

PLAINTIFF'S MOTION  
EXHIBIT 12

1 C. LAMSTEIN-REISS, M.D.

2 A. The day that I completed this  
3 form, which was April 15, 2009.

4 Q. How do you know that you  
5 completed this form April 15, 2009.

6 A. 'Cause that's the date I wrote  
7 on it.

8 Q. Where are you referring to?

9 A. The bottom left part of the  
10 page. To the left of my name and signature.

11 Q. Is that the date that you also  
12 wrote the diagnosis, stress anxiety?

13 MS. PUBLICKER METTHAM:

14 Objection.

15 A. Yes.

16 Q. And is that your handwriting  
17 under the words treatment recommended?

18 A. Yes. Everything below --  
19 everything below where it says consultant's  
20 a report is my handwriting except for the  
21 4/13/09 assigned to psych AK.

22 Q. Could you please read slowly  
23 into the record what your handwriting is  
24 under the entry treatment recommended?

25 A. Yes. That's actually clear

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2 handwriting this time. Okay, but I'm happy  
3 to. Psychotherapy recommended CBT, which  
4 stands for cognitive behavioral therapy to  
5 improve coping skills and reduce physical  
6 symptoms of stress.

7 Q. What's the entry below that  
8 under the prognosis?

9 A. Good with treatment.

10 Q. What was the treatment that you  
11 were recommending?

12 A. As stated above that, I  
13 recommended cognitive behavioral therapy.

14 Q. Is that talk therapy  
15 essentially?

16 MS. PUBLICKER METTHAM:

17 Objection.

18 A. It is more specific than that.  
19 It works on your thoughts, your behaviors,  
20 your physical reactions and how those things  
21 all affect each other, and in this case, I  
22 was recommending stress management training  
23 to learn the ways of reducing physical  
24 manifestations of stress, as well as the  
25 psychological manifestations of stress.

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2 It's actually teaching specific skills  
3 that's not as simple as just, it's not like  
4 just go talk about what's bothering you.

5 Q. When you wrote this entry, how  
6 much treatment did you anticipate would be  
7 required?

8 MS. PUBLICKER METHAM:

9 Objection.

10 A. That would be between him and  
11 the treatment provider. We don't mandate  
12 treatment. We never mandate. We recommend  
13 it.

14 Q. Okay, well, when you recommended  
15 treatment, how long a course of treatment  
16 were you recommending?

17 MS. PUBLICKER METHAM:

18 Objection.

19 A. I was recommending providers who  
20 do a certain type of therapy. I thought  
21 that would be most helpful to him and that  
22 would be between him and the provider.  
23 Typically, CBT tends to be a shorter course  
24 of treatment compared to other things.

25 Q. How long is the CBT course of

1                   C. LAMSTEIN-REISS, M.D.  
2 necessarily fitness for duty issues. That  
3 for his own sake would be good to discuss  
4 with a therapist should he want too.

5                   I also recommended he see a  
6 psychiatrist for an evaluation 'cause two  
7 different doctors had prescribed psychiatric  
8 medication to him. One he finished taking  
9 and one he hadn't started and it wasn't  
10 clear to me why one of those was prescribed  
11 and, I just, as a matter of course always  
12 think it's better if someone sees a  
13 psychiatrist for psychiatric medication  
14 instead of their primary doctor.

15                Q.        Did you tell Schoolcraft that he  
16 didn't need medication?

17                   MS. PUBLICKER METTHAM:

18                Objection.

19                A.        I told him that after he told me  
20 -- not at the first appointment. I told him  
21 that at the second and third appointment  
22 when he told me he no longer had no  
23 symptoms.

24                Q.        So you did tell him that he  
25 didn't medication, right?

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2 MS. PUBLICKER METHAM:

3 Objection.

4 A. I told him that at the point  
5 where he told me the symptoms had already  
6 resolved. That's not what I told him the  
7 first time --

8 Q. No, I wasn't asking you about a  
9 particular time. I was saying ultimately  
10 you did tell him that he didn't need  
11 medication in your opinion; is that right?

12 MS. PUBLICKER METHAM:

13 Objection.

14 A. I told him both at different  
15 times.

16 Q. On one occasion you told him he  
17 didn't need medication; is that right?

18 A. That's correct.

19 Q. What was the date of that  
20 occasion?

21 A. At some point in July '09 and  
22 late October of 2010.

23 Q. So, you told him on two  
24 occasions that you didn't think he needed  
25 medication, right?

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2 A. Yes, based on his self-report to  
3 me.

4 Q. And after we broke for lunch you  
5 just clarified that you made three  
6 recommendations to him and that's what you  
7 just did; is that right?

8 A. Correct.

9 Q. Did I ask you before the break  
10 to tell me what recommendations you gave  
11 him?

12 A. I thought you did.

13 Q. And you thought that this was  
14 clarifying a question that I had asked you  
15 and you had answered?

16 A. Yes. Because you had -- what I  
17 recall is you asking me how long I thought  
18 this treatment would last and in my  
19 answering that I was referring to the  
20 treatment specifically for the physical  
21 symptoms of stress, which is different from  
22 my recommendation that he, should he want  
23 to, continue longer to discuss other things  
24 in his life. That would be something that  
25 ideally would be longer term. So that's why

1 C. LAMSTEIN-REISS, M.D.  
2 medication. It's sometimes prescribed for  
3 other reasons, such as bipolar disorder.  
4 Sometimes it's given in addition to  
5 antidepressants, could be other off label  
6 uses. Typically, not the only medication  
7 prescribed unless that's -- other  
8 medications have tried and failed or given  
9 for psychosis or bipolar disorder.

10 Q. As April 15, 2009, did  
11 Schoolcraft present to you as somebody who  
12 was suffering from some sort of psychosis?

13 MS. PUBLICKER METHAM:

14 Objection.

15 A. I did not observe any psychotic  
16 symptoms. So it did not appear to me that  
17 he was psychotic.

18 Q. Did it appear to you at any time  
19 that he was psychotic?

20 A. Later on in the case I began to  
21 wonder if that was the case and I was not  
22 sure. That's one of the theories I have  
23 looking back on it.

24 Q. When did you start wondering  
25 about whether or not he was psychotic?



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2 Q. Is that correct?

3 A. That is correct. Because he  
4 knows what he told me. So if he really  
5 believes that, that would be a little odd  
6 and a reason to question it.

7 Q. Right. But he did tell you that  
8 he believed that the supervisors at the 81  
9 were putting improper to pressure on him to  
10 keep the numbers up?

11 MS. PUBLICKER METHAM:

12 Objection.

13 MR. KRETZ: Objection.

14 A. He told me that's what he  
15 believed, yes.

16 Q. He told you that's what he  
17 believed. In fact, in your opinion, he was  
18 suffering from a physical manifestation of  
19 stress, right?

20 A. Yes.

21 Q. And your opinion was those  
22 physical manifestations of stress were  
23 derived from stress he was receiving on the  
24 job, right?

25 MS. PUBLICKER METHAM:

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2 Objection.

3 MR. KRETZ: Objection.

4 A. On and off the job.

5 Q. But nevertheless, one of the  
6 stress factors that, in your opinion, he was  
7 having the fact that he was in his mind  
8 reporting misconduct by his supervisors;  
9 isn't that right?

10 MS. PUBLICKER METHAM:

11 Objection.

12 MR. KRETZ: Objection.

13 A. No.

14 Q. Let me ask you a question did  
15 Schoolcraft tell you that he was getting  
16 pressure to issue summonses improperly at  
17 the 81?

18 MR. KRETZ: Objection.

19 MS. PUBLICKER METHAM:

20 Objection.

21 A. He told me he was getting  
22 pressure to increase his activity in ways  
23 that he thought was not proper. He did not  
24 tell me that he had made any kind of  
25 complaints about that. He told me he only

1 C. LAMSTEIN-REISS, M.D.  
2 made a complaint contesting his annual  
3 performance evaluation and a complaint about  
4 them taking his memo book.

5 Q. He did not complain to you about  
6 what he perceived as retaliation by his  
7 supervisors at the 81 Precinct?

8 MR. KRETZ: Objection.

9 MS. PUBLICKER METTHAM:  
10 Objection.

11 A. He did not tell me that he made  
12 any kind of formal complaint about that.  
13 That he made any kind of complaint --

14 Q. Did he tell you that he was  
15 getting retaliated against by supervisors?

16 MS. PUBLICKER METTHAM:  
17 Objection.

18 A. Yes.

19 Q. When did he tell you that?

20 A. The first time I saw him.

21 Q. April 13, 2009?

22 A. Right. That he thought they  
23 were mad at him for contesting his  
24 evaluation.

25 Q. All right, can you turn to the

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2 just know what our procedures are.

3 Q. So, Schoolcraft's gun was not  
4 removed because he had indicated to you or  
5 anybody else in your department any  
6 dangerous propensities, right?

7 MS. PUBLICKER METHAM:

8 Objection.

9 A. Correct.

10 Q. He didn't articulate to you any  
11 ideation of hurting himself or others,  
12 right?

13 A. Right.

14 Q. And he didn't present to you any  
15 ideas of hurting others, right?

16 A. Right.

17 Q. And the restrictions that were  
18 placed on him were what?

19 MS. PUBLICKER METHAM:

20 Objection.

21 A. No firearms, no outside duties,  
22 no patrol duties or any kind of outside  
23 enforcement duties.

24 Q. How long was that status imposed  
25 on Schoolcraft?

1 C. LAMSTEIN-REISS, M.D.

2 you had evaluated and met with Schoolcraft?

3 A. Yes.

4 Q. And told him that during the  
5 conversation that you had with him on  
6 October 31st?

7 A. Yes.

8 Q. What else did you tell Captain  
9 Lauterborn?

10 A. He was asking me if there was  
11 any reason to be concerned about the fact  
12 that he went AWOL and that he seemed to be  
13 upset and said he had stomach pains and  
14 should they be concerned, do they need to go  
15 look for him, make sure he's okay.  
16 Typically, in that situation they do. He  
17 said he wasn't sure they wanted to suspend  
18 him, because they thought this was more of a  
19 psychological problem as opposed to a  
20 disciplinary one and so he wanted to consult  
21 with me.

22 I told him that as of the last  
23 time I saw him, which was a few days  
24 earlier, I had no reason to think he was a  
25 danger to himself or others. Never

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2 desk?

3 A. Correct.

4 Q. All right, please continue.

5 A. It will be more clear as I'm  
6 reading through the notes, but it's possible  
7 that the part about possibly not suspending  
8 him because they thought it might be more of  
9 a psych problem, that may have come  
10 secondhand through Sergeant Kloos. If it  
11 came directly, it would be the rest the  
12 notes.

13 Telephone contact with Captain  
14 Lauterborn. MOS doing a 7 to 3 day tour  
15 today at TS all day, meaning telephone  
16 switchboard all day. All was fine. He  
17 typically keeps to self and doesn't converse  
18 much with other officer and did same today.  
19 Nothing seemed out of ordinary. 2:00 p.m.,  
20 he went down to locker room, changed and  
21 then put a sick report on sergeant's desk  
22 and said going sick. He wrote that he had  
23 stomach pain. Sergeant tried to stop him,  
24 but he left anyway. Underlying issues. MOS  
25 has made allegations against others.

1                   C. LAMSTEIN-REISS, M.D.  
2   Department's investigation of these  
3   allegations picked up this week and it  
4   snowballed from there. This week about four  
5   P.O.'s and two civilian people were called  
6   down for questioning. MOS goes up to them  
7   and asked about it. Notifications are in  
8   telephone message log, so he knows who is  
9   going. When they return, he tries to  
10  intercept them and get information from them  
11  about what he was asked -- about -- it  
12  should have been what they were asked. Or  
13  that thought the person was a he. Anyway,  
14  that's what it says what he was asked.  
15  Today was first tour back after RDOs. Not  
16  sure what happened today that triggered him  
17  to leave like that.

18                   Delegates, peers, sergeants and  
19  Captain Lauterborn all left him messages and  
20  asked him to go back to command. A  
21  lieutenant is at him home. His car is  
22  there. Landlord said MOS may have been  
23  there earlier. Can usually hear MOS's  
24  footsteps when home. MOS not home.

25                   Next entry, I left a message on