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Plaintiff's Name DWAYNE MAYFIELD
Inmate No. T-38719
Address Pleasant Valley State Prison
P.O. Box 8502
Coalinga, CA 93210

JUN 16 2010

JUN 16 2010

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature] DEPUTY CLERK

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY [Signature] DEPUTY CLERK

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

1:10 CV 01091 SMS FC

DWAYNE MAYFIELD

(Name of Plaintiff)

(Case Number)

vs.

COMPLAINT

CORRECTIONAL OFFICER M. MIX
CORRECTIONAL OFFICER E. MASON

Civil Rights Act, 42 U.S.C. § 1983

(Names of all Defendants)

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 X

B. If your answer to A is yes, how many? 0
Describe previous or pending lawsuits in the space below.
(If more than one, use back of paper to continue outlining all lawsuits.)

(PC) Mayfield v. Mix et al

Doc. 19 Att. 2

1. Parties to this previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if Federal Court, give name of District; if State Court, give name of County)
N/A

3. Docket Number N/A 4. Assigned Judge N/A

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

6. Filing date (approx.) N/A 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 X No ___

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

Yes X No ___

If your answer is no, explain why not N/A

C. Is the process completed?

Yes X If your answer is yes, briefly explain what happened at each level.
The Second and Director's Levels of Review conducted an investigation into my allegations of misconduct, found that staff did not violate CDCR policy, and denied my appeal. (Ex. A)

No ___ If your answer is no, explain why not.
N/A

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. Mix is employed as Correctional Officer
at Sierra Conservation Center

B. Additional defendants Correctional Officer E. Mason also employed
at Sierra Conservation Center

IV. **Statement of Claim**

(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.)

Claim One: Defendants Use of Excessive Force Violated Plaintiff's Constitutional
Right Against Cruel and Unusual Punishments

Claim Two: Defendants Use of Excessive Force Resulted in an Assault and Battery
and/or Negligence Resulting in Injury Under California Tort Law

On May 3, 2009, I was in my Bed area with several other inmates, and someone
allegedly spit out of the window. Correctional Officer M. Mix came to the window
and told me to come to the door, and I complied. When I stepped outside, Mix asked
me why did I spit out of the window, and I told him that I did not spit out of
the window. He then asked me if I wanted any problems, and I said no. Mix said
"Well, if you do not want any problems, go clean that spit off of the ground."

(CONTINUE ON PAGE 4)

V. **Relief.**

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

I pray that the Court award me \$10,000 Compensatory Damages, \$40,000 punitive
Damages, and Nominal Damages. I also pray that the Court order any other relief
that it deems necessary and appropriate.

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

Date 5/17/10

Signature of Plaintiff Wayne Magfield

(revised 6/01/04)

(STATEMENT OF CLAIM CONTINUED)

I told Mix that "I am not assigned to clean spit up off the ground," and I refused to clean up someone else's spit. Mix became very agitated and upset, he directed me to turn around and placed handcuffs on me.

After being handcuffed, Mix aggressively conducted a pat search, snatched off my shoes and socks, grabbed my arm and made me walk barefoot to the Mariposa Unit Office. On the way to the unit office, Mix slammed me against a fence post; Mix joked about it, with a taunting voice, saying "Hey, watch that gate." Mix, unprovoked, attempted to slam me to the ground, and he repeatedly yelled "stop resisting." I started yelling "what are you doing?", hoping to get the sergeant's or another supervisor's attention to come and help me. Instead, I was slammed to the ground, and Correctional Officer E. Mason ran out of the unit office and began beating me with his baton. I was handcuffed during the entire incident.

Subsequently, Sergeant Savontez came out of the unit office, and I told her about the incident. When Savontez went back into the office to retrieve a camera, Mix grabbed my right hand (still cuffed) and twisted it until it popped; all I could do is scream out in pain. Afterwards, I was taken to medical and had my injuries documented, and I was placed in administrative segregation without receiving medical treatment for my injuries. My injuries consisted of a swollen and bruised wrist, knee, and shoulder, and my back was hurting really bad.

At the outset of the incident, there was no need for the use of force or restraint. I complied with all lawful orders: I did not resist being handcuffed nor did I resist when Mix forcefully removed my shoes and socks and made me walk barefoot to the office. Simply put, Mix's actions were done maliciously and sadistically for the very purpose of causing harm.

EXHIBIT A

**INMATE/PAROLEE
APPEAL FORM**

CDC 602 (12/87)

MAY 22 2009

Location: Institution/Parole Region

1. SCC
2. _____

Log No.

1. 09-00548
2. _____

Category

VII 7

You may appeal any policy, action or decision which has a significant adverse affect 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	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
<u>Mayfield</u>	<u>T-38719</u>	<u>~~~~~</u>	<u>70-06</u>

55-16

A. Describe Problem: On 5-3-09, I was attacked by %M. Mix. I was in my dorm (70) at ward recall when % Mix walked up to the window, he looked around then asked me to come to the door, I complied. He opened the door and I stepped outside as instructed. % Mix asked me why did I spit out the window, I told him I didn't. He asked me do I want a problem, I said no. He said "well if you don't want a problem go clean that spit up off the ground." I told % Mix "I'm not assigned to clean spit up off the ground." I was shocked that he even asked me to do so. I could see he got upset because he cont.

If you need more space, attach one additional sheet.

B. Action Requested: I request to be compensated due to the cruel and unusual punishment of % Mix deliberate indifference and breach of duty.

Inmate/Parolee Signature: Mayfield, Blayne Date Submitted: 5-16-09

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BY PASS

BY PASS

RECEIVED

SEP 14 2009

INMATE APPEALS BRANCH

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL
If you are dissatisfied explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BY PASS

BY PASS

Signature: _____ Date Submitted: _____
 Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim
 CDC Appeal Number: _____



DJ

01-0010

24 First Level

Granted P. Granted Denied Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: _____ Due Date: _____

Interviewed by: SAB ATTACHED Reply.

BY PASS

Staff Signature: [Signature] Title: Warden SGT. Date Completed: 7/27/09
Division Head Approved: _____ Returned: AUG 14 2009
Signature: [Signature] Title: [Signature] Date to Inmate: _____

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.

BY PASS

Signature: _____ Date Submitted: _____

Second Level Granted P. Granted Denied Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: MAY 22 2009 Due Date: JUL 06 2009

See Attached Letter

Signature: [Signature] Date Completed: AUG 17 2009
Warden/Superintendent Signature: [Signature] Date Returned to Inmate: AUG 17 2009

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.

THERE WAS NO NEED FOR THE USE OF FORCE OR RESTRAINT. I complied with all lawful orders. I did not resist being handcuffed nor did I resist when Mix forcefully removed my shoes & socks & made me walk barefooted to the office. Simply put, Mix's action were done for the purpose of CAUSING HARM, THEREFORE I should be compensated for my pain, suffering, and for punitive damages. I also request that any video recording of the incident be preserved for future litigation. /NEXT PAGE

Signature: Mayfield Date Submitted: 9-4-09

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: Granted P. Granted Denied Other
 See Attached Letter

DEC 2 2 2009

Date: _____



Start here

couldn't do anything. He told me to turn around and he cuffed me up. After he cuffed me up he started getting aggressive with me, putting me down extra hard, he even grabbed my legs and switched my shoes and socks off, which was uncalled for. (I asked him why did he take my shoes + socks, he didn't answer.) Sgt Mix grabbed my right arm and told me to walk, I complied. Along the way to the office he slammed me against the fence (see 7219 injury report) and made a joke about it, with a taunting voice he said "Hey watch that gate," and laughed at his clowns. I asked him was he just doing that because I was cuffed or what, that's when he really lost it and I could see that he had lost control of himself. When we made it in front of the office he tried to pick me up and slam me on the ground for no reason. I started yelling "What are you doing?" hoping the Sgt. or anyone with rank would come out to help me. But instead Sgt E. MASON showed up and pulled out his baton. I looked at Sgt MASON and said "I'm hand cuffed and he's try to slam me for no reason." Sgt MASON payed no attention to me and yet and still struck me with his baton while Sgt Mix held me up then after shoved me to the ground. Then out of nowhere other Sgt's gathered around me.

Sgt SAVONTEZ came out the office + I told her % Mix cuffed me up, took my shoes + socks off, and they hit me with their sticks. She went inside + when she left % Mix grabbed my right hand (still cuffed) and twisted it until it popped. All I could do was SCREAM in pain. When the Sgt came back with the camera it was too late + the damage had already been done.

YOU CAN SEE
IN THE 7219 →

Now, all of a sudden my 7219 injury report is missing out of my file and they never gave me a copy. I'm 602 medical, hopefully by the time of the interview I should have it.

§ 3391 (a) States employees shall be professional in dealings with inmates.

§ 3268 (2)(3)(b) Use of force states UNNECESSARY OR EXCESSIVE force shall not be used.

IN THIS CASE I WAS HAND CUFFED AND BEAT WITH BATONS. UNNECESSARY!!

cont. from
Section H.

EVEN IN THE 115 REPORT % Mix wrote you can see I WAS IN TOTAL COMPLIANCE.

State of California

Department of Corrections

SIERRA CONSERVATION CENTER
ALLEGATION OF MISCONDUCT BY A PEACE OFFICER
NOTICE OF RIGHTS AND RESPONSIBILITIES

Pursuant with Penal Code Section 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement.

Please read and sign acknowledging the following and return to the appropriate department staff as indicated above:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A DEPARTMENTAL PEACE OFFICER FOR ANY IMPROPER PEACE OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT, EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE IN A CRIMINAL COURT. IN ADDITION, PER CCR TITLE 15, SECTION 3391 (d), INMATES MAY BE ISSUED A SERIOUS DISCIPLINARY RULE VIOLATION.

Magfield, Blaynes
Complainant's Signature

5-16-09
Date

Receiving Staff's Signature

Date

State of California

ATTACHMENT E-3

Memorandum

Date : July 27, 2009

To : MAYFIELD
T-38719
55-16USubject: **STAFF COMPLAINT RESPONSE - APPEAL # SCC-X-09-00548**

APPEAL ISSUE: Inmate (I/M) MAYFIELD alleges that Correctional Officer (C/O) Mix used unnecessary force on him by slamming him against the gate post near the Mariposa Unit Office during an escort to see the Unit Sergeant. After slamming I/M MAYFIELD against the post, C/O Mix then attempted to take him to the ground by pulling I/M MAYFIELD'S arms up by the handcuffs, but couldn't get him down. C/O Mason responded and struck I/M MAYFIELD on the left knee and he went to the ground.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal has been handled as follows:

- PROCESSED AS A STAFF COMPLAINT APPEAL INQUIRY
 REFERRED TO THE OFFICE OF INTERNAL AFFAIRS (OIA).

SUMMARY FOR APPEAL INQUIRY: You were interviewed on June 24, 2009, by Correctional Lieutenant J. Cunningham, and you stated that C/O Mix used unnecessary force on you by pushing you against the gate post near the Mariposa Unit office during an escort to see the Unit Sergeant. After pushing you against the post, C/O Mix then attempted to take you to the ground by pulling your arms up by the handcuffs, but could not get you down. C/O Mason responded and struck you on the left knee and you went to the ground. You said you were then taken to the medical clinic where you were treated and a Pre-Segregation exam was conducted. You were then re-housed in Administrative Segregation.

CHOOSE ONE:

- A Confidential Inquiry has been conducted. The following witnesses questioned I/M MAYFIELD, C/O M. Mix, and C/O E. Mason. The following information was reviewed as a result of your allegations of staff misconduct: Video taped interview by Correctional Sergeant J. Darby, Staff reports and CDC 7219, Medical Report of Injury.
- This matter has been referred to the Office of Internal Affairs for follow-up and a possible investigation. If investigated, upon completion of that investigation you will be notified as to whether the allegations were SUSTAINED, NOT SUSTAINED, UNFOUNDED, EXONERATED or that NO FINDING was possible. In the event that the matter is not investigated, but returned by OIA to the institution or region to conduct a Confidential Inquiry, you will be notified upon the completion of that inquiry as to whether it was determined that staff violated, or did not violate policy.

FINDINGS FOR AN APPEAL INQUIRY:

Your appeal is PARTIALLY GRANTED at the First level Second level:

- An inquiry into your allegation has been conducted.
 An investigation is being conducted by the Office of Internal Affairs

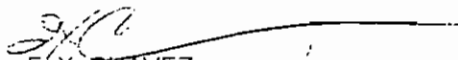
STAFF COMPLAINT RESPONSE - APPEAL # SCC-X-09-00548 CONT.

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE. As such, the details of any inquiry will not be shared with staff, members of the public, or inmates. Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. However, you have the right to be notified if after a review of your allegations, it is determined that staff violated CDCR policy. In this case:

- The inquiry is not yet complete
- The inquiry is complete. Staff did not violate CDCR policy.

Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process. If you wish to appeal the decision, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Director's Level of Review. Once a decision has been rendered at the Director's Level of Review, your administrative remedies will be considered exhausted.

Please print and sign below:


F. X. CHAVEZ
Chief Deputy Warden

DATE: 7/12/09

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: DEC 22 2009

In re: Dwayne Mayfield, T38719
Sierra Conservation Center
5150 O'Byrnes Ferry Road
Jamestown, CA 95327

IAB Case No.: 0905223

Local Log No.: SCC-09-00548

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Pimentel, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that Correctional Officer (CO) Mix used unnecessary and excessive force upon his (appellant's) person. The appellant contends that subsequent to CO Mix placing him in handcuffs he began to forcefully escort him to the office. During the search the officer needlessly removed the appellant's shoes and socks. The appellant asserts that CO Mix then pushed him into the chain link fence post and stated "be careful where you are walking." The appellant contends that the officer's actions constitute staff misconduct. The appellant requests that the officer's actions be investigated and that he be compensated.

II SECOND LEVEL'S DECISION: The Second Level of Review (SLR) affirms that appropriate supervisory staff have been assigned to conduct an inquiry into this matter. Correctional Lieutenant J. Cunningham reviewed the submitted material and interviewed the involved parties. In order to determine the facts, the inquiry arising from this appeal included an interview of the appellant; interview of department employees; and review of current policies, laws, and procedures. Additional research may have included interviews of other inmate's or review of the appellant's central file. The SLR noted that all staff personnel matters are confidential in nature and the appellant will only be notified whether the action's of the staff was, or was not, in compliance with policy. The SLR found that the staff were in compliance with policy. The SLR partially granted the appeal in that an inquiry into the appellant's allegations was conducted.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: Upon review of the documentation submitted, it is determined that the appellant's allegations have been reviewed and evaluated by administrative staff and an inquiry has been completed at the SLR. In the event that staff misconduct was substantiated, the institution would take the appropriate course of action. All staff personnel matters are confidential in nature and not privy to the inquiries of other staff, the general public or the inmate population, and would not be released to the appellant. In this case, the institution has reported to the appellant that an inquiry was conducted and concluded that staff did not violate policy. Although the appellant has the right to submit an appeal as a staff complaint, the request for administrative action regarding staff, or the placement of documentation in a staff member's personnel file, or that the staff members be reprimanded is beyond the scope of the appeals process. Therefore no relief is provided at the Director's Level of Review.

B. BASIS FOR THE DECISION:

California Penal Code Section: 832.5, 832.7

California Code of Regulations, Title 15, Section: 3000, 3001, 3005, 3268, 3270, 3380, 3391

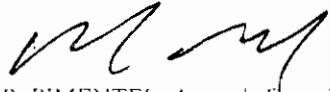
C. ORDER: No changes or modifications are required by the Institution.

DWAYNE MAYFIELD. T38719

CASE NO. 0905223

PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.



R. PIMENTEL, Appeals Examiner
Inmate Appeals Branch

cc: Warden, SCC
Appeals Coordinator, SCC



N. GRANNIS, Chief
Inmate Appeals Branch

EXHIBIT B

ORIGINAL COPY

Government Claims Form California Victim Compensation and Government Claims Board P.O. Box 3035 Sacramento, CA 95812-3035 1-800-955-0045 • www.governmentclaims.ca.gov	State of California Government Claims Program OCT 22 2009 RECEIVED For Office Use Only Claim No.: 6-586308
---	---

Is your claim complete?

- New!** Include a check or money order for \$25 payable to the State of California.
- Complete all sections relating to this claim and sign the form. Please print or type all information.
- Attach receipts, bills, estimates or other documents that back up your claim.
- Include two copies of this form and all the attached documents with the original.

Claimant Information

1	Mayfield, Dwayne #T-38719	2	Tel: _____		
	Last name First Name MI	3	Email: _____		
4	5150 O'Byrnes Ferry Road	Jamestown	CA	95327	
	Mailing Address	City	State	Zip	
5	Best time and way to reach you: Correspondence anytime.				
6	Is the claimant under 18? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give date of birth: _____				
		MM	DD	YYYY	

Attorney or Representative Information

7	N/A	8	Tel: _____		
	Last name First Name MI	9	Email: N/A		
10	N/A	N/A	N/A	N/A	
	Mailing Address	City	State	Zip	
11	Relationship to claimant: Self				

Claim Information

12	Is your claim for a state-dated warrant (uncashed check) or unredeemed bond? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	State agency that issued the warrant: _____		If NO, continue to Step 13	
	Dollar amount of warrant: _____	Date of issue: _____		
	Proceed to Step 22			
	MM	DD	YYYY	
13	Date of Incident: May 3, 2009			
	Was the incident more than six months ago? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If YES, did you attach a separate sheet with an explanation for the late filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14	State agencies or employees against whom this claim is filed:			
	Correctional Officer M. Mix			
15	Dollar amount of claim: \$250,000			
	If the amount is more than \$10,000, indicate the type of civil case:	<input type="checkbox"/> Limited civil case (\$25,000 or less)		
		<input checked="" type="checkbox"/> Non-limited civil case (over \$25,000)		
	Explain how you calculated the amount: Estimation			
	Estimation			

16 Location of the incident:
 Sierra Conservation Center—State Prison

17 Describe the specific damage or injury:
 Injuries to shoulder, back, wrist, and throughout body from being hit, kicked, and beaten with batons.

18 Explain the circumstances that led to the damage or injury:
 See Attachment A.

19 Explain why you believe the state is responsible for the damage or injury:
 Correctional Officer M. Mix and other officers were acting under the color of state law and are employed by the California Department of Corrections and Rehab.

20 Does the claim involve a state vehicle? Yes No
 If YES, provide the vehicle license number, if known: N/A

Auto Insurance Information

21 N/A

Name of Insurance Carrier
 N/A N/A N/A N/A

Mailing Address City State Zip

Policy Number: N/A Tel: _____

Are you the registered owner of the vehicle? N/A Yes No

If NO, state name of owner: N/A

Has a claim been filed with your insurance carrier, or will it be filed? Yes No

Have you received any payment for this damage or injury? Yes No

If yes, what amount did you receive?
 Amount of deductible, if any:
 Claimant's Drivers License Number: _____ Vehicle License Number: _____
 Make of Vehicle: _____ Model: _____ Year: _____
 Vehicle ID Number: _____

Notice and Signature

22 I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).

DeWayne Mayfield October 8, 2009
 Signature of Claimant or Representative Date

23 Mail the original and two copies of this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 630 K Street, Sacramento.

For State Agency Use Only

24

Name of State Agency Fund or Budget Act Appropriation No.
 Name of Agency Budget Officer or Representative Title
 Signature Date

ATTACHMENT A

On May 3, 2009, I was in my bed area with several other inmates, and someone allegedly spit out of the window. Correctional Officer M. Mix came to the window, and told me to come to the door, and I complied. When I stepped outside, Mix asked me why did I spit out of the window, and I told him that I did not spit out of the window. Mix asked me if I wanted any problems, and I said no. He then said go clean up the spit, and I refused to clean up someone else's spit.

Subsequently, Mix placed me in handcuffs, took off my shoes and socks, and made me walk barefooted to the office. While I was handcuffed, Mix slammed me into the gate bruising my shoulder, and he attempted to slam me to the ground. Since Mix could not slam me, he started yelling "stop resisting" and other officers ran out of the office, slammed me on the ground, and beat me with their batons. I was handcuffed during the entire beating. Afterwards, I was taken to medical and had my injuries documented, and I was placed in administrative segregation without receiving medical treatment for my injuries. My injuries consisted of a swollen and bruised wrist, knee, and shoulder, and my back was hurting really bad.

At the outset of the incident, there was no need for the use of force or restraint. I complied with all lawful orders: I did not resist being handcuffed nor did I resist when Mix forcefully removed my shoes and socks and made me walk barefooted to the office.



GOVERNMENT CLAIMS PROGRAM
400 R Street, 5th Floor • Sacramento, California 95811
Mailing Address: P.O. Box 3035 • Sacramento, California 95812
Toll Free Telephone Number 1-800-955-0045 • Fax Number: (916) 491-6443
Internet: www.vcgcb.ca.gov

SECRETARY
State and Consumer Services Agency
Chairperson
JOHN CHIANG
State Controller
Board Member
MICHAEL A. RAMOS
San Bernardino County District Attorney
Board Member
JULIE NAUMAN
Executive Officer

Dwayne Mayfield T38719
5150 O Byrnes Ferry Road
Jamestown, CA 95327

January 28, 2010

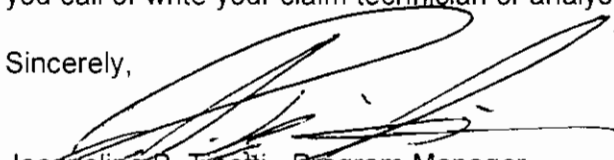
RE: Claim G586308 for Dwayne Mayfield, T38719

Dear Dwayne Mayfield,

The Victim Compensation and Government Claims Board rejected your claim at its hearing on January 21, 2010.

If you have questions about this matter, please mention letter reference 123 and claim number G586308 when you call or write your claim technician or analyst at (800) 955-0045.

Sincerely,


Jacqueline B. Finetti, Program Manager
Government Claims Program
Victim Compensation and Government Claims Board

cc: Corrections and Rehabilitation

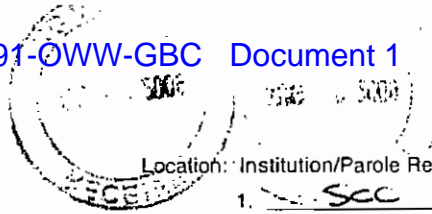
Warning

Subject to certain exceptions, you have only six months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

It is not necessary or proper to include the Victims Compensation and Government Claims Board (Board) in your court action unless the Board was identified as a defendant in your original claim. Please consult Government Code section 955.4 regarding proper service of the summons.

Ltr 123 Claim Rejection

EXHIBIT C



Location: Institution/Parole Region: Log #: Category:
1. SCC 1. 20-09-10569
2. 2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. This form shall be used when the policy, action or decision being appealed involves health care services (medical, dental, or mental health services). You must first informally seek relief through discussion with the appropriate staff member or by utilizing the health care service processes at your institution. 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 Health Care Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibility.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Mayfield	T-38719		

A. Describe Problem:

On 5-3-09 I WAS BROUGHT TO MEDICAL AND HAD A 7219 SLIP FILLED OUT. I NEVER GOT A COPY OF IT. MY INJURIES WAS RECORDED BUT I WAS NOT TREATED FOR THEM. MY INJURIES WERE AS FOLLOWS, SWOLLEN RIGHT WRIST BRUISED, SCRAPES ON LEFT SHOULDER, AND BRUISED LEFT KNEE ALSO SWOLLEN. I WAS WHEELCHAIRED IN THERE, COULDN'T PUT MUCH PRESSURE ON MY LEG AND I WAS WHEELED OUT AFTER THE 7219 WAS FILLED OUT.

If you need more space, attach one additional sheet.

B. Action Requested:

I WANT A COPY OF THE 7219. AND I WANT TO BE COMPENSATED FOR NEGLIGENCE.

Inmate/Parolee Signature: Mayfield Date Submitted: 5-16-09

C. INFORMAL LEVEL (Date Received _____)

Staff Response: GRANTED

See ATTACHED 7219 of 5-3-09.

Staff Signature: M. Lyons, SSA Date Returned to Inmate: 5-26-09

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Health Care Service Request Form, CDC 7362, Comprehensive Accommodation Chrono, CDC 7410, Trust Account Statement, etc.) and submit for processing to the Health Care Appeals Coordinator at your location within 15 days of receipt of response.

YOU HAVE GRANTED MY REQUEST, BUT I HAVEN'T RECEIVED ANY COMPENSATION FOR NEGLIGENCE. I WAS IN PAIN, I COULDN'T WALK, I TOLD THE RN I NEEDED TO SEE A DOCTOR, AND THE R. SAID ITS FROM THAT WAS NEGLIGENCE. NOT EVEN PAIN MEDICINE WAS PRESCRIBED, NO ICE FOR SWELLING, NO BANDAGE, NO NOTHING.

Signature: Mayfield Date Submitted: 6-3-09

[Empty box for CDCR Appeal Number]

24

STATE OF CALIFORNIA
INMATE/PAROLEE HEALTH CARE
APPEAL FORM
CDCR 602-HC (6/08)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
PRISON HEALTH CARE SERVICES

Side 2

FIRST LEVEL: Granted P. Granted Denied Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: JUN 8 2009 Due Date: JUN 20 2009

Interviewed by: _____

SEE ATTACHED

Staff Signature: *[Signature]* Title: ACFA Date: JUL 7 2009

Division Head Approval: *[Signature]* Staff Signature: *[Signature]* Title: OPS Date Returned to Inmate: JUL 15 2009

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit for processing to the Health Care Appeals coordinator at your location within 15 days of receipt of response:

I WAS BROUGHT TO MEDICAL IN A WHEELCHAIR BECAUSE I COULDN'T WALK AND I WAS IN PAIN. AS YOU CAN SEE ON THE 7219 I ASKED TO SEE A DOCTOR, I WAS DENIED, AND MY INJURIES WERE RECORDED BUT STILL NO MEDICAL TREATMENT. DUE TO NO MEDICAL TREATMENT I REQUEST TO BE COMPENSATED.

Signature: *[Signature]* Date Submitted: 7-28-09

SECOND LEVEL: Granted P. Granted Denied Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: JUL 8 2009 Due Date: JUL 27 2009

See Attached Letter

Signature: _____ Date Submitted: _____

Health Care Services Hiring Authority Signature: *[Signature]* Title: CMO Date Returned to Inmate: AUG 20 2009

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.

I'm dissatisfied & SAME AS IN SECTION A:D: + F: I HAVE THE SAME COMPLAINT AS ABOVE.

Signature: *[Signature]* Date Submitted: 9-4-09

For the Director's Review of Health Care issues, submit all documents to: Office of Third Level Appeals - Health Care

P.O. Box 4038
Sacramento, CA 95812-4038

DIRECTOR'S ACTION: Granted P. Granted Denied Other

See Attached Letter

RECEIVED JUN 8 2009
COMPLETED JUL 15 2009
RECEIVED JUL 30 2009
COMPLETED AUG 20 2009

COMPLETED
RECEIVED
OTLA-HC
DEC 31 2009
09-18111
SEP 10 2009
Date: _____
HC APPEALS

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

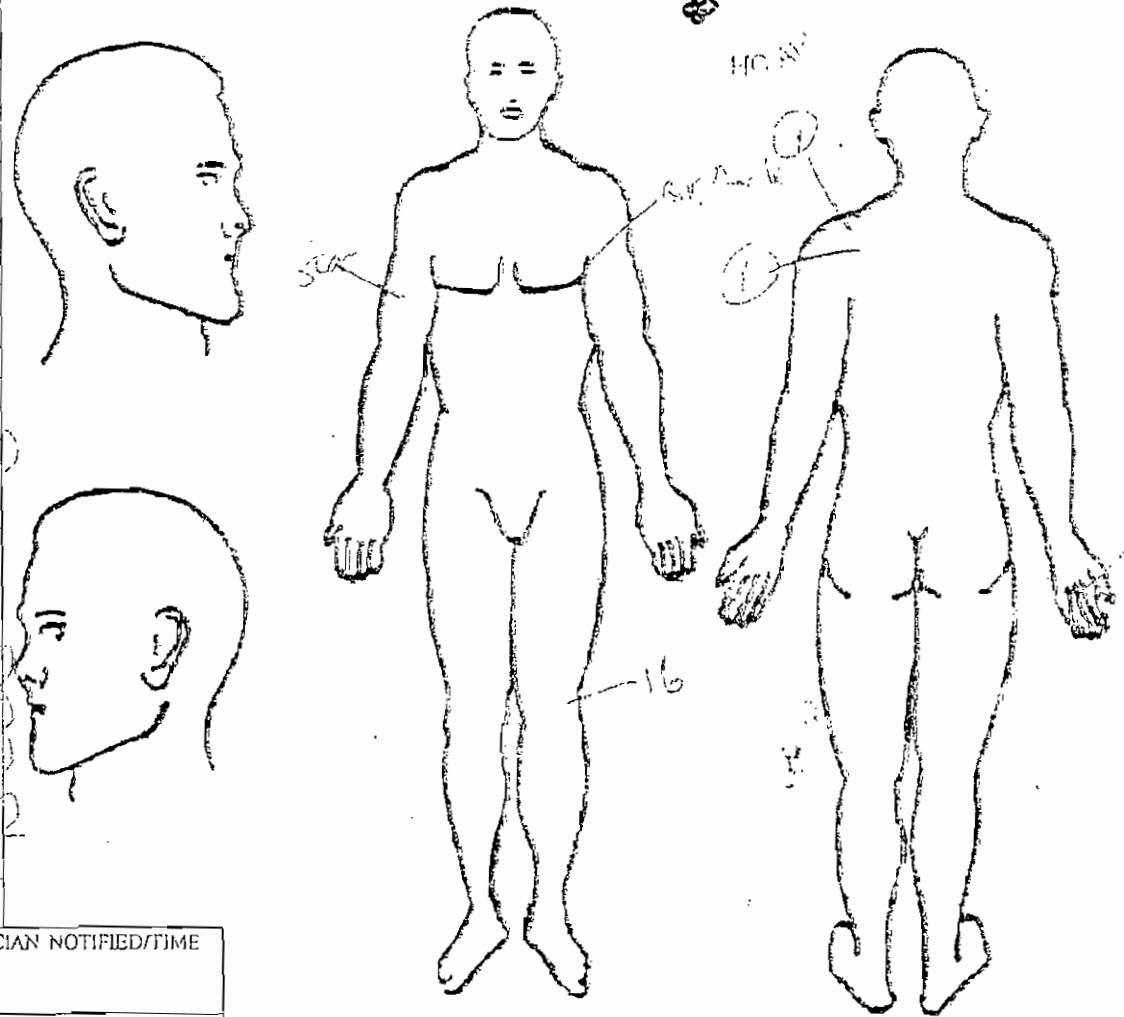
MEDICAL REPORT OF INJURY OR UNUSUAL OCCURRENCE

NAME OF INSTITUTION <i>SCC</i>	FACILITY/UNIT <i>Ad Inmate</i>	REASON FOR REPORT <i>(circle)</i> USE OF FORCE	INJURY UNUSUAL OCCURRENCE	ON THE JOB INJURY BREATHING ADMISSION	DATE <i>5/10/09</i>
THIS SECTION FOR INMATE ONLY	NAME LAST <i>Manfield</i>	FIRST <i>Dwayne</i>	ID# NUMBER <i>730749</i>	HOUSING LOC. <i>7606</i>	NEW HOUSING LOC.
THIS SECTION FOR STAFF ONLY	NAME LAST <i>O</i>	FIRST	BADGE #	RANK/CLASS	ASSIGNMENT/AREA
THIS SECTION FOR VISITOR ONLY	NAME LAST	FIRST	MIDDLE	DOB	OCCUPATION
HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE
PLACE OF OCCURRENCE <i>Manfield</i>	DATE/TIME OF OCCURRENCE <i>11:35 5/10/09</i>		NAME OF WITNESSES		
TIME NOTIFIED <i>10:35</i>	TIME SEEN <i>11:35</i>	ESCORTED BY <i>410</i>	MODE OF ARRIVAL <i>(circle)</i> AMBULATORY	LETTER ON SITE	WHEELCHAIR
AGE	RACE	SEX			

BRIEF STATEMENT IN SUBJECT'S WORDS OF THE CIRCUMSTANCES OF THE INJURY OR UNUSUAL OCCURRENCE

I need to see the doctor

INJURIES FOUND?	YES	NO
Adhesion/Scatch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Active Bleeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Broken Bone	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bruise/Discolored Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Burn	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dislocation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dried Blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fresh Tattoo	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cut/Laceration/Slash	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O.C. Spray Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Protrusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Puncture	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reddened Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skin Flap	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Swollen Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O.C. SPRAY EXPOSURE?	YES	NO
DECONTAMINATED?	YES	NO
Self-decontamination instructions given?	YES	NO
Refused decontamination?	YES	NO
15 min. checks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Staff issued exposure packet?	YES	NO



RN NOTIFIED/TIME <i>16:35</i>	PHYSICIAN NOTIFIED/TIME	REPORT COMPLETED BY/TITLE (PRINT AND SIGN) <i>Ken Miller</i>	BADGE #	RDOs
TIME/DISPOSITION <i>1640</i>				

(medical data is to be included in progress note in emergency care record filed in UHTR)

Memorandum

Date: July 11, 2009
To: MAYFIELD, D.
T-38719
MAF 76 06 L
From: Sierra Conservation Center, Jamestown, CA 95327
Subject: SCC APPEAL LOG # SCC-20-09-10569
FIRST LEVEL RESPONSE



APPEAL DECISION: Appeal Partially Granted.

APPEAL ISSUE: Your CDCR 602-HC indicates on May 3, 2009, you were brought to the Medical Clinic in a wheelchair and a CDC 7219 Medical Report of Injury or Unusual Occurrence was completed. You indicate you had a swollen right wrist, bruised and scraped left shoulder, and bruised and swollen left knee. You further indicated your injuries were recorded, but you were not treated and you never got a copy of the CDC 7219.

You are requesting a copy of the CDC 7219. You are also requesting to be compensated for neglect.

APPEAL RESPONSE: Mr. Mayfield, you were interviewed by P. Bolles, Health Care Appeals Coordinator (HCAC), on July 7, 2009. This appeal response is based on the interview, review of your health record, and review of CCR Title 15 and DOM.

Rules governing this issue are:

- California Code of Regulations (CCR), Title 15, Section 3350. Provision of Medical Care and Definitions.*
- CCR 3350.1. Medical and Dental Treatment/Service Exclusions.*
- CCR 3354. Health Care Responsibilities and Limitations.*

Department Operations Manual, Section 52080.20 Disciplinary Detention.

- California Department of Corrections and Rehabilitation, Division of Correctional Health Care Services, Inmate Medical Services Program Policies and Procedures, January 2006 Revisions, Volume 4, Chapter 4, Access to Primary Care.*
- California Department of Corrections and Rehabilitation, Division of Correctional Health Care Services, Inmate Medical Services Program Policies and Procedures, January 2006 Revisions, Volume 4, Chapter 16, Medical Report of Injury or Unusual Occurrence, CDCR Form 7219.*

A review of your Unit Health Record indicates the following:

On May 4, 2009, you submitted a CDC 7362 Health Care Services Request Form regarding your bruised knee, swollen wrist, and back pain.

MAYFIELD - T-38719

SCC-20-09-10569

Page 2

On May 12, 2009, B. Geissler, Registered Nurse (RN), evaluated you regarding your CDC 7362 dated May 4, 2009. RN Geissler indicated you reported you had pain in your left knee and mid-back and a swollen right wrist that began on May 3, 2009. RN Geissler also indicated you reported the swelling in your right wrist had resolved. You stated the pain in your back and left knee was level 3 on a scale of 1-10, with 0 being no pain. You complained of tenderness in your left knee. RN Geissler noted your gait (manner of walking) was steady. RN Geissler advised you to apply ice to the painful areas, to take over-the-counter ibuprofen 200 milligrams one to two tablets every four to six hours as needed for pain while your symptoms persisted, and to perform activities as tolerated. RN Geissler also advised you to resubmit a CDC 7362 if your symptoms persisted. RN Geissler noted you were concerned about locating the CDC 7219 for your paperwork.

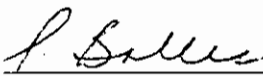
On July 7, 2009, P. Bolles, HCAC, interviewed you regarding your appeal issues. Ms. Bolles advised you that the Institution Appeals Office had responded to your appeal at the informal level and had provided you with a copy of the CDC 7219. Ms. Bolles explained the CDC 7219 is used to document an inmate-patient injury or unusual occurrence for custody reasons and was not filed in your Unit Health Record. Ms. Bolles advised you that your request for compensation was beyond the scope of the appeals process and was denied. When you asked what you should do now, Ms. Bolles advised you if you were dissatisfied with the First Level Response, you may submit your appeal to the Second Level. If you submitted your appeal to the Second Level and you were dissatisfied with the Second Level Response, Ms. Bolles explained that you may submit the appeal to the Office of Third Level Appeals-Health Care at the address on the back of your CDCR 602-HC.


Your request for a copy of the CDC 7219 is granted. On May 21, 2009, the IAO provided you with a copy of your CDC 7219 dated May 3, 2009.

Your request to be compensated for neglect is denied as the health care appeals process is not the appropriate method to request compensation for neglect.

Mr. Mayfield, based on the aforementioned information, your appeal is partially granted.

If you are dissatisfied with this decision, you may appeal to the Second Formal Level by following the instructions on your appeal form.


P. BOLLES, AGPA
Health Care Appeals Coordinator


C. ALLEN, MD
Chief Physician and Surgeon

RECEIVED
OTLA-HC
SEP 10 2009
HC APPEALS

cc: Central File
Health Care Appeals File

Memorandum

Date: August 17, 2009

To: MAYFIELD, D.
T-38719
MAE 55 16 U

From: Sierra Conservation Center, Jamestown, CA 95327

Subject: SCC APPEAL LOG # SCC-20-09-10569
SECOND LEVEL RESPONSE

RECEIVED
OTLA-HC
SEP 10 2009
HC APPEALS

APPEAL DECISION: Appeal Partially Granted.

APPEAL ISSUE: Your CDCR 602-HC indicates on May 3, 2009, you were brought to the Medical Clinic in a wheelchair and a CDC 7219 Medical Report of Injury or Unusual Occurrence was completed. You indicate you had a swollen right wrist, bruised and scraped left shoulder, and bruised and swollen left knee. You further indicate your injuries were recorded, but you were not treated and you never got a copy of the CDC 7219.

You are requesting a copy of the CDC 7219. You are also requesting to be compensated for neglect.

APPEAL RESPONSE: Mr. Mayfield, you were interviewed by P. Bolles, Health Care Appeals Coordinator (HCAC), on July 7, 2009 for the First Formal Level. This appeal response is based on the interview, review of the First Formal Level response, review of your health record, and review of CCR Title 15 and DOM. You were interviewed at the First Level of Review and examination of the documents presented indicates that the issues do not need clarification.

A review of this matter, including examination of submitted documentation and interviews with staff, was conducted in preparation for a Second Level response.

Rules governing this issue are:

California Code of Regulations (CCR), Title 15, Section 3350. Provision of Medical Care and Definitions.

CCR 3350.1. Medical and Dental Treatment/Service Exclusions.

CCR 3354. Health Care Responsibilities and Limitations.

Department Operations Manual, Section 52080.20 Disciplinary Detention.

California Department of Corrections and Rehabilitation, Division of Correctional Health Care Services, Inmate Medical Services Program Policies and Procedures, January 2006 Revisions, Volume 4, Chapter 4, Access to Primary Care.

California Department of Corrections and Rehabilitation, Division of Correctional Health Care Services, Inmate Medical Services Program Policies and Procedures, January 2006 Revisions, Volume 4, Chapter 16, Medical Report of Injury or Unusual Occurrence, CDCR Form 7219.

MAYFIELD – T-38719
SCC-20-09-10569
Page 2



A review of your Unit Health Record indicates the following:

On May 4, 2009, you submitted a CDC 7362 Health Care Services Request Form regarding your bruised knee, swollen wrist, and back pain.

On May 12, 2009, B. Geissler, Registered Nurse (RN), evaluated you regarding your CDC 7362 dated May 4, 2009. RN Geissler indicated you reported you had pain in your left knee and mid-back and a swollen right wrist that began on May 3, 2009. RN Geissler also indicated you reported the swelling in your right wrist had resolved. You stated the pain in your back and left knee was level 3 on a scale of 1-10, with 0 being no pain. You complained of tenderness in your left knee. RN Geissler noted your gait (manner of walking) was steady. RN Geissler advised you to apply ice to the painful areas, to take over-the-counter ibuprofen 200 milligrams one to two tablets every four to six hours as needed for pain while your symptoms persisted, and to perform activities as tolerated. RN Geissler also advised you to resubmit a CDC 7362 if your symptoms persisted. RN Geissler noted you were concerned about locating the CDC 7219 for your paperwork.

On July 7, 2009, P. Bolles, HCAC, interviewed you regarding your appeal issues. Ms. Bolles advised you that the Institution Appeals Office had responded to your appeal at the informal level and had provided you with a copy of the CDC 7219. Ms. Bolles explained the CDC 7219 is used to document an inmate-patient injury or unusual occurrence for custody reasons and was not filed in your Unit Health Record. Ms. Bolles advised you that your request for compensation was beyond the scope of the appeals process and was denied. When you asked what you should do now, Ms. Bolles advised you if you were dissatisfied with the First Level Response, you may submit your appeal to the Second Level. If you submitted your appeal to the Second Level and you were dissatisfied with the Second Level Response, Ms. Bolles explained that you may submit the appeal to the Office of Third Level Appeals-Health Care at the address on the back of your CDCR 602-HC.

On August 17, 2009, Dr. St. Clair, Chief Medical Officer, reviewed your appeal issues and your Unit Health Record. Dr. St. Clair noted you had seen an RN on May 12, 2009 in response to your complaints of knee, wrist, and back pain on May 4, 2009. Dr. St. Clair also noted the RN had provided you with appropriate treatment and did not deem referral to a physician to be medically necessary. Dr. St. Clair noted you had not requested further treatment since you submitted your CDC 7362 on May 4, 2009. Dr. St. Clair concurred with the opinion of the HCAC that your request for compensation was beyond the scope of the appeals process.

Your request for a copy of the CDC 7219 is granted. On May 21, 2009, the IAO provided you with a copy of your CDC 7219 dated May 3, 2009.

Your request to be compensated for neglect is denied as the health care appeals process is not the appropriate method to request compensation for neglect.

Mr. Mayfield, a determination has been made at the Second Level of Review that your appeal is partially granted. Thank you for your interest and participation in your health care.

If you are dissatisfied with this decision, you may appeal to the Director's Level by following the instructions on your appeal form.

MAYFIELD – T-38719

SCC-20-09-10569

Page 3

It is noted that you are not on the TABE 4.0 or Learning Disability list.



JACK ST. CLAIR, MD
Chief Medical Officer
Sierra Conservation Center

cc: Central File
Health Care Appeals File

HEALTH CARE
OTLA-FHC
SEP 10 2009
HC APPEALS



Date: December 29, 2009

To: Dwayne Mayfield, CDC #T38719
Sierra Conservation Center
5100 O'Byrnes Ferry Road
Jamestown, CA 95327

From: California Prison Health Care Services
Office of Third Level Appeals – Health Care
P.O. Box 4038
Sacramento, CA 95812-4038

OTLA Case No.: OTLA-51-09-18141

Institution Log No.: SCC 20-09-10569

This appeal was reviewed on behalf of the Director, California Department of Corrections and Rehabilitation (CDCR), by licensed clinical staff under the supervision of the Health Program Manager III. All submitted information has been considered.

I. **DIRECTOR'S LEVEL DECISION:** Appeal is Denied.

II. **ISSUE:**

Your CDC 602 indicated that on May 3, 2009, you were brought to the Medical Clinic in a wheelchair and a CDC 7219 Medical Report of Injury or Unusual Occurrence was completed. You indicated you had a swollen right wrist, bruised and scraped left shoulder, and bruised and swollen left knee. You further indicated your injuries were recorded, but you were not treated and you never received a copy of the CDC 7219.

You requested a copy of the CDC 7219 and to be compensated for "neglect."

III. **PRIOR APPEAL HISTORY:**

A. **Informal Level:** The informal level, submitted on May 16, 2009, stated your issues and requests as noted above.

The informal appeal response stated the appeal was granted and a copy of your CDC 7219 dated May 3, 2009, was provided.

B. **First Level:** At the first level, submitted on June 3, 2009, you stated that your request was granted but you had not received compensation for "neglect." You were in pain, could not walk, and needed to see a doctor. You were not prescribed pain medicine, ice for swelling, or a bandage.

The First Level Response (FLR) stated your appeal was partially granted and indicated:

- On May 4, 2009, you submitted a CDC 7362, Health Care Services Request Form, regarding your bruised knee, swollen wrist, and back pain.
- On May 12, 2009, B. Geissler, Registered Nurse (RN), evaluated you regarding your CDC 7362, dated May 4, 2009. You reported you had pain in your left knee and mid-back and a swollen right wrist that began May 3, 2009. You reported the swelling in your right wrist had resolved. You stated the pain in your back and left knee was level 3 on a scale of 1-10. You complained of tenderness in your left knee. Your gait/stance was steady. RN Geissler advised you to apply ice to the painful areas, to take over-the-counter ibuprofen 200 milligrams, one to two tablets every four to six hours as needed for pain while your symptoms persisted, and to perform activities as tolerated.
- On July 7, 2009, P. Boiles, Health Care Appeals Coordinator (HCAC), interviewed you regarding your appeal issues. Your request for a copy of CDC 7219 was granted. Ms. Boiles explained that the CDC 7219 was used to document an inmate-patient injury or unusual occurrence for custody reasons and was not filed in your Unit Health Record (UHR). Ms. Boiles advised you that your request for compensation was beyond the scope of the appeals process and was denied. Ms. Boiles advised you of the appeals process, if you were dissatisfied.

C. Second Level: At the second level, submitted on July 28, 2009, you were dissatisfied with the FLR and indicated that you were brought to medical in a wheelchair because you could not walk and were in pain. You asked to see a doctor and were denied. Your injuries were recorded but no medical treatment was provided and you requested to be compensated.

The Second Level Response (SLR) stated your appeal was partially granted and indicated:

- On August 17, 2009, Dr. St. Clair, Chief Medical Officer, reviewed your appeal issues and your UHR.
- On May 12, 2009, you had seen an RN in response to your knee, wrist, and back pain complaints. The RN had provided you with appropriate treatment and did not deem referral to a physician to be medically necessary.
- Dr. St. Clair noted you had not requested further treatment since you submitted your CDC 7362 on May 4, 2009. Dr. St. Clair concurred with the opinion of the HCAC that your request for compensation was beyond the scope of the appeals process.

IV. BASIS FOR DIRECTOR'S LEVEL DECISION:

At the Director's Level of Review (DLR), submitted on September 4, 2009, you indicated you were dissatisfied and had the same complaints as stated above.

At the DLR, your appeal file and documents obtained from your Unit Health Record (UHR) were reviewed by licensed clinical staff who determined your care related to your appeal issues was adequate and you had received a copy of the requested CDC 7219.

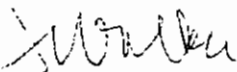
Monetary compensation is beyond the scope of the appeals process. If you are dissatisfied with this appeal response concerning your request for monetary compensation, you may wish to contact the California Victims Compensation and Government Claims Unit, P O Box 3035, Sacramento, CA 94812-3035.

After review, there is no compelling evidence that warrants intervention at the Director's Level of Review as your medical condition has been evaluated by licensed clinical staff and you are receiving treatment deemed medically necessary.

V. **RULES AND REGULATIONS:** The rules governing these issues are: California Code of Regulations, Title 15; Inmate Medical Services Program Policies and Procedures (2006); Department Operations Manual.

VI. **ORDER:** No changes or modifications are required by the institution.

This decision exhausts your available administrative remedy within the CDCR.



J. WALKER, CHIEF
California Prison Health Care Services
Office of Third Level Appeals-Health Care

cc: Warden, Sierra Conservation Center (SCC)
Health Care Manager, SCC
Health Care Appeals Coordinator, SCC

JO/TB