LUNCHED HIS LEFT. EDWARDS SPRAYED JAMES IN THE FACE AND HEAD. "GET DOWN" JAMES DID NOT GET DOWN. EDWARDS I ACTIVATED MY PEPPER ALARM AND ADVISED STAFF VIA INTERCOM. PART OF THE SITUATION I DID A VISUAL SECURITY CHECK OF THE SURROUNDING AREA. ADDITIONAL STAFF REPORTED JAMES WAS THEN ESCORTED OUT OF THE BUILDING.

|                             |                          |                          |      |
|-----------------------------|--------------------------|--------------------------|------|
| Reporting Staff's Signature | Date                     |                          |      |
| ATLEY E.                    |                          |                          |      |
| Reviewer's Signature        | Approved                 | Clarification Needed     | Date |
| M. Correia Sgt.             | <input type="checkbox"/> | <input type="checkbox"/> |      |



|                                        |                                     |                                               |                                    |
|----------------------------------------|-------------------------------------|-----------------------------------------------|------------------------------------|
| Officer Name: <b>Barron E</b>          | Badge: <b>60382</b>                 | Incident Date: <b>6-20-05</b>                 | Incident Log: <b>COR0305060307</b> |
| Length of Service: <b>10 1/2 Years</b> | Post/Description: <b>3001 FLOOR</b> | Incident Time: <b>0945 AM</b>                 | Report Date: <b>6-20-05</b>        |
| RDO: <b>W-T</b>                        | Duty/Hour: <b>06-N</b>              | Incident Location: <b>3001 DAY ROOM FLOOR</b> |                                    |

Description of Incident/Crime: **Attempted Battery on Peace Officer** CCR Section/Rule: **3605 (C)**

|                                             |                                                   |                                                     |
|---------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| Your Role:                                  | Witnesses (Please S-S Staff, V-Visitor, O-Other): | Uninvolved (Please S-Suspect, V-Victim, W-Witness): |
| <input checked="" type="checkbox"/> Primary | ( ) K Edmunds ( )                                 | ( ) James P-13474                                   |
| <input type="checkbox"/> Responder          | ( ) R Athey ( )                                   | ( )                                                 |
| <input type="checkbox"/> Witness            | ( ) I Valdez ( )                                  | ( )                                                 |
| <input type="checkbox"/> Victim             | ( ) ( )                                           | ( )                                                 |
| <input type="checkbox"/> Camera             | ( ) ( )                                           | ( )                                                 |

|                                                 |                                        |                                  |                                |                                                 |
|-------------------------------------------------|----------------------------------------|----------------------------------|--------------------------------|-------------------------------------------------|
| Force Used by You:                              | Less Lethal Weapons:                   | Lethal Weapons:                  | Number of Rounds Fired:        | Force Observed by You:                          |
| <input type="checkbox"/> Lethal                 | <input type="checkbox"/> 37mm          | <input type="checkbox"/> Mini-14 | <input type="checkbox"/> 1     | <input type="checkbox"/> Lethal                 |
| <input checked="" type="checkbox"/> Less Lethal | <input type="checkbox"/> Baton         | <input type="checkbox"/> Shotgun | <input type="checkbox"/> 2     | <input checked="" type="checkbox"/> Less Lethal |
| <input type="checkbox"/> Physical               | <input checked="" type="checkbox"/> OC | <input type="checkbox"/> Handgun | <input type="checkbox"/> 3     | <input checked="" type="checkbox"/> Physical    |
| <input type="checkbox"/> None                   | <input type="checkbox"/> Other         | <input type="checkbox"/> Other   | <input type="checkbox"/> Other | <input type="checkbox"/> None                   |

|                                        |                       |              |                                        |                                        |
|----------------------------------------|-----------------------|--------------|----------------------------------------|----------------------------------------|
| Evidence Collected:                    | Evidence Description: | Disposition: | Weapon(s) Used:                        | BIO Haz Spill:                         |
| <input type="checkbox"/> Yes           | N/A                   | N/A          | <input type="checkbox"/> Yes           | <input type="checkbox"/> Yes           |
| <input checked="" type="checkbox"/> No |                       |              | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |

|                                        |                        |                   |                                        |                                        |
|----------------------------------------|------------------------|-------------------|----------------------------------------|----------------------------------------|
| Reporting Staff Injured:               | Description of Injury: | Location Treated: | Bodily Fluid Exposure:                 | SCIF 3301/3307 Completed:              |
| <input type="checkbox"/> Yes           | N/A                    | N/A               | <input type="checkbox"/> Yes           | <input type="checkbox"/> Yes           |
| <input checked="" type="checkbox"/> No |                        |                   | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |

On Monday June 20, 2005 at approximately 945 AM officer Athey contacted booth officer, advised myself and officer Edmunds that inmate JAMES P13474 would not lock up. We approached JAMES and ordered JAMES to lock up, he began yelling out "NO FUCK THIS SHIT, I'M NOT FUCKIN LOCKING UP". Officer Edmunds then pulled out his OC pepper spray and ordered him to lock up three different times. JAMES took a bladed stance in the middle of the dayroom by the podium with his fists clenched. Officer Edmunds then sprayed inmate JAMES. JAMES refused to comply with direct orders to get down. Officer Edmunds used both hands to pull JAMES down by his shirt. I assisted Edmunds in restraining JAMES by grabbing his left hand and holding him down while Edmunds cuffed his right hand then his left hand. I was then relieved by assisting staff.

|                                                |                      |
|------------------------------------------------|----------------------|
| Reporting Staff Signature: <b>Po E. Barron</b> | Date: <b>6-20-05</b> |
| Reviewer's Signature: <b>C. Selby</b>          | Date: <b>6-20-05</b> |

|                               |                       |                   |               |                |
|-------------------------------|-----------------------|-------------------|---------------|----------------|
| Last Name, First Name Initial | Badge #               | I. D. #           | Incident Date | Incident Log # |
| Correia, M.                   | 64697                 | 2062670           | June 20, 2005 | COR-05-06-0307 |
| Length of Service             | Post Description      | Incident Time     | Report Date   |                |
| 3 YRS. 4 MO.                  | 3 C Facility Sergeant | 0945              | June 20, 2005 |                |
| RDO's                         | Duty Hours            | Incident Location |               |                |
| T/F                           | 0600-1400             | 3C01              |               |                |

|                                               |                                                 |                                                           |                                    |                                          |
|-----------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|------------------------------------|------------------------------------------|
| Description of Incident/Crime                 |                                                 |                                                           | CCR Section/Rule                   |                                          |
| Attempted Battery on a Peace Officer          |                                                 |                                                           | 3005 (c)                           |                                          |
| Your Role                                     | Witnesses (preface S-Staff, V-Visitor, O Other) | Inmates Involved (preface S-Suspect, V-Victim, W-Witness) |                                    |                                          |
| <input type="checkbox"/> Primary              | ( ) C/O Valdez ( )                              | ( ) i/m James, P-13474                                    |                                    |                                          |
| <input checked="" type="checkbox"/> Responder | ( ) C/O Edmonds ( )                             | ( )                                                       |                                    |                                          |
| <input type="checkbox"/> Witness              | ( ) C/O Swaim ( )                               | ( )                                                       |                                    |                                          |
| <input type="checkbox"/> Victim               | ( ) Sgt. Galaviz ( )                            | ( )                                                       |                                    |                                          |
| <input type="checkbox"/> Camera               | ( )                                             | ( )                                                       |                                    |                                          |
| Force Used by You                             | Less Lethal Weapons                             | Lethal Weapons                                            | Number of Rounds Fired             | Force Observed by You                    |
| <input type="checkbox"/> Lethal               | <input type="checkbox"/> 37mm                   | <input type="checkbox"/> Mini-14                          | <input type="checkbox"/> 1         | <input type="checkbox"/> Lethal          |
| <input type="checkbox"/> Less Lethal          | <input type="checkbox"/> Baton                  | <input type="checkbox"/> Shotgun                          | <input type="checkbox"/> 2         | <input type="checkbox"/> Less Lethal     |
| <input type="checkbox"/> Physical             | <input type="checkbox"/> OC                     | <input type="checkbox"/> Handgun                          | <input type="checkbox"/> 3         | <input type="checkbox"/> Physical        |
| <input checked="" type="checkbox"/> None      | <input type="checkbox"/> Other N/A              | <input type="checkbox"/> Other N/A                        | <input type="checkbox"/> Other N/A | <input checked="" type="checkbox"/> None |

|                                        |                      |             |                                        |                                        |
|----------------------------------------|----------------------|-------------|----------------------------------------|----------------------------------------|
| Evidence Collected                     | Evidence Description | Disposition | Weapon                                 | BIO Hazard                             |
| <input type="checkbox"/> Yes           | N/A                  | N/A         | <input type="checkbox"/> Yes           | <input type="checkbox"/> Yes           |
| <input checked="" type="checkbox"/> No |                      |             | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |

|                                         |                        |                  |                                        |                                         |
|-----------------------------------------|------------------------|------------------|----------------------------------------|-----------------------------------------|
| Reporting Staff Injured                 | Description of Injury  | Location Treated | Bodily Fluid Exposure                  | SCIF 3301/3067 Completed?               |
| <input checked="" type="checkbox"/> Yes | Pulled left leg muscle | none wanted      | <input type="checkbox"/> Yes           | <input checked="" type="checkbox"/> Yes |
| <input type="checkbox"/> No             |                        |                  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> No             |

Narrative: On June 20, 2005 at approximately 0945 hours, while performing my duties as Facility C Sergeant, I responded to an alarm in 3C01 building, along with yard staff. Upon entering the building I saw Officer Edmonds cuffing Inmate James P-13474, 3C01-116L. I told officers Swaim and Valdez to escort Inmate James to the 3C MTA office for a medical evaluation, and decontamination. Subsequently Inmate James was taken to 3C02 for decontamination. At approximately 0955 Officer Valdez called for me on the institutional radio, to respond to 3C02 building. When I arrived, inmate James was in the shower refusing to be handcuffed. I attempted for approximately 15 minutes to talk to inmate James, and to have him submit to mechanical restraints (handcuffs). Inmate James ignored my efforts, but Sergeant Galaviz was successful in talking inmate James to submit to mechanical restraints. Inmate James was then escorted to the 3C program office holding cells.

|                             |                                     |                          |         |
|-----------------------------|-------------------------------------|--------------------------|---------|
| Reporting Staff's Signature | Date                                |                          |         |
| <i>M Correia</i>            | June 20, 2005                       |                          |         |
| Reviewer's Signature        | Approved                            | Clarification Needed     | Date    |
| <i>A Ma</i>                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6-20-05 |

(Print in ink or employees can personally type or complete this form on a computer)  
(At no time will this form be completed by anyone other than the reporting employee)



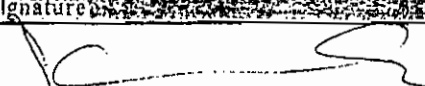
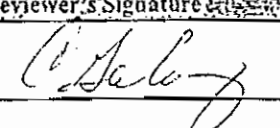
|                                |                  |                    |                    |
|--------------------------------|------------------|--------------------|--------------------|
| Last Name, First Name, Initial | Badge #          | Incident Date      | Incident Log #     |
| EDMUNDS IL                     | 46239/266160     | 6-20-05            | 102-030-05-06-6307 |
| Length of Service              | Post Description | Incident Time      | Report Date        |
| 24 YEARS 6 MONTH               | 3001 - Floor #1  | 0945               | 6-20-05            |
| RDO's                          | Duty Hours       | Incident Location  |                    |
| FIC                            | 0606/1406        | 3001 DAYROOM FLOOR |                    |

|                                                 |                                                 |                                                           |                                |                                          |
|-------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|--------------------------------|------------------------------------------|
| Description of Incident/Crime                   | CCR Section/Rule                                |                                                           |                                |                                          |
| ATTEMPTED BATTERY ON A PEACE OFFICER            | 3005 (C)                                        |                                                           |                                |                                          |
| Your Role                                       | Witnesses (preface S-Staff, V-Visitor, O-Other) | Inmates Involved (preface S-Suspect, V-Victim, W-Witness) |                                |                                          |
| <input checked="" type="checkbox"/> Primary     | (S) E. BARRON ( )                               | (S) JAMES P-13474                                         |                                |                                          |
| <input type="checkbox"/> Responder              | (S) R. ATHEU ( )                                | ( )                                                       |                                |                                          |
| <input type="checkbox"/> Witness                | (S) I. VALDEZ ( )                               | ( )                                                       |                                |                                          |
| <input type="checkbox"/> Victim                 | (S) SWAIN ( )                                   | ( )                                                       |                                |                                          |
| <input type="checkbox"/> Camera                 | ( )                                             | ( )                                                       |                                |                                          |
| Force Used by You                               | Less Lethal Weapons                             | Lethal Weapons                                            | Number of Rounds Fired         | Force Observed by You                    |
| <input type="checkbox"/> Lethal                 | <input type="checkbox"/> 37mm                   | <input type="checkbox"/> Mini-14                          | <input type="checkbox"/> 1     | <input type="checkbox"/> Lethal          |
| <input checked="" type="checkbox"/> Less Lethal | <input type="checkbox"/> Baton                  | <input type="checkbox"/> Shotgun                          | <input type="checkbox"/> 2 N/A | <input type="checkbox"/> Less Lethal     |
| <input checked="" type="checkbox"/> Physical    | <input checked="" type="checkbox"/> OC          | <input type="checkbox"/> Handgun                          | <input type="checkbox"/> 3     | <input type="checkbox"/> Physical        |
| <input type="checkbox"/> None                   | <input type="checkbox"/> Other                  | <input type="checkbox"/> Other                            | <input type="checkbox"/> Other | <input checked="" type="checkbox"/> None |

|                                        |                      |             |                                        |                                        |
|----------------------------------------|----------------------|-------------|----------------------------------------|----------------------------------------|
| Evidence Collected                     | Evidence Description | Disposition | Weapon                                 | BIO Hazard                             |
| <input type="checkbox"/> Yes           | N/A                  | N/A         | <input type="checkbox"/> Yes           | <input type="checkbox"/> Yes           |
| <input checked="" type="checkbox"/> No |                      |             | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |

|                                        |                       |                  |                                        |                                        |
|----------------------------------------|-----------------------|------------------|----------------------------------------|----------------------------------------|
| Reporting Staff Injured                | Description of Injury | Location Treated | Bodily Fluid Exposure                  | ISCF 3301/3067 Completed               |
| <input type="checkbox"/> Yes           | N/A                   | N/A              | <input type="checkbox"/> Yes           | <input type="checkbox"/> Yes           |
| <input checked="" type="checkbox"/> No |                       |                  | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |

ON 6-20-05, AT APPROXIMATELY 0945 HOURS, I WAS INFORMED BY THE 3001 CONTROL BOOTH OFFICER MR. ATHEU, THAT I/M JAMES P-13474, 3001-116-L, WAS REFUSING TO LOCK UP. OFFICER BARRON AND I EXITED THE OFFICE. I/M JAMES WAS STANDING NEXT TO THE PODIUM, IN THE DAYROOM, YELLING AT THE CONTROL BOOTH OFFICER. OFFICER BARRON AND I APPROACHED I/M JAMES. I GAVE I/M JAMES THREE VERBAL ORDERS TO LOCK UP. I/M JAMES REFUSED TO COMPLY. I ADVISED I/M JAMES THAT IF HE DIDNT LOCK UP, I WOULD SPRAY HIM WITH PEPPER SPRAY. I/M JAMES REFUSED TO COMPLY. I/M JAMES TOOK A COMBATIVE STANCE BY STEPPING BACK, WITH HIS RIGHT FOOT AND CLENCHING BOTH FISTS, AND STATED 'FUCK THIS'. USING MY ASSIGNED M-K-9, I DISCHARGED ONE 2-SECOND BLAST TO THE FACIAL AREA OF I/M JAMES. I ORDERED I/M JAMES TO GET DOWN. I/M JAMES REFUSED TO COMPLY. USING BOTH HANDS ON I/M JAMES'S SHIRT, I PULLED HIM DOWN TO A PRONE

|                                                                                     |                                     |                          |         |
|-------------------------------------------------------------------------------------|-------------------------------------|--------------------------|---------|
| Reporting Staff's Signature                                                         | Date                                |                          |         |
|  | 6-20-05                             |                          |         |
| Reviewer's Signature                                                                | Approved                            | Clarification Needed     | Date    |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6-20-05 |

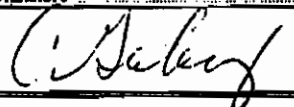


| Last Name, First Name Initial | Badge # | Incident Date | Incident Time |
|-------------------------------|---------|---------------|---------------|
| EDMONDS, JC                   | 46239   | 6-20-05       | 0945          |

|                                                         |                                                 |                                                |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Continuation Report | <input type="checkbox"/> Additional Information | <input type="checkbox"/> Clarification Request |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|

Narrative:

POSITION, I ORDERED I/M JAMES TO PLACE HIS HANDS BEHIND HIS BACK. I/M JAMES REFUSED TO COMPLY. USING BOTH HANDS I GRABBED I/M JAMES RIGHT HAND AND PLACED IT BEHIND HIS BACK. OFFICER BARRON PLACED I/M JAMES LEFT HAND BEHIND HIS BACK. I PLACED I/M JAMES IN MECHANICAL RESTRAINTS. I WAS RELIEVED BY RESPONDING STAFF.

|                                                                                     |                                     |                          |         |
|-------------------------------------------------------------------------------------|-------------------------------------|--------------------------|---------|
| Reporting Staff Signature                                                           | Date                                |                          |         |
|  | 6-20-05                             |                          |         |
| Reviewer's Signature                                                                | Approved                            | Clarification Needed     | Date    |
|  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6-20-05 |

STATE OF CALIFORNIA

Crime/Incident Report

PART C-1 - SUPPLEMENT

CDC 837 C-1

Page: 1 of 2

|                               |                 |                        |               |                     |  |
|-------------------------------|-----------------|------------------------|---------------|---------------------|--|
| Last Name, First Name Initial |                 | Badge #                | Incident Date | INCIDENT LOG NUMBER |  |
| GALAVIZ, C.                   |                 | 38401                  | 06-20-05      | COR-03C-05-06-0307  |  |
| Length of Service             | ID #            | Post Description       | Incident Time | Report Date         |  |
| 18 YRS, 4 MO.                 | 206430          | 3C, YARD SERGEANT      | 0945 hours    | 06-20-05            |  |
| RDOs                          | Duty Hours      | Incident Location      |               |                     |  |
| F/S                           | 0800-1600 HOURS | FACILITY 3C01, DAYROOM |               |                     |  |

|                                                             |                                                 |                                    |                                                           |                                          |  |
|-------------------------------------------------------------|-------------------------------------------------|------------------------------------|-----------------------------------------------------------|------------------------------------------|--|
| Description of Incident/Crime                               |                                                 |                                    | CCR Section Rule                                          |                                          |  |
| ATTEMPTED BATTERY ON PEACE OFFICER RESULTING IN USE OF O.C. |                                                 |                                    | 3005 (C)                                                  |                                          |  |
| Your Role                                                   | Witnesses (preface S-Staff, V-Visitor, O-Other) |                                    | Inmates Involved (preface S-Suspect, V-Victim, W-Witness) |                                          |  |
| <input type="checkbox"/> Primary                            | (S) E.M. BARRON                                 | (S) M. CORREIA                     | (S) JAMES, P-13474                                        |                                          |  |
| <input type="checkbox"/> Responder                          | (S) K. EDMONDS                                  | (S) R. HERNANDEZ                   |                                                           |                                          |  |
| <input checked="" type="checkbox"/> Witness                 | (S) I.E. VALDEZ                                 |                                    |                                                           |                                          |  |
| <input type="checkbox"/> Victim                             | (S) R. ATHEY                                    |                                    |                                                           |                                          |  |
| <input type="checkbox"/> Camera                             | (S) T.G. SWAIM                                  |                                    |                                                           |                                          |  |
| Force Used by You                                           | Less Lethal Weapons                             | Lethal Weapons                     | Number of Rounds Fired                                    | Force Observed by You                    |  |
| <input type="checkbox"/> Lethal                             | <input type="checkbox"/> 40mm                   | <input type="checkbox"/> Mini-14   |                                                           | <input type="checkbox"/> Lethal          |  |
| <input type="checkbox"/> Less Lethal                        | <input type="checkbox"/> Baton                  | <input type="checkbox"/> Shotgun   |                                                           | <input type="checkbox"/> Less Lethal     |  |
| <input type="checkbox"/> Physical                           | <input type="checkbox"/> OC                     | <input type="checkbox"/> Handgun   |                                                           | <input type="checkbox"/> Physical        |  |
| <input checked="" type="checkbox"/> None                    | <input type="checkbox"/> Other: N/A             | <input type="checkbox"/> Other N/A |                                                           | <input checked="" type="checkbox"/> None |  |

|                                        |                      |             |                                        |                                        |
|----------------------------------------|----------------------|-------------|----------------------------------------|----------------------------------------|
| Evidence Collected                     | Evidence Description | Disposition | Weapon                                 | BIO Hazard                             |
| <input type="checkbox"/> Yes           |                      |             | <input type="checkbox"/> Yes           | <input type="checkbox"/> Yes           |
| <input checked="" type="checkbox"/> No | N/A                  | N/A         | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |

|                                        |                       |                 |                                        |                                        |
|----------------------------------------|-----------------------|-----------------|----------------------------------------|----------------------------------------|
| Reporting Staff Injured                | Description of Injury | Located Treated | Bodily Fluid Exposure                  | SCIF 3301/3067 Completed               |
| <input type="checkbox"/> Yes           | NONE                  |                 | <input type="checkbox"/> Yes           | <input type="checkbox"/> Yes           |
| <input checked="" type="checkbox"/> No |                       | N/A             | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |

Narrative:

On June 20, 2005, at approximately 0945 hours, while assigned as he 3C Facility, Yard Sergeant, a personal alarm was activated in 3C01. I responded and observed inmate James, P-13474-3C01-216L, lying on the dayroom floor in a prone position. I was informed by Correctional Officer Edmonds, 3C01, Floor Officer #1, that inmate James had refused a lawful order to lock up and had taken a aggressive stance by clenching his fist while standing in front of him on the dayroom floor. Officer Edmonds used O.C. to stop the threat. Inmate James was escorted outside of the building and staff had exited the unit. I exited the unit and returned to the yard. Inmate James, was escorted from the MTA's office to 3C02 for further decontamination. I reported to 3C02 to assist Facility Sergeant M. Correia. Upon entering the unit I was informed by Correctional Officer I.E. Valdez that inmate James was refusing to cuff up and exit the shower cell.

|                             |                                     |
|-----------------------------|-------------------------------------|
| Reporting Staff's Signature | Date                                |
| <i>[Signature]</i>          | 6-20-05                             |
| Reviewer's Signature        | Approved                            |
| <i>[Signature]</i>          | <input checked="" type="checkbox"/> |
|                             | Clarification Needed                |
|                             | <input type="checkbox"/>            |
|                             | Date                                |
|                             | 6-20-05                             |

STATE OF CALIFORNIA  
**Crime/Incident Report**  
 PART C-2 - SUPPLEMENT  
 CDC 837 C-2

Page: 2 of 2

LOG # COR-03C-05-06-0307

| Last Name, First Name Initial | Bade # | Incident Date | Incident Time |
|-------------------------------|--------|---------------|---------------|
| GALAVIZ, C.                   | 38401  | 06-20-05      | 0945          |

|                                                         |                                                 |                                                |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Continuation Report | <input type="checkbox"/> Additional Information | <input type="checkbox"/> Clarification Request |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|

## Narrative:

Medical Technical Assistant R. Hernandez, completed a CDC 7219, on inmate James and noted no injuries. Inmate James made reference to a head injury that was not visible from my view point. I ordered inmate James to cuff up and he complied. Officers I.G. Valdez and T.G. Swaim escorted inmate James to the 3C Facility Program Office. Inmate James was subsequently rehoused in Administrative Segregation.

|                                                  |                                                 |                                                  |                 |
|--------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-----------------|
| Reporting Staff's Signature<br><i>C. Salazar</i> |                                                 | Date<br>6-20-05                                  |                 |
| Reviewer's Signature<br><i>A. Marshall</i>       | Approved<br><input checked="" type="checkbox"/> | Clarification Needed<br><input type="checkbox"/> | Date<br>6-20-05 |



|                                               |                                              |                                  |                                                 |                                          |
|-----------------------------------------------|----------------------------------------------|----------------------------------|-------------------------------------------------|------------------------------------------|
| Last Name, First Name, Initial                |                                              | Badge #                          | Incident Date                                   | Incident Log #                           |
| Swaim, T                                      |                                              | 60332                            | 6-20-05                                         | COR-03C-05-06-030                        |
| Length of Service                             | ID#                                          | Post Description                 | Incident Time                                   | Report Date                              |
| 5yrs 11mth                                    | 206909                                       | 3002 Floor #                     | 0945                                            | 6-20-05                                  |
| RDOs                                          |                                              | Duty Hours                       | Incident Location                               |                                          |
| Tues / WED                                    |                                              | 0600-1400                        | 3001 - B-Section Dayroom                        |                                          |
| Description of Incident/Crime                 |                                              |                                  |                                                 | CCR Section/Rule                         |
| Attempted Battery on a Peace Officer          |                                              |                                  |                                                 | 3005 (C)                                 |
| Your Role                                     | Witness (preface S-Staff, V-Victim, O-Other) |                                  | Inmates Involved S-Suspect, V-Victim, W-Witness |                                          |
| <input type="checkbox"/> Primary              | K. EDMUNDS (S) Galiv (S)                     |                                  | JAMES P-13474 (S)                               |                                          |
| <input checked="" type="checkbox"/> Responder | R. BARRON (S) R. Hernandez (VIA)             |                                  |                                                 |                                          |
| <input type="checkbox"/> Witness              | E. Athey (S)                                 |                                  |                                                 |                                          |
| <input type="checkbox"/> Victim               | I. VALDEZ (S)                                |                                  |                                                 |                                          |
| <input type="checkbox"/> Camera 35mm          | M. Correia (S)                               |                                  |                                                 |                                          |
| Force Used by You                             | Less Lethal Weapons                          | Lethal Weapons                   | Number of Rounds Fired                          | Force Observed by You                    |
| <input type="checkbox"/> Lethal               | <input type="checkbox"/> 37 mm               | <input type="checkbox"/> Mini-14 |                                                 | <input type="checkbox"/> Lethal          |
| <input type="checkbox"/> Less Lethal          | <input type="checkbox"/> Baton               | <input type="checkbox"/> Shotgun |                                                 | <input type="checkbox"/> Less Lethal     |
| <input type="checkbox"/> Physical             | <input type="checkbox"/> OC                  | <input type="checkbox"/> Handgun |                                                 | <input type="checkbox"/> Physical        |
| <input checked="" type="checkbox"/> None      | <input type="checkbox"/> Other:              | <input type="checkbox"/> Other:  |                                                 | <input checked="" type="checkbox"/> None |
| Evidence Collected                            | Evidence Description                         | Disposition                      | Weapon                                          | BIO Hazard                               |
| <input type="checkbox"/> Yes                  |                                              |                                  | <input type="checkbox"/> Yes                    | <input type="checkbox"/> Yes             |
| <input checked="" type="checkbox"/> No        |                                              |                                  | <input checked="" type="checkbox"/> No          | <input checked="" type="checkbox"/> No   |
| Reporting Staff Injured                       | Description of Injury                        | Location Treated                 | Bodily Fluid Exposure                           | SCF 1301/001                             |
| <input type="checkbox"/> Yes                  |                                              |                                  | <input type="checkbox"/> Yes                    | Completed                                |
| <input checked="" type="checkbox"/> No        |                                              |                                  | <input checked="" type="checkbox"/> No          | <input checked="" type="checkbox"/> No   |

ON Monday June 20, 2005 at approximately 0945 hours, the alarm was activated in building 3001. I responded to 3001 and entered through the saltpart. AS I entered into the building I SAW officer R. Barron and officer K. Edmunds restraining inmate JAMES P-13474 3001 116L in the middle of -B- section on the dayroom floor. I AND officer I. VALDEZ responded to the area and relieved Barron and Edmunds, due to the strong odor of OC Pepper spray. JAMES was already cuffed up AND Valdez AND I escorted JAMES outside OF building 3001, to the front of 3001 for JAMES to decontaminate with fresh air. Valdez AND I placed JAMES facing the wind to decontaminate. Valdez AND I then escorted JAMES to the Facility 3-C MTA clinic for a medical evaluation. Valdez AND I then escorted JAMES to building 3002 -C- lower shower, where he could decontaminate.

|                           |          |
|---------------------------|----------|
| Reporting Staff Signature | Date     |
| C/O T. Swaim              | 6/20/05  |
| Reviewer's Signature      | Approved |
|                           |          |



STATE OF CALIFORNIA  
Crime/Incident Report

Page: 2 of 3

PART C-2 - SUPPLEMENT

CDC 837 C-2

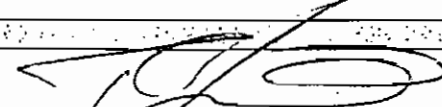
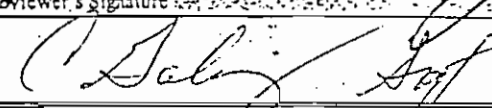
C012-03C-05-06-0307

| Last Name, First Name Initial | Badge # | Incident Date | Incident Time |
|-------------------------------|---------|---------------|---------------|
| SWAIM, T                      | 60332   | 6-20-05       | 0945          |

|                                                           |                                                 |                                                |
|-----------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Continuation Report : | <input type="checkbox"/> Additional Information | <input type="checkbox"/> Clarification Request |
|-----------------------------------------------------------|-------------------------------------------------|------------------------------------------------|

## Narrative:

with copious amounts of cool running water, due to the fact that JAMES was still complaining of burning from the results of the OC Pepper spray he had been sprayed with. JAMES was placed in the shower and was yelling and screaming that he couldn't breathe or see. VALDEZ then shut and secured the shower door and instructed JAMES to back up to the faucet to uncuff without incident. I instructed JAMES not to rub his eyes and to flush them out with copious amounts of cool running water. Once JAMES was uncuffed he began yelling to other inmates in 3C02 that officer VALDEZ and I had beat him up. JAMES stated, "I am going to see you officers I will see you in court." JAMES was spitting out of the shower and was instructed not to spit. JAMES ignored my order and continued to yell & spit. JAMES then started yelling that he was blind and couldn't see. I was standing approximately 30 feet away and officer VALDEZ was approximately 10 (ten) to 15 (fifteen) feet away from JAMES in the shower. JAMES stood at the shower door, looks at me and states, "SWAIM WHATS THAT S-W-A-I-M (spells it out) WHATS YOUR FIRST INITIAL?" AND YOU I. VALDEZ. V-A-L-D-E-Z (spells it out) 146 did you get that, THEY BEAT ME UP." JAMES decontaminated for approximately 45 minutes. JAMES refused to cuff up and exit the C-Section shower. JAMES demanded that the M.T.A. respond to his location. Sgt M. CORREIA AND M.T.A. R. Hernandez responded to his location. Sgt. CORREIA counseled JAMES for approximately 15 (fifteen) minutes with negative results. Sgt. C. GALAVIZ counseled JAMES on cuffing up, and JAMES submitted to being cuffed up.

|                                                                                                  |                          |                          |         |
|--------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------|
| Reporting Staff's Signature                                                                      | Date                     |                          |         |
| C/O T. SWAIM  | 6-20-05                  |                          |         |
| Reviewer's Signature                                                                             | Approved                 | Clarification Needed     | Date    |
|               | <input type="checkbox"/> | <input type="checkbox"/> | 6-20-05 |

C012-030-05-06-0307

| Last Name, First Name Initial | Badge # | Incident Date | Incident Time |
|-------------------------------|---------|---------------|---------------|
| SWAIM, T                      | 60332   | 6-20-05       | 0945          |

|                                                           |                                                 |                                                |
|-----------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Continuation Report : | <input type="checkbox"/> Additional Information | <input type="checkbox"/> Clarification Request |
|-----------------------------------------------------------|-------------------------------------------------|------------------------------------------------|

Narrative:

Valdez and I then escorted JAMES to the Facility, 3-C program office holding cell room and placed JAMES in a holding cell. JAMES was given a dry clean exchange of clothes to put on by officer Valdez and myself. This concludes my involvement in this incident.

|                                             |                                                 |                                                  |                 |
|---------------------------------------------|-------------------------------------------------|--------------------------------------------------|-----------------|
| Reporting Staff's Signature<br>C/O T. Swaim | Date<br>6-20-05                                 |                                                  |                 |
| Reviewer's Signature<br>C. Delia Sgl        | Approved<br><input checked="" type="checkbox"/> | Clarification Needed<br><input type="checkbox"/> | Date<br>6-20-05 |

STATE OF CALIFORNIA

## Crime/Incident Report

## PART C-1 - SUPPLEMENT

CDC 837 C-1

Page: 1 of 3

|                               |            |                            |               |                     |  |
|-------------------------------|------------|----------------------------|---------------|---------------------|--|
| Last Name, First Name Initial |            | Badge #                    | Incident Date | INCIDENT LOG NUMBER |  |
| VALDEZ, I. G.                 |            | 35878                      | 6-20-2005     | COR-03C-05-06-03C   |  |
| Length of Service             | ID #       | Post Description           | Incident Time | Report Date         |  |
| 17 YRS 9 mos                  | 2061579    | 3C STE #2                  | 0945          | 6-20-05             |  |
| RDOs                          | Duty Hours | Incident Location          |               |                     |  |
| FRI - SAT                     | 0600-1400  | 3C01 - "B" section dayroom |               |                     |  |

|                                               |                                                 |                                  |                                                           |  |                                          |
|-----------------------------------------------|-------------------------------------------------|----------------------------------|-----------------------------------------------------------|--|------------------------------------------|
| Description of Incident/Crime                 |                                                 |                                  | CCR Section Rule                                          |  |                                          |
| Attempted Battery on a peace officer          |                                                 |                                  | 3005(c)                                                   |  |                                          |
| Your Role                                     | Witnesses (preface S-Staff, V-Visitor, O-Other) |                                  | Inmates Involved (preface S-Suspect, V-Victim, W-Witness) |  |                                          |
| <input type="checkbox"/> Primary              | K-EDMONDS (s) R. Hernandez(s)                   |                                  | James P-13474 (S)                                         |  |                                          |
| <input checked="" type="checkbox"/> Responder | R-BARRON (s)                                    |                                  |                                                           |  |                                          |
| <input type="checkbox"/> Witness              | F. Athey (s)                                    |                                  |                                                           |  |                                          |
| <input type="checkbox"/> Victim               | M. Correia (s)                                  |                                  |                                                           |  |                                          |
| <input type="checkbox"/> Camera               | C. Galaviz (s)                                  |                                  |                                                           |  |                                          |
| Force Used by You                             | Less Lethal Weapons                             | Lethal Weapons                   | Number of Rounds Fired                                    |  | Force Observed by You                    |
| <input type="checkbox"/> Lethal               | <input type="checkbox"/> 40mm                   | <input type="checkbox"/> Mini-14 |                                                           |  | <input type="checkbox"/> Lethal          |
| <input type="checkbox"/> Less Lethal          | <input type="checkbox"/> Baton                  | <input type="checkbox"/> Shotgun | N/A                                                       |  | <input type="checkbox"/> Less Lethal     |
| <input type="checkbox"/> Physical             | <input type="checkbox"/> OC N/A                 | <input type="checkbox"/> Handgun |                                                           |  | <input type="checkbox"/> Physical        |
| <input checked="" type="checkbox"/> None      | <input type="checkbox"/> Other:                 | <input type="checkbox"/> Other   |                                                           |  | <input checked="" type="checkbox"/> None |

|                                        |                      |             |                                        |                                        |
|----------------------------------------|----------------------|-------------|----------------------------------------|----------------------------------------|
| Evidence Collected                     | Evidence Description | Disposition | Weapon                                 | BIO Hazard                             |
| <input type="checkbox"/> Yes           | N/A                  | N/A         | <input type="checkbox"/> Yes           | <input type="checkbox"/> Yes           |
| <input checked="" type="checkbox"/> No |                      |             | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |

|                                        |                       |                 |                                        |                                        |
|----------------------------------------|-----------------------|-----------------|----------------------------------------|----------------------------------------|
| Reporting Staff Injured                | Description of Injury | Located Treated | Bodily Fluid Exposure                  | SCIF 3301/3067 Completed               |
| <input type="checkbox"/> Yes           | N/A                   | N/A             | <input type="checkbox"/> Yes           | <input type="checkbox"/> Yes           |
| <input checked="" type="checkbox"/> No |                       |                 | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |

Narrative:

on 6-20-05 at approximately 0945 hrs, while performing my duties as the 3C facility Search + Escort Officer #2. The personal alarm was activated at building 3C01. I responded to 3C01 and Upon entering I saw %o K. Edmonds and %o R. Barron on top of a BLACK Inmate in restraints. He was later Identified as I/m James P-13474 3C01-116L. I/m James had been Pepper-sprayed in the facial area. %o T. Swaim and myself escorted I/m James outside of building 3C01 to be decontaminated by fresh air and Wind

|                             |                                     |                          |         |  |
|-----------------------------|-------------------------------------|--------------------------|---------|--|
| Reporting Staff's Signature |                                     |                          | Date    |  |
| J. D. Valdez                |                                     |                          | 6-20-05 |  |
| Reviewer's Signature        | Approved                            | Clarification Needed     | Date    |  |
| C. Galaviz                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6-20-05 |  |



STATE OF CALIFORNIA  
 Crime/Incident Report  
 PART C-2 - SUPPLEMENT  
 CDC 837 C-2

Page: 2 of 3

|                               |         |               |               |
|-------------------------------|---------|---------------|---------------|
| Last Name, First Name Initial | Badge # | Incident Date | Incident Time |
| VALDEZ, I. G.                 | 35878   | 0945 06/20/05 | 0945          |

|                                                         |                                                 |                                                |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Continuation Report | <input type="checkbox"/> Additional Information | <input type="checkbox"/> Clarification Request |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|

## Narrative:

for approximately 10 mins. I/m James was escorted to the 3C medical clinic for evaluation. Per Lt. Melo, I/m James was escorted to building 3C02 by C/o Swaim and myself and placed him in the "C" section lower shower. I turned on the cold water and placed I/m James in the shower with the water running, hitting his face. After approximately 5 mins I/m James was complaining that he could not see and breath. I then secured the shower door and ordered him to put his hands out to uncuff him. After approximately 10 mins I/m James became disruptive yelling out and stating "I am going to sue you guys, they beat me down and sprayed me, I can't see or breath" I/m James moved over to the shower door and stated in a loud voice "T. S. W. A. I. M" spelling out his name letter for letter. C/o Swaim was standing approximately 30 ft from the shower door. I was standing approximately 10-15 ft from the shower door and I/m James looked over to me and he also yelled out and spelled my name letter for letter, and also stated "Did you get that 146". I/m James continue his "I" stated "I can't see and breath" I what to see a Sgt. and a M.T.A.". I notified Sgt. Corriea and 3C medical clinic to send a M.T.A. to see I/m James. Sgt M. Corriea and M.T.A. R. Hernandez arrived. M.T.A. Hernandez instructed I/m James to put his face in the water and continue doing so for 5 mins. Sgt. Corriea ordered I/m James to cuff up and he refused. Sgt. Galaviz ordered I/m James to cuff up and he complied to orders. C/o Swaim and myself escorted him to 3C program office and placed him in the holding Cage

|                             |                                     |                          |         |
|-----------------------------|-------------------------------------|--------------------------|---------|
| Reporting Staff's Signature | Date                                |                          |         |
| J. D. Valdez                | 6-20-05                             |                          |         |
| Reviewer's Signature        | Approved                            | Clarification Needed     | Date    |
| C. Galaviz                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6-20-05 |



STATE OF CALIFORNIA  
Crime/Incident Report  
PART C-2 - SUPPLEMENT  
CDC 837 C-2

Page: 2 of 3

|                                                |                  |                            |                       |
|------------------------------------------------|------------------|----------------------------|-----------------------|
| Last Name, First Name Initial<br>VALDEZ, I. G. | Badge #<br>35878 | Incident Date<br>6-20-2005 | Incident Time<br>0945 |
|------------------------------------------------|------------------|----------------------------|-----------------------|

|                                                         |                                                 |                                                |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Continuation Report | <input type="checkbox"/> Additional Information | <input type="checkbox"/> Clarification Request |
|---------------------------------------------------------|-------------------------------------------------|------------------------------------------------|

Narrative:

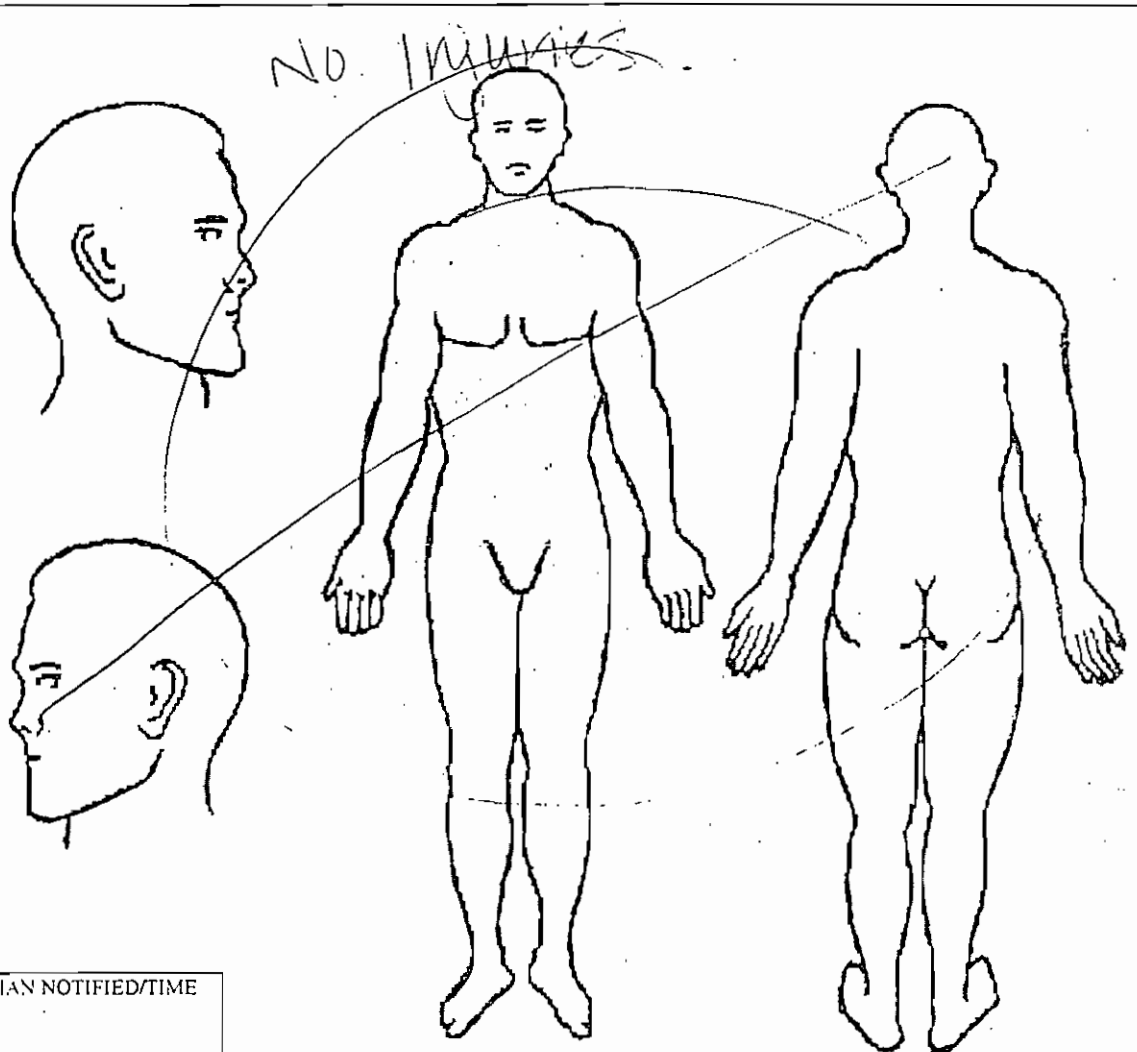
without further incident. % Swaim and myself gave I/m  
James Dry Clothing. This concludes my involvement in this  
incident.

|                                             |                                                 |                                                  |                 |
|---------------------------------------------|-------------------------------------------------|--------------------------------------------------|-----------------|
| Reporting Staff's Signature<br>J. D. Valdez | Date<br>6-20-05                                 |                                                  |                 |
| Reviewer's Signature<br>C. Haley            | Approved<br><input checked="" type="checkbox"/> | Clarification Needed<br><input type="checkbox"/> | Date<br>6-20-05 |

MEDICAL REPORT OF INJURY  
OR UNUSUAL OCCURRENCE

|                                                                                             |                              |                                                                                   |                                               |                                 |
|---------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------|
| NAME OF INSTITUTION<br><b>CSP-COR</b>                                                       | FACILITY/UNIT<br><b>3C01</b> | REASON FOR REPORT (circle)<br><b>INJURY</b><br>USE OF FORCE<br>UNUSUAL OCCURRENCE | ON THE JOB INJURY<br>PRE AD/SEG ADMISSION     | DATE<br><b>06-20-05</b>         |
| THIS SECTION FOR INMATE ONLY                                                                | NAME LAST<br><b>James</b>    | FIRST<br><b>John</b>                                                              | CDC NUMBER<br><b>P-13747</b>                  | HOUSING LOC.<br><b>2C1-116L</b> |
| THIS SECTION FOR STAFF ONLY                                                                 | NAME LAST                    | FIRST                                                                             | BADGE #                                       | RANK/CLASS                      |
| THIS SECTION FOR VISITOR ONLY                                                               | NAME LAST                    | FIRST                                                                             | MIDDLE                                        | DOB                             |
| HOME ADDRESS                                                                                |                              | CITY                                                                              | STATE                                         | ZIP                             |
| PLACE OF OCCURRENCE<br><b>3C01</b>                                                          |                              | DATE/TIME OF OCCURRENCE<br><b>06-20-05 09:52</b>                                  | NAME OF WITNESS(ES)<br><b>N/A</b>             |                                 |
| TIME NOTIFIED<br><b>09:52</b>                                                               | TIME SEEN<br><b>09:55</b>    | ESCORTED BY<br><b>CUSTODY</b>                                                     | MODE OF ARRIVAL (circle)<br><b>AMBULATORY</b> | LITTER<br>ON SITE               |
|                                                                                             |                              |                                                                                   | WHEELCHAIR                                    | AGE                             |
|                                                                                             |                              |                                                                                   | RACE<br><b>BLK</b>                            | SEX<br><b>M</b>                 |
| BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE |                              |                                                                                   |                                               |                                 |

|                                          |          |
|------------------------------------------|----------|
| INJURIES FOUND?                          | YES / NO |
| Abrasion/Scratch                         | 1        |
| Active Bleeding                          | 2        |
| Broken Bone                              | 3        |
| Bruise/Discolored Area                   | 4        |
| Burn                                     | 5        |
| Dislocation                              | 6        |
| Dried Blood                              | 7        |
| Fresh Tattoo                             | 8        |
| Cut/Laceration/Slash                     | 9        |
| O.C. Spray Area                          | 10       |
| Pain                                     | 11       |
| Protrusion                               | 12       |
| Puncture                                 | 13       |
| Reddened Area                            | 14       |
| Skin Flap                                | 15       |
| Swollen Area                             | 16       |
| Other                                    | 17       |
|                                          | 18       |
|                                          | 19       |
| O.C. SPRAY EXPOSURE?                     | YES / NO |
| DECONTAMINATED?                          | YES / NO |
| Self-decontamination instructions given? | YES / NO |
| Refused decontamination?                 | YES / NO |
| Q 15 min. checks                         | YES / NO |
| Staff issued exposure packet?            | YES / NO |



|                                                                          |                                                                                         |                          |                         |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|-------------------------|
| PHYSICIAN NOTIFIED/TIME<br><b>Approx. 10:00</b><br><b>RN Sunder land</b> | REPORT COMPLETED BY/TITLE (PRINT AND SIGN)<br><b>R. Hernandez MHA R-1</b>               | BADGE #<br><b>109143</b> | RDOs<br><b>Tues Wed</b> |
| TIME/DISPOSITION<br><b>Approx. 11:10</b><br><b>Medically cleared</b>     | (Medical data is to be included in progress note or emergency care record filed in UHR) |                          |                         |

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## RULES-VIOLATION REPORT

|                                      |                        |                                                          |                       |                          |                       |
|--------------------------------------|------------------------|----------------------------------------------------------|-----------------------|--------------------------|-----------------------|
| CDC NUMBER<br>P-13474                | INMATE'S NAME<br>JAMES | RELEASE/BOARD DATE                                       | INST.<br>CSP-COR      | HOUSING NO.<br>3C01-116L | LOG NO.<br>3C-05-06-0 |
| VIOLATED RULE NO(S).<br>CCR §3005(c) |                        | SPECIFIC ACTS<br>ATTEMPTED BATTERY<br>ON A PEACE OFFICER | LOCATION<br>3C01-116L | DATE<br>06/20/05         | TIME<br>0945 HOURS    |

CIRCUMSTANCES On Monday, June 20, 2005, at approximately 0945 hours, I was informed by the 3C01 Control Booth Officer R. Athey, that Inmates James P-13474, 3C01-116L, was refusing to lock up. Officer E. Barron and I exited the office. Inmate James was standing next to the podium in the dayroom yelling at the Control Booth Officer. Officer Barron and I approached Inmate James. I gave Inmate James three verbal orders to lock-up. Inmate James refused to comply. I advised Inmate James that if he didn't lock-up I would spray him with pepper spray. Inmate James refused to comply. Inmate James took a combative stance by stepping back with his right foot and clenching both fists and stated "Fuck This" using my assigned MK-9, I dispersed one 2-second blast to the facial area of Inmate James. I ordered Inmate James to "Get Down." Inmate James refused to comply. Using both hands on Inmate James' shirt, I pulled him down to a prone position.

PLEASE SEE CDC-115, PART C, FOR CONTINUATION OF REPORT

INMATE JAMES IS NOT A PARTICIPANT IN THE MENTAL HEALTH DELIVERY SYSTEM AND HE HAS A READING LEVEL ABOVE 4.0

|                                                                                                      |                           |                                                                       |                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| REPORTING EMPLOYEE (Typed Name and Signature)<br>▶ K. EDMONDS, Correctional Officer                  | DATE                      | ASSIGNMENT<br>3C01 FLOOR #1                                           | ROOM'S<br>F/S                                                                                                                                      |
| REVIEWING SUPERVISOR'S SIGNATURE<br>▶ C. GALAVIZ, Correctional Sgt.                                  | DATE                      | <input checked="" type="checkbox"/> INMATE SEGREGATED PENDING HEARING |                                                                                                                                                    |
| CLASSIFIED<br><input type="checkbox"/> ADMINISTRATIVE<br><input checked="" type="checkbox"/> SERIOUS | OFFENSE DIVISION:<br>DATE | CLASSIFIED BY (Typed Name and Signature)<br>▶ Correctional Lieutenant | HEARING REFERRED TO<br><input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC |

## COPIES GIVEN INMATE BEFORE HEARING

|                                                                                         |                              |      |      |                              |
|-----------------------------------------------------------------------------------------|------------------------------|------|------|------------------------------|
| <input checked="" type="checkbox"/> CDC 115                                             | BY: (STAFF'S SIGNATURE)<br>▶ | DATE | TIME | TITLE OF SUPPLEMENT          |
| <input checked="" type="checkbox"/> INCIDENT REPORT<br>LOG NUMBER:<br>CR-03C-05-06-0307 | BY: (STAFF'S SIGNATURE)<br>▶ | DATE | TIME | BY: (STAFF'S SIGNATURE)<br>▶ |

HEARING

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

|                                                                     |                              |                                             |      |
|---------------------------------------------------------------------|------------------------------|---------------------------------------------|------|
| ACTION BY: (TYPED NAME)                                             | SIGNATURE<br>▶               | DATE                                        | TIME |
| REVIEWED BY: (SIGNATURE)<br>▶                                       | DATE                         | CHIEF DISCIPLINARY OFFICER'S SIGNATURE<br>▶ | DATE |
| <input type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING | BY: (STAFF'S SIGNATURE)<br>▶ | DATE                                        | TIME |

CDC 115 (7/88)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 1 OF 1

|                                                                                                                                                                                                                                                     |               |              |             |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-------------|--------------|
| CDC NUMBER                                                                                                                                                                                                                                          | INMATE'S NAME | LOG NUMBER   | INSTITUTION | TODAY'S DATE |
| P-13474                                                                                                                                                                                                                                             | JAMES         | 3C-05-06-030 | CSP-COR     | 06/20/05     |
| <input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |               |              |             |              |

I ordered Inmate James to place his hands behind his back. Inmate James refused to comply. Using both hands I grabbed Inmate James' right hand and placed it behind his back. Officer Barron placed Inmate James left hand behind his back.

I placed Inmate James in Handcuffs. I was relieved by responding staff.

|                                                            |                                  |             |             |
|------------------------------------------------------------|----------------------------------|-------------|-------------|
| <input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | SIGNATURE OF WRITER              | DATE SIGNED |             |
|                                                            | K. EDMONDS, Correctional Officer |             |             |
|                                                            | GIVEN BY: (Staff's Signature)    | DATE SIGNED | TIME SIGNED |
|                                                            |                                  |             |             |



## SERIOUS RULES VIOLATION REPORT

Case 1:07-cv-00680-RCD Document 1 Filed 06/20/2007 Page 63 of 86

|                       |                        |                                     |                  |                        |                         |
|-----------------------|------------------------|-------------------------------------|------------------|------------------------|-------------------------|
| CDC NUMBER<br>P-13474 | INMATE'S NAME<br>JAMES | VIOLATED RULE NO(S)<br>CCR §3005(c) | DATE<br>06/20/05 | INSTITUTION<br>CSP-COR | LOG NO.<br>3C-05-06-030 |
|-----------------------|------------------------|-------------------------------------|------------------|------------------------|-------------------------|

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☒ NO

## POSTPONEMENT OF DISCIPLINARY HEARING

|                                                                                                                |                                        |              |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|
| <input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution. | INMATE'S SIGNATURE<br>▶ NOT APPLICABLE | DATE<br>NONE |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|

|                                                                                                         |                                        |              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|
| <input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution. | INMATE'S SIGNATURE<br>▶ NOT APPLICABLE | DATE<br>NONE |
|---------------------------------------------------------------------------------------------------------|----------------------------------------|--------------|

|                                                   |                               |
|---------------------------------------------------|-------------------------------|
| DATE NOTICE OF OUTCOME RECEIVED<br>NOT APPLICABLE | DISPOSITION<br>NOT APPLICABLE |
|---------------------------------------------------|-------------------------------|

|                                                                |                                        |              |
|----------------------------------------------------------------|----------------------------------------|--------------|
| <input type="checkbox"/> I REVOKE my request for postponement. | INMATE'S SIGNATURE<br>▶ NOT APPLICABLE | DATE<br>NONE |
|----------------------------------------------------------------|----------------------------------------|--------------|

## STAFF ASSISTANT

|                                                                                                 |                         |      |
|-------------------------------------------------------------------------------------------------|-------------------------|------|
| STAFF ASSISTANT<br><input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE | INMATE'S SIGNATURE<br>▶ | DATE |
|-------------------------------------------------------------------------------------------------|-------------------------|------|

|                                   |      |               |
|-----------------------------------|------|---------------|
| <input type="checkbox"/> ASSIGNED | DATE | NAME OF STAFF |
|-----------------------------------|------|---------------|

|                                       |                                                                                          |
|---------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NOT ASSIGNED | REASON<br>DOES/DOES NOT MEET CRITERIA PER CCR § 3315(d)(2)/READING LEVEL ABOVE/BELOW 4.0 |
|---------------------------------------|------------------------------------------------------------------------------------------|

## INVESTIGATIVE EMPLOYEE

|                                                                                                        |                         |      |
|--------------------------------------------------------------------------------------------------------|-------------------------|------|
| INVESTIGATIVE EMPLOYEE<br><input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE | INMATE'S SIGNATURE<br>▶ | DATE |
|--------------------------------------------------------------------------------------------------------|-------------------------|------|

|                                   |      |               |
|-----------------------------------|------|---------------|
| <input type="checkbox"/> ASSIGNED | DATE | NAME OF STAFF |
|-----------------------------------|------|---------------|

|                                       |        |
|---------------------------------------|--------|
| <input type="checkbox"/> NOT ASSIGNED | REASON |
|---------------------------------------|--------|

EVIDENCE / INFORMATION REQUESTED BY INMATE:

## WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)

☐ REPORTING EMPLOYEE ☐ STAFF ASSISTANT ☐ INVESTIGATIVE EMPLOYEE ☐ OTHER ☐ NONE

| WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER) | GRANTED                  | NOT GRANTED              | WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER) | GRANTED                  | NOT GRANTED              |
|-----------------------------------------------|--------------------------|--------------------------|-----------------------------------------------|--------------------------|--------------------------|
|                                               | <input type="checkbox"/> | <input type="checkbox"/> |                                               | <input type="checkbox"/> | <input type="checkbox"/> |
|                                               | <input type="checkbox"/> | <input type="checkbox"/> |                                               | <input type="checkbox"/> | <input type="checkbox"/> |

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

|                                                         |                              |                               |      |
|---------------------------------------------------------|------------------------------|-------------------------------|------|
| <input type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE | BY: (STAFF'S SIGNATURE)<br>▶ | INVESTIGATOR'S SIGNATURE<br>▶ | DATE |
|                                                         |                              | TIME                          | DATE |

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 2 OF 2

|                                                  |                                                                                                                                                                                                               |              |             |              |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|--------------|
| CDC NUMBER                                       | INMATE'S NAME                                                                                                                                                                                                 | LOG NUMBER   | INSTITUTION | TODAY'S DATE |
| P-13474                                          | JAMES                                                                                                                                                                                                         | 3C-05-06-030 | CSP-COR     | 06/20/05     |
| <input checked="" type="checkbox"/> SUPPLEMENTAL | <input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |              |             |              |

On Monday, June 20, 2005 at approximately 0945 hours, I released Inmate James, P-13474, 3C01-116L to report to 3C Workchange to be escorted to the Acute Care Hospital for treatment. I advised James that he needs to be in compliance with grooming standards per the Title 15. James had his hair worn in a braid like manner and facial hair. James said that he was not going to get in compliance. I explained to James that is considered a refusal and he needs to return to his cell. James yelled, "Fuck this, I need to go get my treatment." I again ordered James to lock up. He said, "No, I'm not going to." I asked 3C01 Floor Officer K. Edmonds and E. Barron to escort James back to his cell. Edmonds and Barron both ordered James back to his cell. James repeatedly yelled, "Fuck that! I'm not locking up!" Edmonds and Barron withdrew their state issued Oleoersin Capsicum spray. Edmonds stated, "Go lock up or I'm going to spray you!" James yelled, "fuck this!", While stepping back with his right foot and clenched his fist.

Edmonds sprayed James in the face and yelled, "Get down!" James did not get down. Meanwhile, I activated my personal alarm and advised staff via institutional radio of the situation. I did a visual security check of the surrounding area after additional staff responded. James was then escorted out of the building.

|                                                             |                               |             |             |
|-------------------------------------------------------------|-------------------------------|-------------|-------------|
| SIGNATURE OF WRITER                                         |                               | DATE SIGNED |             |
| R. ATHEY, Correctional Officer                              |                               |             |             |
| <input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE. | GIVEN BY: (Staff's Signature) | DATE SIGNED | TIME SIGNED |
|                                                             |                               |             |             |

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STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## RULES VIOLATION REPORT - PART C

PAGE 1 OF 2

|                                                  |                                                      |                                                       |                                  |                                    |
|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|----------------------------------|------------------------------------|
| CDC NUMBER                                       | INMATE'S NAME                                        | LOG NUMBER                                            | INSTITUTION                      | TODAY'S DATE                       |
| P-13474                                          | JAMES                                                | 3C-05-06-030                                          | CSP-COR                          | 06/20/05                           |
| <input checked="" type="checkbox"/> SUPPLEMENTAL | <input checked="" type="checkbox"/> CONTINUATION OF: | <input checked="" type="checkbox"/> 115 CIRCUMSTANCES | <input type="checkbox"/> HEARING | <input type="checkbox"/> IE REPORT |
| <input type="checkbox"/> OTHER                   |                                                      |                                                       |                                  |                                    |

On Monday, June 20, 2005 at approximately 0945 AM Officer Athey Control Booth Officer, advised myself and Officer Edmonds that Inmate James P-13474, would not lock up. We approached James and ordered James to lock up, he began yelling out "No, fuck this shit, I'm not fucking locking up". Officer Edmonds then pulled out his O.C. Pepper spray and ordered him to lock up three different times. James took a bladed stance in the middle of the dayroom by the podium with his fists clenched, Officer Edmonds then sprayed Inmate James. James refused to comply with direct orders to get down, Officer Edmonds used both hands to pull James down by his shirt. I assisted Edmonds in restraining James by grabbing his left hand and holding him down, while Edmonds cuffed his right hand then his left hand. I was then relieved by assisting staff.

|                                                            |                                 |             |             |
|------------------------------------------------------------|---------------------------------|-------------|-------------|
| <input type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | SIGNATURE OF WRITER             |             | DATE SIGNED |
|                                                            | E. BARRON, Correctional Officer |             |             |
|                                                            | GIVEN BY: (Staff's Signature)   | DATE SIGNED | TIME SIGNED |
|                                                            |                                 |             |             |

DISTRIBUTION:  
WHITE - CENTRAL FILE  
BLUE - INMATE (2ND COPY)  
GREEN - ASUCANARY - WARDEN  
PINK - HEALTH CARE MGR  
GOLDENROD - INMATE (1ST COPY)

INMATE'S NAME

JAMES

CDC NUMBER

P-13747

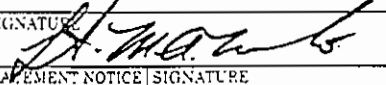
## REASON(S) FOR PLACEMENT (PART A)

- ☒ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS  
☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY  
☒ ENDANGERS INSTITUTION SECURITY ☐ UPON RELEASE FROM SEGREGATION, NO BED AVAILABLE IN GENERAL POPULATION

## DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

On June 20, 2005, You, Inmate JAMES, P-1374, 3001-116L, are being removed from the Facility III-C General Population and placed in Administrative Segregation. Specifically, on this date at approximately 0950 hours, you attempted to commit a Battery on Correctional Officer Edmonds in housing unit 3001. In view of this, your continued presence on this Facility is a threat to the safety of others and jeopardizes institutional security. You will remain in AD-SEG pending a review of your housing and program needs. Your custody level, credit earning status and visiting status may be impacted by this placement. Inmate JAMES is not a patient in the Mental Health Services Delivery System (MHSDS).

☐ CONTINUED ON ATTACHED PAGE (CHECK IF ADDITIONAL) ☐ IF CONFIDENTIAL INFORMATION USED, DATE OF DISCLOSURE: / /

|                                   |                                                 |                                                                                                 |                     |
|-----------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------|
| DATE OF ASU PLACEMENT<br>06-20-05 | SEGREGATION AUTHORITY'S PRINTED NAME<br>M. MELO | SIGNATURE<br> | TITLE<br>LIEUTENANT |
| DATE NOTICE SERVED                | TIME SERVED                                     | PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE                                              | STAFF'S TITLE       |

☐ INMATE REFUSED TO SIGN ☐ INMATE SIGNATURE ☐ CDC NUMBER

## ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the initial administrative review by Captain or higher by the first working day following placement

## STAFF ASSISTANT (SA)

## INVESTIGATIVE EMPLOYEE (IE)

| STAFF ASSISTANT NAME                                                  | TITLE                                                    | INVESTIGATIVE EMPLOYEE'S NAME                                            | TITLE                                                    |
|-----------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------|
| <b>IS THIS INMATE:</b>                                                |                                                          | <b>EVIDENCE COLLECTION BY IE UNNECESSARY</b>                             |                                                          |
| LITERATE?                                                             | <input type="checkbox"/> YES <input type="checkbox"/> NO | DECLINED ANY INVESTIGATIVE EMPLOYEE                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FLUENT IN ENGLISH?                                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO | ASU PLACEMENT IS FOR DISCIPLINARY REASONS                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ABLE TO COMPREHEND ISSUES?                                            | <input type="checkbox"/> YES <input type="checkbox"/> NO | DECLINED 1ST INVESTIGATIVE EMPLOYEE ASSIGNED                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FREE OF MENTAL HEALTH SERVICES DELIVERY SYSTEM NEEDS?                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                          |                                                          |
| DECLINING FIRST STAFF ASSISTANT ASSIGNED?                             | <input type="checkbox"/> YES                             |                                                                          |                                                          |
| <input type="checkbox"/> NOT ASSIGNED Any "NO" requires SA assignment |                                                          | <input type="checkbox"/> NOT ASSIGNED Any "NO" may require IE assignment |                                                          |

## INMATE WAIVERS

- ☐ INMATE WAIVES OR DECLINES INTERVIEW WITH ADMINISTRATIVE REVIEWER ☐ INMATE WAIVES RIGHT TO 72 HOURS PREPARATION TIME  
☐ NO WITNESSES REQUESTED BY INMATE ☐ INMATE SIGNATURE ☐ DATE

## WITNESSES REQUESTED FOR HEARING

| WITNESS NAME | TITLE/CDC NUMBER | WITNESS NAME | TITLE/CDC NUMBER |
|--------------|------------------|--------------|------------------|
|              |                  |              |                  |
|              |                  |              |                  |

DECISION: ☐ RELEASE TO UNIT/FACILITY ☐ RETAIN PENDING ICC REVIEW ☐ DOUBLE CELL ☐ SINGLE CELL PENDING ICC

REASON FOR DECISION:

|                                                          |                                                          |                |      |                                     |
|----------------------------------------------------------|----------------------------------------------------------|----------------|------|-------------------------------------|
| ADMINISTRATIVE REVIEWER'S PRINTED NAME                   | TITLE                                                    | DATE OF REVIEW | TIME | ADMINISTRATIVE REVIEWER'S SIGNATURE |
| CORRECTIONAL ADMINISTRATOR'S PRINTED NAME (if necessary) | CORRECTIONAL ADMINISTRATOR'S CO-SIGNATURE (if necessary) |                |      | DATE OF REVIEW                      |



## INMATE SEGREGATION PROFILE

CDC 11 Case 007-cv-00880-RC Document 1

Filed 06/20/2007 Page 67 of 86

Update information y and prepare a new CDC Form 114-A1 at least every 90 days or as required to maintain current information.

DEFERRED CAL APPEALS III 2 6 2005

|                             |                                                |                                                           |                 |                                |
|-----------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------|--------------------------------|
| DATE INITIATED<br>6-20-2005 | CDC NUMBER<br>P-13474                          | INMATE'S NAME<br>James, John                              | ETHNICITY<br>UA | CELL                           |
| DATE OF BIRTH<br>4-7-75     | COUNTY OF LAST LEGAL RESIDENCE<br>Contra Costa | CONTROLLING COMMITMENT OFFENSE<br>211-212.5(c) PC Robbery | PRIOR HOUSING   |                                |
| REASON FOR SEGREGATION      |                                                | DATE OF ASU PLACEMENT<br>6-20-05                          | CS<br>128       | PRISON RELEASE DATE<br>1-31-11 |
| MERO                        |                                                |                                                           |                 |                                |

## SPECIAL INFORMATION

COMMENT WHEN ADDITIONAL INFORMATION WOULD HELP CLARIFY AN ISSUE

MED / PSYCH ISSUE: ☐ EOP ☐ CCCMS ☐ DPP: ☐ HEARING ☐ SIGHT ☐ MOBILITY *none noted*

| YES | NO |                                                                                    | YES | NO |                                                                    |
|-----|----|------------------------------------------------------------------------------------|-----|----|--------------------------------------------------------------------|
|     | X  | STAFF THREATS / BATTERY<br><i>none noted</i>                                       |     | X  | SAFETY CONCERNS (WHENWHERE?)<br><i>none noted</i>                  |
| X   |    | INMATE THREATS / BATTERY <i>CS-COR 4-1-05</i><br><i>PVSP 3-22-01, PVSP 3-17-01</i> |     | X  | PRIOR SUICIDE ATTEMPTS<br><i>none noted</i>                        |
|     | X  | SEX RELATED OFFENSES / DISCIPLINARIES<br><i>none noted</i>                         |     | X  | CELLING LIMITATION / RESTRICTIONS:<br><i>none noted</i>            |
| X   |    | IN PRISON WEAPON OFFENSES <i>SUSP 9-2-02</i>                                       | X   |    | PRIOR CELL FIGHTS                                                  |
|     | X  | GANG STATUS:<br><i>none noted</i>                                                  | X   |    | DOUBLE CELL / AUTHORIZED BY:<br><i>2-7-05 M. Pavlos CDW ADMIN</i>  |
|     | X  | NICKNAME OR MONIKER:<br><i>none noted</i>                                          | X   |    | PRIOR SINGLE CELL STATUS (WHENWHERE/REASON?):<br><i>none noted</i> |
|     | X  | ESCAPE RISK:<br><i>none noted</i>                                                  |     |    |                                                                    |

COMMENTS / OBSERVATIONS:

## ENEMIES / RIVAL GROUPS (LIST ALL ENEMIES HOUSED IN THIS INSTITUTION)

| DATE ADDED | NAME AND CDC NUMBER    | HOUSING / LOCATION | GANG STATUS / COMMENTS |
|------------|------------------------|--------------------|------------------------|
|            | None noted at Corcoran |                    |                        |
|            |                        |                    |                        |
|            |                        |                    |                        |
|            |                        |                    |                        |
|            |                        |                    |                        |
|            |                        |                    |                        |
|            |                        |                    |                        |
|            |                        |                    |                        |
|            |                        |                    |                        |

☐ ADDITIONAL ENEMIES NOTED ON ATTACHED INMATE SEGREGATION PROFILE

|                                        |                                                                                                                                 |                   |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------|
| YARD ASSIGNMENT:<br>ICC DATE:          | <input type="checkbox"/> WALK ALONE <input type="checkbox"/> CONTROLLED/COMPATIBLE <input type="checkbox"/> REINTERGRADED/MIXED |                   |
| YARD ASSIGNMENT:<br>ICC DATE:          | <input type="checkbox"/> WALK ALONE <input type="checkbox"/> CONTROLLED COMPATIBLE <input type="checkbox"/> REINTERGRADED/MIXED | Reason for Change |
| YARD ASSIGNMENT:<br>ICC DATE:          | <input type="checkbox"/> WALK ALONE <input type="checkbox"/> CONTROLLED/COMPATIBLE <input type="checkbox"/> REINTERGRADED/MIXED | Reason for Change |
| YARD ASSIGNMENT RESTRICTIONS/COMMENTS: |                                                                                                                                 |                   |

PRINTED NAME, TITLE, AND SIGNATURE OF PERSON INITIATING FORM

DATE

HIGHLIGHT "CONFIDENTIAL" ENEMIES AND REDACT PRIOR TO SENDING TO RECORDS OFFICE FOR SLOUGH FILING

RECEIVED CAL APPEALS

JUN-20-2005 12:25

CSP CCRORAN

559 932 5223

P.01/01

STANDARD CALIFORNIA  
GA 154 (Rev. 1/99)

END PAGE TO 5220 USE FACILITY IIR-C

### STATEMENT OF CORRECTIONS

IMMEDIATE HOUSING ASSIGNMENT CHANGE

TIME: 1200

DATE: 06/20/15

[illegible]

**DISTRIBUTION:**

ඇප්ප්ලිස් (Appy) - පොදුතලා පැතලි

Yellow Cows - Sucking Facility

Pink City - Recycling Facility

Goldenrod Copy - Approving Authority

S. GRANDZ, FAC. ASIL DE. 2/17

7-12-68, PAC. TEL-C LT. 2/74

Ingram's and Title of Approving Authority  
(Correct and List name above)

MAILS SENT:

NAME: \_\_\_\_\_

TOTAL P. 01

# CENTRAL CONTROL

RECEIVED CAL APPEALS JUL 26 2005 TRANSACTION REPORT

JUN-20-2005 MON 03:13 PM

FOR: WATCH OFFICE CSP

5599927389

## BROADCAST

| DATE   | START    | RECEIVER        | TX TIME | PAGES | TYPE | NOTE | M#  | DP |
|--------|----------|-----------------|---------|-------|------|------|-----|----|
| JUN-20 | 02:38 PM | INCIDENT REPORT | 2' 24"  | 6     | SEND | OK   | 541 |    |
|        | 03:11 PM | REGIONAL        | 2' 26"  | 6     | SEND | OK   | 541 |    |
|        | 02:41 PM | WARDENS OFFICE  | 2' 27"  | 6     | SEND | OK   | 541 |    |
|        | 02:44 PM | ISU             | 2' 25"  | 6     | SEND | OK   | 541 |    |
|        | 02:46 PM | CENTRAL SERVICE | 2' 26"  | 6     | SEND | OK   | 541 |    |
|        | 02:49 PM | MENTAL HEALTH   | 15' 36" | 6     | SEND | OK   | 541 |    |

TOTAL : 27M 44S PAGES: 36

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## CRIME / INCIDENT REPORT

## PART A - COVER SHEET

CDC837-A1 (09/03)

|                                                                                                         |  |                                                                                       |                                                                                                                                              |                                                                                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                        |
|---------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------|
| INSTITUTION<br>CSP-Corcoran                                                                             |  | FACILITY<br>3C                                                                        | FACILITY LEVEL<br><input type="checkbox"/> I <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV | INCIDENT SITE<br>Dayroom Floor                                                       | LOCATION<br>3C01<br>DAYROOM | INCIDENT LOG NUMBER<br>COR-03C-05-08-0307                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INCIDENT DATE<br>06/20/05 | INCIDENT TIME<br>09:45                                                                 |
| SPECIFIC CRIME / INCIDENT<br>Attempted Battery/Assault on a Peace Officer Resulting in the Use of Force |  |                                                                                       |                                                                                                                                              |                                                                                      |                             | <input type="checkbox"/> ASU <input type="checkbox"/> SHU <input type="checkbox"/> PSU <input type="checkbox"/> PHU<br><input type="checkbox"/> SNY <input checked="" type="checkbox"/> GP <input type="checkbox"/> CTC <input type="checkbox"/> RC<br>SEQ. YARD: <input type="checkbox"/> CC <input type="checkbox"/> WA <input type="checkbox"/> RM<br><input checked="" type="checkbox"/> CCR <input type="checkbox"/> FC <input type="checkbox"/> NIA 3005 (c) Force & Violence<br>NUMBER / SUBSECTION: |                           |                                                                                        |
| D.A. REFERRAL ELIGIBLE<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO           |  | SERT ACTIVATED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                                                                                                                              | NMT ACTIVATED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                             | MUTUAL AID REQUEST<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | PIO/AA NOTIFIED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

## RELATED INFORMATION (CHECK ALL THAT APPLY)

|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DEATH<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> STAFF<br><input type="checkbox"/> VISITOR<br><input type="checkbox"/> OTHER<br><br><input checked="" type="checkbox"/> N/A         | CAUSE OF DEATH<br><input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE<br><input type="checkbox"/> EXECUTIO <input type="checkbox"/> NATURAL<br><input type="checkbox"/> HOMICIDE<br><input type="checkbox"/> OVERDOSE<br><input type="checkbox"/> UNKNOWN<br><input checked="" type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ASSAULT / BATTERY<br><input type="checkbox"/> INMATE<br><input checked="" type="checkbox"/> STAFF<br><input type="checkbox"/> VISITOR<br><input type="checkbox"/> OTHER<br><br><input type="checkbox"/> N/A | TYPE OF ASSAULT / BATTERY<br><input checked="" type="checkbox"/> BEATING <input type="checkbox"/> SPEARING<br><input type="checkbox"/> GASSING <input type="checkbox"/> STABBING<br><input type="checkbox"/> POISONING <input type="checkbox"/> STRANGLING<br><input type="checkbox"/> SEXUAL <input type="checkbox"/> OTHER<br><input type="checkbox"/> SHOOTING<br><input type="checkbox"/> SLASHING<br><br><input type="checkbox"/> N/A |
| SERIOUS INJURY<br><input type="checkbox"/> INMATE<br><input type="checkbox"/> STAFF<br><input type="checkbox"/> VISITO<br><input type="checkbox"/> OTHER<br><br><input checked="" type="checkbox"/> N/A | INMATE WEAPONS<br><input type="checkbox"/> CHEMICAL SUBSTANCE <input type="checkbox"/> TYPE:<br><input type="checkbox"/> CLUB BLUDGEON <input type="checkbox"/> COMMERCIAL WEAPON<br><input type="checkbox"/> EXPLOSIVE <input type="checkbox"/> INMATE<br><input type="checkbox"/> FIREARMS <input type="checkbox"/> MANUFACTURED<br><input checked="" type="checkbox"/> HANDS / FEET<br><input type="checkbox"/> KNIFE<br><input type="checkbox"/> SAP / SLUNG SHOT<br><input type="checkbox"/> PROJECTILE<br><input type="checkbox"/> SPEAR<br><input type="checkbox"/> SLASHING INSTRUMENT<br><input type="checkbox"/> STABBING INSTRUMENT<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> BODILY FLUID <input type="checkbox"/> OTHER FLUID               |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ESCAPES<br><input type="checkbox"/> W / FORCE<br><input type="checkbox"/> W / O FORCE<br><input type="checkbox"/> ATTEMPTED<br><input checked="" type="checkbox"/> N/A                                  | SHOTS FIRED / TYPE WEAPON / FORCE<br>WEAPON: <input type="checkbox"/> MINI 14 <input type="checkbox"/> 38 CAL. <input type="checkbox"/> 9MM <input type="checkbox"/> SHOTGUN<br>LAUNCHER: <input type="checkbox"/> 37MM <input type="checkbox"/> LB <input type="checkbox"/> 40MM <input type="checkbox"/> 40 MM MULTI <input type="checkbox"/> HFWS<br>FORCE: <input type="checkbox"/> SIDE HANDLE BATON<br>WARNING # EFFECT # TYPE: NO:<br>BATON ROUND: <input type="checkbox"/> WOOD <input type="checkbox"/> RUBBER <input type="checkbox"/> FOAM<br>STINGER: <input type="checkbox"/> .32 (A) <input type="checkbox"/> .50 (B)<br>EXACT IMPACT: <input type="checkbox"/> CTS 4557 <input type="checkbox"/> XM 1006<br>CHEMICAL: <input checked="" type="checkbox"/> IOC |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                            |



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**RULES VIOLATION REPORT**

|                                             |                               |                                                              |                              |                                 |                                |
|---------------------------------------------|-------------------------------|--------------------------------------------------------------|------------------------------|---------------------------------|--------------------------------|
| CDC NUMBER<br><b>P-13474</b>                | INMATE'S NAME<br><b>JAMES</b> | RELEASE/BOARD DATE<br><b>1-31-11</b>                         | INST.<br><b>CSP-COR</b>      | HOUSING NO.<br><b>3C01-116L</b> | LOG NO.<br><b>3C-05-06-030</b> |
| VIOLATED RULE NO(S).<br><b>CCR §3005(c)</b> |                               | SPECIFIC ACTS<br><b>ATTEMPTED BATTERY ON A PEACE OFFICER</b> | LOCATION<br><b>3C01-116L</b> | DATE<br><b>06/20/05</b>         | TIME<br><b>0945 HOURS</b>      |

CIRCUMSTANCES On Monday, June 20, 2005, at approximately 0945 hours, I was informed by the 301 Control Booth Officer R. Athey, that Inmate James P-13474, 3C01-116L, was refusing to lock up. Officer E. Barron and I exited the office. Inmate James was standing next to the podium in the dayroom yelling at the Control Booth Officer. Officer Barron and I approached Inmate James. I gave Inmate James three verbal orders to lock up. Inmate James refused to comply. I advised Inmate James that if he didn't lock up I would spray him with pepper spray. Inmate James refused to comply. Inmate James took a combative stance by stepping back with his right foot and clenching both fists and stated "Tuck This" using my assigned MK-9, I dispersed one 2-second blast to the facial area of Inmate James. I ordered Inmate James to "Get Down." Inmate James refused to comply. Using both hands on Inmate James' shirt, I pulled him down to a prone position.

PLEASE SEE CDC-115, PART C, FOR CONTINUATION OF REPORT

INMATE JAMES IS NOT A PARTICIPANT IN THE MENTAL HEALTH DELIVERY SYSTEM AND HE HAS A READING LEVEL ABOVE 4.0

|                                                                                                      |                                  |                                                            |                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| REPORTING EMPLOYEE (Typed Name and Signature)<br><b>► K. EDMONDS, Correctional Officer</b>           | DATE                             | ASSIGNMENT<br><b>3C01 FLOOR #1</b>                         | RDO'S<br><b>F/S</b>                                                                                                                                |
| REVIEWING SUPERVISOR'S SIGNATURE<br><b>► C. GALAVIZ, Correctional Sgt.</b>                           | DATE                             | <input type="checkbox"/> INMATE SEGREGATED PENDING HEARING |                                                                                                                                                    |
| CLASSIFIED<br><input type="checkbox"/> ADMINISTRATIVE<br><input checked="" type="checkbox"/> SERIOUS | OFFENSE DIVISION:<br><b>1120</b> | DATE<br><b>1120</b>                                        | CLASSIFIED BY (Typed Name and Signature)<br><b>► [Signature] Correctional Lieutenant</b>                                                           |
|                                                                                                      |                                  |                                                            | HEARING REFERRED TO<br><input type="checkbox"/> HO <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/> FC |

COPIES GIVEN INMATE BEFORE HEARING

|                                                                                            |                                                |                       |                     |                                                 |
|--------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------|---------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> CDC 115                                                | BY: (STAFF'S SIGNATURE)<br><b>► A. CARLSON</b> | DATE<br><b>7-5-05</b> | TIME<br><b>0915</b> | TITLE OF SUPPLEMENT                             |
| <input checked="" type="checkbox"/> INCIDENT REPORT<br>LOG NUMBER:<br><b>CR-05-06-0307</b> | BY: (STAFF'S SIGNATURE)<br><b>► A. CARLSON</b> | DATE<br><b>7-5-05</b> | TIME<br><b>0915</b> | BY: (STAFF'S SIGNATURE)<br><b>► [Signature]</b> |
|                                                                                            |                                                | DATE                  | TIME                |                                                 |

HEARING **PLEA: NOT GUILTY** FINDINGS: **GUILTY (INCLUDED OFFENSE)**  
 ADJUDICATION: Inmate JAMES appeared for this hearing on Thursday, July 28, 2005, at approximately 1000 hours, at which time I introduced myself as the Senior Hearing Officer (SHO) for this disciplinary hearing. James stated he was in "good" health and ready to proceed with the hearing. James stated he had no objections to the hearing being conducted by this Senior Hearing Officer, he acknowledged that he had received copies of all pertinent documentation at least 24 hours prior to the hearing, and he stated he desired to proceed with the hearing at this time.

PLEASE SEE CDC-115, PART C, FOR CONTINUATION OF HEARING

DISPOSITION: Found GUILTY of the included charge, "DISOBEDIENCE/DISRESPECT, WHICH BY REASON OF INTENSITY OR CONTEXT CREATED A POTENTIAL FOR VIOLENCE, a Division 'F' Offense. Worktime credit forfeiture of 30 days consistent with a Division 'F' Offense assessed against James pursuant to CCR §3323. James was counseled and reprimanded. James is referred to ICC for a Program/Custody review.

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

|                                                                                |                                   |                                                                              |                        |
|--------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|------------------------|
| ACTION BY: (TYPED NAME)<br><b>E. HAZON-ALEC, Correctional Lieutenant (SHO)</b> | SIGNATURE<br><b>► [Signature]</b> | DATE                                                                         | TIME                   |
| REVIEWED BY: (SIGNATURE)<br><b>► R. VELLA, Facility Captain</b>                | DATE                              | CHIEF DISCIPLINARY OFFICER'S SIGNATURE<br><b>► D.D. ORTIZ, Assoc. Warden</b> | DATE<br><b>8/2/05</b>  |
| <input checked="" type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING |                                   | BY: (STAFF'S SIGNATURE)<br><b>► A. CARLSON</b>                               | DATE<br><b>8/11/05</b> |
|                                                                                |                                   | TIME<br><b>1000</b>                                                          |                        |



|                                       |                                                                                                                                                                                                               |                                       |                        |                          |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------|--------------------------|
| CDC NUMBER<br>P-13474                 | INMATE'S NAME<br>JAMES                                                                                                                                                                                        | LOG NUMBER<br><del>36</del> 05-06-030 | INSTITUTION<br>CSP-COR | TODAY'S DATE<br>07/28/05 |
| <input type="checkbox"/> SUPPLEMENTAL | <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                                       |                        |                          |

**ADJUDICATION/DISPOSITION (CONTINUED)**

**D.A. REFERRAL:** This matter has been referred to the local District Attorney's Office for consideration of criminal prosecution. Inmate James has requested prompt hearing of this matter stating he wished to waive his rights to postpone his hearing pending the District Attorney's decision regarding prosecution, as documented by his signature on the CDC-115A on July 5, 2005. James has been advised that any statements made by him in this hearing may be used against him in a court of law.

**DUE PROCESS:** The CDC-115 Rules Violation Report, dated June 20, 2005, was served on James on July 5, 2005, within the required 15 days from discovery. This disciplinary hearing is being held within 30 days of that service. Therefore, all time constraints have been met and there are no due process issues prohibiting the forfeiture of credits.

**INVESTIGATIVE EMPLOYEE:** James requested and received the services of an Investigative Employee. He was issued a completed copy of the Investigative Employee's Report on July 18, 2005, more than 24 hours prior to this hearing.

**NOTE:** A Mental Health Assessment Request was not initiated as James is not a participant in the Mental Health Services Delivery System and his alleged conduct was not bizarre, unusual, or uncharacteristic.

**STAFF ASSISTANT:** This Senior Hearing Officer determined that James speaks English, is literate in that he has a reading level greater than 4.0, the issues are not complex and a confidential relationship is not required. James therefore was not assigned a Staff Assistant as the factors encompassing this case do not meet the criteria pursuant to CCR §3315(d)(2).

**REQUEST FOR WITNESSES:** At the time the CDC-115A was issued to James he requested that witnesses be present at his hearing (see CDC-115A). However, at the time of this hearing when this Senior Hearing Officer attempted to confirm this request, James stated he wished to withdraw his prior request and instead requested that only Correctional Officer R. Athey be present as a witness. James signed a CDC-128B chrono documenting this request, which this Senior Hearing Officer granted, and Officer Athey was summoned to the hearing. Upon the witness' arrival, James asked the following questions to which Officer Athey provided the below-stated responses:

- Q #1) "Are you the regular Control Booth Officer?"  
A #1) "Yes."  
Q #2) "How long have I been in the Unit?"  
A #2) "I don't know, I would have to look in my book."  
Q #3) "Has it been longer than 30 days?"  
A #3) "Yes."  
Q #4) "Are you aware that I attend ACH?"  
A #4) "I know you have been called out."  
Q #5) "Did the C/O ever ask me to cuff up?"  
A #5) "No, at that time it was unnecessary."  
Q #6) "Did I ask you to call the Sergeant?"  
A #6) "I don't remember."

|                                                                       |                                                                    |                        |                     |
|-----------------------------------------------------------------------|--------------------------------------------------------------------|------------------------|---------------------|
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | SIGNATURE OF WRITER<br>E. MAZON-ALEC, Correctional Lieutenant (SI) |                        | DATE SIGNED         |
|                                                                       | GIVEN BY: (Staff's Signature)<br>A. CASER                          | DATE SIGNED<br>8-11-05 | TIME SIGNED<br>1000 |

|                                                                                                                                                                                                                                                |                        |                            |                        |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|------------------------|--------------------------|
| CDC NUMBER<br>P-13474                                                                                                                                                                                                                          | INMATE'S NAME<br>JAMES | LOG NUMBER<br>27-05-06-030 | INSTITUTION<br>CSP-COR | TODAY'S DATE<br>07/28/05 |
| <input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER _____ |                        |                            |                        |                          |

**ADJUDICATION/DISPOSITION (CONTINUED)**

b) The written Supplemental Report of Correctional Officer Officer E. Barron, which states in part, "Officer Athey ... advised myself and Officer Edmonds that Inmate James ... would not lock up. We approached James and ordered James to lock up, he began yelling out, 'No, fuck this shit, I'm not fucking locking up.' Officer Edmonds then pulled out his OC pepper spray and ordered him to lock up three different times. James took a bladed stance in the middle of the Dayroom by the podium with his fists clenched. Officer Edmonds then sprayed James. James refused to comply with direct orders to get down...."

3) James' plea of "not guilty" to the charged Specific Act and plea statement, in which he denied attempting to batter Staff.

4) The contents of the Investigative Employee's Report, in which multiple inmate witnesses stated they observed the incident and James did not resist Staff, attempt to batter Staff, or take a combative stance, and to which James' handwritten statement was attached.

In light of the charged CCR section, this Senior Hearing Officer has determined that the preponderance of the written and material evidence presented at this hearing are insufficient to support the charged Specific Act and a finding of "not guilty" is therefore warranted on that charge. The written reports simply do not set forth an attempted battery on the part of James. However, per CCR §3315(f)(3), inmates stand equally liable for included offenses and this Senior Hearing Officer finds the undisputed loud and profane refusals of James to comply with multiple orders, which ultimately resulted in the use of O.C. Pepper Spray and physical force and which occurred in the middle of the 3C01 Dayroom, satisfy the elements for the charge, "DISOBEDIENCE/DISRESPECT, WHICH BY REASON OF INTENSITY OR CONTEXT CREATED A POTENTIAL FOR VIOLENCE" and a finding of "guilty" on that included charge is warranted.

**APPEAL RIGHTS AND CREDIT RESTORATION POLICY AND PROCEDURE:** This is your notification of the appeal rights and credit restoration policy. If you are dissatisfied with any portion of the hearing, the findings, and/or disposition, you may submit an appeal (CDC-Form-602) within fifteen (15) days following receipt of the finalized copy of the CDC-115 and CDC-115A. You must attach the final copy of the CDC-115 and CDC-115A to the appeal and submit it for Second Level Review and action. You will be issued a finalized copy of the CDC-115 and CDC-115A upon final audit by the Chief Disciplinary Officer. You may apply for restoration of forfeited credits per CCR § 3327 for a Division 'F' Offense. The disciplinary-free period for a Division 'F' Offense commences on the day following issuance of this CDC-115 and continues for three months from that date. Disciplinary-free periods and their percentage of restoration are outlined in the CCR § 3328. Forfeited credits shall be restored by Classification action, only after completion of the above-cited disciplinary-free period. Credit restoration shall be permanently forfeited if you are found guilty of any rule violation received during the specified disciplinary-free period. Credits shall further not be restored if you have, since the commencement of the disciplinary-free period in this matter, refused to participate in a work, training, or educational assignment, or if extraordinary circumstances, as described in CCR § 3329, are present. Once credits lost for a Serious disciplinary are determined not restorable, you may not have those credits restored regardless of the length of time you remain disciplinary free.

|                                                                       |  |                        |                     |
|-----------------------------------------------------------------------|--|------------------------|---------------------|
| SIGNATURE OF WRITER<br>E. MAZON-ALEC, Correctional Lieutenant (SIO)   |  | DATE SIGNED<br>7/28/05 |                     |
| GIVEN BY: (Staff's Signature)<br>A. CASH                              |  | DATE SIGNED<br>7-11-05 | TIME SIGNED<br>1000 |
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE |  |                        |                     |



|                                                                                                                                                                                                                                                     |                        |                            |                        |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|------------------------|--------------------------|
| CDC NUMBER<br>P-13474                                                                                                                                                                                                                               | INMATE'S NAME<br>JAMES | LOG NUMBER<br>42-05-06-030 | INSTITUTION<br>CSP-COR | TODAY'S DATE<br>07/28/05 |
| <input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                        |                            |                        |                          |

**ADJUDICATION/DISPOSITION (CONTINUED)**

Neither James nor this Senior Hearing Officer had any further questions for the witness and Officer Athey was excused from the hearing.

**INMATE'S PLEA AND STATEMENT:** James is charged with, "ATTEMPTED BATTERY ON A PEACE OFFICER," a Division 'B' Offense, which is in violation of CCR § 3005(c). The circumstances of the violation were read to James. He acknowledged understanding the charge filed against him. James pled "NOT GUILTY." After entering his plea stated, "There is no evidence I tried to batter Staff."

**EVIDENCE PRESENTED AT THE HEARING:**

Rules Violation Report/CDC-115, Log # <sup>3C</sup> 42-05-06-030  
 CDC-837 Crime/Incident Report, Log # COR-03C-05-06-0307  
 Investigative Employee's Report authored by C/O R. Lerma  
 Hearing Testimony of Officer Athey  
 James' Plea and Plea Statement at the Hearing

DATED: 06/20/05  
 DATED: 06/20/05  
 DATED: 07/06/05  
 DATED: 07/28/05  
 DATED: 07/28/05

**FINDINGS:** All evidence was considered during this hearing. This preponderance of evidence as described here includes:

1) The Reporting Employee's written report, which states in part, "...Inmate James was standing next to the podium in the dayroom yelling at the Control Booth Officer. Officer Barron and I approached Inmate James. I gave Inmate James three verbal orders to lock-up. Inmate James refused to comply. I advised Inmate James that if he didn't lock-up I would spray him with pepper spray. Inmate James refused to comply. Inmate James took a combative stance by stepping back with his right foot and clenching both fists and stated 'Fuck This' ... I ordered Inmate James to 'Get Down.' James refused to comply. Using both hands on Inmate James' shirt, I pulled him down to a prone position. I ordered Inmate James to place his hands behind his back. Inmate James refused to comply. Using both hands I grabbed Inmate James' right hand and placed it behind his back...."

2) The contents of the CDC-837 Incident Package, all of which are consistent with the finding in this matter; specifically, the following reports:

a) The written Supplemental Report of Correctional Officer Officer Athey, which states in part, "I advised James that he needs to be in compliance with Grooming Standards per the Title 15.... James said he was not going to get in compliance. I explained to James that is considered a refusal and he needs to return to his cell. James yelled, 'Fuck this, I need to go get my treatment!' I again ordered James to lock up. He said 'No, I'm not going to .' I asked 3C01 Floor Officers K. Edmonds and E. Barron to escort James back to his cell. Edmonds and Barron both ordered James back to his cell. James repeatedly yelled, 'Fuck that, I'm not locking up!' Edmonds and Barron withdrew their state-issued Oleoresin Capsicum spray. Edmonds stated, 'Go lock up or I'm going to spray you.' James yelled, 'Fuck this.' Edmonds sprayed James in the face and yelled 'Get down.' James did not get down..."

|                                                                       |  |                        |                     |
|-----------------------------------------------------------------------|--|------------------------|---------------------|
| SIGNATURE OF WRITER<br>E. MAZON-ALIC, Correctional Lieutenant (SIO)   |  | DATE SIGNED<br>7/28/05 |                     |
| GIVEN BY: (Staff's Signature)<br>A. CASPER                            |  | DATE SIGNED<br>7-11-05 | TIME SIGNED<br>1000 |
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE |  |                        |                     |

|                                                                                                                                                                                                                                                     |                        |                            |                             |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|-----------------------------|------------------------|
| CDC NUMBER<br>P-13474                                                                                                                                                                                                                               | INMATE'S NAME<br>JAMES | LOG NUMBER<br>3C-05-06-030 | INSTITUTION<br>CSP-CORCORAN | TODAY'S DATE<br>7/6/05 |
| <input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                        |                            |                             |                        |

**REPORTING EMPLOYEE'S STATEMENT:**

"Officer R. Athey informed me that Inmate JAMES was refusing to lock up. Officer Barron and I exited the officer's office and saw Inmate JAMES standing at the dayroom podium yelling at Officer Athey. Officer Barron and I approached Inmate JAMES and ordered him three times to lock it up in which he failed to comply. I advised Inmate JAMES that if he failed to comply with my lawful order, I would spray him with pepper spray for him to comply. Inmate JAMES refused and took a combative stance by stepping back with his right foot and clenched both fists and stated, "Fuck this!" Using my state issued MK-9, I dispersed one two-second blast to the face of Inmate JAMES. I ordered Inmate JAMES to get down in a prone position but he did not comply. Using both hands on Inmate JAMES' shirt, I pulled him down to a prone position. Inmate JAMES refused my orders to place both his hands behind his back. I grabbed Inmate JAMES' right hand and placed it behind his back and Officer Barron placed Inmate JAMES' left hand behind his back to place both hands in handcuffs. Responding staff relieved Inmate JAMES from me."

Inmate JAMES did not request the Investigative Employee at the RVR hearing.

ISSUED BY: A. CASPER DATE: 7-19-05 A. CASPER  
~~R. LERMA, C/O~~

|                                                                       |                                                   |                        |                     |
|-----------------------------------------------------------------------|---------------------------------------------------|------------------------|---------------------|
| SIGNATURE OF WRITER<br>R. LERMA, CORRECTIONAL OFFICER                 |                                                   | DATE SIGNED<br>7-12-05 |                     |
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | GIVEN BY: (Staff's Signature)<br><u>A. CASPER</u> | DATE SIGNED<br>7-19-05 | TIME SIGNED<br>1100 |



|                                                                                                                                                                                                                                                     |                        |                            |                        |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|------------------------|--------------------------|
| CDC NUMBER<br>P-13474                                                                                                                                                                                                                               | INMATE'S NAME<br>JAMES | LOG NUMBER<br>3C-05-06-030 | INSTITUTION<br>CSP-COR | TODAY'S DATE<br>06/20/05 |
| <input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                        |                            |                        |                          |

I ordered Inmate James to place his hands behind his back. Inmate James refused to comply. Using both hands I grabbed Inmate James' right hand and placed it behind his back. Officer Barron placed Inmate James left hand behind his back.

I placed Inmate James in Handcuffs. I was relieved by responding staff.

|                                                                       |                                            |                       |                     |
|-----------------------------------------------------------------------|--------------------------------------------|-----------------------|---------------------|
| SIGNATURE OF WRITER<br>K. EDMONDS, Correctional Officer               |                                            | DATE SIGNED           |                     |
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | GIVEN BY: (Staff's Signature)<br>A. CASIRO | DATE SIGNED<br>7-5-05 | TIME SIGNED<br>0915 |

|                                                  |                                                                                                                                                                                                               |                            |                        |                          |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|--------------------------|
| CDC NUMBER<br>P-13474                            | INMATE'S NAME<br>JAMES                                                                                                                                                                                        | LOG NUMBER<br>3C-05-06-030 | INSTITUTION<br>CSP-COR | TODAY'S DATE<br>06/20/05 |
| <input checked="" type="checkbox"/> SUPPLEMENTAL | <input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                            |                        |                          |

On Monday, June 20, 2005 at approximately 0945 AM Officer Athey Control Booth Officer, advised myself and Officer Edmonds that Inmate James P-13474, would not lock up. We approached James and ordered James to lock up, he began yelling out "No, fuck this shit, I'm not fucking locking up". Officer Edmonds then pulled out his O.C. Pepper spray and ordered him to lock up three different times. James took a bladed stance in the middle of the dayroom by the podium with his fists clenched, Officer Edmonds then sprayed Inmate James. James refused to comply with direct orders to get down, Officer Edmonds used both hands to pull James down by his shirt. I assisted Edmonds in restraining James by grabbing his left hand and holding him down, while Edmonds cuffed his right hand then his left hand. I was then relieved by assisting staff.

|                                                                       |                                                        |  |                        |                     |
|-----------------------------------------------------------------------|--------------------------------------------------------|--|------------------------|---------------------|
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | SIGNATURE OF WRITER<br>E. BARRON. Correctional Officer |  | DATE SIGNED<br>6-20-05 |                     |
|                                                                       | GIVEN BY: (Staff's Signature)<br>A. CASIRO             |  | DATE SIGNED<br>7-5-05  | TIME SIGNED<br>0915 |

|                                                  |                                                                                                                                                                                                               |                            |                        |                          |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|--------------------------|
| CDC NUMBER<br>P-13474                            | INMATE'S NAME<br>JAMES                                                                                                                                                                                        | LOG NUMBER<br>3C-05-06-030 | INSTITUTION<br>CSP-COR | TODAY'S DATE<br>06/20/05 |
| <input checked="" type="checkbox"/> SUPPLEMENTAL | <input checked="" type="checkbox"/> CONTINUATION OF: <input checked="" type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                            |                        |                          |

On Monday, June 20, 2005 at approximately 0945 hours, I released Inmate James, P-13474, 3C01-116L to report to 3C Workchange to be escorted to the Acute Care Hospital for treatment. I advised James that he needs to be in compliance with grooming standards per the Title 15. James had his hair worn in a braid like manner and facial hair. James said that he was not going to get in compliance. I explained to James that is considered a refusal and he needs to return to his cell. James yelled, "Fuck this, I need to go get my treatment." I again ordered James to lock up. He said, "No, I'm not going to." I asked 3C01 Floor Officer K. Edmonds and E. Barron to escort James back to his cell. Edmonds and Barron both ordered James back to his cell. James repeatedly yelled, "Fuck that! I'm not locking up!" Edmonds and Barron withdrew their state issued Oleoersin Capsicum spray. Edmonds stated, "Go lock up or I'm going to spray you!" James yelled, "fuck this!", While stepping back with his right foot and clenched his fist.

Edmonds sprayed James in the face and yelled, "Get down!" James did not get down. Meanwhile, I activated my personal alarm and advised staff via institutional radio of the situation. I did a visual security check of the surrounding area after additional staff responded. James was then escorted out of the building.

|                                                                       |                                                       |                        |
|-----------------------------------------------------------------------|-------------------------------------------------------|------------------------|
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | SIGNATURE OF WRITER<br>R. ATHEY, Correctional Officer | DATE SIGNED<br>6/20/05 |
|                                                                       | GIVEN BY: (Staff's Signature)<br>A. CRISBRO           | DATE SIGNED<br>7-5-05  |
|                                                                       |                                                       | TIME SIGNED<br>0915    |

**SERIOUS RULES VIOLATION REPORT** Document 1 Filed 06/20/2007 Page 78 of 86

|                                                                                                                                |                        |                                     |                  |                        |                         |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|------------------|------------------------|-------------------------|
| CDC NUMBER<br>P-13474                                                                                                          | INMATE'S NAME<br>JAMES | VIOLATED RULE NO(S)<br>CCR §3005(c) | DATE<br>06/20/05 | INSTITUTION<br>CSP-COR | LOG NO.<br>3C-05-06-030 |
| REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                        |                                     |                  |                        |                         |

**POSTPONEMENT OF DISCIPLINARY HEARING**

|                                                                                                                           |                                      |                |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------|
| <input checked="" type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution. | INMATE'S SIGNATURE<br>X John James   | DATE<br>7-5-05 |
| <input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.                   | INMATE'S SIGNATURE<br>NOT APPLICABLE | DATE<br>NONE   |
| DATE NOTICE OF OUTCOME RECEIVED<br>NOT APPLICABLE                                                                         | DISPOSITION<br>NOT APPLICABLE        |                |
| <input type="checkbox"/> I REVOKE my request for postponement.                                                            | INMATE'S SIGNATURE<br>NOT APPLICABLE | DATE<br>NONE   |

**STAFF ASSISTANT**

|                                                                                                            |                                                                                          |                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------|
| STAFF ASSISTANT<br><input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE | INMATE'S SIGNATURE<br>X AC                                                               | DATE<br>7-5-05 |
| <input type="checkbox"/> ASSIGNED                                                                          | DATE                                                                                     | NAME OF STAFF  |
| <input type="checkbox"/> NOT ASSIGNED                                                                      | REASON<br>DOES/DOES NOT MEET CRITERIA PER CCR § 3315(d)(2)/READING LEVEL ABOVE/BELOW 4.0 |                |

**INVESTIGATIVE EMPLOYEE**

|                                                                                                                   |                                    |                                |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|
| INVESTIGATIVE EMPLOYEE<br><input checked="" type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE | INMATE'S SIGNATURE<br>X John James | DATE<br>7-5-05                 |
| <input checked="" type="checkbox"/> ASSIGNED                                                                      | DATE<br>7-5-05                     | NAME OF STAFF<br>C/O M. CASIRO |
| <input type="checkbox"/> NOT ASSIGNED                                                                             | REASON                             |                                |

EVIDENCE / INFORMATION REQUESTED BY INMATE:

none

**WITNESSES**

|                                                                      |                                          |                                                 |                                |                                               |  |
|----------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|--------------------------------|-----------------------------------------------|--|
| WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS) |                                          |                                                 |                                |                                               |  |
| <input checked="" type="checkbox"/> REPORTING EMPLOYEE               | <input type="checkbox"/> STAFF ASSISTANT | <input type="checkbox"/> INVESTIGATIVE EMPLOYEE | <input type="checkbox"/> OTHER | <input type="checkbox"/> NONE                 |  |
| WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)                        |                                          | GRANTED                                         | NOT GRANTED                    | WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER) |  |
| C/O E. Barron                                                        |                                          | <input type="checkbox"/>                        | <input type="checkbox"/>       | MTA R. Hernandez                              |  |
| C/O R. Athey                                                         |                                          | <input type="checkbox"/>                        | <input type="checkbox"/>       |                                               |  |

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, documenting the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

**INVESTIGATIVE EMPLOYEE'S STATEMENT:**

On July 6, 2005, Correctional Officer R. Lerma, was assigned as the Investigative Employee, to Rules Violation Report (Log # 3C-05-06-030) issued to Inmate JAMES, P-13474. Inmate JAMES did not object to me being the Investigative Employee.

Inmate JAMES statement: See attached (3) page handwritten statement from Inmate JAMES.

Inmate JAMES did request the following Custody Staff as witnesses at the RVR hearing:

Correctional Officer K. Edmonds (reporting employee)

Correctional Officer E. Barron

Correctional Officer R. Athey

MTA R. Hernandez

SEE ATTACHED CDC-115 PART-C FOR CONTINUATION OF THIS REPORT

|                                                                    |                                      |                                           |                 |
|--------------------------------------------------------------------|--------------------------------------|-------------------------------------------|-----------------|
| <input checked="" type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE | BY: (STAFF'S SIGNATURE)<br>A. CASIRO | INVESTIGATOR'S SIGNATURE<br>X [Signature] | DATE<br>7-12-05 |
|                                                                    |                                      | TIME<br>0915                              | DATE<br>7-5-05  |



## RULES VIOLATION REPORT - PART C

PAGE 2 OF 4

|                                                                                                                                                                                                                                          |                        |                            |                             |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|-----------------------------|------------------------|
| CDC NUMBER<br>P-13474                                                                                                                                                                                                                    | INMATE'S NAME<br>JAMES | LOG NUMBER<br>3C-05-06-030 | INSTITUTION<br>CSP-CORCORAN | TODAY'S DATE<br>7/6/05 |
| <input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                        |                            |                             |                        |

(I asked Inmate JAMES what questions did he have for the requested Custody Staff witnesses.)  
Inmate JAMES stated, "I want to ask them the questions myself and at the hearing."

Inmate JAMES had questions for Inmate witnesses that were assigned in 3C01, cells 116, 117, 118, 121, 123, 124, 125, 210, 215, 217, and 222 during the time of the incident. Inmate JAMES was unable to provide names of these inmates; therefore, I could only ask the inmates assigned to these cells on the day of the incident and currently still housed there. The following is a list of those Inmates:

|            |         |          |          |         |
|------------|---------|----------|----------|---------|
| DALTON:    | C-88133 | 3C01-116 | WILLIAMS | V-50787 |
| SPENCER    | T-15088 | 3C01-124 | JAA      | J-51594 |
| HAMILTON   | J-23774 | 3C01-215 | MITCHELL | V-59361 |
| WASHINGTON | K-29198 | 3C01-222 |          |         |

## Questions for inmate witnesses:

1. On 6-20-05, did you observe the use of force incident in front of the dayroom grill gate upon Inmate JAMES.

DALTON: "YES." JAA: "YES" MITCHELL: "YES"

HAMILTON: "YES." WASHINGTON: "YES."

2. Did Inmate JAMES ever attempt to batter staff?

DALTON: "NO." JAA: "NO." MITCHELL: "NO."

HAMILTON: "NO." WASHINGTON: "NO."

3. Did Inmate JAMES assume a combative stance against staff?

DALTON: "NO." JAA: "NO." MITCHELL: "NO."

HAMILTON: "NO." WASHINGTON: "NO."

4. Could you hear the incident as it transpired?

DALTON: "YES." JAA: "YES." MITCHELL: "YES."

HAMILTON: "YES." WASHINGTON: "YES."

5. Did Inmate JAMES request to speak to a Sergeant and if so, how many times did he request to speak to a Sergeant?

SEE ATTACHED CDC-115 PART-C FOR CONTINUATION OF THIS REPORT

|                                                                       |                                                       |                        |
|-----------------------------------------------------------------------|-------------------------------------------------------|------------------------|
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE | SIGNATURE OF WRITER<br>R. LERMA, CORRECTIONAL OFFICER | DATE SIGNED<br>7-12-05 |
|                                                                       | GIVEN BY: (Staff's Signature)<br>A. A78/R             | DATE SIGNED<br>7-18-05 |
|                                                                       |                                                       | TIME SIGNED<br>1100    |

## RULES VIOLATION REPORT - PART C

PAGE 3 OF 4

|                                       |                                                                                                                                                                                                               |                            |                             |                        |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|------------------------|
| CDC NUMBER<br>P-13474                 | INMATE'S NAME<br>JAMES                                                                                                                                                                                        | LOG NUMBER<br>3C-05-06-030 | INSTITUTION<br>CSP-CORCORAN | TODAY'S DATE<br>7/6/05 |
| <input type="checkbox"/> SUPPLEMENTAL | <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input checked="" type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER |                            |                             |                        |

DALTON: "Yes, at least three to four times he requested to speak to a sergeant."

JAA: "Yes, two times he asked for a sergeant."

MITCHELL: "Yes, he requested a sergeant several times."

HAMILTON: "Yes, he requested a sergeant six times."

WASHINGTON: "Yes, he asked to speak to a sergeant alot of times."

6. Did Inmate JAMES attempt to resist staff in any way?

DALTON: "NO." JAA: "NO." MITCHELL: "NO."

HAMILTON: "NO." WASHINGTON: "NO."

7. Which officers were involved in the force against Inmate JAMES?

Inmates DALTON, JAA, MITCHELL, HAMILTON, and WASHINGTON each stated that Correctional Officers K. Edmonds and E. Barron were the two Officers involved.

8. Do you know if any other Inmate may have witnessed the incident, if so, please direct the (I.E.) to those inmates.

Inmates DALTON, JAA, MITCHELL, HAMILTON, and WASHINGTON each stated that they were unaware who else witnessed the incident.

Inmates WILLIAMS and SPENCER made the following statement regarding Inmate JAMES' questions to this incident:

WILLIAMS: "All I can say is that the alarm went off and I saw the C/O's take Inmate JAMES down. I can't answer all those questions."

SPENCER: "I don't know anything about that incident."

SEE ATTACHED CDC-115 PART-C FOR CONTINUATION OF THIS REPORT

|                                                                        |                                                       |                        |                     |
|------------------------------------------------------------------------|-------------------------------------------------------|------------------------|---------------------|
| <input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE. | SIGNATURE OF WRITER<br>R. LERMA, CORRECTIONAL OFFICER | DATE SIGNED<br>7-2-05  |                     |
|                                                                        | GIVEN BY: (Staff's Signature)<br>A. CASIRO            | DATE SIGNED<br>7-18-05 | TIME SIGNED<br>1100 |

NAME and NUMBER JAMES

CDC# P-13474

HOUSING ASU-1-126L

CDC-128-B Rev. 4/74

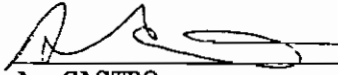
On 07-05-05, at approximately 0915 hours, I issued CDC 115 log # 3C-05-05-030 to inmate James. I informed inmate James that I had been appointed Investigation Employee in this matter. Inmate James stated his objection to me acting in that capacity. I asked inmate James if he was refusing the services of the first appointed IE. Inmate James stated "YES".

Orig: C-File

cc: CC-I

Writer

Inmate



A. CASTRO

Facility 3C Yard #3

CSP-CORCORAN

DATE 07-05-05

GENERAL CHRONO

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS  
CDC-128 B (8-87)

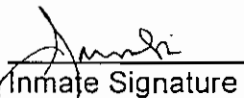
NAME and NUMBER

JAMES

P-13474

RM:

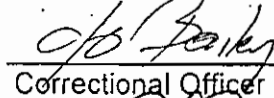
Prior to the disciplinary hearing, inmate JAMES; CDC # P-13474 waived the presence of the requested witnesses. Inmate JAMES stated that he had received a copy of the Investigative Employee Report and the witness statements were on the IE Report. CDC-115 Log # 3C-05-06-030.



Inmate Signature

P-13474

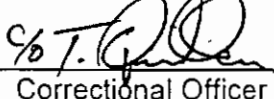
CDC-#



Correctional Officer

7-28-05

Date



Correctional Officer

7-28-05

Date

ORIG : C-File  
cc :

DATE 7-28-05

CSP-COR

GENERAL CHRONO

Statement of John E. James III (P-13474)  
Concerning RVR 115 Log No: 3C-05-06-030

#1.) The charge in this matter of (attempted battery on a P.O.) is a False charge, it is selfmanufactured & corroborated by (C.S.P.C.) officials as a tactic to counter petitioners 6-20-05 allegation of Excessive Force. And, the 6-20-05 Excessive Force itself was an act of Retaliation due to I/M JAMES Filing a CDC (602) Staff Complaint against all reporting employees the very night prior On 6-19-05; also charging multiple (C.S.P.C.) Administrative Officials...

#2.) Petitioner did "not" in any way ever attempt to batter staff; nor is it reported that he did so. Infact it is reported that petitioner stepped backwards (away from staff) & allegedly clinched his fist. "This in No way describes any attempt by JAMES to batter anyone."

#3.) The Use of Force upon & against JAMES in this matter was "Completely Unwarranted". Again, according to "all" reporting staffs own reports: (Staff never even requested JAMES to submit to restraints) Never ask JAMES to submit to a pat search. Staff never even attempted to contact/notify a supervising official.

#4.) Reporting staffs own explanation for stopping JAMES from attending medical treatment that day (40 Atthey/alleged Grooming Standards) is in violation of CCR 15. § 3312 (a) (1) (2) (3) Counseling - 128-A - RVR 115.



#4.) This procedure is not discretionary; § correctional staff cannot simply circumvent them. Furthermore § More importantly, prison officials cannot deny a prisoner Medical Treatment, simply because they feel the inmate is not in compliance with grooming standards. Staff (w/ Atthey) clearly reports, that she stopped § denied JAMES medical treatment, "solely" cause he was not in compliance with (her opinion) of grooming standards. (James Rastifurian Dread Lox)

#5.) Petitioner is requesting a Polygraph Examination per CCR Title 15. § 3293...

#6.) In this matter, petitioner constantly requested for all reporting / § or witnessing staff to contact/notify a supervising official Sergeant (SGT). Petitioner made this request to staff precipitating any Use of Force approx (30) times. Petitioner did so out of a fear for his safety being the same reporting employees pointed a "Gun" at petitioner (for no reason) just (5) days prior, which was the issue (602) Staff Complaint mentioned in "Statement #1." dated 6-19-05. This is the reason that staff never attempted to notify a (SGT) prior to Using Force against JAMES, in this matter.

#7.) Petitioners RVR 115 must be held to the "Some Evidence" standard. In this matter, according to all reports, there is no evidence that JAMES attempted to batter anyone; or even exercised any violence at all. Based on these facts JAMES cannot be found guilty of the alleged charge's (See Hill, 472 U.S. 445, 105 S.Ct. 2768, 86 L.Ed.2d 356 (1985)). Furthermore, Retaliatory RVR 115's are a violation of petitioners U.S. 1st Amend Right of the Constitution.

(See, Hines v. Gomez, 108 F.3d 265 (9th cir 1997))

At this time petitioner brings to your attention, what I'm alleging on Information & belief to be: Statewide (CDCR) Deliberate Indifference to cruel & Unusual Punishment; & Conspiracy to cover up alleged criminal acts by way of Unjust screening out of (602) staff complaints by (CDCR) Third level of appeal review....

On 11-3-05 petitioner was transferred from (CSP-Cor), to Calipatria (cal).

On 1-11-06 or around that time (while at cal), petitioner received a second level response from (CSPC), regarding (602) staff complaint Log # Cor-05-2259...

Note: (cal) is locked down on modified program & has been since around June 2005. The Institution only has (2) library's to suffice four yards, & two Ad-segs. Access is issued (via request). The waiting list is long. The library is the only source of legal material (Manilla Envelope - Postage - Etc) for indigent prisoners. Petitioner is indigent... Staff complaint Cor-05-2259 is extensive, & required large Manilla envelope & postage...

From around 1-11-06 through 2-2-06 petitioner filed approx (2) library access request at (cal), per week..

On 2-2-06, (Due to P.L.V. status/ Court deadline notice) I was issued Library access. At which time petitioner prepared a brief Cover Sheet letter for said staff complaint explaining petitioners Library/Envelope predicament; & the 2nd/level responding Institution (CSPC) excessively delaying said appeal being returned to petitioner, <sup>(not being)</sup> returned as dated.. And, asserting that upon Library access, this appeal was forwarded to the Directors level; Immediately... Seeking/Requesting 3rd/level appeal review.

Level, (alleging) time lapse CCA § 3084.6. The directors Level in doing so ignoring the attached cover sheet letter explaining the delay; & showing that any delay was not petitioners fault; but the fault of (C.S.P.C.), & in part (cal).

Based on all the foregoing, petitioner is compelled to believe that the directors Level appeal review officials are unjustly, malicious & sadistically refusing to process said appeal because of the clear level of serious criminal violations exemplified by (C.S.P.C.) officials. And their failure to investigate the allegations raised in the complaint per D.O.M. § 31140.6.2. Category II requirements.

Official Notice

Issued: 5-2-06

By John E. James

Petitioner  
Address:

John E. James III (P-1327)  
A-5-237 / P.O. Box 5005  
Calipatria, CA. 92233

Note:

Due to No Library access at (cal) without a court pending, petitioners cant return appeal with this letter. (cal) Institution denied library without court order. I cannot obtain Manila envelopes. Please order appeal (cor-05-2259) Forwarded to the 3rd Level for review.

### Action Requested:

- #1) That you order (Staff Complaint / Log # cor-05-2259) reviewed at the Directors Level...
  - #2) That you administer the appropriate investigation into the allegations raised in said appeal...
  - #3) That you conduct an investigation into the 3rd/Level of appeal review; & its screening out of prisoner staff complaint appeals.... Fore, this is the fifth staff complaint s/o by the 3rd/Level regarding (C.S.P.C.) officials; & each situation is identical. (Response delay / cover sheet letter late explanation attached; & ignored by (COCR).)
- Some of those s/o complaints; (though not limited to) Log No. # are as follows:
- cor-05-1320 (s/c); cor-05-1219 (s/c);

(Sent to Director on 5-3-06)

processed by J. Hall

**INMATE APPEALS BRANCH**

1515 S Street, Sacramento, CA 95814  
P.O. Box 942883  
Sacramento, CA 94283-0001



July 23, 2006

("Exhibit: A-7")

James, CDC #P-13474  
Calipatria State Prison  
P.O. Box 5002  
Calipatria, CA 92233

Re: Institution Appeal Log #COR 05-2259 Staff Complaint

Dear Mr. James:

The Inmate Appeals Branch has received your correspondence regarding the above matter. It has been forwarded to the Appeals Coordinator at your location for further review. It is anticipated that they will complete further action at that level, returning the material to this office by August 22, 2006. You will receive further resolution from this office once the material is returned to the Inmate Appeals Branch.

  
N. GRANNIS, Chief  
Inmate Appeals Branch