Case 2:17-cv-		CF No. 1-6 filed 10/05/17 PageID.51 Page 1 of 8
3		PARTMENT OF CORRECTIONS
Kite Res	ponse Ext	Wor K-8
Patient Name Date Received Time Received Taken By Date Initiated	MARCUS MAYS 05/26/2017 00:00 Dawn M. Coon, RN 05/25/2017	Age 53 Years
Action & Resolution Date <u>Time</u> 15/27/2017 6:22 AM	User Dawn M. Coon, RN	Detail Schedule Nurse Sick Call approx 05/27/2017 with RN by Dawn M. Coon, RN. Reason: Kite claiming assault by officer(s) on 5/25/17 Details: You were scheduled to see RN 5/26/17, and refused your call-out. You have been rescheduled. It is recommended you attend your call-out Comments: Nurse sick call, Lock 3-214.
	assault by officer(s) on 5	K-D
Details: You were sche ecommended you atte		, and refused your call-out. You have been rescheduled. It is
Comment: Nurse sick of	call, Lock 3-214.	
	MS.	The Usitato Atalen Eal
		KOM MY S
		JEON MAY JOSDAR MASSULT INOSDAR
OR Ros	as porsante	ins site called me
		PURSEN Buch Bag
	Dent A	FURSEN AND
ig this Non	I got see in	FOR COMME DEEN X-RAYED SE F TOLO HER WhY IS SDE Call, ME OND GOONT D PRODENT MAYS, MARCUS S DIREACY BOLINE 218101 2 NEED A 03/25/1964 MAYS, MARCUS 03/25/1964 MAYS, MARCUS AUDIONO ADDING AND 03/25/1964
	Jac	ME ONT acout P MAYS, MARCUS
	1 rues	Carl 2 214 03/25/1964

# MICHIGAN DEPARTMENT OF CORRECTIONS

Kite Response

EXHIGIT K-9

Patient Name Date Received Time Received Taken By Date Initiated MARCUS MAYS 05/27/2017

User

Age 53 Years

David A. Finegan, RN 05/27/2017

David A. Finegan, RN

#### Action & Resolution

Date <u>Time</u> 05/27/2017 9:16 PM

### Detail

Reason: Inmate states, "....on 5/25/17 I was beat ????? by officers. My head and jaw hurts really bad. I've sent in numerous kites and "RN's" about my swollen jaw and the fact that my head hurts......CO's poisoning my food tray which had me throwing up specks of blood. On 5/25/17 while eating my food tray of fish and potatoes tasted like "disinfected" which had my throat burning and throwing up specs of blood......".

Call details: According to the records, you refused a HC callout. at on 5/26/17. Further on 5/27/17 you were agitated, argumentative and yelled at the RN.

You may take your Naproxen as ordered for the pain and swelling.

Please come out for all scheduled Health Care callouts. Comment Lock 3-214, AN RN appointment has been scheduled for 5/31/17

Supportives 28121610 K-9

3-214

MAYS, MARCUS 218101 03/25/1964

# MICHIGAN DEPARTMENT OF CORRECTIONS

Kite Response ExHIGIT & 10

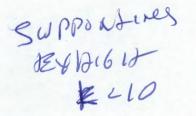
Patient Name Date Received Time Received Taken By Date Initiated MARCUS MAYS 05/29/2017

Age 53 Years

David A. Finegan, RN 05/29/2017

### Action & Resolution

Date <u>Time</u> <u>User</u> 05/29/2017 11:47 PM David A. Finegan, RN



#### Detail

Reason: Inmate states, "....on 5/25/17 about my "excessive force beating", .... jaw swollen and head hurts,.....CO's poisoning my food tray which had my throat burning and spitting up specks of blood"

Call details: You have refused and/or been disruptive during prior attempt to call you out. Please be calm, cooperative and attend all callouts.

Comment Lock 3-214, an RN appointment has been scheduled for approximately 5/31/17.

5-20-17 And was not earl-out about the Assults F RECEIVE by yo's ONEL 5005-17, but About MY Prives & Metich Had Been X-Rayed on 5-25-17 that's How IS of BEAL DOUN 64 40°5 CORDRAND, BORDID, MASSIE, PYNNONEN, BuldERSON, GENEMAN, THIS COPYNHONER And wheres OKALCER POISONCOMY ROOD TRAN wetich Had MK throwings UP Specks Or BLOOD, my Jaw wes Swolver Ared my tradulas Huxdines Due to the brading J RECEIVED. 14'S GUITE OBVIOUS That HEalthcare is trying to Cover UP Assut GRECUSE Each HIME I HOLD A MUNSE I MASS KEKSLED Mir clicci Destrict And had sour the Assault Intures MAYS, MARCUS

1	MICHIGAN DEPARTMENT OF CORRECTION SECTION Section of Health Care 10/05/17 PageID.54 Page 4 of 8 11/05
	HEALTH CARE REQUEST TEX CESSIVE KONCE AND JUNIES AND KOUN
	PRISONER: COMPLETE SECTIONS A THROUGH D POTSSNOTAS KOK
	A NAME: Mays Extribut K-11 FACILITY: AMINE) FO
	NUMBER: 21815( LOCK: 3-214 DATE: 530-1)
	B. This Health Care Request is for the following (check one or more): Health Record Copies
	Dental Dental Medication Refill Definedical Optometry Mental Health Orgent
	C. I have the following problems/symptoms: ON 5-2017 RH U\$1+ALO ONI/Callel
	mill out about A(FIXIStin) that Hud BERN & Laved she wave
	- + KERTEL MK KOK THE INDUNKU I KELLULED' KOK THE HE BERTINS
	I received withile cominos Back Piloin (X:Kay) our 5-25-17
	by HEX KELLOW CONDONCER BUDDY OFFICER'S BHE ZSHONED My
	IN TIMES WILLEN I FOID HER WHILE PASSING UNT MERS, I CONTE
>	D NOTICE TO PRISONER OUT & OUBER HURLER ROM My Subolicit Say (, MU HEAD)
1	You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds", 100, 100, 100, 100, 100, 100, 100, 10
×	INSTULIEV HARD MY BUILTING WIS CONSIDER
5	Signing this document formally requests treatment. In addition, it authorizes the DOC to treat-or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any
10	Appeal you may make regarding the Department's decision to charge for the care. HAVE BERR DUCK 163553 & UP YUS PROME CON May 5-25-17 WERDET FOLD RAFETICADET
141	I have read Section D above, or jit has/been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is
EX	for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.
-	Prisoner Signature: I known 123 COMMISCH Pred KINSUPELVISSE SALLIND SYNCE
	A COUEN AN PRISONER: DO NOT WRITE BELOW THIS LINE BORD KW RYTERD
	E INSTRUCTIONS TO PRISONER WIT WOUNT' OR 5-26-17 I Made It CLEAN
	that I rereded (medical HATENLINA) AND WERITSMAN
	by RN. USITIATO, Build When I what Call OUT SHE SHUS
	17 what Bloup F My Buloikit Pirogen Hild Neut My
	much needed and survey Due to my fears portion
	And the soon poisoners which iters my turnest
	An appointment has been scheduled for you on: Signature: Date: BUKNINS BIEC MIK SPITHES (),) Title: Provider #: CDECK Date: 21
	Spinner Spinler Spinler OK STOOL)
	F COPAYMENT (to be filled out by health care): ON 5-2817 DE PASCRU MS US(+A) Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. WHY what sub-
1	Care that is:   requested by a QHP archides transfer assessments, chronic care clinics, intake and annual screening,
1	and required follow-up care) K-11 + Called OW + SHE State
•,	for injuries that are work-related as documented by the prisoner's work supervisor I SHOULD () ()
	to It? A grequested for evaluation, consultation, or treatment of a mental health need
	Hird Suy prompted by a medical emergency (see Section I of the policy, if self-inflicted)
	I have reviewed the visit of and certify none of these exceptions apply.
	Signature: OR US + UNE ON MICOURS Title: Provider #: Date:
	Distribution: White Heath Services, Canary - Prisoner, Pink - Business Office Called Mik Oil But with
	My INTIMES SHECKING TOOK VIENTSTONE THEAT I TE AND SELF ME GOD
100	THE THERE TO USAN FOOK VIENT STORE FORT A THE ARE STORE

HEALTH CA	ARE REQUEST	AL STAL	TT Val	The Action The	E THURSDAY	HES REAL
	SUPPORT	PRISONER: COMPL	ETE SECTION	S A THROUGH I	2 ····································	Conternation
A NAME:	mays	一位专行		the stand	FACILIT	Y PHAN
NUMBER:	21801	LOCK:	5-214	a service and and	DATE: 5-31	· 1992 - 4
B. This Health	Care Request is for the	following (check one o	or more): Hea	Ith Record Copies		Jon-urgent
Dental	Medication Refi	Il Medical	Optometry	Mental Health	「「「「「「「」」」」「「「「「」」」」」」「「「」」」」」	Jrgent
C. I have the fol	lowing problems/sym	and the second		7-1017119		is but
	Party States and States and States and States and States	they ca	Part Part		The state of the s	Contraction of the second s
an and a stranger and and	thall	* NETCON'	5454211	my news	a was ca	H # ASI
-1	Rue can	F SITTKE	cted to	K WILL INT.	STATES NO	ow she
(mstring	cille look	at officed	l conorta	ado 12 Ad	stated w	lo ul a
	( Cares)	ionnes to Pa	of you pi	own box	brues pis	KUPPINE
D NOTICE TO	PRISONER	1 Are	d'A PRI	somether w	HO REPU	sed they
		vices for lack of persona	al funds. Howeve	er, if your account of	loes not have adec	juate funds, the
copayment will	be considered an instit	utional debt and shall b	e collected as set	forth in PD 04.02.1	05, "Prisoner Fur	de wett of
		ts treatment. In additio	n, it authorizes th	e DOC to treat or a	rrange treatment	for you and to re
any necessary m	edical information to f	acilitate that treatment,	to review treatme	ent, to respond to a	related grievance.	or to review an
appear you may	inake regarding the De	partment's decision to	charge for the car	+tanto	Doeted 14	PUTES IKE
and the second second second	the set of	been read to me and I u	and the second	and the second se	ala marte and the mar mender we we have	Andrew and an order of the second states of
		ection F, If I am charg	ed for this visit, I	agree that the \$5.0	0 may be taken fr	om my account.
Prisoner Signatu	re:	Dict Bet	Star North	Care will g	Date:	在几件公
and the second		PRISONER: DO NO	OT WRITE BEI	OW THIS LINE	BOYEN AF	HATH
E INSTRUCT	IONS TO PRISONE	R	1 14	CIELK to	HERANO	(THE CE
		, (0)(0	wards 14	the Reat M	IE DIWING	I was
1+4232	MOPLE WAR	14615		BALLI K		Kulicett
tto	LOUGH IN ZY	CONTRACTORICE	n	Inista, 144	ULLAS 6 DO	WA AND
10 51	Y CICON DONE	-isonens 1		Still	HURNET	CEN STOCOL
en general and general second s				noy pras	Hoxts M	17 TALL
		1.6	D	C ALOUI	s stin fi	v6(12)
	ent has been schedule	1 for you on:	Date:		13106 2 H	7 JP177 C
Signature:			Title:	Provider #	and a second	Date:
F COPAYME		out by health care):			習慣業とれる	+00 244
Note:	- A state of the second state of the second state	ons listed below apply,				
Care that is:	AL MARKET AND	HP (includes transfer a	ssessments, chro	nic care clinics, int		and the second s
	<ul> <li>and required fol</li> <li>for injuries that</li> </ul>	are work-related as doc	umented by the n	risoner's work supe	with and the revisor	201195 30
	• requested for tes	ting for HIV, STD's, in	festations, or rep	ortable communica		all KYH
a start and a second		aluation, consultation, o			n later	( st)
and stated and a state of the state	The second s	nedical emergency (see	and a supervise of the standard of the	one of these except	alterna a state of the state of the state of the	A ANT
	in to reviewed the visi	Date	und certify li		11	217 18/101
I Signature:			Title:	Provider #	Mr. Mar M. S. J. B. S. Marth	Datę;
	White - Health Service	es, Canary - Prisone	r, Pink-Busin		as my shit	as the

MICHIGAN DEPARTMENT	167 PLM TPC LE	E-NPotHealifeA.	10/05/17 Pagell	0.56 Page 6 of 81-54	19 11/05
HEALTH CARE REQUE	ST	mar dine		19 million and	TY_
	PRISONER: COM	AND REAL PROPERTY AND REAL PROPERTY AND REAL PROPERTY AND REAL PROPERTY.	the second se	The Michel	TH.
A NAME: Many	SUPPO	rtines exp	HOUK-B	FACILITY: AMK	p-Br
NUMBER: 218101		: 3-214	and the state of t	TE: 6-7: M	一日日
B. This Health Care Request is f	or the following (check on	e or more): He	alth Record Copies	Non-urgent	Fan
Dental Dental Medicatio		Optometry	Mental Health	Urgent	- P
C. 1 have the following problem	11	And the second sec	YOU HALK PRING		alde ?
	ANC STARTIN				AN YO
an or too	GIKIT RUIL H	all web	1 Time todal	AND STAN	44
11- 89	gian Kon 1	1/Hantit	Clis ( Wenter	C-SWOLKIN Tax	1 H
					e cl
	2 UN Cauto				- 12 #
+1	R Hawdoor				1
D NOTICE TO PRISONER	do you to	uish thu c	salle ver-	HEVENYDEY?	
You will not be denied health ca	re services for lack of pers	onal funds. Howev	er, if your account doe	s not have adequate funds,	the
copayment will be considered an	MA Yoll P.Zer	E Halle	HERMOETELY	TSHUKE All	+42
Signing this document formally					
any necessary medical informati appeal you may make regarding	the Department's decision	to charge for the ca	re. Sprets C	aled grevance, or to review	
		BEEN	5PIttin		国家
I have read Section D above, or					
for one of the reasons listed belo		The second contract of the	the loss of the second s	and the second s	
Prisoner Signature:	- 21	IN TO ACT	och peliona	enter y el innech	si alle
	PRISONER: DO	NOT WRITE BE	LOW THIS LINE	D D SERCUUS	
E INSTRUCTIONS TO PRIS	SONER NIS	Sical D	AZED LINIC	ate SURBUR	S /
ON 5-31-17	Has Made	(+ clean	H(50 +100	- SAE Will	
415H 401	ME NOA LEA	11 3 62 52	EINES ARRY D.	dia AS HERE	PAC
	ETO COKON		FOOD DI	My CETT May	THE
(AQU	T	it my	NYUNSI TH	15 122 A WA Par	The
The second		112	in the state	Le Oren into Jayl	
An appointment has been scl	469 5 + 25 17	Date: B	up throat	SDAWFING SPECK	- 62
Signature:	eduled for you on.	Title:	Provider #:	Date:	-
		the second s			
F COPAYMENT (to be Note: If none of the e	filled out by health care):	re KZZIV +	at 0 67 Orch	icen's wello Bee	THIE
				be charged. NOUNS	uch g
	by a QHP (includes transf red follow-up care)	er assessments, cin			E4(1)
	s that are work-related as	documented by the			4
	for testing for HIV, STD's	and the second	the second s	diseases WREIFAC	.Hg
- Chill FIW	for evaluation, consultation by a medical emergency (	Service State and a state of the service of the ser		Will wat be	112
the Rts Thave reviewed t			none of these exception	INCOMMUNE IN	1.
or my kits	Date	CHITTER:	the second second second	The survey a	HVEY
have Probled	the second second	16	Provider #:	HL Stic Pate to Sel	ALL .
Distribution: White - Health	Services, Canary - Priso	and the second se	ness Office	RULLED TO PWERK	CR-THI
- FEIL	HERE AT BUT	ALA DOL	TOTECCE 1	GALLESI MOT A CO	WCK IL
1 Cur I At Com	at set sent to	A HOLPT	a ferro	the states of	

	4835-7549 IICHIGAN DEP ARTMENDO FOR METRION SEGURING AT 6 1 0/05/17 Page 10.57 Page 7 of CHI-549 11/05
	HEALTH CARE REQUEST
	PRISONER: COMPLETE SECTIONS A THROUGH D
	NAME: May SUPPONTIES EXPRISION K-166 FACILITY:
	NUMBER: 26/01 LOCK: 3-214 DATE: 6-2-17
	3. This Health Care Request is for the following (check one or more): Health Record Copies Non-urgent
	Dental Medication Refill Medical Optometry Mental Health Urgent
	. I have the following problems/symptoms: Of 6-2-17 I what called out
8	and In By RIN USITATO SUBKING SYNTCHER, RIN SUPERVISULS
64	SE KRILIE SA MS TING USEFALO STATE NOW FULL MIK What Hap
	mays = told HEX HOUT Houl I Had sotter leat
	Downt by clo convolundo, RIO (ENDIN, MASSIE, PYTHONING GENERIU
	Ment'S OKKICEK HNGERSONG AND TOTO HER HOUT HOW GO
	NOTICE TO PRISONER APPLICATION TO BE THE MENT POISONED MAY
	You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the
行業	sopayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".
x	Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release my necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any
Y	ppeal you may make regarding the Department's decision to charge for the care.
K	have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is
F	for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.
61	Prisoner Signature: WICONS WITH YOU BRODULZ HOATE NOOT BOTHINGS YOU
E	PRISONER: DO NOT WRITE BELOW THIS LINE STAR DOCTOR
X	INSTRUCTIONS TO PRISONER MICHIS AND RACT WE ARE STAD YOU BOT
( the	ANT that southes I FUCKED UP SO these AS Fail AS Will
Y:	AND IN PANE (ART CONDERLINER WE DUDING T SEE NOT IN JULIES
	ARACH WE ASSESSED YOU MAYS AS FARAS
	Hair by Yest AKE CONCELLO YOU DIDMESSA BELT DOWN
	THE HELD WISH OK FOOD POISON BY DISY CTO HODE WE ARE
Q.	An appointment has been scheduled for you on: Date: GOINS to RUT that IN OUT
「注意	Signature: tot the size or DE 200 Title: Fuck West Alles Date:
	CORAYMENT (to be filled out by health care): I Stopped RASUFERSON Sacking
	Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.
	Care that is: King required follow-up care) King RVIA AND TOTO TOTO THE STREAM
ł	• for injuries that are work-related as documented by the prisoner's work supervisor
	<ul> <li>requested for testing for HIV, STD's, infestations, or reportable communicable diseases</li> <li>requested for evaluation, consultation, or treatment of a mental health need</li> </ul>
in the	<ul> <li>prompted by a medical emergency (see Section I of the policy, if self-inflicted)</li> <li>At A A A A A A A A A A A A A A A A A A</li></ul>
	I have reviewed the visit of and certify none of these exceptions apply.
K.	Signature: Date: Date: Date: Date:
	Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office
	THE EVEN NULLE THE RISENIZED THE WAN
	The DURING WE de Rowmel ( I HTVRY SHIT RATIOSE to treat in

A Construction of the second sec

A SECTION AND A SECTION

<b>HEALTH CARE REQUES</b>		05/17 PageID.58 Page 8 of 8 HJ-549 11
	PRISONER: COMPLETE SECTIONS A	THROUGH D BECTI HI BAL
	PRISONER: COMPLETE SECTIONS A	
A NAME: MCC		FACILITY: /)-//
NUMBER: 213/0/	LOCK: 3-2(4	DATE: 0-5-17
B. This Health Care Request is fo	or the following (check one or more): Health	Record Copies Non-urgent
Dental Dental Medication	Refill Medical Optometry	Mental Health 🛛 Urgent
C. I have the following problems	symptoms: This is A continu	wine Broblat with
	repos to treat My SER	
	50 UNT ON 62 17	
CHOWN PRI UCH		SilutA SYNCHER, MORULOS I
-Pa((a(1)+)		when the to be writes there
Mar Auld		10 PUTIN HIZIK HIRd
NOTICE TO PRICONED		
		of insuries that was
copayment will be considered an	institutional debt and shall be collected as set for	f your account does not have adequate funds, the thin PD 04.02.105, "Prisoner Funds",
I SPin	++(N) () ( B[30]) 25) 30	BIGLY Substitute Synamics
any necessary medical informatio	on to facilitate that treatment, to review treatment,	to respond to a related grievance, or to review any
appeal you may make regarding th	he Department's decision to charge for the care.	(1460 us basil it ou
	assin I was were a free	and the second
		be charged \$5.00 for my health care visit unless it is ree that the \$5.00 may be taken from my account.
Prisoner Signature:	and the second	114 MediDate: Pristient 150
rnsoner Signature.		
	PRISONER: DO NOT WRITE BELOW	FILL RUSH AFEA
E INSTRUCTIONS TO PRISO	ONER Dependent	Ed Madecht
	TREEDNICHT IS	of my Ruther & dhire
I Huz Dai	NACKNY Jaw my	ONSDIALS Decarette
	- Lat Mandreakant	that T'VE GEER
(12) 03	HUNE FOR MULAXIE	1 1) NOT HELD KIN
neoser the	Addings Hac Onches a	CHAIN TELD Prival
An appointment has been sche	eduled for you on: Date: DAT	TALLEN TALLEN MUCH
and the second se	UNGURSE HISTING: My	/ Provider #: A A Date:
	the second secon	In Shill seath saul
	illed out by health care): $D = 0$ (ceptions listed below apply, check the box below	and a consy will be charged S D a
	by a QHP (includes transfer assessments, chronic	
the two strength and the second set with a second	ed follow-up care)	as stall to raped by the
	that are work-related as documented by the priso	oner's work supervisor ANO De the
the second se	for testing for HIV, STD's, infestations, or reporta	
	for evaluation, consultation, or treatment of a men	
prompted p	by a medical emergency (see Section I of the polic	of these exceptions apply.
The second se		OI THESE EXCEPTIOUS PRIMITY
I have reviewed the Signature:	Date Title:	Provider #: Date: NO