

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

EXHIBIT K-8

<b>Patient Name</b>	MARCUS MAYS	<b>Age</b>	53 Years
<b>Date Received</b>	05/26/2017		
<b>Time Received</b>	00:00		
<b>Taken By</b>	Dawn M. Coon, RN		
<b>Date Initiated</b>	05/25/2017		

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>	<u>Detail</u>
05/27/2017	6:22 AM	Dawn M. Coon, RN	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.

Other

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..

Comment: Nurse sick call, Lock 3-214.

SUPPORTIVES EXHIBIT K-8

MS. PLM. USITALO HENRIK CALLED  
ME OUT FOR TREATMENT  
FOR MY  
ASSAULT INJURIES

OR ROAD INJURIES

SHE CALLED ME

OUT ABOUT MY  
KIDNEY WHICH HAD  
BEEN X-RAYED

DAY THIS NOW I GOT BEAT DOWN COMMENTS  
PLUS I TOLD HER WHY IS SHE CALLING  
ME OUT ABOUT A PROBLEM

THAT'S ALREADY ADDRESSED I NEED A  
DOCTOR ABOUT MY ASSAULT INJURIES AND  
MAYS, MARCUS  
218101  
03/25/1964

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

EXHIBIT K-9

Patient Name	MARCUS MAYS	Age	53 Years
Date Received	05/27/2017		
Time Received			
Taken By	David A. Finegan, RN		
Date Initiated	05/27/2017		

Action & Resolution

Date	Time	User	Detail
05/27/2017	9:16 PM	David A. Finegan, RN	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.

AND IBUPROFEN

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

Supportives EXHIBIT K-9

3-214

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

EXHIBIT 8-10

Patient Name: MARCUS MAYS Age: 53 Years  
 Date Received: 05/29/2017  
 Time Received:  
 Taken By: David A. Finegan, RN  
 Date Initiated: 05/29/2017

Action & Resolution

Date: 05/29/2017 Time: 11:47 PM User: 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.

Supportive  
 Exhibit  
 # 10

I've come to ~~the call out~~ on 5-26-17 and was not call-out about the assaults I received by CO's on 5-25-17, but about my injuries which had been X-rayed on 5-25-17 that's how I sit beat down by CO's Corneado, Parola, massive PYNMONY, ANDERSON, GEMMAN, THO eto PYNMONY and CO's ORNICK poisoned my food tray which had me throwing up specks of blood. My jaw was swollen and my head was hurting due to the beating I received. It's quite obvious that Health care is trying to cover up assault because each time I told a nurse I was reeased

Medical treatment and was send out on 5-26-17 about my injuries and not about my assault injuries.

MAYS, MARCUS  
 218101  
 05/29/17  
 1/1

HEALTH CARE REQUEST

EXCESSIVE FORCE INJURIES AND PAIN

PRISONER: COMPLETE SECTIONS A THROUGH D

PERSONNEL FOR THEIR CO-WORKER FRIEND FACILITY: AMM

A NAME: Mays Exhibit K-11 LOCK: 3-214 DATE: 5-30-17

B. 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

C. I have the following problems/symptoms: ON 5-20-17 RN USITAO ONLY CALLED ME OUT ABOUT A (PAIN) THAT HAD BEEN X RAYED SHE NEVER TREATED ME FOR THE INJURY I RECEIVED FOR THE INJURY I RECEIVED WHILE COMING BACK FROM (X-RAYS) ON 5-25-17 BY ASK RELLOW CO-WORKER BUDDY OFFICER'S SHE TOLD ME MY INJURIES WHEN I TOLD HER WHILE PASSING OUT MEDS, I CALLED

D NOTICE TO PRISONER OUT TO BE TREATED FOR MY SWOLLEN SOLE, MY HEAD

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"

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 appeal you may make regarding the Department's decision to charge for the care. HAVE BEEN ADDRESSED AND YOU PEOPLE CAN MAY 5-25-17 WHEN I TOLD RN RETZGUTH

I 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 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 know it's CORRECTION AND RN SUPERVISOR SALLINA SUNDUCK Date:

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER OUT WASNT. ON 5-26-17 I MADE IT CLEAR THAT I NEEDED (MEDICAL ATTENTION) AND WAS IN PAIN BY RN. USITAO, BUT WHEN I WAS CALL OUT SITE SHE SAID IT WAS ABOUT MY SWOLLEN PAIN AND NOT MY MOUTH NEEDED ATTENTION DUE TO MY HEAD PAIN AND THE SWOLLEN POISONING WHICH IT WAS MY TAIL

An appointment has been scheduled for you on: Date: BUSINESS AND ME SPITTING ( ) Signature: I'm not sure Title: Provider #: Specks Date: or Blood

F COPAYMENT (to be filled out by health care): ON 5-28-17 DE ASKED MS USITAO

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. CARE THAT IS: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) K-11 I CALLED OUT SITE STATE I SHOULD HAVE BEEN CALLED OUT FOR IT. requested for injuries that are work-related as documented by the prisoner's work supervisor I SHOULD HAVE BEEN CALLED OUT FOR IT. requested for testing for HIV, STD's, infestations, or reportable communicable diseases NICOLE BUT I WASNT requested for evaluation, consultation, or treatment of a mental health need 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: I DON'T CALL OUT OR US THE OFFICERS Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office ON 5-29-17, RN. SUNGZ CALLED ME OUT BUT WITH

EXHIBIT K-11

SHE DID SHE NEVER TREATED ME ON CHECKED MY INJURIES SHE ONLY TOOK VITAL SIGNS THAT IS ALL SHE DID

HEALTH CARE REQUEST

SUPPORTING EXHIBIT K-12

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays FACILITY: DIA

NUMBER: 21801 LOCK: 3214 DATE: 5-31-17

B. 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

C. I have the following problems/symptoms:
on 5-31-17 while passing out
NIKES they called PRISONER NAMES OVER
THE INTERNET COM SYSTEM MY NAME WAS CALL ASK
HOW CAN I GET TREATED FOR MY INJURIES NOW SHE
(MS... S... ) LOOK AT OFFERED CONCORDS AND STATED NO WE ARE
GOING TO PUT YOU DOWN FOR BEING DISRUPTIVE
AND A PRISONER WHO REFUSED THIS

D NOTICE TO PRISONER

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".

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 appeal you may make regarding the Department's decision to charge for the care.

I 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 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: Date:

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER

IF CLEAR TO HXK AND THE
CONCORDS WHO RECT ME DIV I AM
STILL KEAR...
NIXIT, THE GLEN 6 DAYS AND
STILL HAVEN'T BEEN...
NOW HEAD HURTS MY TAIL AND
AND I STILL SWOLLO
DING 2/17/17

An appointment has been scheduled for you on: Date:

Signature: Title: Provider #: Date:

F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

- Care that is:
- requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- for injuries that are work-related as documented by the prisoner's work supervisor
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- requested for evaluation, consultation, or treatment of a mental health need
- 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: Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

21801 K-12

So you must get...
Health...
and...

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Marys SUPPORTIVE EXHIBIT K-13 FACILITY: ANK  
NUMBER: 218101 LOCK: 3-214 DATE: 5-2-17

B. 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

C. I have the following problems/symptoms: IT BOO ENOUGH YOU ANK PRISON NURSES I MEAN  
ALL OF YOU ARE STARTING TO I SMOKE MY COCAINE  
REQUEST FOR HELP AFTER IVE TOLD AND SHOW  
INTIMIDATE SUCH AS MY HEAD INJURIES, HEAD SWOLLEN FROM  
FROM THE UNLAWFUL BEATINGS I RECEIVED AT  
THE HANDS OF YOUR SO CALLED FRIENDS AND KELLOW

D NOTICE TO PRISONER DO YOU LAUGH AND JOKE WITH EVERYBODY?  
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"  
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 appeal you may make regarding the Department's decision to charge for the care. BECAUSE YOU PEOPLE HAVE DISAPPOINTEDLY I SMOKE ALL THE  
SPEAKS OR BLOOD IS IN  
BEEN SPITTING UP SO THIS

I 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 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: IS NOT INTERESTED DELIBERATELY (Date: 5-2-17)

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER MEDICAL NEED INCREASE SURBOURS  
ON 5-2-17 HAS MADE IT CLEAR ALSO THAT SHE WILL  
NOT HELP ME NOW WILL I BE SEEING ANY DOCTORS AS I CAN HAVE  
ENO CONCERN TO STOOD AT MY CELL DOOR  
CAUSING ABOUT MY INJURIES IVE BEEN IN PAIN  
SINCE 5-25-17 HEAD SWOLN THROAT SWOLNIN SPECKLES

An appointment has been scheduled for you on: \_\_\_\_\_ Date: BLOOD AND NOT ONLY HAVE I  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Provider #: \_\_\_\_\_ Date: \_\_\_\_\_

F COPAYMENT (to be filled out by health care): BEEN TOLD BY OFFICERS WHO BEAT ME  
Note: If none of the exceptions listed below apply, check the box below and a copay will be charged. DO NOT SUFFER  
Care that is:  requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) NO PRISONERS IN A ROW  
 for injuries that are work-related as documented by the prisoner's work supervisor OFFICERS THAT  
 requested for testing for HIV, STD's, infestations, or reportable communicable diseases WILL NOT BE  
 requested for evaluation, consultation, or treatment of a mental health need TREATING MY  
prompted by a medical emergency (see Section I of the policy, if self-inflicted) INTIMIDATE THEM  
I have reviewed the visit of \_\_\_\_\_ and certify none of these exceptions apply.  
Signature: TO SUCH AS THE LAST 3 I SENT Title: \_\_\_\_\_ Provider #: ALL STICK TOGETHER Date: \_\_\_\_\_

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

EXHIBIT K-13

HERE AT BARRICA SO I GUESS I'LL BE ABLE TO WORK IN THE  
CELL I AT LEAST GOT SENT TO A HOSPITAL PLEASE I GUESS NOT A COVER UP

HEALTH CARE REQUEST

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: Mays SUPPORTERS EXHIBIT K-14 FACILITY: ...  
NUMBER: 28101 LOCK: 3-214 DATE: 6-2-17

B. 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

C. I have the following problems/symptoms: ORR 6-2-17 I was called out by RIN USITALO SABKINA SYNDER, RIN SUPERVISORS J. KRILL SA MS RIN USITALO stated now tell me what happened Mays I told her about how I had gotten beat down by CLO CORONADO, RLO PENNY, MASSIE, PYMONIAN GENE... WENT OFFICER ANDERSON AND TOLD HER ABOUT HOW CLO...

D NOTICE TO PRISONER ANDERSON AND PYMONIAN AND POISONED MY

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".  
FOOD WHICH TASTED LIKE BISHOP... WHICH HAD IN...  
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 APPEAL YOU MAY MAKE REGARDING THE DEPARTMENT'S DECISION TO CHARGE FOR THE CARE.  
THROWING UP SPECKS OF BLOOD THE NURSSS SABKINA STATED THERE'S NOTHING  
I 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 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: WILSONS WITH YOU AND WE ARE Date: NOT BOTHING YOU

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER MAYS IN FACT WE ARE GLAD YOU GOT FUCKED UP SO THEREFORE AS FAK AS WE ARE CONCERNED WE DIDNT SEE NO INJURIES ASKED WE ASSESSED YOU MAYS AS FAK AS WE ARE CONCERN YOU DIDNT GET BEAT DOWN OR FOOD POISON BY ANY CLO AND WE ARE  
my brain jaw and throat is burning and in pain sometimes with dizziness for this all by the medical staff they did

An appointment has been scheduled for you on: Date: GOING TO PUT THAT IN OUR SIGNATURE: FOR THE SIGN OF DEPT. PICKING UP NURSS Title: Provider #: Date:

F COPAYMENT (to be filled out by health care): I STOPPED RASUPERVISOR SABKINA AND

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.  
Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) RIN RYLA AND TOLD HER THAT I WAS IN PAIN FROM THAT EXCESSIVE FORCE  
for injuries that are work-related as documented by the prisoner's work supervisor  
requested for testing for HIV, STD's, infestations, or reportable communicable diseases  
requested for evaluation, consultation, or treatment of a mental health need  
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: INTENTIONALLY Date: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office I SMOKE BY EACH AND EVERY NURSE I TOLD ES: MISS ELIZABETH... DURING THE... THEY WILL REFUSE TO TREAT ME

EXHIBIT K-14

HEALTH CARE REQUEST

SW APPROPRIATE EXHIBIT X-15 DUE TO EXCESSIVE COST BESTIM AND

PRISONER: COMPLETE SECTIONS A THROUGH D

A NAME: MAX FACILITY: A112  
NUMBER: 218101 LOCK: 3-214 DATE: 6-5-17

B. 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

C. I have the following problems/symptoms: THIS IS A CONTINUOUS PROBLEM WITH BNS REQUESTS TO TREAT MY SERIOUS MEDICAL NEEDS I WAS CALLED OUT ON 6-2-17 AND NEVER TREATED BY ANYONE RN US PHAIO RN SUPERVISOR SABINA SYNDER, MOX WAS I REQUESTED TO BY DOCTOR INL THEY WANTED TO DO WITH THREAT TO ME AND TOLD ME THAT THEY WOULD PUT IN THEIR MEDICAL

D. NOTICE TO PRISONER 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".

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 appeal you may make regarding the Department's decision to charge for the care.

I 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 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: DENIAL OF MY MEDICAL PROBLEM Date: 6-5-17

PRISONER: DO NOT WRITE BELOW THIS LINE

E INSTRUCTIONS TO PRISONER BY BNS SINCE 6-25-17 DEPRATED REQUEST FOR MEDICAL TREATMENT FOR MY BACKPAIN, THROAT PAIN, AND MY JAW MY ONGOING HEADACHES THAT MEDICATION THAT I'VE BEEN GETTING FOR MY BACK IS NOT HELPING MY ONGOING HEADACHES OR MY JAW PAIN.

An appointment has been scheduled for you on: Date: ON 6-4-17 I TOLD RN NEEDS

Signature: SUNDOWSE Title: MY HEAD AND MY JAW Provider #: Date:

F COPAYMENT (to be filled out by health care): BNS I AM STILL BRITANNIA

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

- Care that is: requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care) I WAS STILL REQUESTED BY HER AND DENIED
- for injuries that are work-related as documented by the prisoner's work supervisor SHE S REQUESTED
- requested for testing for HIV, STD's, infestations, or reportable communicable diseases DUE TO YOU WANTING
- requested for evaluation, consultation, or treatment of a mental health need
- 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: Title: Provider #: Date:

SW APPROPRIATE EXHIBIT X-15