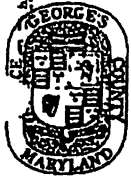


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Jack B. Johnson
COUNTY EXECUTIVE

THE PRINCE GEORGE'S COUNTY GOVERNMENT
PRINCE GEORGE'S COUNTY POLICE DEPARTMENT
OFFICE OF THE CHIEF OF POLICE

Date: August 24, 2004



Mevin C. High
CHIEF OF POLICE

TO: Student Officer Rondul T-Wuan Prather
Community Policing Institute

SUBJECT: Final Notice of Disciplinary Action

You are advised that I have considered the specific grounds, circumstances and charges outlined in my Notice of Intent to initiate disciplinary action letter dated August 13, 2004. I have also reviewed the proposed disciplinary action as well as your reply to my proposed disciplinary action. I have carefully considered all the available information.

As a result of the aforementioned, I have concluded the proposed disciplinary action to be taken against you is warranted. Therefore, under the authority granted to me by the Prince George's County Code of Ordinances and Resolutions, Section 16-193 "Conduct Related Disciplinary Action," you are advised this letter constitutes official notice that I am taking the following disciplinary action against you:

Charge #1: Prince George's County Police Department General Order Manual, Volume I, Chapter 101, **Ethics**, which states: Maintain exemplary traits of courtesy, honesty, morality, self-restraint, courage, obedience to the law, and respect for the rights and liberties of all persons.

to wit: That on February 13, 2004, you did sign and date certifying that every answer given to every question in the document was true and complete. Also, you understood that any question that you did not understand you would say so. Also, that you would not be considered for employment if any answer contained any lie, fraudulent misrepresentation, falsification, or if you omitted any information or failed to answer each question completely. In this Preliminary Questionnaire there is inaccurate and incomplete information.

Charge #2: Prince George's County Police Department General Order Manual, Volume I, Chapter 101, **Ethics**, which states: Maintain exemplary traits of courtesy, honesty, morality, self-restraint, courage, obedience to the law, and respect for the rights and liberties of all persons.

to wit: That on March 7, 2004, you did sign, date and have notarized the Public Safety Application Personal History Statement and it was completed in your own hand, and that you certified your understanding of the contents. You further certified that the information given was true and correct and that it did not contain any misrepresentation of any fact. Further that any misrepresentation of fact given by you shall be cause for rejection before appointment, or dismissal from employment after appointment.

SCANNED

I 04-035
August 24, 2004
Page Two

Charge #3: Prince George's County Code, Section 18-160, False statement, which states: (b) No member of the Police Department, under any circumstances, shall make any false official statement or intentional misrepresentation of facts.

to wit: That on February 13, 2004, you did sign and date certifying that every answer given to every question in the document was true and complete. However, the Prince George's County Government Office of Personnel and Labor Relations Preliminary Questionnaire filled out by you contained false information.

Charge #4: Prince George's County Code, Section 18-160, False statement, which states: (b) No member of the Police Department, under any circumstances, shall make any false official statement or intentional misrepresentation of facts.

to wit: That on March 7, 2004, you did sign, date and have notarized the Public Safety Application Personal History Statement certifying that it did not contain any misrepresentation of any fact. However, there are numerous misrepresentation of facts.

You are further advised, in light of this and in compliance with Section 16-201 of the Personnel Law for Prince George's County I am taking the following disciplinary action:

For Charge #1: That your employment with the Prince George's County Police Department be terminated.

For Charge #2: That your employment with the Prince George's County Police Department be terminated.

For Charge #3: That your employment with the Prince George's County Police Department be terminated.

For Charge #4: That your employment with the Prince George's County Police Department be terminated.

SCANNED

SI 04-035
August 24, 2004
Page Three

This disciplinary action I am taking against you is being taken after consideration of factors outlined in Section 16-195 and in accordance with Section 16-201 of the Personnel Law for Prince George's County, Maryland. You are further advised that within five days from receipt of this final notice to take disciplinary action, you may appeal such action in accordance with Section 16-201 of the Personnel Law for Prince George's County, Maryland.



Melvin C. High
Chief of Police

MCH/wtg

cc: Director, Strategic Management Bureau
Chief, Bureau of Professional Responsibility
Director, Internal Affairs Division
Director, Special Investigative Response Team
Case No.: SI 2004-035

RECEIVED 

DATE: 8/30/04 TIME: 1235

WITNESS: Sg J.W. Wil #1634

3 C HAVRE B.



Jack B. Johnson
County Executive

THE PRINCE GEORGE'S COUNTY GOVERNMENT
PRINCE GEORGE'S COUNTY POLICE DEPARTMENT
OFFICE OF THE CHIEF OF POLICE



Malvin C. High
Chief of Police

Date: August 24, 2004

TO: Student Officer Rondul T-Wuan Prather
Community Policing Institute

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- to wit: That on February 13, 2004, you did sign and date certifying that every answer given to every question in the document was true and complete. Also, you understood that any question that you did not understand you would say so. Also, that you would not be considered for employment if any answer contained any lie, fraudulent misrepresentation, falsification, or if you omitted any information or failed to answer each question completely. In this Preliminary Questionnaire there is inaccurate and incomplete information.
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- to wit: That on March 7, 2004, you did sign, date and have notarized the Public Safety Application Personal History Statement and it was completed in your own hand, and that you certified your understanding of the contents. You further certified that the information given was true and correct and that it did not contain any misrepresentation of any fact. Further that any misrepresentation of fact given by you shall be cause for rejection before appointment, or dismissal from employment after appointment.

S. C. HARRIS

SI 04-035
August 24, 2004
Page Two

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For Charge #1: That your employment with the Prince George's County Police Department be terminated.

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For Charge #3: That your employment with the Prince George's County Police Department be terminated.

For Charge #4: That your employment with the Prince George's County Police Department be terminated.

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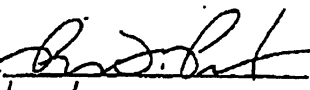
SI 04-035
August 24, 2004
Page Three

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Melvin C. High
Chief of Police

MCH/wtg

cc: Director, Strategic Management Bureau
Chief, Bureau of Professional Responsibility
Director, Internal Affairs Division
Director, Special Investigative Response Team
Case No.: SI 2004-035

RECEIVED: 
DATE: 8/30/04 TIME: 1235
WITNESS: Sg J.W. Wil #1634



Jack B. Johnson
COUNTY EXECUTIVE

**THE PRINCE GEORGE'S COUNTY GOVERNMENT
PRINCE GEORGE'S COUNTY POLICE DEPARTMENT
OFFICE OF THE CHIEF OF POLICE**



Metvin C. High
CHIEF OF POLICE

Date: August 13, 2004

TO: Student Officer Rondul T-Wuan Prather
Community Policing Institute

SUBJECT: Notice of Intent - Proposed Conduct Related Disciplinary Action

The investigative report prepared by Lieutenant William Gray #1636, concerning your actions of February 13, 2004 and March 7, 2004, has been reviewed. The report indicates that on the aforementioned dates you signed and dated a Prince George's County Government Office of Personnel and Labor Relations Preliminary Questionnaire and a Public Safety Applicant Personal History Statement. These items contained inaccurate and incomplete information in order to obtain employment with the Prince George's County Police Department.

In light of that information, you are hereby notified that in accordance with the authority granted to me by the Prince George's County Code, Chapter 16, Section 16-193(a), "Conduct Related Disciplinary Action," I am charging you with violation of the following:

Charge #1: Prince George's County Police Department General Order Manual, Volume I, Chapter 101, *Ethics*, which states: Maintain exemplary traits of courtesy, honesty, morality, self-restraint, courage, obedience to the law, and respect for the rights and liberties of all persons.

to wit: That on February 13, 2004, you did sign and date certifying that every answer given to every question in the document was true and complete. Also, you understood that any question that you did not understand you would say so. Also, that you would not be considered for employment if any answer contained any lie, fraudulent misrepresentation, falsification, or if you omitted any information or failed to answer each question completely. In this Preliminary Questionnaire there is inaccurate and incomplete information.

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to wit: That on March 7, 2004, you did sign, date and have notarized the Public Safety Application Personal History Statement and it was completed in your own hand, and that you certified your understanding of the contents. You further certified that the information given was true and correct and that it did not contain any misrepresentation of any fact. Further that any misrepresentation of fact given by you shall be cause for rejection before appointment, or dismissal from employment after appointment.

7600 Barlowe Road, Palmer Park, MD 20785
301-772-4740 • www.pgpolice.org

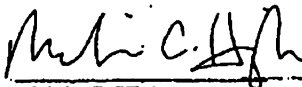
SEARCHED

SI 04-035

August 13, 2004

Page Three

You are further advised that you have five working days from receipt of this Notice of Intent to reply to me, in writing, stating any reason(s) you may have as to why this proposed action should not be taken. In the event final disciplinary action is taken, you may, within five working days from receipt of such final notice, appeal the action in accordance with Section 16-201 of the Prince George's County, Maryland, Personnel Law. However, as a probationary employee, you may only initiate such an appeal if the basis or removal or acts of any appointing authority constituting the basis of an appeal were illegal or that a written statement as required under Section 16-171 (3) was not provided.



Melvin C. High
Chief of Police

MCH/wtg

cc: Director, Strategic Management Bureau
Chief, Bureau of Professional Responsibility
Director, Internal Affairs Division
Director, Special Investigative Response Team
Case No.: SI 2004-035

RECEIVED: 

DATE: 8-13-04 TIME: 16:2

WITNESS:  #1962

*Prince George's County
Police Department*



**Ethics Violation/False Statement
Special Investigative Response Team
#SI 04-35**

Date Assigned: 08/13/ 2004

Lt. William Gray #1636

PRINCE GEORGE'S COUNTY POLICE
 Prince George's County, Maryland

Date of Report: August 13, 2004	Report of Investigation	SI 04-35
Initial or Supplementary Initial Report	Report Made By: Lieutenant William Gray #1636	Approved Status of Investigation: See Recommendations
Subject of Investigation Ethics - Allegations 1 & 2 False Statement - Allegations 3 & 4		

DAY, DATE & PLACE: Thursday, February 13, 2004
 Friday, March 7, 2004
 7600 Barlowe Road, Landover, Maryland 20785

COMPLAINANT: A/Captain Arthur Collins #1123
 Director, Special Investigative Response Team
 6707 Groveton Drive
 Clinton, Maryland 20735
 Telephone: (301) 856-2660

RESPONDENT: Student Officer Rondul T-Wuan Prather
 Prince George's County Police Department
 Community Policing Institute
 13401 Dille Drive
 Upper Marlboro, Maryland 20772
 Telephone: (301) 952-7235
 B/M/12/26/1978
 Education: Bachelor of Science Criminal Justice
 DOA: 06/28/2004

DETAILS OF COMPLAINT: The respondent student officer is alleged to have submitted inaccurate and incomplete information on his Preliminary Questionnaire and Public Safety Applicant Personal History Statement in order to gain employment with the Prince George's County Government.

EVIDENCE:

1. A copy of a Prince George's County Public Safety Applicant Personal History Statement signed and dated by respondent Prather on March 7, 2004. Notary Public Judith M. Fellows also notarized this item of evidence on March 7, 2004.

2. A copy of a Prince George's County Government Office of Personnel and Labor Relations Preliminary Questionnaire. Respondent Student Officer Prather signed and dated this item of evidence on February 13, 2004.

ACTION TAKEN:

On Wednesday, August 12, 2004, this investigator was assigned this case and reviewed the entire personnel file of the respondent, Student Officer Prather. The respondent was questioned regarding the inaccurate and incomplete information he submitted for a background investigation prior to employment. The respondent had little to no explanation for the number of discrepancies and incomplete information.

**SUMMARY OF
EVIDENCE:**

On February 13, 2004, respondent Student Officer Rondul T-Wuan Prather submitted a Prince George's County Government Office of Personnel and Labor Relations Preliminary Questionnaire for employment purposes. Page one of this questionnaire states, "Importance of Honesty Statement: This form tells you to answer all oral or written questions truthfully and specifically. Giving false answers or hiding information will result in permanent disqualification." Page two also states: "I have read and understand the contents of this document." Respondent Prather signed and dated this questionnaire consisting of fourteen pages.

On page three of this questionnaire, question one asks the applicant, "Have ever been arrested, issued a summons, issued a citation in lieu of arrest, or has anyone sought or obtained a summons or warrant for you, or have you ever been detained, questioned or stopped by any public safety agency as an adult or a juvenile, whether for juvenile matters, criminal matters, suspicious person stops or serious motor vehicle violations such as DWI, hit-and-run, reckless driving, or others, regardless of whether charges were dropped, dismissed or any other disposition? Include month and year of arrest or detainment, where it occurred and the law enforcement agency. If yes, include details below." Respondent Prather checked "No" in response to this question. During a background investigation, information was obtained that respondent Prather was charged with Indecent Exposure as a juvenile and charged with Second Degree Assault as an adult in 2003 in Charles County, Maryland. Respondent Prather was also detained by the Prince George's County Police on May 14, 2000, and listed as a "Field Observation" because of a traffic altercation at Branch Avenue and Auth Road. An incident report was completed with CCN: 00-135-1332. Respondent Prather was also involved in a fight while attending Bowie State University as a student where he admitted to injuring an individual and breaking his eye socket when he punched him.

For question nine of the preliminary questionnaire, respondent Prather checked "No" when asked, "Have you ever received any verbal or written reprimand, verbal or written counseling or other whether verbal or written notice about your behavior, performance or productivity at any current or prior employer, including the military, regardless of disposition or whether the matter is in your file, overturned, appealed or otherwise no longer a public record?" Respondent Prather had been suspended from a previous employer at Spartan Security when he failed to report to work on a scheduled day. His

supervisor later reinstated respondent Prather after a one-day suspension. Respondent Prather also received a verbal warning from a board of staff members at Bowie State University that was convened because of the fight incident he was involved. Respondent Prather was given a verbal warning and advised that any further incidents of this nature would result in a suspension or expulsion.

On page eleven, question twenty-three asks, "Have you ever been suspected of, accused of, or charged with abusing, assaulting, beating, bumping, burning, choking, harassing, kicking, maiming, mistreating, neglecting, punching, pushing, sexually assaulting, shooting, slapping, stalking or strangling any other person, or threatening to do any of these things, regardless of the disposition of the event?" Respondent Prather checked "No" despite his arrest as an adult for Second-Degree Assault and the fight incident at Bowie State University. The information provided in the preliminary questionnaire was overall inaccurate or incomplete.

On March 7, 2004, respondent Prather submitted his Public Safety Applicant Personal History Statement or "Blue Book" which he signed, dated, and had notarized. The Personal History Statement consisted of thirty-five pages and respondent Prather answered the questions using a black pen. However, many of the questions were left blank and unanswered despite having the book for over two weeks prior to submitting it. Twenty-nine questions from a total of one hundred and five were incomplete or left blank by respondent Prather. On page ten question forty-nine requires an answer for, "Have you ever had any collections or liens against you?" Respondent Prather checked "No" however he had an outstanding collection dated February 18, 2004, from Verizon for a cellular phone purchase.

On page twenty-four question eighty-six asks, "Have you ever been, as a juvenile or adult, no matter whether you were convicted; Letter "J" Given any court document ordering you to stay away from any person or place?" Respondent Prather checked "Yes" for this question however, it was never followed-up by the background investigator. Respondent Prather admitted to this investigator that he received a restraining order issued by the court in Charles County because of a domestic situation with his girlfriend and mother of his child. This restraining order was issued approximately eight months prior to the actual Second Degree Assault charge. Yet, respondent Prather stated there were no other significant incidents between he and his girlfriend. When questioned, respondent Prather stated his girlfriend Shanika Thomas obtained it "because of his actions and tone." When asked to elaborate, he stated that he became irate and was yelling at her during an argument. He also stated that Shanika Thomas called the Charles County Sheriff's Office to respond because she feared he would not let her have clothes for their child. Respondent Prather checked "Yes" for question eighty-seven which asks if he was ever "A plaintiff, defendant or respondent in any civil court action?" However, he did not provide any information in the Personal History Statement where required to explain in detail.

Question eighty-eight asks, "Have you ever been detained or questioned by a law enforcement officer?" Respondent Prather checked "No" for this question however, he was detained during the traffic altercation that is documented with CCN: 00-135-1332 in 2000. The investigation of respondent Prather's background clearly shows that he has had multiple incidents and contacts with law enforcement agencies as a defendant or suspect. Further investigation and interrogation of respondent Prather reveals that he provided inaccurate and incomplete information during the application process for employment by the Prince George's County Government.



DISTRICT COURT OF MARYLAND FOR Prince George's County

Located at Courthouse, Bourne Wing, Upper Marlboro, Maryland 20772

Case No. 4E00549133

STATE OF MARYLAND VS. MCLENDON, JUAN PTIS

CT 15 1183X

4023 27TH AVE
TEMPLE HILLS, MD, 20748
SID: LID:

FCL

[Signature]

INITIAL APPEARANCE REPORT

(MD Rules 4-213, 4-213.1 and 4-216)

Advice

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PM
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I hereby certify that when the above named Defendant was brought before me for initial appearance, I:

ADVISED Defendant has appeared without an attorney and has a right to an attorney at the initial appearance and if indigent the Public Defender will provide representation if the proceeding is before a judge or a court-appointed attorney will provide representation if the proceeding is before a commissioner.

ADVISED Defendant has the right to waive the right to be represented by an attorney at the initial appearance and the waiver is only applicable to the initial appearance and not to any other hearing or proceeding.

ADVISED Defendant, if indigent, representation shall be provided by the Public Defender if bail review or initial appearance is before a judge.

ADVISED Defendant, if found indigent by the commissioner, Defendant shall be represented by a court-appointed attorney, unless the Defendant waives the right.

ADVISED Defendant has an absolute right to hire a private attorney at Defendant's own expense to defend against these charges. If the Defendant does not have the money to hire a private attorney, the Defendant is advised to timely apply to the Public Defender office. The Public Defender will determine if Defendant is an indigent individual, and if the Public Defender will provide representation.

ADVISED Defendant any representation by a court-appointed attorney is provisional, limited to the initial appearance, and will terminate automatically upon conclusion of the hearing.

COMPLETED the Notification of Proceeding Report provided to State's Attorney, court-appointed attorney and/or private attorney.

INFORMED Defendant of each offense charged and of the allowable penalties, including mandatory penalties, if any.

REQUIRED Defendant to read the Notice of Advice of Right to Counsel.

ADVISED Defendant that if Defendant appears for trial without counsel, the Court could determine that the Defendant waived counsel and the Defendant may have to proceed to trial unrepresented by counsel.

INFORMED Defendant of Affidavit for Indigent, the Defendant completed the requested affidavit and the commissioner determined with the criteria set forth in Code, Criminal Procedure Article §16-210 (b) and (c) whether the Defendant qualifies for a court-appointed attorney.

DETERMINED DEFENDANT IS INDIGENT.

ADVISED Defendant has the right to be represented by an attorney at the initial appearance and, if no other attorney has entered an appearance you shall be represented by the court-appointed attorney, unless the Defendant waives the right to be represented by an attorney at the initial appearance.

ENTRY OF APPEARANCE: Defendant was represented at Initial Appearance by court-appointed Attorney.

APPEARANCE: COURT-APPOINTED ATTORNEY/PUBLIC DEFENDER

Received:

Attorney's Name: MOUNT

Physically Present.

ADVISED defendant of provisional representation by court-appointed attorney shall be limited to the initial appearance before the judicial officer and shall terminate automatically upon the conclusion of this proceeding.

Tracking No. 140001355432

DC/CR 7 (Rev. 6/12/2014)

000001

CONTINUATION PAGE 1 OF INITIAL APPEARANCE REPORT



DISTRICT COURT OF MARYLAND FOR Prince George's County

Located at Courthouse, Bourne Wing, Upper Marlboro, Maryland 20772

Case No. 4E00549133

STATE OF MARYLAND VS. MCLENDON, JUAN PTIS

STATE'S ATTORNEY'S APPEARANCE:

State Attorney was present by telecommunication

State's Attorney's Name: ROGERS

ADVISED Defendant that the charge is a felony that is not within the jurisdiction of the District Court; that Defendant has a right to have a preliminary hearing by a request made now or within ten days and failure to make a timely request will result in a waiver of this hearing.

Defendant requests preliminary hearing. It is scheduled for 07/07/2015 at 8:45 AM in Room 261, at Courthouse, Bourne Wing, Upper Marlboro, Maryland 20772.

Pretrial Release Determination

On the basis of information available to and developed by me I HAVE DETERMINED:

That release on personal recognizance will not reasonably ensure the appearance of the Defendant as required because:

- Nature and circumstance of the offense charged.
- Nature of evidence against Defendant warrants no personal recognizance.
- Potential sentence upon conviction warrants no personal recognizance.
- Defendant may be dangerous to himself or to others.

The following condition(s) are imposed:

NO CONTACT WITH VICTIM

Required a bail bond in the amount of \$150,000.00, with collateral security equal in value to the full penalty amount to be satisfied by depositing the required amount in cash, by certified check, by pledging intangible property approved by the Court, by encumbering real estate, and/or with the obligation of a corporation which is an insurer, or other surety, in the full penalty amount.

Notice

I INFORMED THE DEFENDANT:

1. that a condition of ANY release is that Defendant appear for hearing and/or trial as directed by the Court.
2. that a warrant will be issued for the Defendant's arrest for any alleged violation of condition(s) of release; that if the recognizance or bail bond is forfeited and the Defendant fails to surrender within 30 days following the forfeiture, on a felony charge, the penalty imposed may be up to 5 years in jail and/or a fine up to \$5,000 or, on a misdemeanor charge, the penalty imposed may be up to 1 year in jail and/or a fine up to \$1,000; and that the Defendant may be charge with contempt of Court.
3. to notify the Court in writing of any change of address or telephone number.

Date: 06/13/2015 Time: 11:14 AM

Commissioner: _____ ID: 5064

Receipt

I have read had read to me the offense(s) for which I am charged; the conditions of release, the penalty for violation of the conditions of release, the Notice of Advice of Right to Counsel. I acknowledge receipt of a copy of this form.

My Bail Review date is 06/15/2015 at 01:15 pm in room 261, at Courthouse, Bourne Wing, Upper Marlboro, Maryland 20772.

I have been informed that the Trial/Hearing date is 07/07/2015 at 8:45 AM in Room 261, at Courthouse, Bourne Wing, Upper Marlboro, Maryland 20772.

I agree to the conditions of release and agree to appear as directed.

Date

Signature of Custodian

Signature of Defendant

Tracking No. 140001355432

DC/CR 7 (Rev. 6/12/2014)

000002

DISTRICT COURT OF MARYLAND FOR Prince George's County
 LOCATED AT (COURT ADDRESS)
 14735 Main Street
 Upper Marlboro, MD 20772

DATE: 06/12/2015
 TIME: 13:30
 RELATED CASE(S)

DEFENDANT'S NAME (LAST, FIRST M.I.)
 Mclendon, Juan Ptis

COMPLAINANT			DEFENDANT		
NAME (LAST, FIRST M.I.) Det. Kaiser	TITLE		NAME (LAST, FIRST M.I.) Mclendon, Juan Ptis	TITLE	
AGENCY P.G. County Police	SUB-AGENCY	I.D. NO. (POLICE) 3312	MAR'S NAME (LAST, FIRST M.I.)	TITLE	
WORK TELEPHONE (301) 567-4933	HOME TELEPHONE		I.D. NO.	RACE B	SEX M
ADDRESS District IV 5135 Indian Head Highway	APT. NO.		HT 6' 3"	WT 270	D.O.B. (MM/DD/YY) 8/2/1972
CITY Oxon Hill, MD 20745	STATE	ZIP CODE	CC/OCA	HAIR BLK	EYES Brown
			WORK TELEPHONE (301) 899-1901	OTHER DESCRIPTION White shirt, blue pants	
			ADDRESS 4023 27th Ave	HOME TELEPHONE () -	
			CITY Temple Hills	APT. NO.	
			STATE MD	ZIP CODE 20748	
DOMESTIC VIOLENCE			HATE CRIME		

STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

1 ^{CRIS CODE} 11420 ^{AR} 06/12/2015 13:30 ^{ON OR ABOUT (DATE) AT (PLACE)} at ~~4400 Saint Barnabas Rd~~ ^{I-495/Woodrow Wilson Bridge} Temple Hills Prince George's County, MD
 ...did assault (PRATHER, RONDUL TWUAN) in the first degree in violation of CR 3-202, contrary to the form of the act of the assembly in such case made and provided and against the peace, government and dignity of the state.

IN VIOLATION OF MD ANN. CODE ART. CR SEC 3 202	COMMON LAW OF MD.	PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <input type="checkbox"/> Y <input type="checkbox"/> N
COMAR/AGENCY CODE NO.	ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO.

2 ^{CRIS CODE} 11420 ^{AR} 06/12/2015 13:30 ^{ON OR ABOUT (DATE) AT (PLACE)} at ~~4400 Saint Barnabas Rd~~ ^{I-495/Woodrow Wilson Bridge} Temple Hills Prince George's County, MD
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IN VIOLATION OF MD ANN. CODE ART. CR SEC 3 202	COMMON LAW OF MD.	PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <input type="checkbox"/> Y <input type="checkbox"/> N
COMAR/AGENCY CODE NO.	ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO.

CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A)

State's Attorney

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE: 06/12/2015 PEACE OFFICER: Det. Kaiser *Kaiser 3312*
 AGENCY - SUB-AGENCY: P.G. County Police I.D. NO.: 3312

TRACKING NO. 140001355432 CBF NO. _____
 FORM DC/CR 2 (Rev 7/94)

000003

DISTRICT COURT OF MARYLAND FOR Prince George's County

LOCATED AT (COURT ADDRESS),

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

DATE: 06/12/2015

TIME: 13:30

Page ____ of ____

DEFENDANT'S NAME (LAST, FIRST M.I.)
Mclendon, JuanPtis

MAFIS NAME

DOB
08/02/1972

STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

3 1 1420 06/12/2015 13:30 at ~~4800~~ 4400 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did assault (PRATHER, RONDUL TWUAN) in the first degree in violation of CR 3-202, contrary to the form of the act of the assembly in such case made and provided and against the peace, government and dignity of the state.

VIOLATION OF:
MD ANN. CODE ART. CR SEC 3 202 COMMON LAW OF MD. PUB. LOCAL LAW ART. SEC. PROBABLE CAUSE Y N
COMAR/AGENCY CODE NO. ORDINANCE NO. AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO.

4 1 1415 06/12/2015 13:30 at ~~4800 Saint Barnabas Rd~~ I-495/Woodrow Wilson Bridge Temple Hills Prince George's County, MD
...did assault (PRATHER, RONDUL TWUAN) in the second degree in violation of CR 3-203, contrary to the form of the act of the assembly in such case made and provided and against the peace, government, and dignity of the state.

VIOLATION OF:
MD ANN. CODE ART. CR SEC 3 203 COMMON LAW OF MD. PUB. LOCAL LAW ART. SEC. PROBABLE CAUSE Y N
COMAR/AGENCY CODE NO. ORDINANCE NO. AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO.

5 1 1415 06/12/2015 13:30 at ~~4800 Saint Barnabas Rd~~ I-495/Woodrow Wilson Bridge Temple Hills Prince George's County, MD
...did assault (PRATHER, RONDUL TWUAN) in the second degree in violation of CR 3-203, contrary to the form of the act of the assembly in such case made and provided and against the peace, government, and dignity of the state.

VIOLATION OF:
MD ANN. CODE ART. CR SEC 3 203 COMMON LAW OF MD. PUB. LOCAL LAW ART. SEC. PROBABLE CAUSE Y N
COMAR/AGENCY CODE NO. ORDINANCE NO. AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO.

CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A)

State's Attorney

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE 06/12/2015 PEACE OFFICER Det. Kaiser *Kaiser 3312*

AGENCY - SUB-AGENCY P.G. County Police I.D. NO. 3312

TRACKING NO. 140001355432 CBF NO. FORM DC/CR 2A (Rev. 7/94)

000004

DISTRICT COURT OF MARYLAND FOR Prince George's County

LOCATED AT (COURT ADDRESS)

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

DATE: 06/12/2015

TIME: 13:30

Page ___ of ___

DEFENDANT'S NAME (LAST, FIRST MI)
Mclendon, JuanPtis

MAFIS NAME

DOB
08/02/1972

STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

CJIS CODE AR ON OR ABOUT (DATE) AT (PLACE) 4400
6 1 1415 06/12/2015 13:30 at ~~4800 Saint Barnabas Rd~~ Temple Hills Prince George's County, MD
...did assault (PRATHER, RONDUL TWUAN) in the second degree in violation of CR 3-203, contrary to the form of the act of the assembly in such case made and provided and against the peace, government, and dignity of the state.

VIOLATION OF
MD ANN CODE ART. CR SEC 3 203 COMMON LAW OF MD PUB LOCAL LAW ART. SEC PROBABLE CAUSE ___ Y ___ N
COMAR/AGENCY CODE NO. ORDINANCE NO. AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO.

CJIS CODE AR ON OR ABOUT (DATE) AT (PLACE) I-495/Woodrow Wilson Bridge
7 1 1425 06/12/2015 13:30 at ~~4800 Saint Barnabas Rd~~ Temple Hills Prince George's County, MD
...did recklessly engage in conduct, to wit: firing a firearm from a vehicle, that created a substantial risk of death or serious physical injury to (PRATHER, RONDUL TWUAN).

VIOLATION OF
MD ANN CODE ART. CR SEC 3 204 (a) COMMON LAW OF MD PUB LOCAL LAW ART. SEC PROBABLE CAUSE ___ Y ___ N
COMAR/AGENCY CODE NO. ORDINANCE NO. AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO.

CJIS CODE AR ON OR ABOUT (DATE) AT (PLACE) I-495/Woodrow Wilson Bridge
8 1 1425 06/12/2015 13:30 at ~~4800 Saint Barnabas Rd~~ Temple Hills Prince George's County, MD
...did recklessly engage in conduct, to wit: firing a firearm from a vehicle, that created a substantial risk of death or serious physical injury to (PRATHER, RONDUL TWUAN).

VIOLATION OF
MD ANN CODE ART. CR SEC 3 204 (a) COMMON LAW OF MD PUB LOCAL LAW ART. SEC PROBABLE CAUSE ___ Y ___ N
COMAR/AGENCY CODE NO. ORDINANCE NO. AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO.

CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A)

State's Attorney

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF

DATE 06/12/2015 PEACE OFFICER Det. Kaiser
AGENCY - SUB-AGENCY P.G. County Police I.D. NO. 3312

TRACKING NO. CBF NO. FORM DC/CR 2A (Rev. 7/94)

000005

DISTRICT COURT OF MARYLAND FOR Prince George's County
LOCATED AT (COURT ADDRESS)

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

DATE: 06/12/2015

TIME: 13:30

Page of

DEFENDANT'S NAME (LAST, FIRST M.I.)
McLendon, JuanPtis

MAFIS NAME

DOB
08/02/1972

STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

CJS CODE AR ON OR ABOUT (DATE) AT (PLACE) 4400 MK
9 1 5200 06/12/2015 13:30 at ~~4000~~ Saint Barnabas Rd Temple Hills Prince George's County, MD
...did openly wear and carry a Charter Arms .38 Special revolver Serial #13-06912, a dangerous weapon, with the intent and purpose of causing injury to (PRATHER, RONDUL TWUAN) in an unlawful manner.

VIOLATION OF
MD ANN CODE ART. CR SEC. 4 101 COMMON LAW OF MD PUB. LOCAL LAW ART. SEC. PROBABLE CAUSE Y N
COMAR/AGENCY CODE NO. ORDINANCE NO. AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO.

CJS CODE AR ON OR ABOUT (DATE) AT (PLACE) 4400 MK
10 1 5299 06/12/2015 13:30 at ~~4800~~ Saint Barnabas Rd Temple Hills Prince George's County, MD
...did use a handgun capable of being concealed upon the person in the commission of a crime of violence.
Firearm MK

VIOLATION OF
MD ANN CODE ART. CR SEC. 4 204 COMMON LAW OF MD PUB. LOCAL LAW ART. SEC. PROBABLE CAUSE Y N
COMAR/AGENCY CODE NO. ORDINANCE NO. AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO.

CJS CODE AR ON OR ABOUT (DATE) AT (PLACE)
11 1 5212 06/12/2015 13:30 at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did wear, carry and transport a handgun upon and about their person.

VIOLATION OF
MD ANN CODE ART. CR SEC. 4 203 COMMON LAW OF MD PUB. LOCAL LAW ART. SEC. PROBABLE CAUSE Y N
COMAR/AGENCY CODE NO. ORDINANCE NO. AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO.

CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A)

State's Attorney

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF

DATE 06/12/2015 PEACE OFFICER Det. Kaiser Kaiser 3312
AGENCY - SUB-AGENCY P.G. County Police ID NO. 3312

TRACKING NO. _____ CBF NO. _____
FORM DC/CR 2A (Rev. 7/94)

000006

DISTRICT COURT OF MARYLAND FOR Prince George's County
LOCATED AT (COURT ADDRESS),

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

DATE: 06/12/2015

TIME: 13:30

Page of

DEFENDANT'S NAME (LAST, FIRST M.I.)
Mclendon, JuanPtis

MAFIS NAME

DOB
08/02/1972

STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

CJIS CODE AR ON OR ABOUT(DATE) AT (PLACE)
12 1 0175 06/12/2015 13:30 at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did wear, carry and knowingly transport a handgun in a vehicle upon the public roads, highways, waterways, airways and parking lots generally used by the public.

VIOLATION OF:
MD ANN. CODE ART. CR SEC 4 203 COMMON LAW OF MD PUB. LOCAL LAW ART. SEC PROBABLE CAUSE Y N
COMAR/AGENCY CODE NO ORDINANCE NO AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO

CJIS CODE AR ON OR ABOUT(DATE) AT (PLACE)

IN VIOLATION OF:
MD ANN. CODE ART. SEC COMMON LAW OF MD PUB. LOCAL LAW ART. SEC PROBABLE CAUSE Y N
COMAR/AGENCY CODE NO ORDINANCE NO AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO

CJIS CODE AR ON OR ABOUT(DATE) AT (PLACE)

IN VIOLATION OF:
MD ANN. CODE ART. SEC COMMON LAW OF MD PUB. LOCAL LAW ART. SEC PROBABLE CAUSE Y N
COMAR/AGENCY CODE NO ORDINANCE NO AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE COMMISSIONER INITIALS ID NO

CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A) State's Attorney
I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE 06/12/2015 PEACE OFFICER Det. Kaiser
AGENCY - SUB-AGENCY P.G. County Police I.D. NO. 3312

TRACKING NO. CBF NO. FORM DC/CR 2A (Rev. 7/94)

000007

CCN: 15-163-1354

DISTRICT COURT OF MARYLAND FOR

Prince George's County

DATE: 6/12/2015

LOCATED AT (COURT ADDRESS)

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

TIME: 13:30

RELATED CASE(S):

COMPLAINANT

DEFENDANT

NAME (LAST, FIRST M.I.) Det. Kaiser		TITLE		NAME (LAST, FIRST M.I.) McLendon, Juan Ptis		TITLE		
AGENCY P.G. County Police	SUB-AGENCY	I.D. NO. (POLICE) 3312	MAFIS NAME (LAST, FIRST M.I.)		TITLE			
WORK TELEPHONE (301) 567-4933	HOME TELEPHONE		I.D. NO.	RACE B	SEX M	HT 6' 3"	WT 270	DOB (MM/DD/YY) 8/2/1972
ADDRESS District IV 5135 Indian Head Highway	APT NO.		CO/OCA	HAIR BLK	EYES Brown	OTHER DESCRIPTION White shirt, blue pants		
CITY Oxon Hill, MD 20745	STATE	ZIP CODE	WORK TELEPHONE (301) 899-1901	HOME TELEPHONE () -		APT NO.		
ADDRESS 4023 27th Ave			ADDRESS		APT NO.			
CITY Temple Hills			CITY MD		STATE		ZIP CODE 20748	

DOMESTIC VIOLENCE

HATE CRIME

Page 1 of

STATEMENT OF PROBABLE CAUSE

ARREST ON TRAFFIC/NATURAL RESOURCES CITATIONS/CRIMINAL CHARGES/MUNICIPAL ORDINANCES/PUBLIC LOCAL LAWS

On June 12, 2015 at approximately 1330 hours, Prince George's County Police officers were notified of a shooting that had occurred on the Woodrow Wilson Bridge approaching 495 in Maryland. The Victim (Prather, Rondul Twuan) advised that while he was driving Northbound on 495 across the Woodrow Bridge, Temple Hills Maryland, when a male, driving a dark grey Dodge Charger became angry with his driving and began to tailgate the Victim. While the Victim was driving he heard a large bang and looked out of his vehicle and saw the Suspect, who was driving the dark grey Dodge Charger, pointing a black handgun at him. The Victim then accelerated to flee from the Suspect and heard an additional bang as he approached 495 off the bridge. While the Victim attempted to flee the Suspect continued to follow him into the 4400 block of Saint Barnabas Rd. Temple Hills MD 20748, and put the black firearm out of his vehicle's sunroof and pointed it in the general direction of the Victims vehicle. While driving on Saint Barnabas Rd. the Victim was able to flag down a Prince George's County Police officer and was able to point out the Suspect vehicle as it attempted to flee the area. PFC Jackson #3617 attempted to catch up to the vehicle but observed that the vehicle had flipped onto its side and crashed into a pole at the intersection of Saint Barnabas Rd and Deer Park Dr. PFC Jackson #23617 and additional officers were able to apprehend the Suspect (McLendon, Juan Petis) as he exited the dark grey charger through an open sunroof window. The Suspect was transported to Southern Maryland Hospital where he was treated for injuries and released. The Victim responded to the District IV station where he provided a written and verbal statement to investigators. Inside the dark grey Dodge Charger bearing Maryland registration 1AV4388 investigators observed in plain view a black Charter Arms Tiger .38 Special revolver, bearing serial number 13-06912. Investigators recovered the black .38 special and inside the chamber discovered 3 spent .38 special shell casings and 2 live .38 special rounds. After being released from the hospital the Suspect was transported to District IV where he waived his Constitutional Miranda Rights but refused to speak about his involvement in the incident. All events occurred in Prince George's County, Maryland.

CONTINUED ON ATTACHED SHEET (FORM DC/CR 4A)

PROBABLE CAUSE CHARGES #

LACK OF PROBABLE CAUSE CHARGES

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

I HAVE REVIEWED THE STATEMENT OF CHARGES AND HAVE DETERMINED THAT
THERE IS PROBABLE CAUSE TO DETAIN THE DEFENDANT
THERE IS NOT PROBABLE CAUSE TO DETAIN THE DEFENDANT AND I HAVE ACCORDINGLY RELEASED HIM ON HIS OWN RECOGNIZANCE

DATE: 6/12/2015
ARRESTING OFFICER: Det. Kaiser
AGENCY: P.G. County Police
SUB-AGENCY:
I.D. NO.: 3312

DATE: JUDICIAL OFFICER: COMMISSIONER I.D. NO:

State's Attorney

TRACKING NO. 140001355432 CBF NO.
FORM DC/CR 4 (Rev. 7/94)

000008

Defendant: Mclendon, Juan Ptis
 Tracking No.: 140001355432
 CCN: 15-163-1354

10/2/15
 262 P

SAO Copy URR
 Assault 1
 HG

State's Recommendation to the Commissioner for Conditions of Release
 Pursuant to Maryland Rule 4-216(b)

FACTUAL BACKGROUND: The Defendant, Mclendon, Juan Ptis (hereinafter 'the Defendant'), is presently charged with Assault 1 x 3; Assault 2 x 3; Reckless Endangerment x 2; Open Wear/Carry HG w/ Intent to Injure; Use Firearm in Comm. of Crime of Violence; Wear/Carry HG on person; and Wear/Carry/Transport HG in Vehicle as a result of an incident which occurred on 6/12/2015, in the area of I-495/Woodrow Wilson Bridge, Temple Hills; 4400 Saint Barnabas Road, Temple Hills; & 4800 St. Barnabas Road, Temple Hills, Prince George's County, Maryland. Specifically, officers responded for the report of a shooting that had occurred on the Woodrow Wilson Bridge/I-495 in Maryland. Officers spoke with the victim, Rondul Twyan Prather, who advised that while he was driving NB on I-495/Woodrow Wilson Bridge, the Defendant (who was operating a dark grey Dodge Charger) became angry with the victim's driving and began to tailgate the victim. The victim then heard a large bang and looked out of his vehicle and saw the Defendant, pointing a black handgun at him. The victim the accelerated to flee from the Defendant, and heard an additional bang as he approached I-495 off the Woodrow Wilson Bridge. While the victim continued to flee, the Defendant continued to follow him into the 4400 Block of Saint Barnabas Road in Temple Hills and put the black handgun out of his vehicle's sunroof and pointed it in the direction of the victim's vehicle. The victim was able to flag down police and point to the Defendant's vehicle as it attempted to flee the area. The officers attempted to catch up to Defendant's vehicle, and observed Defendant's vehicle flipped onto its side and crashed into a pole at the intersection of St. Barnabas Road and Deer Park Drive (3800 Block of St. Barnabas Road). Defendant was identified, placed under arrest, and a search of his vehicle revealed (in plain view) a black Charter Arms Tiger .38 Special revolver with 3 spent .38 special shell casings and 2 live .38 special rounds in the weapon.

CRIMINAL HISTORY:

3 Prior FTAs
 No Maryland Criminal History Found.

Unemployed for 3 days,
 prev. worked for Police Department in
 Alexandria VA for 2 1/2 yrs

VIRGINIA - 1993 - Shoot at occupied vehicle (nolle prossed)
 WEST VIRGINIA - 2002 - PWID Cocaine w/in 1000 feet of School (federal) on probation for PWID case
 DC 1998 2015 - VA - reckless driving (fine) - appealed

BAIL RECOMMENDATION: \$150,000 bond - based on the serious nature of the charges and circumstances surrounding the incident. This was clearly a road-rage incident where the Defendant not only endangered the life of the victim, but discharged a handgun, multiple times, while traveling on a public and heavily-occupied roadway (I-495/Woodrow Wilson Bridge), during Friday lunch hour. Further, Defendant followed the victim and continued to threaten him with the handgun. Defendant also had a prior contact with law enforcement regarding firing a weapon at an occupied vehicle. Defendant poses a danger to the victim and the community at large.

CONDITIONS: No contact with the victim, Rondul Twuan Prather.

*A says v attempted to engage D in drag race, D refused, D texting on his phone & crashed car as a result

Carissa M. Hyman
 Assistant State's Attorney
 Carissa M. Hyman

6/12/2015 8:01 PM
 Date

Commissioner		Probable Cause	1-6, 10
Start Time of Hearing	10:50am 6/13/15	Bond	\$150,000
End Time of Hearing		Trial date	No w/Vic PH 7/7/15 8:45AM 2618
ASA	Rogers	Notes:	
Defense attorney	William Blount Mant		
Defense bond rec	PR		4ED0549133

CCN: 15-163-1354

Sto Copy W/M

DISTRICT COURT OF MARYLAND FOR

Prince George's County

DATE: 6/12/2015 6:35 pm

LOCATED AT (COURT ADDRESS)

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

TIME: 13:30 6/12/15
RELATED CASE(S): CMH
(change made on officer's copy as noted)

COMPLAINANT				DEFENDANT			
NAME (LAST, FIRST M.I.) Det. Kaiser		TITLE		NAME (LAST, FIRST M.I.) McLendon, Juan Ptis		TITLE	
AGENCY P.G. County Police		SUB-AGENCY MH Kaiser @ ce.pg.md.us		ID.NO. (POLICE) 3312		MAFIS NAME (LAST, FIRST M.I.)	
WORK TELEPHONE (301) 567-4933		HOME TELEPHONE		ID.NO.	RACE B	SEX M	HT. 6' 3"
ADDRESS District IV 5135 Indian Head Highway		APT.NO.		WT. 270	D.O.B. (MM/DD/YY) 8/2/1972	OTHER DESCRIPTION White shirt, blue pants	
CITY Oxon Hill, MD 20745		STATE		ZIP CODE	ADDRESS 4023 27th Ave		
					APT.NO.		
					CITY Temple Hills		
					STATE MD		
					ZIP CODE 20748		

DOMESTIC VIOLENCE

HATE CRIME

Page 1 of

STATEMENT OF PROBABLE CAUSE
ARREST ON TRAFFIC/NATURAL RESOURCES CITATIONS/CRIMINAL CHARGES/MUNICIPAL ORDINANCES/PUBLIC LOCAL LAWS

On June 12, 2015 at approximately 1330 hours, Prince George's County Police officers were notified of a shooting that had occurred on the Woodrow Wilson Bridge approaching 495 in Maryland. The Victim (Prather, Rondul Twuan) advised that while he was driving Northbound on 495 across the Woodrow Bridge, Temple Hills Maryland, when a male, driving a dark grey Dodge Charger became angry with his driving and began to tailgate the Victim. While the Victim was driving he heard a large bang and looked out of his vehicle and saw the Suspect, who was driving the dark grey Dodge Charger, pointing a black handgun at him. The Victim then accelerated to flee from the Suspect and heard an additional bang as he approached 495 off the bridge. While the Victim attempted to flee the Suspect continued to follow him into the 4400 block of Saint Barnabas Rd. Temple Hills MD 20748, and put the black firearm out of his vehicle's sunroof and pointed it in the general direction of the Victims vehicle. While driving on Saint Barnabas Rd. the Victim was able to flag down a Prince George's County Police officer and was able to point out the Suspect vehicle as it attempted to flee the area. PFC Jackson #3617 attempted to catch up to the vehicle but observed that the vehicle had flipped onto its side and crashed into a pole at the intersection of Saint Barnabas Rd and Deer Park Dr. PFC Jackson #23617 and additional officers were able to apprehend the Suspect (McLendon, Juan Petis) as he exited the dark grey charger through an open sunroof window. The Suspect was transported to Southern Maryland Hospital where he was treated for injuries and released. The Victim responded to the District IV station where he provided a written and verbal statement to investigators. Inside the dark grey Dodge Charger bearing Maryland registration 1AV4388 investigators observed in plain view a black Charter Arms Tiger .38 Special revolver, bearing serial number 13-06912. Investigators recovered the black .38 special and inside the chamber discovered 3 spent .38 special shell casings and 2 live .38 special rounds. After being released from the hospital the Suspect was transported to District IV where he waived his Constitutional Miranda Rights but refused to speak about his involvement in the incident. All events occurred in Prince George's County, Maryland.

CONTINUED ON ATTACHED SHEET (FORM DC/CR 4A)

PROBABLE CAUSE CHARGES #

LACK OF PROBABLE CAUSE CHARGES #

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE: 6/12/2015
ARRESTING OFFICER: Det. Kaiser

AGENCY: P.G. County Police
SUB-AGENCY: MH Kaiser @ ce.pg.md.us
I.D.NO.: 3312

I HAVE REVIEWED THE STATEMENT OF CHARGES AND HAVE DETERMINED THAT

THERE IS PROBABLE CAUSE TO DETAIN THE DEFENDANT

THERE IS NOT PROBABLE CAUSE TO DETAIN THE DEFENDANT AND I HAVE ACCORDINGLY RELEASED HIM ON HIS OWN RECOGNIZANCE.

DATE: JUDICIAL OFFICER: COMMISSIONER I.D.NO:

TRACKING NO. 140001355432

CBF NO.

FORM DC/CR 4 (Rev. 7/94)

Court Copy

000010

DISTRICT COURT OF MARYLAND FOR

Prince George's County

DATE: 06/12/2015

LOCATED AT (COURT ADDRESS)

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

TIME: 13:30

RELATED CASE(S)

DEFENDANT'S NAME (LAST, FIRST M.I.)

Mclendon, Juan Ptis

COMPLAINANT			DEFENDANT															
NAME (LAST, FIRST M.I.) Det. Kaiser			NAME (LAST, FIRST M.I.) Mclendon, Juan Ptis															
AGENCY P.G. County Police			SUB-AGENCY			ID NO. (POLICE) 3312			MAFIS NAME (LAST, FIRST M.I.)			TITLE						
WORK TELEPHONE (301) 567-4933			HOME TELEPHONE			LD. NO.			RACE B		SEX M		HT. 6' 3"		WT. 270		D.O.B. (MM/DD/YY) 8/2/1972	
ADDRESS District IV 5135 Indian Head Highway			APT. NO.			COOCA			HAIR BLK		EYES Brown		OTHER DESCRIPTION White shirt, blue pants					
CITY Oxon Hill, MD 20745			STATE			ZIP CODE			WORK TELEPHONE (301) 899-1901			HOME TELEPHONE () -						
ADDRESS 4023 27th Ave			APT. NO.			CITY Temple Hills			STATE MD			ZIP CODE 20748						

DOMESTIC VIOLENCE

HATE CRIME

Page 1 of

STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

1 CR CODE 06/12/2015 13:30 at 4400 Saint Barnabas Rd Temple Hills Prince George's County, MD

...did assault (PRATHER, RONDUL TWUAN) in the first degree in violation of CR 3-202, contrary to the form of the act of the assembly in such case made and provided and against the peace, government and dignity of the state.

IN VIOLATION OF: CR SEC. 3 202

COMMON LAW OF MD.

PUB. LOCAL LAW ART. SEC.

PROBABLE CAUSE Y N

COMAR/AGENCY CODE NO.

ORDINANCE NO.

AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE

COMMISSIONER INITIALS
ID NO.

2

CR CODE 06/12/2015 13:30 at 4400 Saint Barnabas Rd Temple Hills Prince George's County, MD

...did assault (PRATHER, RONDUL TWUAN) in the first degree in violation of CR 3-202, contrary to the form of the act of the assembly in such case made and provided and against the peace, government and dignity of the state.

IN VIOLATION OF: CR SEC. 3 202

COMMON LAW OF MD.

PUB. LOCAL LAW ART. SEC.

PROBABLE CAUSE Y N

COMAR/AGENCY CODE NO.

ORDINANCE NO.

AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE

COMMISSIONER INITIALS
ID NO.

CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A)

Court Copy

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE 06/12/2015	PEACE OFFICER Det. Kaiser
AGENCY - SUB-AGENCY P.G. County Police	ID. NO. 3312

TRACKING NO. 140001355432

CBF NO.

FORM DC/CR 2 (Rev 7/94)

000011

DISTRICT COURT OF MARYLAND FOR Prince George's County

DATE: 06/12/2015

LOCATED AT (COURT ADDRESS)
 14735 Main Street
 Upper Marlboro, MD 20772

DISTRICT COURT
 CASE NUMBER

TIME: 13:30

Page of

DEFENDANT'S NAME (LAST, FIRST M.I.) McLendon, JuanPtis	MAFIS NAME	DOB 08/02/1972
---	------------	-------------------

STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

3	CJIS CODE 1 1420	AR	ON OR ABOUT (DATE)	AT (PLACE)	4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did assault (PRATHER, RONDUL TWUAN) in the first degree in violation of CR 3-202, contrary to the form of the act of the assembly in such case made and provided and against the peace, government and dignity of the state.					

VIOLATION OF: MD ANN. CODE ART. CR SEC. 3 202	<input type="checkbox"/> COMMON LAW OF MD	<input type="checkbox"/> PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <u> </u> Y <u> </u> N
<input type="checkbox"/> COMAR/AGENCY CODE NO.	<input type="checkbox"/> ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO. <u> </u>

4	CJIS CODE 1 1415	AR	ON OR ABOUT (DATE)	AT (PLACE)	06/12/2015 13:30 at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did assault (PRATHER, RONDUL TWUAN) in the second degree in violation of CR 3-203, contrary to the form of the act of the assembly in such case made and provided and against the peace, government, and dignity of the state.					

VIOLATION OF: MD ANN. CODE ART. CR SEC. 3 203	<input type="checkbox"/> COMMON LAW OF MD	<input type="checkbox"/> PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <u> </u> Y <u> </u> N
<input type="checkbox"/> COMAR/AGENCY CODE NO.	<input type="checkbox"/> ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO. <u> </u>

5	CJIS CODE 1 1415	AR	ON OR ABOUT (DATE)	AT (PLACE)	06/12/2015 13:30 at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did assault (PRATHER, RONDUL TWUAN) in the second degree in violation of CR 3-203, contrary to the form of the act of the assembly in such case made and provided and against the peace, government, and dignity of the state.					

VIOLATION OF: MD ANN. CODE ART. CR SEC. 3 203	<input type="checkbox"/> COMMON LAW OF MD	<input type="checkbox"/> PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <u> </u> Y <u> </u> N
<input type="checkbox"/> COMAR/AGENCY CODE NO.	<input type="checkbox"/> ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO. <u> </u>

CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A)

Court Copy

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.	
DATE 06/12/2015	PEACE OFFICER Det. Kaiser <i>Kaiser 3312</i>
AGENCY - SUB-AGENCY P.G. County Police	I.D. NO. 3312

TRACKING NO. 140001355432 CBF NO.
 FORM DC/CR 2A (Rev. 7/94)

000012

DISTRICT COURT OF MARYLAND FOR Prince George's County

DATE: 06/12/2015

LOCATED AT (COURT ADDRESS)

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

TIME: 13:30

Page of

DEFENDANT'S NAME (LAST, FIRST M.I.) McLendon, JuanPtis	MAFIS NAME	DOB 08/02/1972
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STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

<u>I-495 / Woodrow Wilson Bridge,</u>			
6	CJS CODE 1 1415	AR 06/12/2015 13:30	ON OR ABOUT (DATE) AT (PLACE) at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did assault (PRATHER, RONDUL TWUAN) in the second degree in violation of CR 3-203, contrary to the form of the act of the assembly in such case made and provided and against the peace, government, and dignity of the state.			

VIOLATION OF: MD ANN. CODE ART. CR SEC. 3 203	<input type="checkbox"/> COMMON LAW OF MD.	<input type="checkbox"/> PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <u> </u> Y <u> </u> N
--	--	---	--

COMAR/AGENCY CODE NO.	<input type="checkbox"/> ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO. <u> </u>
-----------------------	--	--	---

<u>I-495 / Wood Wilson Bridge,</u>			
7	CJS CODE 1 1425	AR 06/12/2015 13:30	ON OR ABOUT (DATE) AT (PLACE) at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did recklessly engage in conduct, to wit: firing a firearm from a vehicle, that created a substantial risk of death or serious physical injury to (PRATHER, RONDUL TWUAN).			

VIOLATION OF: MD ANN. CODE ART. CR SEC. 3 204	<input checked="" type="checkbox"/> COMMON LAW OF MD.	<input type="checkbox"/> PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <u> </u> Y <u> </u> N
--	---	---	--

COMAR/AGENCY CODE NO.	<input type="checkbox"/> ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO. <u> </u>
-----------------------	--	--	---

<u>I-495 / Woodrow Wilson Bridge,</u>			
8	CJS CODE 1 1425	AR 06/12/2015 13:30	ON OR ABOUT (DATE) AT (PLACE) at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did recklessly engage in conduct, to wit: firing a firearm from a vehicle, that created a substantial risk of death or serious physical injury to (PRATHER, RONDUL TWUAN).			

VIOLATION OF: MD ANN. CODE ART. CR SEC. 3 204	<input checked="" type="checkbox"/> COMMON LAW OF MD.	<input type="checkbox"/> PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <u> </u> Y <u> </u> N
--	---	---	--

COMAR/AGENCY CODE NO.	<input type="checkbox"/> ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO. <u> </u>
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CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A)

Court Copy

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE 06/12/2015	PEACE OFFICER Det. Kaiser
AGENCY - SUB-AGENCY P.G. County Police	ID NO. 3312

TRACKING NO. _____ CBF NO. _____
FORM DC/CR 2A (Rev. 7/94)

000013

DISTRICT COURT OF MARYLAND FOR Prince George's County

LOCATED AT (COURT ADDRESS)

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

DATE: 06/12/2015

TIME: 13:30

Page of

DEFENDANT'S NAME (LAST, FIRST M.I.) McLendon, JuanPtis	MAFIS NAME	DOB 08/02/1972
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STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

9	CJIS CODE 1 5200	AR	ON OR ABOUT (DATE) 06/12/2015 13:30	AT (PLACE) at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did openly wear and carry a Charter Arms .38 Special revolver Serial #13-06912, a dangerous weapon, with the intent and purpose of causing injury to (PRATHER, RONDUL TWUAN) in an unlawful manner.				

<input checked="" type="checkbox"/> VIOLATION OF: MD ANN. CODE ART. CR SEC. 4 101	<input type="checkbox"/> COMMON LAW OF MD.	<input type="checkbox"/> PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <u> </u> Y <u> </u> N
--	--	---	--

<input type="checkbox"/> COMAR/AGENCY CODE NO.	<input type="checkbox"/> ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO. <u> </u>
--	--	--	---

10	CJIS CODE 1 5299	AR	ON OR ABOUT (DATE) 06/12/2015 13:30	AT (PLACE) at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did use a handgun capable of being concealed upon the person in the commission of a crime of violence. <i>firearm</i>				

<input checked="" type="checkbox"/> VIOLATION OF: MD ANN. CODE ART. CR SEC. 4 204	<input type="checkbox"/> COMMON LAW OF MD.	<input type="checkbox"/> PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <u> </u> Y <u> </u> N
--	--	---	--

<input type="checkbox"/> COMAR/AGENCY CODE NO.	<input type="checkbox"/> ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO. <u> </u>
--	--	--	---

11	CJIS CODE 1 5212	AR	ON OR ABOUT (DATE) 06/12/2015 13:30	AT (PLACE) at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD
...did wear, carry and transport a handgun upon and about their person.				

<input checked="" type="checkbox"/> VIOLATION OF: MD ANN. CODE ART. CR SEC. 4 203	<input type="checkbox"/> COMMON LAW OF MD.	<input type="checkbox"/> PUB. LOCAL LAW ART. SEC.	PROBABLE CAUSE <u> </u> Y <u> </u> N
--	--	---	--

<input type="checkbox"/> COMAR/AGENCY CODE NO.	<input type="checkbox"/> ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS ID NO. <u> </u>
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CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A)

Court Copy

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE 06/12/2015	PEACE OFFICER Det. Kaiser <i>Kaiser 3312</i>
AGENCY - SUB-AGENCY P.G. County Police	ID NO. 3312

TRACKING NO. _____ CBF NO. _____
FORM DC/CR 2A (Rev. 7/94)

000014

DISTRICT COURT OF MARYLAND FOR Prince George's County

DATE: 06/12/2015

LOCATED AT (COURT ADDRESS)

14735 Main Street
Upper Marlboro, MD 20772

DISTRICT COURT
CASE NUMBER

TIME: 13:30

Page of

DEFENDANT'S NAME (LAST, FIRST M.I.) McLendon, JuanPtis	MAFIS NAME	DOB 08/02/1972
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STATEMENT OF CHARGES

IT IS FORMALLY CHARGED THAT THE DEFENDANT

CJS CODE	AR	ON OR ABOUT(DATE)	AT (PLACE)
12		06/12/2015 13:30	at 4800 Saint Barnabas Rd Temple Hills Prince George's County, MD

...did wear, carry and knowingly transport a handgun in a vehicle upon the public roads, highways, waterways, airways and parking lots generally used by the public.

IN VIOLATION OF:	MD ANN. CODE ART.	SEC.	COMMON LAW OF MD.	PUB. LOCAL LAW ART.	SEC.	PROBABLE CAUSE	Y	N
	CR	4	203					

COMAR/AGENCY CODE NO.	ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS	ID NO.

CJS CODE	AR	ON OR ABOUT(DATE)	AT (PLACE)

IN VIOLATION OF:	MD ANN. CODE ART.	SEC.	COMMON LAW OF MD.	PUB. LOCAL LAW ART.	SEC.	PROBABLE CAUSE	Y	N

COMAR/AGENCY CODE NO.	ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS	ID NO.

CJS CODE	AR	ON OR ABOUT(DATE)	AT (PLACE)

IN VIOLATION OF:	MD ANN. CODE ART.	SEC.	COMMON LAW OF MD.	PUB. LOCAL LAW ART.	SEC.	PROBABLE CAUSE	Y	N

COMAR/AGENCY CODE NO.	ORDINANCE NO.	AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE	COMMISSIONER INITIALS	ID NO.

CONTINUED ON ATTACHED SHEET (FORM DC/CR 2A)

Court Copy

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

DATE 06/12/2015	PEACE OFFICER Det. Kaiser
AGENCY - SUB-AGENCY P.G. County Police	I.D. NO. 3312

TRACKING NO. _____ CBF NO. _____
FORM DC/CR 2A (Rev. 7/94)

000015

CT151183X

P.G. County Police Arrest Record

FCC 9/29/15

(Copy 3 - State's Attorney)

SA

ORI: MD0172100 Adult

2. Defendant's Name (Last, First Middle) Melendon, Juan Ptis
4. Nickname/Alias
6. Defendant's Address 4023 27th Ave

1a. SDN or Arrest Number N/A
1b. C.C.N. 15-163-1354
3. Tracking # 140001355432
5a. ID Number 240202
5b. Docket Number 4600849133

7. Date Arrested/Time 06/12/2015 13:30
8. Day of Week Friday
9. Race Sex Age Hgt Wgt Eyes Complexion Hair B M 42 6' 3" 270 Bro Medium Brown BLK

10. Other ID (Glasses, Scars, Tattoos, etc) White shirt, blue pants
11. Place of Birth Washington DC
12. Location of Arrest/Contact 4400 Saint Barnabas Rd Temple Hills
13. Describe Type of Area or Premises Street

14. Employer/School Address of Employer/School Business Phone
Fingerprinted: Yes - Photographed: Yes

15. List Charges: Type Charge Sheriff, Warrant or Case Number & Commissioner Police Date, Time, Location of Offense Incarcerated Jail on Bond Bond Amount

Table with 5 columns: Charge, Sheriff/Case No, Date/Time, Location, Amount. Includes charges for Assault-First Degree and Assault-Sec Degree.

16. Police Victim/Sheriff/Charging Officer on Warrant Prather, Rondul
17. Victim's Address 11732 Torcello Ct Waldorf, MD 20601
18. Defendant's Condition Normal
19. Vehicle Information: Owner Melendon, Charles
20. If Armed (Describe Weapon) 1 Charter Arms .38 Special #13-06912

21. Defendant's Bail Status at time of Arrest: None
22. Advised of Rights Date/Time by Who: Yes 06/12/2015-13:00 3312 Det. Kaiser
23. Defendant Identified By: Police
24. Code: P-Parent S-Spouse R-Relative A-Accomplice O-Other Association C-Complainant W-Witness

Table for relatives with columns: Code, Name, Address, Phone.

25. Narrative: Continuation of above items indicate item number)

Table with 5 columns: Charge, Sheriff/Case No, Date/Time, Location, Amount. Includes charges for Assault-Sec Degree, Endangerment, and Handgun offenses.

On June 12, 2015 at approximately 1330 hours, Prince George's County Police officers were notified of a shooting that had occurred on the Woodrow Wilson Bridge approaching 495 in Maryland. The Victim (Prather, Rondul Twuan) advised that while he was driving Northbound on 495 across the Woodrow Bridge, Temple Hills

26. Arresting Deputy's/Officer Printed Name/ID Det. Kaiser 3312
27. Department P.G. County Police
28. Juvenile Release To

Signatures: Arresting Deputy, Processing Clerk, Supervisor

**P.G. County Police
Arrest Record (Continuation)**

(Copy 3 - State's Attorney)

2. Defendant's Name (Last, First Middle) McLendon, Juan Petis		1a. SDN or Arrest Number NIA	
4. Nickname/Alias		1b. CCN 15-163-1354	
6. Defendant's Address 4023 27th Ave		3. Tracking # 140001355432	
City, State Zip Temple Hills, MD 20748		5a. ID Number 740202	
Phone (301) 899-1901		5b. Docket Number 4E0089133	
7. Date Arrested/Time 06/12/2015 13:30		Defendant's Right Index	
8. Day of Week Friday			
10. Other ID (Glasses, Scars, Tattoos, etc) White shirt, blue pants			
9. Eye Sex Age Hgt Wgt Eyes Complexion Hair Bro M 42 6' 3" 270 Bro Medium Brown BLK			
11. Place of Birth Washington DC		Date of Birth 08/02/1972	
12. Location of Arrest/Contact 4400 Saint Barnabas Rd Temple Hills		SSN 220-06-4225	
13. Describe Type of Area or Premises Street		Proper Corporate Name of T/A	
14. Employer/School () -		Business Phone	

Additional Information

Maryland, when a male, driving a dark grey Dodge Charger became angry with his driving and began to tailgate the Victim. While the Victim was driving he heard a large bang and looked out of his vehicle and saw the Suspect, who was driving the dark grey Dodge Charger, pointing a black handgun at him. The Victim then accelerated to flee from the Suspect and heard an additional bang as he approached 495. While the Victim attempted to flee the Suspect continued to follow him into the 4400 block of Saint Barnabas Rd. Temple Hills MD 20748, and put the black firearm out of his vehicle's sunroof and pointed it in the general direction of the Victims vehicle. While driving on Saint Barnabas Rd. the Victim was able to flag down a Prince George's County Police officer and was able to point out the Suspect vehicle as it attempted to flee the area. PFC Jackson #3617 attempted to catch up to the vehicle but observed that the vehicle had flipped onto its side and crashed into a pole at the intersection of Saint Barnabas Rd and Deer Park Dr. PFC Jackson #23617 and additional officers were able to apprehend the Suspect (McLendon, Juan Petis) as he exited the dark grey charger through an open sunroof window. The Suspect was transported to Southern Maryland Hospital where he was treated for injuries and released. The Victim responded to the District IV station where he provided a written and verbal statement to investigators. Inside the dark grey Dodge Charger bearing Maryland registration 1AV4388 investigators observed in plain view a black Charter Arms Tiger .38 Special revolver, bearing serial number 13-06912. Investigators recovered the black .38 special and inside the chamber discovered 3 spent .38 special shell casings and 2 live .38 special rounds. After being released from the hospital the Suspect was transported to District IV where he waived his Constitutional Miranda Rights but refused to speak about his involvement in the incident.

All events occurred in Prince George's County, Maryland.

Arresting Deputy's/Officer Printed Name/ID Det. Kaiser 3312	Signature <i>[Signature]</i>	Processing Clerk/ID
Department P.G. County Police	Assignment RIP/sovm	Supervisor Signature <i>[Signature]</i>
Juvenile Release To:	Complaint Signature if applicable	

STATE OF MARYLAND, Prince George's County, to wit:

THE GRAND JURORS OF THE STATE OF MARYLAND FOR THE BODY OF PRINCE GEORGE'S COUNTY ON THEIR OATH DO PRESENT THAT JUAN PETIS MCLENDON ON OR ABOUT THE 12th DAY OF JUNE, 2015, IN PRINCE GEORGE'S COUNTY, MARYLAND, DID FELONIOUSLY, WILLFULLY, AND OF DELIBERATELY PREMEDITATED MALICE AFORETHOUGHT, ATTEMPT TO KILL AND MURDER RONDUL PRATHER., IN VIOLATION OF CR-02-205 OF THE CRIMINAL LAW ARTICLE AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE. (ATTEMPTED FIRST DEGREE MURDER)

COUNT 2

THE GRAND JURORS OF THE STATE OF MARYLAND FOR THE BODY OF PRINCE GEORGE'S COUNTY ON THEIR OATH DO PRESENT THAT JUAN PETIS MCLENDON ON OR ABOUT THE 12th DAY OF JUNE, 2015, IN PRINCE GEORGE'S COUNTY, MARYLAND, DID FELONIOUSLY AND WITH MALICE AFORETHOUGHT, ATTEMPT TO KILL AND MURDER RONDUL PRATHER

., IN VIOLATION OF CR-02-206 OF THE CRIMINAL LAW ARTICLE AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE. (ATTEMPTED SECOND DEGREE MURDER)

COUNT 3

THE GRAND JURORS OF THE STATE OF MARYLAND FOR THE BODY OF PRINCE GEORGE'S COUNTY ON THEIR OATH DO PRESENT THAT JUAN PETIS MCLENDON ON OR ABOUT THE 12th DAY OF JUNE, 2015, IN PRINCE GEORGE'S COUNTY, MARYLAND, DID ASSAULT RONALD PRATHER IN THE FIRST DEGREE, IN VIOLATION OF CR-03-202 OF THE CRIMINAL LAW ARTICLE AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE. (ASSAULT-FIRST DEGREE)

COUNT 4

THE GRAND JURORS OF THE STATE OF MARYLAND FOR THE BODY OF PRINCE GEORGE'S COUNTY ON THEIR OATH DO PRESENT THAT JUAN PETIS MCLENDON ON OR ABOUT THE 12th DAY OF JUNE, 2015, IN PRINCE GEORGE'S COUNTY, MARYLAND, DID ASSAULT RONDUL PRATHER IN THE SECOND DEGREE, IN VIOLATION OF CR-03-203 OF THE CRIMINAL LAW ARTICLE AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE. (ASSAULT-SECOND DEGREE)

COUNT 5

THE GRAND JURORS OF THE STATE OF MARYLAND FOR THE BODY OF PRINCE GEORGE'S COUNTY ON THEIR OATH DO PRESENT THAT JUAN PETIS MCLENDON ON OR ABOUT THE 12th DAY OF JUNE, 2015, IN PRINCE GEORGE'S COUNTY, MARYLAND, ...DID KNOWINGLY POSSESS A REGULATED FIREARM AFTER BEING CONVICTED OF A DISQUALIFYING CRIME TO WIT: DISTRIBUTION COCAINE., IN VIOLATION OF PS-05-133 CRIMINAL LAW ARTICLE AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE. (REGULATED FIREARM:ILLEGAL POSSESSION)

COUNT 6

THE GRAND JURORS OF THE STATE OF MARYLAND FOR THE BODY OF PRINCE GEORGE'S COUNTY ON THEIR OATH DO PRESENT THAT JUAN PETIS MCLENDON ON OR ABOUT THE 12th DAY OF JUNE, 2015, IN PRINCE GEORGE'S COUNTY, MARYLAND, DID USE A FIREARM IN THE COMMISSION OF A CRIME OF VIOLENCE UPON RONDUL PRATHER., IN VIOLATION OF CR-04-204(b) OF THE CRIMINAL LAW ARTICLE AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE. (USE OF FIREARM IN A CRIME OF VIOLENCE)

COUNT 7

THE GRAND JURORS OF THE STATE OF MARYLAND FOR THE BODY OF PRINCE GEORGE'S COUNTY ON THEIR OATH DO PRESENT THAT JUAN PETIS MCLENDON ON OR ABOUT THE 12th DAY OF JUNE, 2015, IN PRINCE GEORGE'S COUNTY, MARYLAND, DID KNOWINGLY TRANSPORT A HANDGUN IN A VEHICLE UPON THE PUBLIC ROADS AND HIGHWAYS GENERALLY USED BY THE PUBLIC., IN VIOLATION OF CR-04-203 OF THE CRIMINAL LAW ARTICLE AGAINST THE PEACE, GOVERNMENT AND DIGNITY OF THE STATE. (HANDGUN: WEAR/CARRY & TRANSPORT IN VEHICLE/PUBLIC ROADS, ETC)

ASSISTANT STATE'S ATTORNEY FOR
PRINCE GEORGE'S COUNTY, MARYLAND

000020

7

CRIMINAL TRIALS

AUGUST "E"

TERM 2015

STATE OF MARYLAND

vs.

**JUAN PETIS MCLENDON
4023 27th Avenue
Temple Hills, MD 20748
Black/Male 08/02/1972**

**4E00549133
140001355432**

CCN: 15-163-1354

Kaiser # PGPD3312

INDICTMENT

TRUE BILL

Foreman

File:

2015

Witness:

Cpl. Kelly Rogers #1851

000021



Investigator's Activity Summary



Detective M. Ferguson #3483

Case Number: 15-163-1354

DATE/TIME	SUMMARY
6/15/15 (1130 hrs)	I spoke with the Victim (Prather, Rondul) reference a shooting that occurred on 6/12/15. The Victim advised he located a bullet lodge in his right rear alloy rim and was in the immediate area.
	I advised the Victim to come to District IV. I advised my supervisor the Victim was in route to the station with his Black Dodge Magnum with a bullet lodge in the alloy rim.
	After examining the apparent bullet, it was determined the apparent bullet was only the copper-jacket of the bullet. I took pictures of the copper-jacket and collected for evidence, it was placed into STEP.
	The Victim provided a written statement and was advised.

PROPERTY CONTINUATION PROPERTY USE OF FORCE OTHER LOCATION OF INCIDENT
 TYPE OF INCIDENT: 1st degree assault
 DATE/TIME OCCURRED (MM/DD/YY XXXX): 06/12/15 1141
 DATE/TIME REPORTED (MM/DD/YY XXXX): 06/12/15 1142

LOCATION OF INCIDENT: I 95N/495N at Woodrow Wilson Bridge
 SUMMARY OF INCIDENT: (A) shot at (v), fled

PERSONS: 1) V - VICTIM 2) T - T/A 3) R - REPORTING PERSON 4) W - WITNESS 5) P - PRINCE GEORGE'S POLICE DEPARTMENT

PERSON 1: CODE V, NAME LAST Prather, FIRST Rondul, MIDDLE Twuan, RACE - SEX - DOB B-M-1/1/1981, H (N)
 S/A ADDRESS [REDACTED], CITY [REDACTED], STATE [REDACTED], ZIP [REDACTED], HOME TELEPHONE None, OTHER TELEPHONE 240-[REDACTED]

PERSON 2: CODE X, NAME LAST [REDACTED], FIRST [REDACTED], MIDDLE [REDACTED], RACE - SEX - DOB [REDACTED], H N [REDACTED]
 S/A ADDRESS [REDACTED], CITY [REDACTED], STATE [REDACTED], ZIP [REDACTED], HOME TELEPHONE [REDACTED], OTHER TELEPHONE [REDACTED]

PERSON 3: CODE A, NAME LAST Mclendon, FIRST Juan, MIDDLE Ptis, RACE - SEX - DOB B-M-8/2/72, H (N)
 S/A ADDRESS 4023 27th Ave, CITY Temple Hills, STATE MD, ZIP 20748, CONTACT TELEPHONE 301-899-1901

PERSON 4: CODE X, NAME LAST [REDACTED], FIRST [REDACTED], MIDDLE [REDACTED], RACE - SEX - DOB [REDACTED], H N [REDACTED]
 S/A ADDRESS [REDACTED], CITY [REDACTED], STATE [REDACTED], ZIP [REDACTED], CONTACT TELEPHONE [REDACTED]

PERSON 5: CODE X, NAME LAST [REDACTED], FIRST [REDACTED], MIDDLE [REDACTED], RACE - SEX - DOB [REDACTED], H N [REDACTED]
 S/A ADDRESS [REDACTED], CITY [REDACTED], STATE [REDACTED], ZIP [REDACTED], CONTACT TELEPHONE [REDACTED]

PERSON 6: CODE X, NAME LAST [REDACTED], FIRST [REDACTED], MIDDLE [REDACTED], RACE - SEX - DOB [REDACTED], H N [REDACTED]
 S/A ADDRESS [REDACTED], CITY [REDACTED], STATE [REDACTED], ZIP [REDACTED], CONTACT TELEPHONE [REDACTED]

PERSON 7: CODE X, NAME LAST [REDACTED], FIRST [REDACTED], MIDDLE [REDACTED], RACE - SEX - DOB [REDACTED], H N [REDACTED]
 S/A ADDRESS [REDACTED], CITY [REDACTED], STATE [REDACTED], ZIP [REDACTED], CONTACT TELEPHONE [REDACTED]

PERSON 8: CODE X, NAME LAST [REDACTED], FIRST [REDACTED], MIDDLE [REDACTED], RACE - SEX - DOB [REDACTED], H N [REDACTED]
 S/A ADDRESS [REDACTED], CITY [REDACTED], STATE [REDACTED], ZIP [REDACTED], CONTACT TELEPHONE [REDACTED]

PERSON 9: CODE X, NAME LAST [REDACTED], FIRST [REDACTED], MIDDLE [REDACTED], RACE - SEX - DOB [REDACTED], H N [REDACTED]
 S/A ADDRESS [REDACTED], CITY [REDACTED], STATE [REDACTED], ZIP [REDACTED], CONTACT TELEPHONE [REDACTED]

PERSON 10: CODE X, NAME LAST [REDACTED], FIRST [REDACTED], MIDDLE [REDACTED], RACE - SEX - DOB [REDACTED], H N [REDACTED]
 S/A ADDRESS [REDACTED], CITY [REDACTED], STATE [REDACTED], ZIP [REDACTED], CONTACT TELEPHONE [REDACTED]

VEHICLE: S - STOLEN, A - VEHICLE AUDIT, O - OTHER, W - WANTED, R - RECOVERED, I - IMPOUND, U - UNAUTHORIZED USE
 OWNER: LAST Mclendon, FIRST Charles, MIDDLE Darrell, RACE - SEX - DOB UNK, H N [REDACTED]
 S/A ADDRESS 4023 27th Ave, CITY Temple Hills, STATE MD, ZIP 20748, TELEPHONE UNK

OWNER NOTIFIED? Y (N), DATE [REDACTED], TIME [REDACTED], IN PERSON [REDACTED], VIA TELEPHONE [REDACTED], LETTER SENT? Y (N), IF NO. WHY NOT? [REDACTED], INSURANCE CO IDS Prop Cas

VEHICLE IDENTIFIERS: CODE J, YEAR 12, MAKE / MODEL Dodge/Charger, STYLE 4S, COLOR Gry, TAG NUMBER 1AV4388, STATE MD, MONTH/YEAR 7/16

VIN: C CBXHG CH 234 290436, OTHER VEHICLE IDENTIFIERS/REMARKS [REDACTED], TEMP TAG? Y (N), CASE STATUS [REDACTED]

MILEAGE UNK, KEYS IN IGNITION? Y (N), MAY VEHICLE BE RELEASED? Y (N), IF NO. WHY NOT? Held for evidence, IMPOUND NUMBER 15032177, VALUE 10000, CITY / COUNTY [REDACTED], STATE [REDACTED], VEHICLE AUDIT USE [REDACTED]

TOWED BY Ryon's, LOCATION TOWED TO Dist IV, RESERVED [REDACTED]

TELETYPE NOTIFIED? Y (N), ID# OF NOTIFIER #3617, TELETYPE ID# C#1315, ELEC MAIL TELEPHONE 6/12/15 1535, DATE/TIME NOTIFIED [REDACTED]

CONTINUED ON REVERSE? Y (N), PAGE 1 OF 1, 513, REPORTING OFFICER PFC (JACKSON) #3617, BEAT K1000023, DISTRICT [REDACTED], APPROVAL [REDACTED] 8839 ID [REDACTED]

DETAILS		PROPERTY	S. SEIZEN E. EVIDENCE	L. LOST	F. FOUND R. RECOVERED	K. SAFE E. KEEPING	D. DAMAGED
CODE	QTY	ITEM/BRAND	MODEL/STYLE/SIZE	SERIAL NUMBER	ENGRAVINGS/MARKS/COLORS	VALUE	
I	1	Handgun/charter arms	.38 caliber	13-06912	BLK/grn		
I	2	Bullets	.38 caliber				
I	3	Bullet casings	.38 caliber				
I	1	Pocket knife			BLK		
I	1	Soda/Dr. Pepper	2 liter				
I	1	Sunglasses			BLK		
I	1	headphones			wht		
I	1	windshield shade			Silver		

On 6/12/15 at approx. 1142 hrs I responded to the area of St Barnabas Rd/wheeler Rd for a report of a shooting. Upon arrival I made contact with the victim (Prather, Rondul) who stated he was shot at. (v) stated he was driving on the road on Wilson Bridge when he was shot at by the Arrested (McLendon, Juan).

(v) stated he exited the Beltway onto St. Barnabas Rd and (A) followed him. (v) flagged down officers in the area of St. Barnabas Rd/Hagan Rd. (A) drove past and lost control of his vehicle in the area of St. Barnabas Rd/Deer Park Dr and was involved in a single vehicle accident. (A) was taken into custody and transported to Southern MD Hospital.

The vehicle was impounded and taken to Dist IV for processing. (A) was transported to DOC and charged accordingly.

Notifications: Det. Kaiser # 3312 P415

Sgt. Thompson #2541 2K10

(COMPLETE REPORTING OFFICER BLOCK???)

000024

COPY TO	OTHER REPORTS	PRINCE GEORGE'S COUNTY CE	ORIGINAL CASE NUMBER
	ARREST		15-163-1354
	INCIDENT	CONTINUATION REPORT	LINKED CASE NUMBER
	PROPERTY		15-166-1721
	MISSING PERSON		DATE TIME OCCURRED
	DEATH		6/15/15 (1202 hrs)
	LOCATION OF INCIDENT		DATE TIME REPORTED
	4800 Saint Barnabas Rd Temple Hill, MD 2742		6/15/15 (1202 hrs)
	NAME OF PRINCIPAL PERSON INVOLVED		
	Prater, Rondul Twuan		

On June 15, 2015 at 1202 hrs, the victim (Prater, Rondul) responded to District IX, located at 5135 Indian Head Hwy Oxon Hill, MD 20745 reference locating a bullet in his rear right alloy rim. After reviewing the bullet, it was determined it was not a bullet but a bullet fragment. Detective Ferguson #3483 processed the vehicle and collected the fragment for evidence. The fragment was placed into District IX Property.

E (1) Metal Fragment

REPORTING OFFICER	RA	BEAT	DIST	APPROVAL	ID
Det. Ferguson #3483	524	JI	IX	C. P. G. (JAMES)	230

Det. Kiser #5322

12/15/15

6/12/15 @ 1200: Notified of shooting that occurred on Woodrow Wilson Bridge.

: Responded to Dist. 4 to interview victim

6/12/15 @ 1300: Conducted interview with victim.

: Advised he flagged down Police and pointed out

suspect vehicle, prior to crashing

: Described suspect as Black male, heavy set, w/ white shirt

6/12/15 @ 1400: Was advised that FA was recovered in plain view

from vehicle and vehicle was transported to D4.

: Notified that suspect would be released and brought to Dist 4 to be interviewed.

6/12/15 @ 1507: Conducted interview with suspect. Initially denies

Miranda Rights. Tells of Road Rage incident with

Kation. When asked about gun in his vehicle, he

asks for budget. Interview ends.

6/12/15 @ 1630: Transported by this investigator to Upper Marlboro

DOC for processing

6/13/15 @ 600: Typed up DNA search warrant for suspect's DNA

000026

Det Kee Ser #5512

165 1551

6/12/15 @ 1200 Typed up search warrants for suspect vehicle

6/17/15 @ 1130 Responded to upper Marlboro court house and had
Search Warrants for suspect's DNA and vehicle
signed by Circuit Court Judge Whelan

6/17/15 @ 1900 Executed DNA search warrant on suspect at Dist IV
- Released his home keys, cell phone, wallet

6/18/15 @ 1000 Search Warrant at vehicle executed by Det. [unclear]
negative results

Detailed History for Law Event #L151631354 As of 6/12/2015 13:37:16

Output for: 3316

Priority:E Type:SHOOT - Shooting

Location:NB ST BARNABAS RD/DEER PARK DR, PP <4826/ 0>

LocDesc:1633 ft NE

Map:5649 H 9

Created:	06/12/2015 11:42:48	CT14	366
Entered:	06/12/2015 11:44:03	CT14	366
Dispatch:	06/12/2015 11:45:50	LED02	281
Enroute:	06/12/2015 11:45:50	LED02	281
Onscene:	06/12/2015 11:46:15	LED02	281
Control:	06/12/2015 13:31:19	LED02	331
Transprt:	06/12/2015 12:12:51	LED02	281
Complete:	06/12/2015 13:23:51	LED02	331

ICUnit: PrimeUnit:2K2 Dispo: Type:SHOOT - Shooting

Agency:PP Darea:K Beat:K6 RD:0513

Case #:PP151631353

XREF::Fire Event:#F151630175 Type:SHOT

Agency:PF Detail

11:42:48 CREATE	Location:NB ST BARNABAS RD/WHEELER RD, PP Type:SHOOT LocDesc:1633 ft NE Name:SPRINT RAddr:6009 OXON HILL RD - W Phone:240/346-4864 Source:WPH2 Darea:K Area:0505 TypeDesc:Shooting LocDesc: <5398/ 0> Priority:E Response:2P Agency:PP Map:5649 F 10 LocType:H
11:42:48 ALI	E911Phne:240/346-4864 E911Pilot:301/511-8878 E911Add:6009 OXON HILL RD - W E911Subs:SPRINT E911Srce:WPH2 Tower:SPPCS Sector:SECTOR AliLong:-77.007551 AliLatitude:38.798604 Uncertainty:63 Confidence:16
11:42:48 ALIGEO	GeoLong:-77.007551 GeoLat:38.798604
11:42:48 ALIGEO	GeoLong:-77.007551 GeoLat:38.798604 ClosestAdd:0 CAP BELT OL NO EXPRESS HWY AddDesc:2 ft NW ClosestInt:CAP BELT OL NO EXPRESS

11

000028

	HWY / SB CAP BELT HWY ONRP NATIONAL AVE InterDesc:1633 ft NE Area1:6010 Area2:4219
11:44:03 ENTRY	Text:CALLER ADV GRY CHARGER SHOT AT CALLER CAR
11:44:03 -TIBNUM	Number:PP151631353 Text:CALLER ADV GRY CHARGER SHOT AT CALLER CAR
11:44:03 -PREMIS	Text:PPR, FPR
11:44:33 SELECT	
11:44:43 PROQA	Number:0015100912 Text:Assault / Sexual Assault. Caller Statement: CALLER ADV PERSON SHOT AT CAR .
11:45:00 PROQA	Number:0015100912 Classify:SHOOTC Text:Dispatch Level: 106D04 ASSAULT (individual or SMALL group) (Gun). 1.The caller is on scene and is the victim/suspect (1st party). 2.This incident is in progress. 3.The victim was ASSAULTED. 4.Weapons were involved or mentioned. 5.A gun is involved. 6.The location of the weapons is: IN THE CAR WITH SUSPECT 7.A SMALL group is involved.-Comments: IN THE CAR WITH SUSPECT-
11:44:45 CHANGE	Name:SPRINT-->MR RONDULE PRACER Text:Police ProQA recommends dispatch at this time
11:44:45 -XREF	Service:F Event:#F151630175 Type:SHOT Agency:PF
11:45:43 REVIEWED	
11:45:50 DISPER	2K2 Operator:3918 OperNames:BANKHEAD, WILLIAM PATRICK-CAMPOY
11:45:50 DISPER	L466 Operator:3593 OperNames:FULTON, MELVIN
11:45:50 -PRIM	2K2
11:45:50 -REVIEWED	
11:45:53 PROQA	Number:0015100912 Classify:SHOOTC Text:Vehicle: 1, Type: Suspect, Year: NEWER MODEL , Color: GRY, Make: CHARGER , Body: 4DR
11:45:55 INFO	Text:Police ProQA Additional Information
11:46:15 BACKOS	2K12 UnitID:2K2 Location:NB ST BARNABAS RD/HAGAN RD, PP Operator:3617 OperNames:JACKSON, PERNELL
11:46:31 MISC	2K12 Text:ST B/TEMPLE HILL,,
11:46:41 MISC	2K12 Text:HE FLIPPED,, ST B/DERRPARK
11:46:58 MISC	2K2 Text:10-3 HE IS TRYING TO RUN
11:47:00 BACKER	2K10 UnitID:2K2 Location:NB ST BARNABAS RD/WHEELER RD, PP Operator:2541 OperNames:THOMPSON, MICHAEL W.
11:47:15 INFO	Text:****CALLER ADV THE SUSPECT JUST SHOT AT HIM 3 TIMES CALLER ADV THE MALE JUST FLIPPED HIS CAR
11:47:16 BACKER	24J UnitID:2K10 Location:NB ST BARNABAS RD/WHEELER RD, PP Operator:2608 OperNames:BOWLING, GILBERT
11:47:19 PROQA	Number:0015100912 Classify:SHOOTC Text:8.The location of the suspect/person responsible is not known. 9.The suspect's description is: 10.The suspect arrived in a vehicle. 11.The vehicle description is:
11:47:19 INFO	Text:Police ProQA processing complete
11:47:20 NOMORE	
11:47:47 MISC	2K2 Text:***ONE IN CUSTODY,,,
11:47:50 ONSCN	2K2
11:48:27 CHANGE	Location:NB ST BARNABAS RD/WHEELER RD, PP-->NB ST BARNABAS RD/DEER PARK DR, PP Area:0505-->0513 Map:5649 F 10-->5649 H 9 LocDesc: <5398/ 0>--> <4826/ 0>
11:48:10 -PREMIS	Text:PPR, FPR
11:48:45 MISCA	2K2 Text:***FB COME IN ST B/DEER PARK,,,
11:49:31 MISC	L466 Plate:1AV4388/MD Text:DODG CHARGE

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11:49:50 MISC	2K12 Text:HAVE THE SIG4 ,, THE SUSP VEH THEN WENT BY US WEN
11:50:13 XREF	Service:F
11:52:20 BACKUP	2K8 UnitID:L466 Location:NB ST BARNABAS RD/WHEELER RD, PP Operator:3065 OperNames:REYNOLDS, RICHARD
11:52:26 MISC	2K8 Text:VICT L/S THE SUSP WITH 7A OUT OF SUNROOF,, OFF RAMP FROM ST B BEFORE S/C ,, DRIVE UP,, TO SEE IF HE TOSSED IT
11:52:38 ENRTE	2K8
11:52:41 ONSCN	2K8
11:53:46 MISC	2K8 Text:10-40 301 861 6671
11:54:30 MISC	2K2 Text:OCCD ON WW BRIDGE THE ORIG SHOTS
11:54:54 MISC	2K2 Text:ST B/WHEELER SHOT AGAIN RB GOING TWDS DEER PARK
11:55:23 BACKOS	2K7 Operator:3296 OperNames:BORGES-GARCIA, JASON
11:55:27 XREF	Service:F
11:59:32 BACKER	T111 UnitID:2K8 Location:NB ST BARNABAS RD/WHEELER RD, PP Operator:2456 OperNames:BROWN, GEOFFREY D.
12:01:20 MISCA	Text:PIO OWENS NEEDS A SIG 1 FROM 2K10 REF INCIDENT
12:01:59 CONTCT	2K2 L466 T111 2K7 2K8 2K10 2K12 24J Params:D
12:01:56 BACKER	P415 UnitID:2K8 Location:NB ST BARNABAS RD/WHEELER RD, PP
12:02:26 BACKER	P405 UnitID:P415 Location:NB ST BARNABAS RD/WHEELER RD, PP
12:03:54 PRMPT	L466 Text:Preempted and dispatched to call #L151631374
12:10:21 BACKOS	2K3 Operator:3817 OperNames:HERRARTE, JOEL FRANCISCO
12:10:21 BACKOS	2K5 Operator:3673 OperNames:TYLER, CANDACE
12:11:36 PRMPT	24J Text:Preempted and dispatched to call #L151631247
12:12:39 MISC	Text:RYONS TO TO BACK TO DIST IV
12:12:51 TRANSP	2K2 Location:10-15 SMH AM IN AMBO
12:13:52 BACKOS	2K1 UnitID:2K2 Location:10-15 SMH AM IN AMBO Operator:3704 OperNames:LEWIS, KAVON
12:13:53 ONSCN	2K1
12:14:24 BACKOS	14P Text:7A IN THE VEH****
12:14:38 CHGLOC	2K1 Location:IN TOW
12:15:17 PRMPT	2K5 Text:Preempted and dispatched to call #L151631311
12:18:36 PRMPT	2K8 Text:Preempted and dispatched to call #L151631334
12:20:09 *RFT	2K12 Text:INQUIRY QV,1AV4388,,
12:21:02 BACKOS	2K8 Operator:3065 OperNames:REYNOLDS, RICHARD
12:21:26 ONSCN	2K1 Text:E/M 976
12:24:16 CHGLOC	P415 Location:HILL
12:26:04 BACKOS	P421 Operator:3376 OperNames:MCKENNEY, ANDREW
12:26:07 MISC	P421 Text:HANDGUN 38 SERIAL# 13-06912
12:27:00 MISCA	Text:RYONS ENRT FOR THE OVETURNED VEH
12:27:37 CONTCT	2K2 P405 P415 P421 T111 2K1 2K3 2K7 2K8 2K10 Contact:30
12:27:37 CONTCT	2K12 14P Contact:30
12:28:21 PRMPT	2K7
12:31:20 *RFT	2K1 Text:INQUIRY QW,MCLENEON,JUAN PTIS,B,M,08021992,,,
12:31:23 *RFT	2K1 Text:INQUIRY QW,MCLENEON,JUAN PTIS,B,M,08021992,,DC,,
12:35:16 PRMPT	2K8
12:51:28 PRMPT	P421 Text:Preempted and dispatched to call type: X
12:56:38 PRMPT	2K10
13:07:08 TRANSP	2K3 Location:10-14 RYONS D4

000030

13:23:51	CMPLT	2K3
13:25:07	CMPLT	2K2
13:27:49	CLOS	2K12 Location:D4
13:31:19	OK	2K2 P405 P415 T111 2K1 2K3 2K12 14P

CONTACT INFO:

Name	Phone	RPaddr	Sig4	Opt	PGCnty	2ndVer
SPRINT	240/346-4864	6009 OXON HILL RD - W				
MR RONDULE PRACER						

000031

Detailed History for Law Event #L151631354 As of 6/12/2015 13:20:04

Output for: 3536

Priority:E Type:SHOOT - Shooting

Location:NB ST BARNABAS RD/DEER PARK DR, PP <4826/ 0>

LocDesc:1633 ft NE

Map:5649 H 9

Created:	06/12/2015 11:42:48	CT14	366
Entered:	06/12/2015 11:44:03	CT14	366
Dispatch:	06/12/2015 11:45:50	LED02	281
Enroute:	06/12/2015 11:45:50	LED02	281
Onscene:	06/12/2015 11:46:15	LED02	281
Transprt:	06/12/2015 12:12:51	LED02	281

ICUnit: PrimeUnit:2K2 Dispo: Type:SHOOT - Shooting

Agency:PP Darea:K Beat:K6 RD:0513

Case #:PP151631353

XREF::Fire Event:#F151630175 Type:SHOT Agency:PF

Detail

11:42:48 CREATE	Location:NB ST BARNABAS RD/WHEELER RD, PP Type:SHOOT LocDesc:1633 ft NE Name:SPRINT RAddr:6009 OXON HILL RD - W Phone:240/346-4864 Source:WPH2 Darea:K Area:0505 TypeDesc:Shooting LocDesc: <5398/ 0> Priority:E Response:2P Agency:PP Map:5649 F 10 LocType:H
11:42:48 ALI	E911Phne:240/346-4864 E911Pilot:301/511-8878 E911Add:6009 OXON HILL RD - W E911Subs:SPRINT E911Srce:WPH2 Tower:SPPCS Sector:SECTOR AliLong:-77.007551 AliLatitude:38.798604 Uncertainty:63 Confidence:16
11:42:48 ALIGEO	GeoLong:-77.007551 GeoLat:38.798604
11:42:48 ALIGEO	GeoLong:-77.007551 GeoLat:38.798604 ClosestAdd:0 CAP BELT OL NO EXPRESS HWY AddDesc:2 ft NW ClosestInt:CAP BELT OL NO EXPRESS HWY / SB CAP BELT HWY ONRP NATIONAL AVE InterDesc:1633 ft NE Area1:6010 Area2:4219
11:44:03 ENTRY	Text:CALLER ADV GRY CHARGER SHOT AT CALLER CAR
11:44:03 -TIBNUM	Number:PP151631353 Text:CALLER ADV GRY CHARGER SHOT AT CALLER CAR
11:44:03 -PREMIS	Text:PPR, FPR
11:44:33 SELECT	
11:44:43 PROQA	Number:0015100912 Text:Assault / Sexual Assault. Caller Statement: CALLER ADV PERSON SHOT AT CAR .

000032

11:45:00 PROQA	Number:0015100912 Classify:SHOOTC Text:Dispatch Level: 106D04 ASSAULT (individual or SMALL group) (Gun). 1.The caller is on scene and is the victim/suspect (1st party). 2.This incident is in progress. 3.The victim was ASSAULTED. 4.Weapons were involved or mentioned. 5.A gun is involved. 6.The location of the weapons is: IN THE CAR WITH SUSPECT 7.A SMALL group is involved.-Comments: IN THE CAR WITH SUSPECT-
11:44:45 CHANGE	Name:SPRINT-->MR RONDULE PRACER Text:Police ProQA recommends dispatch at this time
11:44:45 -XREF	Service:F Event:#F151630175 Type:SHOT Agency:PF
11:45:43 REVIEWED	
11:45:50 DISPER	2K2 Operator:3918 OperNames:BANKHEAD, WILLIAM PATRICK-CAMPOY
11:45:50 DISPER	L466 Operator:3593 OperNames:FULTON, MELVIN
11:45:50 -PRIM	2K2
11:45:50 -REVIEWED	
11:45:53 PROQA	Number:0015100912 Classify:SHOOTC Text:Vehicle: 1, Type: Suspect, Year: NEWER MODEL , Color: GRY, Make: CHARGER , Body: 4DR
11:45:55 INFO	Text:Police ProQA Additional Information
11:46:15 BACKOS	2K12 UnitID:2K2 Location:NB ST BARNABAS RD/HAGAN RD, PP Operator:3617 OperNames:JACKSON, PERNELL
11:46:31 MISC	2K12 Text:ST B/TEMPLE HILL,,
11:46:41 MISC	2K12 Text:HE FLIPPED,, ST B/DERRPARK
11:46:58 MISC	2K2 Text:10-3 HE IS TRYING TO RUN
11:47:00 BACKER	2K10 UnitID:2K2 Location:NB ST BARNABAS RD/WHEELER RD, PP Operator:2541 OperNames:THOMPSON, MICHAEL W.
11:47:15 INFO	Text:****CALLER ADV THE SUSPECT JUST SHOT AT HIM 3 TIMES CALLER ADV THE MALE JUST FLIPPED HIS CAR
11:47:16 BACKER	24J UnitID:2K10 Location:NB ST BARNABAS RD/WHEELER RD, PP Operator:2608 OperNames:BOWLING, GILBERT
11:47:19 PROQA	Number:0015100912 Classify:SHOOTC Text:8.The location of the suspect/person responsible is not known. 9.The suspect's description is: 10.The suspect arrived in a vehicle. 11.The vehicle description is:
11:47:19 INFO	Text:Police ProQA processing complete
11:47:20 NOMORE	
11:47:47 MISC	2K2 Text:***ONE IN CUSTODY,,,
11:47:50 ONSCN	2K2
11:48:27 CHANGE	Location:NB ST BARNABAS RD/WHEELER RD, PP-->NB ST BARNABAS RD/DEER PARK DR, PP Area:0505-->0513 Map:5649 F 10-->5649 H 9 LocDesc: <5398/ 0>--> <4826/ 0>
11:48:10 -PREMIS	Text:PPR, FPR
11:48:45 MISCA	2K2 Text:***FB COME IN ST B/DEER PARK,,,
11:49:31 MISC	L466 Plate:1AV4388/MD Text:DODG CHARGE
11:49:50 MISC	2K12 Text:HAVE THE SIG4 ,, THE SUSP VEH THEN WENT BY US WEN
11:50:13 XREF	Service:F
11:52:20 BACKUP	2K8 UnitID:L466 Location:NB ST BARNABAS RD/WHEELER RD, PP Operator:3065 OperNames:REYNOLDS, RICHARD
11:52:26 MISC	2K8 Text:VICT L/S THE SUSP WITH 7A OUT OF SUNROOF,, OFF RAMP FROM ST B BEFORE S/C ,, DRIVE UP,, TO SEE IF HE TOSSED IT
11:52:38 ENRTE	2K8
11:52:41 ONSCN	2K8
11:53:46 MISC	2K8 Text:10-40 301 861 6671

000033

11:54:30	MISC	2K2 Text:OCCD ON WW BRIDGE THE ORIG SHOTS
11:54:54	MISC	2K2 Text:ST B/WHEELER SHOT AGAIN RB GOING TWDS DEER PARK
11:55:23	BACKOS	2K7 Operator:3296 OperNames:BORGES-GARCIA, JASON
11:55:27	XREF	Service:F
11:59:32	BACKER	T111 UnitID:2K8 Location:NB ST BARNABAS RD/WHEELER RD, PP Operator:2456 OperNames:BROWN, GEOFFREY D.
12:01:20	MISCA	Text:PIO OWENS NEEDS A SIG 1 FROM 2K10 REF INCIDENT
12:01:59	CONTCT	2K2 L466 T111 2K7 2K8 2K10 2K12 24J Params:D
12:01:56	BACKER	P415 UnitID:2K8 Location:NB ST BARNABAS RD/WHEELER RD, PP
12:02:26	BACKER	P405 UnitID:P415 Location:NB ST BARNABAS RD/WHEELER RD, PP
12:03:54	PRMPT	L466 Text:Preempted and dispatched to call #L151631374
12:10:21	BACKOS	2K3 Operator:3817 OperNames:HERRARTE, JOEL FRANCISCO
12:10:21	BACKOS	2K5 Operator:3673 OperNames:TYLER, CANDACE
12:11:36	PRMPT	24J Text:Preempted and dispatched to call #L151631247
12:12:39	MISC	Text:RYONS TO TO BACK TO DIST IV
12:12:51	TRANSP	2K2 Location:10-15 SMH AM IN AMBO
12:13:52	BACKOS	2K1 UnitID:2K2 Location:10-15 SMH AM IN AMBO Operator:3704 OperNames:LEWIS, KAVON
12:13:53	ONSCN	2K1
12:14:24	BACKOS	14P Text:7A IN THE VEH****
12:14:38	CHGLOC	2K1 Location:IN TOW
12:15:17	PRMPT	2K5 Text:Preempted and dispatched to call #L151631311
12:18:36	PRMPT	2K8 Text:Preempted and dispatched to call #L151631334
12:20:09	*RFT	2K12 Text:INQUIRY QV,1AV4388,,
12:21:02	BACKOS	2K8 Operator:3065 OperNames:REYNOLDS, RICHARD
12:21:26	ONSCN	2K1 Text:E/M 976
12:24:16	CHGLOC	P415 Location:HILL
12:26:04	BACKOS	P421 Operator:3376 OperNames:MCKENNEY, ANDREW
12:26:07	MISC	P421 Text:HANDGUN 38 SERIAL# 13-06912
12:27:00	MISCA	Text:RYONS ENRT FOR THE OVERTURNED VEH
12:27:37	CONTCT	2K2 P405 P415 P421 T111 2K1 2K3 2K7 2K8 2K10 Contact:30
12:27:37	CONTCT	2K12 14P Contact:30
12:28:21	PRMPT	2K7
12:31:20	*RFT	2K1 Text:INQUIRY QW,MCLENEON,JUAN PTIS,B,M,08021992,,,,
12:31:23	*RFT	2K1 Text:INQUIRY QW,MCLENEON,JUAN PTIS,B,M,08021992,,DC,,
12:35:16	PRMPT	2K8
12:51:28	PRMPT	P421 Text:Preempted and dispatched to call type: X
12:56:38	PRMPT	2K10
13:07:08	TRANSP	2K3 Location:10-14 RYONS D4

CONTACT INFO:

Name	Phone	RPaddr	Sig4	Opt	PGCnty	2ndVer
SPRINT	240/346-4864	6009 OXON HILL RD - W				
MR RONDULE PRACER						

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PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

STATEMENT OF VICTIM/WITNESS/SUSPECT

CC#: 15-163-1354 DATE: 6/12/15 TIME: 1:30

STATEMENT OF: Prather, Rondul Twuan

HOME ADDRESS: [REDACTED] PHONE: 240-[REDACTED]

BUSINESS ADDRESS: _____ PHONE: _____

SEX/RACE/DOB: M/1/31 [REDACTED] POB: _____ HEIGHT: _____

WEIGHT: _____ HAIR: _____ EYES: _____ SSN: _____

DRIVER'S LICENSE NO: _____ TYPE OF OFFENSE: ASSAULT

STATEMENT TAKEN BY: Det. Kaiser #3312 LOCATION: Dist IV

STATEMENT: The was speeding so I started speeding and caught up to him. His was driven a newer model gray Charger. Once I caught up to him in the fast lane going south bound he slammed on his breaks I pulled beside him we gesture at one another. I pull in front of him a he speeds up to my lane I tap my breaks and backs off. Then I see his car approaching from my blind spot and I heard a loud bang. He pulls beside me two lanes over and pointed the gun out of the window and shot again. I slammed on my breaks. I followed him trying to get his tag number. I got off at St Barnabas and he followed me off the ramp with the gun pointed out of the sun roof.

I HAVE READ THE ABOVE STATEMENT CONSISTING OF 3 PAGE(S). THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

[Signature]
3312
WITNESSED BY

[Signature]
SIGNATURE

NAME: Prather, Randall Twuan

CCN 15-163 1354

STATEMENT: I was on the phone with the police
at this time. I speed away and
a police officer on St. Barnabas As I gave
him the description of the car the guy drove
by. Officer started to chase and the guy
wrecked his car

Q) Can you describe the suspect?

A) Black male, heavy set, Brown skin, bushy hair, ~~not~~ sunglasses, white T-shirt on

Q) Can you describe the suspect's car?

A) Newer model Gray Charger 4 doors sun roof, rims.

Q) How many shots did you hear?

A) ~~2~~ 2 shots

Q) Where on the bridge were the shots fired?

A) 50 yds to 100 yds from the Maryland side

Def [Signature]
WITNESSED BY

[Signature]
SIGNATURE

TIME TERMINATED: _____

NAME Prather, Ronald Thuan

CCN 15-103 1354

STATEMENT

Q) Did the suspect point the gun at you?

A) yes

Q) Can you describe the gun?

A) Small Black compact

Q) Did you see the suspect vehicle crash?

A) yes

Q) Would you recognize the suspect if you saw him again?

A) yes

Q) Is your statement truthful and correct?

A) yes

Det [Signature] 3312
WITNESSED BY

[Signature]
SIGNATURE

TIME TERMINATED: _____

STATEMENT OF VICTIM/WITNESS/SUSPECT

CCN: 15-160-1814 DATE: 6/15/15 TIME: 1202HB

STATEMENT OF: Rondal T-wuan Prather

HOME ADDRESS: [REDACTED] PHONE: 242- [REDACTED]

BUSINESS ADDRESS: [REDACTED] PHONE: [REDACTED]

SEX/RACE/DOB: B/M POB: Leopoldtown, MD HEIGHT: 5'9

WEIGHT: 180 HAIR: Bald EYES: Bm SSN: [REDACTED]

DRIVER'S LICENSE NO: P-634- [REDACTED] TYPE OF LICENSE: Pen-Contact Shooting

STATEMENT TAKEN BY: Det. Ferguson #3483 LOCATION: DIST IV

STATEMENT: On 6/12/15 about 6pm I washed my car and noticed what appeared to be a bullet in my rim. I called Det Kaiser and left a message letting him know what I found. On 6/15/15 I called back to the station and spoke to Det Ferguson and she advised me to bring the car by the police and she would try to recover the bullet. I was only the copper tip of the bullet and a dent where the bullet hit between two lock nuts. Dodge Magnum S&T8 2006, Black,

I HAVE READ THE ABOVE STATEMENT CONSISTING OF 1 PAGE(S). THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Det. Ferguson #3483
WITNESSED BY

[Signature]
SIGNATURE

1230 HB

PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

STATEMENT OF VICTIM/WITNESS/SUSPECT

CCN 15-163-1354 DATE 6/12/15 TIME 1400

STATEMENT OF PFC Jackson #3617

HOME ADDRESS: _____ PHONE _____

BUSINESS ADDRESS: 5135 Indian Head Hwy PHONE 301-██████████

SEX/RACE/DOB _____ POB _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____ SSN: _____

DRIVER'S LICENSE #: _____ TYPE OF OFFENSE: _____

STATEMENT TAKEN BY: Det Kaiser #3312 LOCATION: DIST IV

STATEMENT on 6/12/15 at approx. 1142 hrs I responded to the area of St. Barnabas/Wheeler Rd for a report of a shooting. Upon arrival I was met by the victim (Prather, Rondul) who stated he was shot at on the Woodrow Wilson Bridge. (v) stated he was driving on the bridge when he was shot at by another motorist. (v) stated he exited the Beltway onto St. Barnabas Rd and the suspect followed him. (v) flagged me down at St Barnabas Rd/Hagan Rd and stated he had been shot at by a male in a grey Dodge charger. As I was talking to (v), he pointed out the suspect vehicle, a grey Dodge Charger approaching from the rear of (v). The suspect drove past and lost control of his vehicle at St Barnabas Rd/Deer Park Dr and rolled it over. The suspect got out of the vehicle through the sunroof and was ordered to the ground by officers. The suspect was taken into custody

HAVE READ THE ABOVE STATEMENT CONSISTING OF 2 PAGES THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Det Kaiser #3312
WITNESSED BY

PFC (JACKSON) #3617
SIGNATURE

NAME: PFC Jackson # 3617

CCN: 15-163-1354

STATEMENT: and transported to Southern MD Hospital for treatment.

Lined area for additional statement text.

23

[Handwritten signature]

WITNESSED BY

PFC J (JACKSON) # 3617

SIGNATURE

STATEMENT OF VICTIM, WITNESS/SUSPECT

CCN: 15-163-1354 DATE: 06/12/15 TIME: 1349HRS

STATEMENT OF: P/O HERBART #3817

HOME ADDRESS: _____ PHONE: _____

BUSINESS ADDRESS: _____ PHONE: _____

SEX/RACE/DOB: _____ POB: _____ HEIGHT: _____

WEIGHT: _____ HAIR: _____ EYES: _____ SSN: _____

DRIVER'S LICENSE NO: _____ TYPE OF OFFENSE: _____

STATEMENT TAKEN BY: _____ LOCATION: _____

STATEMENT: _____

I FOLLOWED THE VEHICLE TO DIST. III, 2012 NOKIA
CHARGER SILVER MD-1AV4388

I HAVE READ THE ABOVE STATEMENT CONSISTING OF _____ PAGE(S). THIS STATEMENT IS TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE.

WITNESSED BY _____

P/O HERBART #3817
SIGNATURE

PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

STATEMENT OF VICTIM WITNESS SUSPECT

CCN: 15-163-1354 DATE: 06/12/15 TIME: 1419 hours

STATEMENT OF: Detective Castro #3220

HOME ADDRESS: _____ PHONE: _____

BUSINESS ADDRESS: 5135 Indian Head Hwy PHONE: 301- [REDACTED]

SEX/RACE/DOB: _____ POB: _____ HEIGHT: _____

WEIGHT: _____ HAIR: _____ EYES: _____ SSN: _____

DRIVER'S LICENSE NO: _____ TYPE OF OFFENSE: Shooting

STATEMENT TAKEN BY: Det. Kaiser #312 LOCATION: District IV

STATEMENT: _____

On 06/13/15 at approximately 1141 hours officers and Detectives were canvassing the area of St. Barnabas and Wheeler Road for a shooting report. Once on St. Barnabas Road Dispatcher advised that the suspect vehicle was involved in an accident, seconds later I observed a dark in colored vehicle at St. Barnabas and Deer park Drive. I observed a black male wearing white t-shirt and blue pants crawling out of the vehicle. Patrol officer made contact and apprehended the black male, who later discovered to be the driver of the suspected vehicle.

I HAVE READ THE ABOVE STATEMENT CONSISTING OF _____ PAGE S . THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Det. Kaiser #312
WITNESSED BY

Detective Castro #3220
SIGNATURE

STATEMENT OF VICTIM/WITNESS/SUSPECT

CCN: 15-163-1354 DATE: 6/12/15 TIME: 1500

STATEMENT OF: P.O. BANKHEAD #3918
HOME ADDRESS: 5135 INDIAN HEAD HWY OXON HILL MD PHONE: 301 749 4900
BUSINESS ADDRESS: _____ PHONE: _____
SEX/RACE/DOB: _____ POB: _____ HEIGHT: _____
WEIGHT: _____ HAIR: _____ EYES: _____ SSH: _____
DRIVER'S LICENSE NO: _____ TYPE OF OFFENSE: _____
STATEMENT TAKEN BY: _____ LOCATION: _____

STATEMENT: ON JUNE 12TH 2015 I RESPONDED TO THE AREA OF ST. BARNABAS AND HAGAN ROAD FOR THE REPORT OF A SHOOTING. PFC JACKSON WAS WITH THE VICTIM AT ST. BARNABAS AND HAGAN ROAD AND ADVISED THE SUSPECT VEHICLE (A GRAY DODGE CHARGER) WAS DRIVING EAST BOUND ON ST. BARNABAS DR. THE VEHICLE CRASHED AT ST. BARNABAS AND DEER PARK DR. I ASSISTED IN SECURING THE SUSPECT AND VEHICLE. I OBSERVED THE SUSPECT CUTTING THROUGH THE SUN ROOF. I RODE WITH THE SUSPECT TO SOUTHERN MARYLAND HOSPITAL IN THE AMBULANCE. I ALSO GUARDED THE SUSPECT AT THE HOSPITAL. THE SUSPECT MADE SEVERAL INQUIRIES ABOUT THE INCIDENT (WHAT HAPPENED OR WHERE HIS CAR WAS) BUT DID NOT MAKE ANY INCRIMINATING STATEMENTS. THE SUSPECT STATED HE WAS BEING TAILGATED AND FOLLOWED BY THE VICTIM AND HE WAS TRYING TO GET AWAY. THE SUSPECT STATED HE WAS MAKING A U-TURN AND TALKING ON THE PHONE WHEN THE CRASH OCCURRED.
I TRANSPORTED THE SUSPECT FROM SMH TO THE DISTRICT IV STATION.

I HAVE READ THE ABOVE STATEMENT CONSISTING OF 0 PAGE(S). THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

WITNESSED BY

[Signature]
SIGNATURE ^{#3918} (BANKHEAD)

PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

STATEMENT OF VICTIM/WITNESS/SUSPECT

CCN 15-163-1354 DATE 6/12/15 TIME 1419 Hrs.

STATEMENT OF P/O Arrington #3684

HOME ADDRESS 5135 Indian Head Hwy. PHONE 301-749-4900

BUSINESS ADDRESS _____ PHONE _____

SEX/RACE/DOB _____ POB _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ SSN _____

DRIVER'S LICENSE # _____ TYPE OF OFFENSE _____

STATEMENT TAKEN BY Det Kaiser #3312 LOCATION _____

STATEMENT On 6/12/15 at approximately 1141 Hrs.,
officers and Detectives were canvassing the area of
st. Barnabas rd and Wheeler rd for a shooting. At 1147 Hrs.
Dispatch advised that the suspect vehicle had crashed
at Deer Park dr. When I arrived on scene there was a
black male wearing a white shirt, blue pants standing in
front of a dark in color vehicle that was up against a
telephone pole on its side. Patrol officers made contact
with the Black male and apprehended him.

HAVE READ THE ABOVE STATEMENT CONSISTING OF 1 PAGES. THIS STATEMENT IS

TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Det Kaiser #3312
WITNESSED BY

P/O Arrington #3684
SIGNATURE

PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

STATEMENT OF VICTIM/WITNESS/SUSPECT

CC#: _____ DATE: 6/12/15 TIME: 1508

STATEMENT OF: Melendon, Juan Ptis

HOME ADDRESS: 423 27th Ave Temple Hills MD PHONE: 301-899-1901

BUSINESS ADDRESS: _____ PHONE: _____

SEX/RACE/DOB: M/B/8-2-72 POB: Washington Dc HEIGHT: _____

WEIGHT: _____ HAIR: _____ EYES: _____ SSN: 220-06-4225

DRIVER'S LICENSE NO: _____ TYPE OF OFFENSE: _____

STATEMENT TAKEN BY: Det. Kaiser #3312 LOCATION: Dist IV Room #2

STATEMENT: Refused

I HAVE READ THE ABOVE STATEMENT CONSISTING OF _____ PAGE(S). THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Det Kaiser 332

WITNESSED BY

SIGNATURE

ADVICE OF RIGHTS AND WAIVER FORM

I am Officer Kaiser #3312
of the Prince Georges County Police Department.

Today's date is 6/12/15, and the time is 1506.

I am now going to read to you your rights under the law. If you do not understand something that I say to you, please stop me, and I will explain it to you.

1. You have the right to remain silent. If you choose to give up this right, anything that you say can be used against you in court.
2. You have the right to talk to a lawyer before you are asked any questions and to have a lawyer with you while you are being questioned.
3. If you want a lawyer, but cannot afford one, a lawyer will be provided to you at no cost.
4. If you want to answer questions now without a lawyer, you still have the right to stop answering questions at any time.

Do you understand these rights?

Yes No J.P.M.
Initials

Do you want to make a statement at this time without a lawyer?

Yes No J.P.M.
Initials

Have you been promised anything, have you been offered any kind of reward or benefit, or have you been threatened in any way in order to get you to make a statement?

Yes No J.P.M.
Initials

Are you under the influence of drugs or alcohol at this time? 800 mg x2 Motrin

Yes No J.P.M.
Initials

Det Kaiser 3312 (Kaiser)
Officer's Signature

J.P.M.
Signature of Person Making Statement

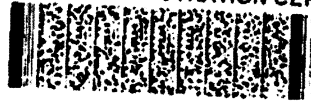
6/12/15 1508
Date & Time Form Completed

2-year A.A. degree
Education of Person Making Statement



6601 Ritchie Highway
Ge. E. State Maryland

REGISTRATION CERTIFICATE



TAG NUMBER 1AV4388		PLATE NUMBER 1AV4388	
VEHICLE IDENTIFICATION NUMBER 437E7900		MAKE AND MODEL DODG 4S	
CLASSIFICATION A	REGISTRATION A	TITLE N/A	VIN 2C3CDXHG4CH290436
SALES TAX +3700	REGISTRATION FEE 6011A	SALES TAX \$197.00	REGISTRATION FEE 6011A
MVA REFERENCE NUMBER M24E115135731		ISSUE DATE 03/16	

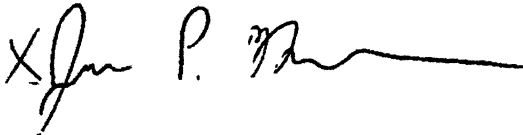
NAME AND ADDRESS OF THE OWNER
**CHARLES DARRELL MCLENDON
4023 27TH AVE
TEMPLE HILLS MD 20748-1667**

THIS CARD IS NOT A LICENSE TO DRIVE

MedStar Southern Maryland Hospital Center
Emergency Department
7503 Surratts Road
Clinton MD 20735
301-277-4500


**EMERGENCY DEPARTMENT
Discharge Acknowledgement Statement**

Patient Name: MCLENEON, JUAN	Visit Date: 06/12/2015
Med Rec No: 002006298	Acct No: 6388425

Signed: 

Date: 6/12/15

Relationship: Self: Other:

Witness: 

Date: 1430 6/12/15

|||
Patient Name MCLENEON JUAN

|||
Med Rec No 002006298

|||
Acct No 6388425



MedStar Southern Maryland
Hospital Center

MedStar Southern Maryland Hospital Center
7503 Surratts Road
Clinton, MD 20735
(301)868-8000

Date: 06/12/2015

JUAN MCLENEON

DOB: 08/02/1972

4023 27TH AVE

Wt:0.0 KG

TEMPLE HILLS, MD 20748

ALLERGIES: NO KNOWN ALLERGIES

Rx ibuprofen Oral tablet 600 mg

SIG: 1 tablet(s) By Mouth Every 6 Hours

SPEC INST: as needed for pain/fever

15 (fifteen) tablet(s)

Refills: **NR** 1 2 3 4 5 6

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151-and over

Dispense as Written if this box is checked

X


ANOOP KUMAR, MD

STLIC: D72062

NPI: 1891995874

DEA: FK2592473

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MedStar Southern Maryland Hospital Center

MedStar Southern Maryland Hospital Center
7503 Surratts Road
Clinton, MD 20735
(301)868-8000

Date: 06/12/2015

JUAN MCLENEON

DOB: 08/02/1972

4023 27TH AVE

Wt:0.0 KG

TEMPLE HILLS, MD 20748

ALLERGIES: NO KNOWN ALLERGIES

Rx cyclobenzaprine hcl (cyclobenzaprine) Oral tablet 10 mg

SIG: 1 tablet(s) By Mouth 3 Times A Day

SPEC INST:

10 (ten) tablet(s)

Refills: (NR) 1 2 3 4 5 6

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151-and over

Dispense as Written if this box is checked

X

ANOOP KUMAR, MD

STLIC: D72062

NPI: 1891995874

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MedStar Southern Maryland Hospital Center
Emergency Department
7503 Surratts Road
Pentagon MD 20735
301-877-4500

DISCHARGE INSTRUCTIONS

Patient Name	MCLENEON, JUAN	Visit Date	06 12 2015
Med Rec No	002006298	Acct No	6388425

You were treated today by :

ANOOP KUMAR MD

ADDITIONAL FOLLOWUP INSTRUCTIONS

Please follow up with your Primary Care Physician/Specialist as advised by the Emergency Physician. If you have further concerns call your Primary Care Physician or return to the Emergency Department.

PLEASE CALL TO ARRANGE FOR FOLLOW UP WITH ORTHOPEDIC SURGEON DR.MUSTAFA 3015999500 IN 1 TO 2 DAYS.

DISCHARGE INSTRUCTIONS

Ankle Sprain

Ankle Sprain

An ankle sprain is an injury to the ligaments that hold the ankle joint together.

CAUSES

The injury is usually caused by a fall or by twisting the ankle. It is important to tell your caregiver how the injury occurred and whether or not you were able to walk immediately after the injury.

SYMPTOMS

Pain is the primary symptom. It may be present at rest or only when you are trying to stand or walk. The ankle will likely be swollen. Bruising may develop immediately or after 1 or 2 days. It may be difficult or impossible to stand or walk. This depends on the severity of the sprain.

DIAGNOSIS

Your caregiver can determine if a sprain has occurred based on the accident details and on examination of your ankle. Examination will include pressing and squeezing areas of the foot and ankle. Your caregiver will try to move the ankle in certain ways. X-rays may be used to be sure a bone was not broken, or that the ligament did not pull off of a bone (avulsion). There are standard guidelines that can reliably determine if an X-ray is needed.

TREATMENT

Rest, ice, elevation, and compression are the basic modes of treatment. Certain types of braces can help stabilize the ankle and allow early return to walking. Your caregiver can make a recommendation for this. Medication may be recommended for pain. You may be referred to an orthopedist or a physical therapist for certain types of severe sprains.

HOME CARE INSTRUCTIONS

- > Apply ice to the sore area for 15 to 20 minutes, 3 to 4 times per day. Do this while you are awake for the first 2 days, or as directed. This can be stopped when the swelling goes away. Put the ice in a plastic bag and place a towel between the bag of ice and your skin.
- > Keep your leg elevated when possible to lessen swelling.
- > If your caregiver recommends crutches, use them as instructed with a non-weight bearing

MedStar Southern Maryland Hospital Center
Emergency Department
7507 Surratts Road
Clinton MD 20735
301-877-4500

DISCHARGE INSTRUCTIONS

Patient Name	MCLENEON JUAN	Visit Date	06 12 2015
Med Rec No	002006298	Acct No:	6388425

DISCHARGE INSTRUCTIONS

Ankle Sprain

cast for 1 week. Then, you may walk on your ankle as the pain allows, or as instructed. Gradually, put weight on the affected ankle. Continue to use crutches or a cane until you can walk without causing pain.

> If a plaster splint was applied, wear the splint until you are seen for a follow-up examination. Rest it on nothing harder than a pillow the first 24 hours. Do not put weight on it. Do not get it wet. You may take it off to take a shower or bath.

> You may have been given an elastic bandage to use with the plaster splint, or you may have been given a elastic bandage to use alone. The elastic bandage is too tight if you have numbness, tingling, or if your foot becomes cold and blue. Adjust the bandage to make it comfortable.

> If an air splint was applied, you may blow more air into it or take some out to make it more comfortable. You may take it off at night and to take a shower or bath. Wiggle your toes in the splint several times per day if you are able.

> Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

> Do not drive a vehicle until your caregiver specifically tells you it is safe to do so.

SEEK MEDICAL CARE IF:

> You have an increase in bruising, swelling, or pain.

> Your toes feel cold.

> Pain relief is not achieved with medications.

SEEK IMMEDIATE MEDICAL CARE IF:

Your toes are numb or blue or you have severe pain.

MAKE SURE YOU:

> Understand these instructions.

> Will watch your condition.

> Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Revised: 03/23/2012 Document Reviewed: 07/22/2009

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Back Pain and Injury

Back Pain & Injury

Your back pain is most likely caused by a strain of the muscles or ligaments supporting the spine. Back strains cause pain and trouble moving because of muscle spasms. They may take several weeks to heal. Usually they are better in days.

Treatment for back pain includes:

Rest - Get bed rest as needed over the next day or two. Use a firm mattress and lie on your

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MedStar Southern Maryland Hospital Center
Emergency Department
7503 Surratt's Road
Clinton, MD 20735
301.877.4500

DISCHARGE INSTRUCTIONS

Patent Name: MCLENEON JUAN	Visit Date 06 12 2015
Med Rec No: 002006298	Acct No 6388425

DISCHARGE INSTRUCTIONS

Back Pain and Injury

side with your knees slightly bent. If you lie on your back, put a pillow under your knees.
 Early movement - Back pain improves most rapidly if you remain active. It is much more stressful on the back to sit or stand in one place. Do not sit, drive or stand in one place for more than 30 minutes at a time. Take short walks on level surfaces as soon as pain allows.
 Limit bending and lifting - Do not bend over or lift anything over 20 pounds until instructed otherwise. Lift by bending your knees. Use your leg muscles to help. Keep the load close to your body and avoid twisting. Do not reach or do overhead work.
 Medicines - Medicine to reduce pain and inflammation are helpful. Muscle-relaxing drugs may be prescribed.
 Therapy - Put ice packs on your back every few hours for the first 2-3 days after your injury or as instructed. After that ice or heat may be alternated to reduce pain and spasm. Back exercises and gentle massage may be of some benefit. You should be examined again if your back pain is not better in one week.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have pain that radiates from your back into your legs.
- You develop new bowel or bladder control problems.
- You have unusual weakness or numbness in your arms or legs.
- You develop nausea or vomiting.
- You develop abdominal pain.
- You feel faint.

Document Released: 12/18/2006 Document Re-Released: 09/26/2009
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Foot Fracture

Foot Fracture

Your caregiver has diagnosed you as having a foot fracture (broken bone). Your foot has many bones. You have a fracture, or break, in one of these bones. In some cases, your doctor may put on a splint or removable fracture boot until the swelling in your foot has lessened. A cast may or may not be required.

HOME CARE INSTRUCTIONS

If you do not have a cast or splint:

- > You may bear weight on your injured foot as tolerated or advised.
- > Do not put any weight on your injured foot for as long as directed by your caregiver. Slowly increase the amount of time you walk on the foot as the pain and swelling allows or as advised.
- > Use crutches until you can bear weight without pain. A gradual increase in weight bearing may help.
- > Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the

000054

MedStar Southern Maryland
 Emergency Department
 7503 Surratt Road
 Clinton, MD 20735
 301-577-4500

DISCHARGE INSTRUCTIONS

Patient Name: MCLENEON, JUAN

Visit Date 06 12 2015

Med Rec No: 002006298

Acct No 6388425

DISCHARGE INSTRUCTIONS

Foot Fracture

ice in a plastic bag and place a towel between the bag of ice and your skin.

> If an ace bandage (stretchy, elastic wrapping bandage) was applied, you may re-wrap it if ankle is more painful or your toes become cold and swollen.

If you have a cast or splint:

> Use your crutches for as long as directed by your caregiver.

> To lessen the swelling, keep the injured foot elevated on pillows while lying down or sitting. Elevate your foot above your heart.

> Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and your cast.

> Plaster or fiberglass cast:

* Do not try to scratch the skin under the cast using a sharp or pointed object down the cast.

* Check the skin around the cast every day. You may put lotion on any red or sore areas.

* Keep your cast clean and dry.

> Plaster splint:

* Wear the splint until you are seen for a follow-up examination.

* You may loosen the elastic around the splint if your toes become numb, tingle, or turn blue or cold. Do not rest it on anything harder than a pillow in the first 24 hours.

> Do not put pressure on any part of your splint. Use your crutches as directed.

> Keep your splint dry. It can be protected during bathing with a plastic bag. Do not lower the splint into water.

> If you have a fracture boot you may remove it to shower. Bear weight only as instructed by your caregiver.

> Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

> Your cast gets damaged or breaks.

> You have continued severe pain or more swelling than you did before the cast was put on.

> Your skin or nails of your casted foot turn blue, gray, feel cold or numb.

> There is a bad smell from your cast.

> There is severe pain with movement of your toes.

> There are new stains and/or drainage coming from under the cast.

MAKE SURE YOU:

> Understand these instructions.

> Will watch your condition.

> Will get help right away if you are not doing well or get worse.

Document Released: 12/15/2001 Document Revised: 01/20/2012 Document Reviewed: 01/21/2010

ExitCare® Patient Information ©2012 ExitCare LLC.

MedStar Health
 Emergency Department
 7503 Surrait's Road
 Clinton, MD 20705
 301 977 4500

DISCHARGE INSTRUCTIONS

Patient Name	MCLENEON, JUAN	Visit Date	06 12 2015
Med Rec No	002006298	Acct No	6388425

DISCHARGE INSTRUCTIONS

Motor Vehicle Collision, Easy-to-Read

Motor Vehicle Collision (MVC)

After a car accident (motor vehicle collision), it is common to have bruising and swelling on the body. It is normal to feel stiff and sore. It may take a few days to start feeling better.

HOME CARE

Apply ice to puffy (swollen) areas as told by your doctor.

Drink enough water and fluids to keep the pee (urine) clear or pale yellow.

Do not drink alcohol.

Take a warm shower or bath 1 or 2 times a day. This will help decrease pain in your sore muscles.

Move the body gently and often.

Only take medicine as told by your doctor.

GET HELP IF:

There are any new problems (symptoms) or pain.

Pain is not controlled with medicines given by your doctor.

GET HELP RIGHT AWAY IF:

You or your child is having problems breathing.

There is chest pain.

There is belly (abdominal) pain.

You or your child has a headache or trouble seeing.

You or your child feels dizzy or faint.

You or your child has problems peeing or pooping (bowel movement).

There is blood in the pee or poop.

You or your child is throwing up (vomiting).

You or your child throws up blood.

The hands or feet feel numb or weak.

You or your child develops problems with weakness or movement of an arm or leg.

MAKE SURE YOU:

Understand these instructions.

Will watch this condition.

Will get help right away if you or your child is not doing well or gets worse.

Document Released: 06/05/2009 Document Re-Released: 06/07/2011

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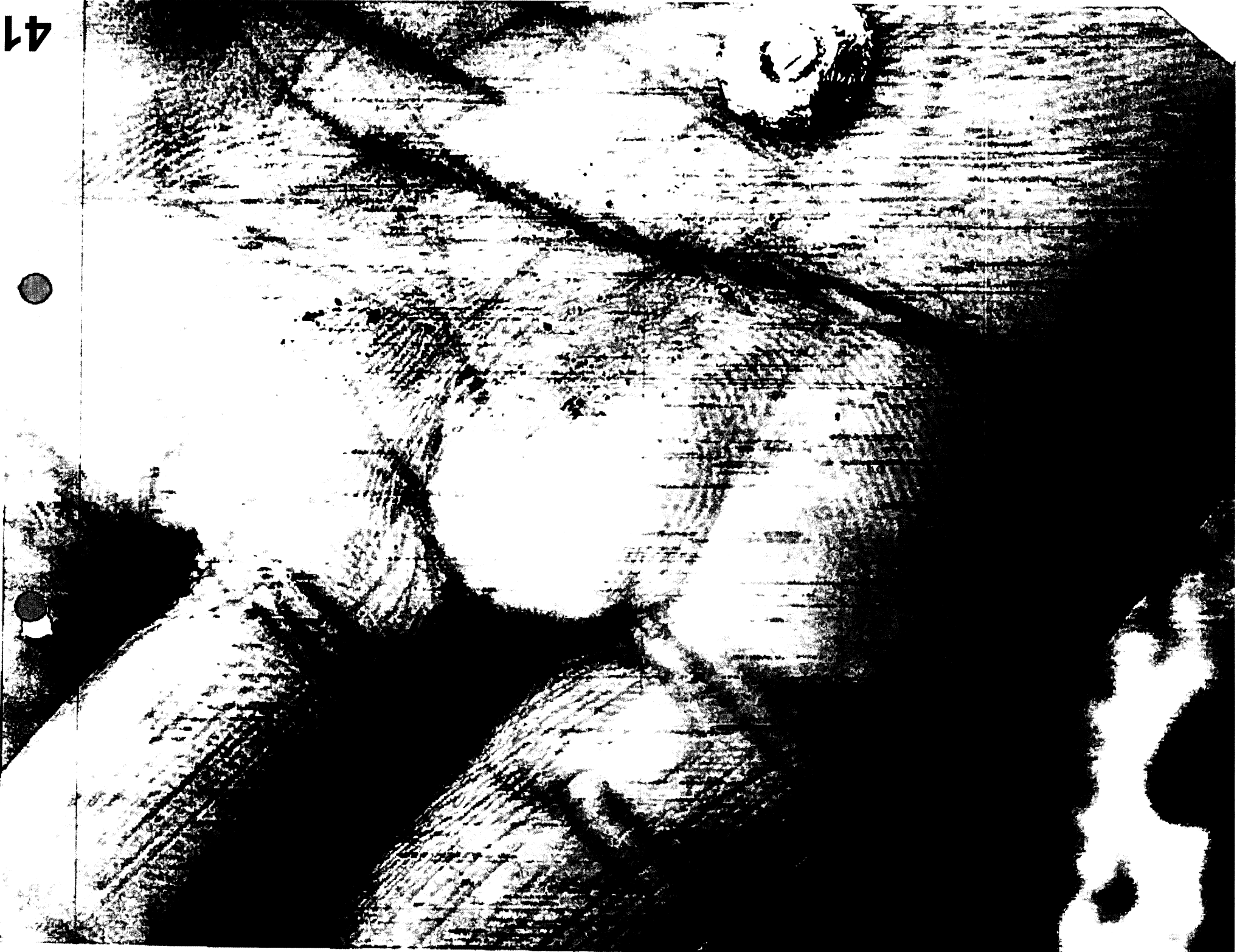
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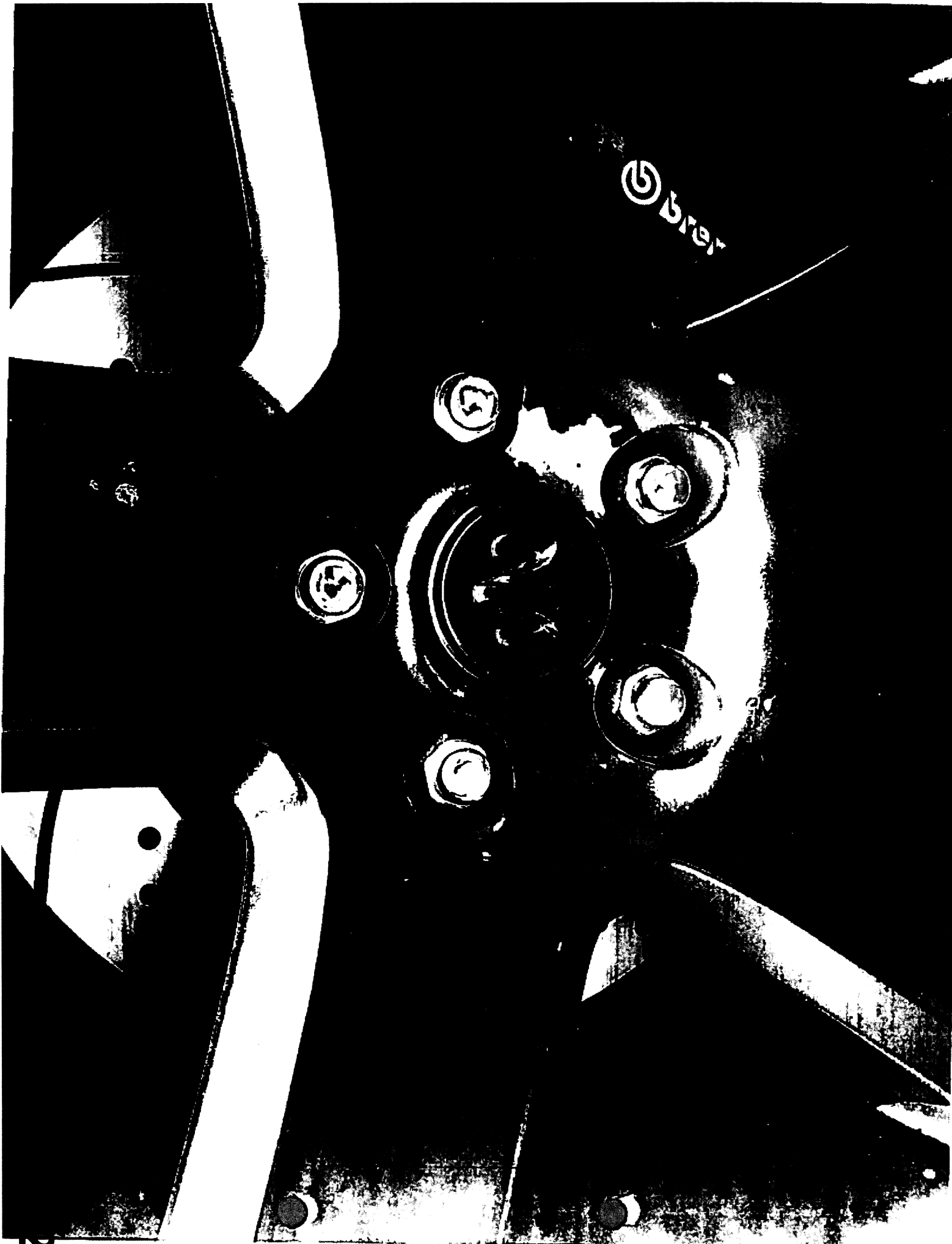
WesStar Health Services
Emergency Department
7503 Surreys Road
Clinton, MD 21735
Tel: 877-451-0

DISCHARGE INSTRUCTIONS

Patient Name	MCLONEON, JUAN	Visit Date	06 12 2015
Med Rec No:	002006298	Acct No:	6388425

000057





MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER
MEDICAL RECORDS CERTIFICATION

2006298

Re: Juan McClendon

I, the undersigned, being the custodian of records or a qualified individual to make this certification of medical records for MedStar Southern Maryland Hospital Center in regard the above named person who was a patient at MedStar Southern Maryland Hospital Center, do hereby certify that the attached copies of medical records:

- A. Were made at or near the time of the occurrence of the matter set forth, by (or from information transmitted by) a person with knowledge of those matter;
- B. Were made and kept in the course of the regularly conducted business activity of this business;
- C. Were made and kept by the regularly conducted business activity as regular practice.

OATH

I HEREBY CERTIFY, under the penalty of perjury, that I am qualified to make this certification and that the above certification is true and correct.

Certification made this the 24th day of November, 2015

[Signature]
Signature

Debbie Ford
Printed Name



MedStar Southern Maryland
Hospital Center

Medical Records Certification

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000060

SMHC # 1650

Page 1 of 1



Admission and Registration

MedStar Southern Maryland Hospital Center

Reprint

Medical Record Number 002006298	Admit Date 06/12/15	Admit Time 12:23	Type E	Disch Date	Disch Time	Disp	Patient Number 6388425
Patient Name (last, first, middle) MCLENEON, JUAN			Clinic ER	NS	Room	Bd	Acc
Patient Address 4023 27TH AVE			Date of Birth 08/02/1972	Age 042Y	Sex M	M/S S	Service EMS
City TEMPLE HILLS	State MD	Zip Code 20748	City 25	Home Phone 301 000 0000		Other Phone	
Spouse		Mother		Father			
Emergency Contact	Rel	Address		City	State	Zip Code	Emergency Phone
Nearest Relative	Relationship to Patient			Nearest Relative Phone			
Parent Employer Name UNKNOWN			Occupation/Title UNKNOWN		Patient Social Security # 220 06 4225		
Employer Address			City	State	Zip Code	Business Phone	
Guarantor Name MCLENEON, JUAN			Date of Birth 08/02/1972	Social Security Number 220 06 4225		Sex M	Occupation/Title
Guarantor Address 4023 27TH AVE			City TEMPLE HILLS	State MD	Zip Code 20748	Home Phone 301 000 0000	
Guarantor Employer Name UNKNOWN			Address		City	State	Zip Code
Primary Carrier Name PRIORITY PT MCO			Code 571	Plan 1	F/C 9	AB Y	Ri Y
Primary Carrier Address PRIORITY PT MCO			Group No.		City GLEN BURNTIE	Policy No. 45304681100	Business Phone
Subscriber Name MCLENEON, JUAN			Rel SE	Employer Name/Location UNKNOWN			Pre-Cert/Auth
Secondary Carrier Address			Code	Plan	F/C	AB	Ri
Secondary Carrier Address			Group No.		City	Policy No.	Business Phone
Subscriber Name			Rel	Employer Name/Location			Pre-Cert/Auth
Previous Admit	Location		Accident Date/Time		Location		Living Will N
Diagnosis AMB42/POLICE/CHECK UP AFTER MVC/DW		Adv Dir U					

Comments

Allergies	Current Medications

Principle Diagnosis

Secondary Diagnosis

POLICE SIGNATURE

ADMITTED	Time Admitted	Time Accepted
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Time Bed Received	Bed #	Time of Report	Time Copied
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Transfer Time	Tfr to	Reason for Transfer
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Time Ins. Author.	Authorization #	Signature
-------------------	-----------------	-----------

Admitting Physician SANCHEZ, JESUS 11322	Attending Physician SANCHEZ, JESUS 11322
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Referring Physician	000001	Attending Physician
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MedStar Southern Maryland Hospital Center
Emergency Department
7503 Surratts Road
Clinton, MD 20735
301-877-4500

Final

Emergency Department Chart

Patient Name: MCLENEON, JUAN	Account Number: 6388425
Medical Rec. Number: 002006298	Birthdate: 08/02/1972 Gender: M
Arrival Date: 06/12/2015 12:23	Primary MD: Patient has no PCP.
Visit Date: 06/12/2015 12:26	Attending MD: ANOOP KUMAR MD

Vital Signs/Data

Time	Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
06/12/2015 12:23	COBR	98.6 F Oral	93 /min	18 /min	133/65 mm Hg.	95% on Room air	7/10

Allergies

NO KNOWN ALLERGIES [Confirmed by CYNTHIA OBRIEN RN on 06/12/2015 13:02:46.] (COBR 06/12/2015 13:02)

Chief Complaint

MVA (COBR 06/12/2015 12:49)

Pre-Hospital Treatment

Mode of arrival: Mode of arrival: EMS - Prince George's Co. 911 emergency services activated approximately 30 minutes ago. (COBR) 06/12/2015 12:23

Triage

2- High risk (COBR 06/12/2015 12:23)

No language or communication barrier (COBR 12:23)

Due to the increase in domestic violence, we ask all patients: Are you being hurt, hit, or frightened by anyone at home or in your life? (KJOH 14:39)

Domestic violence survey shows **NEGATIVE** risk for this patient. (KJOH 14:39)

INFECTIOUS DISEASE/ CDC SCREENING: Pt has not been outside the US nor lives with anyone that has been outside the US in the last 6 months. (COBR 12:23)

Onset of symptoms was 30 minutes ago. (COBR 12:23)

History comes from patient. (COBR 12:23)

Patient directly triaged to a treatment area. (COBR 12:23)

SEPSIS SCREENING: Patient's presenting history NOT suggestive of infection. Systemic inflammatory response syndrome (SIRS) screening not applicable. (COBR 12:23)

Height/Weight

Hgt. 74 inch at 12:23 (COBR 06/12/2015 12:23)

Wgt: 122.7 kg at 12:23 (COBR 12:23)

BMI: 34.7 (COBR 12:23)

BSA: 2.53 sq. m (COBR 12:23)

Current Medications

Prescribed This Visit

1) 06/12/2015 13:03 AKUM ibuprofen By Mouth 600 mg Dose: 1 tablet(s) Every 6 hours Special instructions: as needed for pain/fever [Confirmed by ANOOP KUMAR MD on 06/12/2015 13:03:55]

2) 06/12/2015 13:03 AKUM cyclobenzaprine By Mouth 10 mg Dose: 1 tablet(s) 3 times a day [Confirmed by ANOOP KUMAR MD on 06/12/2015 13:03:55.]

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301-877-4500

Fina

Emergency Department Chart

Patient Name: MCLNEON, JUAN	Account Number: 6388425
Medical Rec. Number: 002006298	Birthdate: 08/02/1972 Gender: M
Arrival Date: 06/12/2015 12:23	Primary MD Patient has no PCP.
Visit Date: 06/12/2015 12:26	Attending MD: ANOOP KUMAR MD

Nursing Assessment

NEUROLOGIC

Alert and oriented to person, place and time. History of head injury/trauma. No visual disturbance present at this time. Pupils equal. Normal speech, no slurring. (KJOH) 06/12/2015 13:00

SKIN/SOFT TISSUE

There is a superficial but contaminated and dirty abrasion located over the right forearm. No active bleeding noted over the right forearm. No local drainage. There is pain noted over the anterior left ankle. Neurovascular exam intact. Exam of the anterior left ankle reveals full ROM no swelling or bruising noted to left ankle. (KJOH) 06/12/2015 13:00

PAIN

The patient has received verbal instruction and/or educational material relating to their pain, its treatment goals, expectations, and care. Patient verbalized understanding. (KJOH) 06/12/2015 14:39

OTHER ASSESSMENT FINDINGS

pt can recall before and after accident, neuro checks wnl. (KJOH) 06/12/2015 13:00

Nursing Continuation Notes - Refer to Orders section for all orders

Ambulatory in ED - placed in bed # 20. (COBR 06/12/2015 12:23)

Assisted with undressing for exam (COBR 12:23)

Technician Notes

[REDACTED]
14 07

Clinician History of Present Illness

Summary

[REDACTED]

Patient Problems

[REDACTED]

Review of Systems

No fever. No chills. Has upper back pain. Has joint pain. Has muscle pain. Except as noted, all other ROS negative. (SCON) 06/12/2015 12:51

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Emergency Department
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301 877-4500

Final

Emergency Department Chart

Patient Name: MCLENEON, JUAN	Account Number: 6388425
Medical Rec. Number: 002006298	Birthdate: 08/02/1972 Gender: M
Arrival Date: 06/12/2015 12:23	Primary MD Patient has no PCP.
Visit Date: 06/12/2015 12:26	Attending MD: ANOOP KUMAR MD

Social History

Patient lives with family (SCON) 06/12/2015 12:51

Physical Exam

GENERAL:

Vital signs reviewed. Alert. The patient appears to be in no acute distress. (SCON) 06/12/2015 12:51

ENT:

ENT inspection normal The neck is supple, with no evidence of meningismus. (SCON) 06/12/2015 12:51

PULMONARY:

Currently in no acute respiratory distress Normal, non labored respirations The breath sounds are normal, with good equal air movement (SCON) 06/12/2015 12:51

CIRCULATORY:

Regular rate and rhythm. (SCON) 06/12/2015 12:51

ABDOMEN:

The abdomen is soft and nontender to palpation. (SCON) 06/12/2015 12:51

NEUROLOGIC:

Alert, oriented to person, place, and time. (SCON) 06/12/2015 12:51

MUSCULOSKELETAL:

2+DP pulses bilaterally. Tenderness in the lateral malleolus on the left side, abrasion to the dorsal side of the right forearm, bilateral upper back tenderness no vertebral tenderness Full range of motion in all extremities. (SCON) 06/12/2015 12:51

SKIN:

Skin color is normal (SCON) 06/12/2015 12:51

PSYCHIATRIC:

Mood and affect normal. (SCON) 06/12/2015 12:51

Progress Notes

MVC. The car rolled on to the left side. The patient was restrained driver. No loss of consciousness. Climbed out through the sunroof. Nontoxic, nuchal negative No vertebral tenderness. Full range of motion all joints. Normal respiration. No abdominal pain or chest pain. No seatbelt sign. Patient awake, alert, well appearing. (AKUM) 06/12/2015 13:01 Small cortical avulsion fracture of the talus noted on x-ray. The patient is not tender in that area. Only tender the lateral malleolus. Will place in a splint and give crutches. Will follow up as an outpatient with orthopedics. (AKUM) 06/12/2015 13:55

Primary Diagnosis

Motor vehicle accident, driver (AKUM 06/12/2015 13:01)

Strain of back (AKUM 13:01)

Sprain of ankle (AKUM 13:01)

Closed fracture of talus (AKUM 13:53)

Med Orders

ED: Ibuprofen [ADVILMOTRIN] 800 MG ORAL ONCE STAT 1 Times

Entered By (AKUM MD 06/12/2015 13:00) Ordered By (AKUM MD 13:00) Completed By (KJOH RN 13:31) MD Sign (AKUM MD 13:00) Comments: [OS: D] Notes: Medication was just given. (KJOH 13:31)

ED: tetanus - diphtheria vaccine ADULT [TD] 0.5 ML IM ONCE STAT 1 Times

Entered By (AKUM MD 06/12/2015 13:51) Ordered By (AKUM MD 13:51) Completed By (KJOH RN 14:38) MD Sign (AKUM MD 13:51) Comments: [OS: D] Notes: See Immunization Record (KJOH 14:38)

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Final

Emergency Department Chart

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Visit Date: 06/12/2015 12:26	Attending MD: ANOOP KUMAR MD

Non- Med Orders

Xray Ankle 2 Views Left ONCE STAT 1 Times Ankle Pain

Entered By (AKUM #D 06/12/2015 13:00) Ordered By (AKUM #D 13:00) Results Back (13:27) #D Sign (AKUM #D 13:00) Comments: [OS: D] Notes: Taken to X ray. (RCRO 13:20)

Xray Portable Chest ONCE STAT 1 Times mvc

Entered By (AKUM #D 06/12/2015 13:00) Ordered By (AKUM #D 13:00) Results Back (13:26) #D Sign (AKUM #D 13:00) Comments: [OS: D] Notes: Taken to X ray. (RCRO 13:20)

Xray Pelvis AP Only ONCE STAT 1 Times pain, mvc

Entered By (AKUM #D 06/12/2015 13:00) Ordered By (AKUM #D 13:00) Results Back (13:28) #D Sign (AKUM #D 13:00) Comments: [OS: D] Notes: Taken to X-ray. (RCRO 13:20)

Splint ONCE STAT 1 Times posterior left ankle

Entered By (AKUM #D 06/12/2015 13:54) Ordered By (AKUM #D 13:54) Completed By (RCRO ED/PT 14:26) #D Sign (AKUM #D 13:54) Comments: [OS: D] Notes: Patient instructed to elevate injury, and if they note increasing pain or excessive discoloration of the area to get re-evaluated. The area distal to the splint had good color. No numbness or decreased sensation distal to the splint. Patient instructed to elevate injury, and if they note increasing pain or excessive discoloration of the area to get re-evaluated. The area distal to the splint had good color. No numbness or decreased sensation distal to the splint. (RCRO 14:26)

PT Crutch Training ONCE STAT 1 Times

Entered By (AKUM #D 06/12/2015 13:54) Ordered By (AKUM #D 13:54) Completed By (RCRO ED/PT 14:26) #D Sign (AKUM #D 13:54) Comments: [OS: D] Notes: Crutches supplied to patient. Adjusted to fit patient's height. (RCRO 14:26)

Results

Xray Ankle 2 Views Left ONCE STAT 1 Times Ankle Pain - I have reviewed the radiologist's report for this film. (SCON 06/12/2015 13:56)

The examination findings are Cortical avulsion fracture of the dorsal talus. (SCON 13:56)

Xray Pelvis AP Only ONCE STAT 1 Times pain, mvc - I have reviewed the radiologist's report for this film. (SCON 13:57)

No radiographic evidence of acute fracture. (SCON 13:57)

Xray Portable Chest ONCE STAT 1 Times mvc - I have reviewed the radiologist's report for this film. (SCON 13:57)

No acute abnormalities seen on chest X-ray. (SCON 13:57)

Disposition

SCRIBE DOCUMENTATION: Written by SALIMA CONTEH SCRIBE acting as scribe for Dr. Kumar. (SCON) 06/12/2015 13:03 Patient verbalizes understanding of After care instructions. Patient verbalizes understanding of Need for follow-up and how to access follow-up care. Patient verbalizes understanding of Signs and symptoms to return to ED. Patient received discharge instructions copy, including follow up care plan, if indicated; changed and new medications, if applicable. Patient received transition record copy, including diagnosis or chief complaint and major procedures and tests, if performed. (SCON) 06/12/2015 13:59 Disposition decision is discharge. Accompanied By: Law enforcement. (SCON) 06/12/2015 14:00 Electronically signed by ANOOP KUMAR MD. All Medical Record entries made by the scribe were at my direction. I have reviewed the chart and agree that the record accurately reflects my personal performance of the history, physical exam, medical decision making, and the emergency department course for this patient. I have also personally directed, reviewed, and agree with the discharge instructions and disposition. -ANOOP KUMAR MD (electronic signature) (AKUM) 06/12/2015 18:55 Disposition status is discharge Charge entry complete. Discharge to: jail. Accompanied By: Law enforcement Patient physically left department and was removed from Tracking Board by KIM JOHNSON RN. (KJOH) 06/12/2015 14:39 Electronically signed by KIM JOHNSON RN. (KJOH) 06/12/2015 14:39 Please follow up with your Primary Care Physician/Specialist as advised by the Emergency Physician. If you have further concerns call your Primary Care Physician or return to the Emergency Department. PLEASE CALL TO ARRANGE FOR FOLLOW UP WITH ORTHOPEDIC SURGEON DR.MUSTAFA 3015999500 IN 1 TO 2 DAYS. (SCON) 06/12/2015 13:59

Discharge Prescriptions

cyclobenzaprine hcl (cyclobenzaprine) Oral tablet 10 mg 1 tablet(s) By Mouth 3 Times A Day , 10 tablet(s) , No Refills (AKUM 06/12/2015 13:03) Printed (AKUM 06/12/2015 13:03)

ibuprofen Oral tablet 600 mg 1 tablet(s) By Mouth Every 6 Hours

Special Instructions: as needed for pain/fever (AKUM 13:03) Printed (AKUM 06/12/2015 13:03)

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 301-877-4500

Final

Emergency Department Chart

Patient Name: MCLENEON, JUAN	Account Number: 6388425
Medical Rec. Number: 002006298	Birthdate: 08/02/1972 Gender: M
Arrival Date: 06/12/2015 12:23	Primary MD: Patient has no PCP.
Visit Date: 06/12/2015 12:26	Attending MD: ANOOP KUMAR MD

Discharge Instructions

Ankle Sprain Ankle Sprain

An ankle sprain is an injury to the ligaments that hold the ankle joint together

CAUSES

The injury is usually caused by a fall or by twisting the ankle. It is important to tell your caregiver how the injury occurred and whether or not you were able to walk immediately after the injury.

SYMPTOMS

Pain is the primary symptom. It may be present at rest or only when you are trying to stand or walk. The ankle will likely be swollen. Bruising may develop immediately or after 1 or 2 days. It may be difficult or impossible to stand or walk. This depends on the severity of the sprain.

DIAGNOSIS

Your caregiver can determine if a sprain has occurred based on the accident details and on examination of your ankle. Examination will include pressing and squeezing areas of the foot and ankle. Your caregiver will try to move the ankle in certain ways. X-rays may be used to be sure a bone was not broken, or that the ligament did not pull off of a bone (avulsion). There are standard guidelines that can reliably determine if an X-ray is needed

TREATMENT

Rest, ice, elevation, and compression are the basic modes of treatment. Certain types of braces can help stabilize the ankle and allow early return to walking. Your caregiver can make a recommendation for this. Medication may be recommended for pain. You may be referred to an orthopedist or a physical therapist for certain types of severe sprains.

HOME CARE INSTRUCTIONS

- > Apply ice to the sore area for 15 to 20 minutes, 3 to 4 times per day. Do this while you are awake for the first 2 days, or as directed. This can be stopped when the swelling goes away. Put the ice in a plastic bag and place a towel between the bag of ice and your skin.
- > Keep your leg elevated when possible to lessen swelling.
- > If your caregiver recommends crutches, use them as instructed with a non weight bearing cast for 1 week. Then, you may walk on your ankle as the pain allows, or as instructed. Gradually, put weight on the affected ankle. Continue to use crutches or a cane until you can walk without causing pain.
- > If a plaster splint was applied, wear the splint until you are seen for a follow up examination. Rest it on nothing harder than a pillow the first 24 hours. Do not put weight on it. Do not get it wet. You may take it off to take a shower or bath.
- > You may have been given an elastic bandage to use with the plaster splint, or you may have been given an elastic bandage to use alone. The elastic bandage is too tight if you have numbness, tingling, or if your foot becomes cold and blue. Adjust the bandage to make it comfortable.
- > If an air splint was applied, you may blow more air into it or take some out to make it more comfortable. You may take it off at night and to take a shower or bath. Wiggle your toes in the splint several times per day if you are able.
- > Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- > Do not drive a vehicle until your caregiver specifically tells you it is safe to do so.

SEEK MEDICAL CARE IF:

- > You have an increase in bruising, swelling, or pain.
- > Your toes feel cold.
- > Pain relief is not achieved with medications.

SEEK IMMEDIATE MEDICAL CARE IF:

Your toes are numb or blue or you have severe pain

MAKE SURE YOU:

- > Understand these instructions.
- > Will watch your condition.
- > Will get help right away if you are not doing well or get worse.

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Emergency Department
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Clinton, MD 20735
301-877-4500

Fina

Emergency Department Chart

Patient Name: MCLONEON, JUAN	Account Number: 6388425
Medical Rec. Number: 002006298	Birthdate: 08/02/1972 Gender: M
Arrival Date: 06/12/2015 12:23	Primary MD Patient has no PCP.
Visit Date: 06/12/2015 12:26	Attending MD: ANOOP KUMAR MD

Discharge Instructions

Ankle Sprain

Document Released: 12/18/2006 Document Revised: 03/23/2012 Document Reviewed: 07/22/2009
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Back Pain and Injury

Back Pain & Injury

Your back pain is most likely caused by a strain of the muscles or ligaments supporting the spine. Back strains cause pain and trouble moving because of muscle spasms. They may take several weeks to heal. Usually they are better in days

Treatment for back pain includes:

Rest - Get bed rest as needed over the next day or two. Use a firm mattress and lie on your side with your knees slightly bent. If you lie on your back, put a pillow under your knees.

Early movement - Back pain improves most rapidly if you remain active. It is much more stressful on the back to sit or stand in one place. Do not sit, drive or stand in one place for more than 30 minutes at a time. Take short walks on level surfaces as soon as pain allows.

Limit bending and lifting - Do not bend over or lift anything over 20 pounds until instructed otherwise. Lift by bending your knees. Use your leg muscles to help. Keep the load close to your body and avoid twisting. Do not reach or do overhead work

Medicines - Medicine to reduce pain and inflammation are helpful. Muscle relaxing drugs may be prescribed.

Therapy - Put ice packs on your back every few hours for the first 2-3 days after your injury or as instructed. After that ice or heat may be alternated to reduce pain and spasm. Back exercises and gentle massage may be of some benefit. You should be examined again if your back pain is not better in one week.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have pain that radiates from your back into your legs.
- You develop new bowel or bladder control problems.
- You have unusual weakness or numbness in your arms or legs.
- You develop nausea or vomiting.
- You develop abdominal pain.
- You feel faint

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Discharge Instructions

Foot Fracture

Foot Fracture

Your caregiver has diagnosed you as having a foot fracture (broken bone). Your foot has many bones. You have a fracture, or break, in one of these bones. In some cases, your doctor may put on a splint or removable fracture boot until the swelling in your foot has lessened. A cast may or may not be required.

HOME CARE INSTRUCTIONS

If you do not have a cast or splint:

- > You may bear weight on your injured foot as tolerated or advised.
- > Do not put any weight on your injured foot for as long as directed by your caregiver. Slowly increase the amount of time you walk on the foot as the pain and swelling allows or as advised.
- > Use crutches until you can bear weight without pain. A gradual increase in weight bearing may help.
- > Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the ice in a plastic bag and place a towel between the bag of ice and your skin.
- > If an ace bandage (stretchy, elastic wrapping bandage) was applied, you may re-wrap it if ankle is more painful or your toes become cold and swollen.

If you have a cast or splint:

- > Use your crutches for as long as directed by your caregiver.
- > To lessen the swelling, keep the injured foot elevated on pillows while lying down or sitting. Elevate your foot above your heart.
- > Apply ice to the injury for 15 to 20 minutes each hour while awake for the first 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and your cast.
- > Plaster or fiberglass cast.
 - * Do not try to scratch the skin under the cast using a sharp or pointed object down the cast.
 - * Check the skin around the cast every day. You may put lotion on any red or sore areas.
 - * Keep your cast clean and dry.
- > Plaster splint.
 - * Wear the splint until you are seen for a follow up examination.
 - * You may loosen the elastic around the splint if your toes become numb, tingle, or turn blue or cold. Do not rest it on anything harder than a pillow in the first 24 hours.
- > Do not put pressure on any part of your splint. Use your crutches as directed.
- > Keep your splint dry. It can be protected during bathing with a plastic bag. Do not lower the splint into water.
- > If you have a fracture boot you may remove it to shower. Bear weight only as instructed by your caregiver.
- > Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

- > Your cast gets damaged or breaks.
- > You have continued severe pain or more swelling than you did before the cast was put on.
- > Your skin or nails of your casted foot turn blue, gray, feel cold or numb.
- > There is a bad smell from your cast.
- > There is severe pain with movement of your toes.
- > There are new stains and/or drainage coming from under the cast.

MAKE SURE YOU:

- > Understand these instructions.
- > Will watch your condition.
- > Will get help right away if you are not doing well or get worse.

Document Released: 12/15/2001 Document Revised: 01/20/2012 Document Reviewed: 01/21/2010
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Emergency Department Chart

Patient Name: MCLENEON, JUAN	Account Number: 6388425
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Visit Date: 06/12/2015 12:26	Attending MD: ANOOP KUMAR MD

Discharge Instructions

Motor Vehicle Collision, Easy-to-Read
Motor Vehicle Collision (MVC)

After a car accident (motor vehicle collision), it is common to have bruising and swelling on the body. It is normal to feel stiff and sore. It may take a few days to start feeling better.

HOME CARE

Apply ice to puffy (swollen) areas as told by your doctor.
Drink enough water and fluids to keep the pee (urine) clear or pale yellow.
Do not drink alcohol
Take a warm shower or bath 1 or 2 times a day This will help decrease pain in your sore muscles.
Move the body gently and often.
Only take medicine as told by your doctor.

GET HELP IF:

There are any new problems (symptoms) or pain.
Pain is not controlled with medicines given by your doctor.

GET HELP RIGHT AWAY IF:

You or your child is having problems breathing.
There is chest pain
There is belly (abdominal) pain.
You or your child has a headache or trouble seeing.
You or your child feels dizzy or faint.
You or your child has problems peeing or pooping (bowel movement).
There is blood in the pee or poop.
You or your child is throwing up (vomiting).
You or your child throws up blood.
The hands or feet feel numb or weak.
You or your child develops problems with weakness or movement of an arm or leg

MAKE SURE YOU:

Understand these instructions.
Will watch this condition.
Will get help right away if you or your child is not doing well or gets worse.

Document Released: 06/05/2009 Document Re-Released: 06/07/2011
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CPT Codes

- 29125
- 71010-52
- 72170-52
- 73600-52
- 90471
- 90632
- 94760

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Visit Date: 06/12/2015 12:26	Attending MD: ANOOP KUMAR MD

Discharge Summary

Chief Complaint: MVA.. Primary Diagnosis: Motor vehicle accident, driver. Strain of back; Sprain of ankle; Closed fracture of talus.. Disposition Notes: SCRIBE DOCUMENTATION: Written by SALIMA CONTEH SCRIBE acting as scribe for Dr. Kumar; Please follow up with your Primary Care Physician/Specialist as advised by the Emergency Physician. If you have further concerns call your Primary Care Physician or return to the Emergency Department; PLEASE CALL TO ARRANGE FOR FOLLOW UP WITH ORTHOPEDIC SURGEON DR MUSTAFA 3015999500 IN 1 TO 2 DAYS; Patient verbalizes understanding of Signs and symptoms to return to ED; Patient received discharge instructions copy, including follow up care plan, if indicated; changed and new medications, if applicable. Patient received transition record copy, including diagnosis or chief complaint and major procedures and tests, if performed; Patient verbalizes understanding of After care instructions; Patient verbalizes understanding of Need for follow-up and how to access follow-up care; Accompanied By: Law enforcement; Disposition decision is discharge; Electronically signed by ANOOP KUMAR MD; All Medical Record entries made by the scribe were at my direction. I have reviewed the chart and agree that the record accurately reflects my personal performance of the history, physical exam, medical decision making, and the emergency department course for this patient. I have also personally directed, reviewed, and agree with the discharge instructions and disposition. -ANOOP KUMAR MD (electronic signature). Discharge Prescriptions: cyclobenzaprine hcl (cyclobenzaprine) Oral 10 mg tablet 1 tablet(s) By Mouth 3 Times A Day (10 tablet(s)); ibuprofen Oral 600 mg tablet 1 tablet(s) By Mouth Every 6 Hours (15 tablet(s)). (06/12/2015 18:55)

Tetanus and Immunization Status

Last Tetanus Immunization:

tetanus and diphtheria toxoids, adsorbed, for adult use administered on 06/12/2015 14:38:00 [Confirmed by KIM JOHNSON RN on 06/12/2015 14:39:04.] Status: Given Imm. Type: Single dose; Route: Intramuscular; Site: Right Deltoids; Lot#: c4774AA; Administered on: 06/12/2015 14:38:00; Informed consent by: patient, Date/Time of consent: 06/12/2015 00:00:00; CDC VIS - Info given to patient/parent/guardian: No; Adverse Reaction - Adverse reaction occurred: No; [KJOH RN 06/12/2015 14:39:04]

Administered This Visit:

tetanus and diphtheria toxoids, adsorbed, for adult use administered on 06/12/2015 14:38:00 [Confirmed by KIM JOHNSON RN on 06/12/2015 14:39:04.] Status: Given Imm. Type: Single dose; Route: Intramuscular; Site: Right Deltoids; Lot#: c4774AA; Administered on: 06/12/2015 14:38:00; Informed consent by: patient, Date/Time of consent: 06/12/2015 00:00:00; CDC VIS - Info given to patient/parent/guardian: No; Adverse Reaction - Adverse reaction occurred: No; [KJOH RN 06/12/2015 14:39:04]

Substance Use

Tobacco

Smoking status

never a smoker [Confirmed by: CYNTHIA OBRIEN RN on 06/12/2015 13:02:00]

Alcohol

Alcohol use

2-4 times a month [Confirmed by: CYNTHIA OBRIEN RN on 06/12/2015 13:02:00]

Alcohol use comment

drank approx 2 weeks ago [CYNTHIA OBRIEN RN on 06/12/2015 13:02 00]

Recreational Drugs

Street drug use

Denies [CYNTHIA OBRIEN RN on 06/12/2015 13:02:00]

MedStar Southern Maryland Hospital Center
Emergency Department
7503 Surratts Road
Clinton, MD 20735
301-877-4500

Final

Emergency Department Chart

Patient Name: MCLENEON, JUAN	Account Number: 6368425
Medical Rec. Number: 002006298	Birthdate: 08/02/1972 Gender: M
Arrival Date: 06/12/2015 12:23	Primary MD: Patient has no PCP.
Visit Date: 06/12/2015 12:26	Attending MD: ANOOP KUMAR MD

Staff Legend	
AKUM	ANOOP KUMAR MD
COBR	CYNTHIA OBRIEN RN
KJOH	KIM JOHNSON RN
RCRO	RACHEL CROUCH EDT
SCON	SALIMA CONTEH SCRIBE
TGRA	TINA GRAY RN

MedStar Southern Maryland Hospital Center
Emergency Department
7503 Surratts Road
Clinton, MD 20735
301-877-4500

EMERGENCY DEPARTMENT
Discharge Acknowledgement Statement

Patent Name MCLENEON, JUAN	Visit Date 06/12/2015
Med Rec No 002006298	Acct No 6388425

Signed X Juan P. [Signature] Date 6/12/15

Relationship Self Other _____

Witness [Signature] Date 1430 6/12/15

Patent Name MCLENEON, JUAN

Med Rec No 002006298

Acct No 6388425

000072

10. PATIENT LIABILITY (Important - If CHAMPUS/CHAMPVA READ CAREFULLY): It is agreed that the patient (or legal representative) is always financially responsible to the provider for payment of his/her bill. Third party coverage does not waive this responsibility from the patient. The hospital and its contracted providers assume no liability for the failure of an insurance carrier (third party coverage) to pay all or part of the patient's hospitalization.

Federal Laws (18 U.S.C. 287 and 1001) provide for criminal penalties for knowingly submitting or making any false fictitious or fraudulent statement or claim in any matter within the jurisdiction of any department or agency of the United States. Examples of fraud include situations in which ineligible persons knowingly use an unauthorized Identification Card in filing a CHAMPUS/CHAMPVA claim; or where a beneficiary/patient (or sponsor) fails to disclose other medical benefits or health insurance coverage. (Note: the above is also certified by signature of the parent or guardian if patient is a minor.)

11. ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES: I acknowledge that I have received MedStar Southern Maryland Hospital Center's Notice of Privacy Practices and have been offered the opportunity to request restrictions on certain uses and disclosures of my protected health information.

Comments: _____

ADVANCE DIRECTIVE ACKNOWLEDGMENT

To be completed by the patient/family:

- I wish to be an Organ, Tissue or Eye Donor Yes No Unknown
- I have an Advance Directive (Living Will) Yes No Unknown
- I have appointed a Health Care Agent Yes No Unknown
- My appointed Health Care Agent is _____

- Name _____ Relationship _____
- I have a copy of the Advance Directive with me Yes No Requested

Please provide the hospital with a copy of your advance directive as soon as possible.

- Registration Use Only Information booklet provided Patient/Family declined information booklet

If you are having an operative or invasive procedure during your hospitalization your Advance Directive (such as "Do Not Resuscitate") may need to be modified in preparation for your procedure and immediate postoperative procedure. If you currently have such an Advance Directive, it should be discussed with your physician, surgeon, and anesthesiologist before the procedure.

I CERTIFY THAT I HAVE READ BOTH SIDES OF THE FORM AND UNDERSTAND ITS CONTENTS

Police Capt. Check 600
 Patient or Authorized Representative

 Witness
[Signature]
 Second Witness (if required)

_____	6/12/15	_____
Patient or Authorized Representative (PRINT)	Date	Time
_____	6/12/15	_____
Witness Name and Title (PRINT)	Date	Time
<u>Colby Frankl</u>	6/12/15	_____
Second Witness Name and Title (PRINT)	Date	Time

Patient is unable to sign because Check 600 Police Capt Complete MRC#1022

_____	_____	_____
Closest Relative, Legal Guardian or Responsible Party	Relationship to Patient	Date Time

MedStar Southern Maryland Hospital Center

Conditions of Treatment

MCLENON, JUAN
 OTHER REFERRING PHYSICIAN
 ACCT# 8388425
 08/02/1972 M 042Y
 MAR 002006298
 NTP E FMS
 06/12/15 FIC

CONTINUUM OF CARE

1. MEDICAL CONSENT: I hereby voluntarily consent to such diagnostic procedures and hospital care and to such therapeutic treatment by doctors of the medical staff of MedStar Southern Maryland Hospital Center which, in their judgment, becomes necessary while I am a patient in said hospital. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatments or examination in the hospital. I hereby authorize MedStar Southern Maryland Hospital Center to retain, preserve and use for scientific and teaching purposes, or dispose of at their convenience, any specimens or tissue taken from my body during my hospitalization.

2. DOCTORS AS INDEPENDENT PRACTITIONERS: I understand that many of the doctors practicing at the hospital are not hospital employees, but instead are independent practitioners. The hospital grants medical staff membership and privileges to doctors, which allows them to admit and treat patients at the hospital, but this does not make the doctors employees or agents of the hospital.

3. RELEASE OF RESPONSIBILITY: I understand that if I leave the hospital without the consent of the physician and/or fail to carry out instructions for follow-up care, I do so at my own responsibility.

4. PERSONAL VALUABLES: I have been advised that MedStar Southern Maryland Hospital Center strongly recommends that all belongings and valuables be given to, or sent home, with a family member/authorized representative. If I choose to keep these items, they may be collected and stored in MedStar Southern Maryland Hospital Center's Security Department per policy until I am discharged from the hospital. I acknowledge that MedStar Southern Maryland Hospital Center is not responsible for the loss or damage of my personal items that I wish to keep with me during my hospital stay. I further acknowledge that MedStar Southern Maryland Hospital Center will not replace any personal items if they are lost or damaged. I, hereby, release and absolve MedStar Southern Maryland Hospital Center from any and all liability whatsoever for the loss or damage that may occur to items that remain in my possession. I waive any and all rights to compensation for such losses that may occur to personal property that remains in my possession. Any items not claimed within 30 days after patient is discharged will be discarded or donated.

5. ASSIGNMENT OF INSURANCE OR PAYOR BENEFITS: I recognize I am primarily liable for payment for services rendered, however, in the event I am entitled to medical care benefits of any type whatsoever, I hereby assign those benefits to the hospital and any of its contracted health care providers, including but not limited to, those physicians or physician groups providing anesthesia, cardiology, emergency, intensive care, rehabilitation, neonatal, neurology, pathology, pulmonary medicine and radiology services. I authorize the hospital and the appropriate health care providers to apply for benefits on my behalf for services rendered during this admission or visit. I certify that the insurance or other coverage benefit information supplied by me is correct, in accordance with applicable hospital, provider or insurance policies or agreements. Should my account be referred to an attorney for collection, I agree to pay reasonable attorney's fees and collection expenses.

6. PERMISSION FOR PAYMENT OF HOSPITAL AND MEDICAL INSURANCE BENEFITS TO HOSPITAL AND CONTRACTED SERVICES: I request payment of authorized benefits be made in my behalf directly to the hospital and its contracted providers. I understand that I will be receiving separate bills from each contracted health care provider in addition to the hospital bill. These may include Radiology, Emergency Department, and Pathology.

7. STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIANS AND PATIENT: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Administration or its intermediaries or carriers for this or a related medical claim is correct, and I authorize the release of all necessary information to the Centers for Medicare & Medicaid Services, as well as any Professional Review Organization. I request that payment of authorized benefits be made on my behalf. I request that benefits payable for physicians' services be made to the physician or organization furnishing the service and authorize such physician or organization to submit a claim to Medicare on my behalf.

8. PAYMENT FOR SERVICES: I guarantee payment of all charges incurred for services rendered at MedStar Southern Maryland Hospital Center for the patient named on this page, less any amounts paid by any third party payor. The amount due shall be paid in full at the time of discharge. In the event of a prolonged hospitalization, I understand that MedStar Southern Maryland Hospital Center and contracted health care providers reserve the right to present me with periodic interim bills that will be due upon receipt.

9. HIV TEST IN EXPOSURE SITUATION: I consent that should a health care provider accidentally be exposed to my blood or body fluids that blood samples will be taken and tested for communicable diseases including but not limited to Hepatitis and HIV. I will be informed of results of the tests, and, as necessary, counseled and referred for treatment and/or follow-up.

**MedStar Southern Maryland
Hospital Center**

Conditions of Treatment

000074 MARC 8 910 (Rev. 1/79)
Continued on Back



10. PATIENT LIABILITY (Important - If CHAMPUS/CHAMPVA READ CAREFULLY): It is agreed that the patient (or legal representative) is always financially responsible to the provider for payment of his/her bill. Third party coverage does not waive this responsibility from the patient. The hospital and its contracted providers assume no liability for the failure of an insurance carrier (third party coverage) to pay all or part of the patient's hospitalization.

Federal Laws (18 U.S.C. 267 and 1001) provide for criminal penalties for knowingly submitting or making any false fictitious or fraudulent statement or claim in any matter within the jurisdiction of any department or agency of the United States. Examples of fraud include situations in which ineligible persons knowingly use an unauthorized Identification Card in filing a CHAMPUS/CHAMPVA claim; or where a beneficiary/patient (or sponsor) fails to disclose other medical benefits or health insurance coverage. (Note: the above is also certified by signature of the parent or guardian if patient is a minor.)

11. ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES: I acknowledge that I have received MedStar Southern Maryland Hospital Center's Notice of Privacy Practices and have been offered the opportunity to request restrictions on certain uses and disclosures of my protected health information.

Comments: _____

ADVANCE DIRECTIVE ACKNOWLEDGMENT

To be completed by the patient/family:

- I wish to be an Organ, Tissue or Eye Donor Yes No Unknown
- I have an Advance Directive (Living Will) Yes No Unknown
- I have appointed a Health Care Agent Yes No Unknown
- My appointed Health Care Agent is _____

- Name _____ Relationship _____
- I have a copy of the Advance Directive with me Yes No Requested

Please provide the hospital with a copy of your advance directive as soon as possible.

Registration Use Only Information booklet provided Patient/Family declined information booklet

If you are having an operative or invasive procedure during your hospitalization your Advance Directive (such as "Do Not Resuscitate") may need to be modified in preparation for your procedure and immediate postoperative procedure. If you currently have such an Advance Directive, it should be discussed with your physician, surgeon, and anesthesiologist before the procedure.

I CERTIFY THAT I HAVE READ BOTH SIDES OF THE FORM AND UNDERSTAND ITS CONTENTS

Police cust check 600
Patient or Authorized Representative _____ Date 6/2/15 Time _____

Witness _____ Date 6/2/15 Time _____

Second Witness (if required) _____ Date 6/2/15 Time _____

Patient is unable to sign because: Check 600 Police cust Complete MRC#1022

Closest Relative, Legal Guardian or Responsible Party _____ Relationship to Patient _____ Date _____ Time _____

MedStar Southern Maryland Hospital Center

Conditions of Treatment

MCLENEON, JUAN
OTHER REFERRING PHYSICIAN
ACCT# 8388425
08/02/1972 M-042Y
MR# 002006298
PIPE EMS
06/12/15 FIC

000075

CONDITIONS OF TREATMENT

1. MEDICAL CONSENT: I hereby voluntarily consent to such diagnostic procedures and hospital care and to such therapeutic treatment by doctors of the medical staff of MedStar Southern Maryland Hospital Center which, in their judgment, becomes necessary while I am a patient in said hospital. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatments or examination in the hospital. I hereby authorize MedStar Southern Maryland Hospital Center to retain, preserve and use for scientific and teaching purposes, or dispose of at their convenience, any specimens or tissue taken from my body during my hospitalization.

2. DOCTORS AS INDEPENDENT PRACTITIONERS: I understand that many of the doctors practicing at the hospital are not hospital employees, but instead are independent practitioners. The hospital grants medical staff membership and privileges to doctors, which allows them to admit and treat patients at the hospital, but this does not make the doctors employees or agents of the hospital.

3. RELEASE OF RESPONSIBILITY: I understand that if I leave the hospital without the consent of the physician and/or fail to carry out instructions for follow-up care, I do so at my own responsibility.

4. PERSONAL VALUABLES: I have been advised that MedStar Southern Maryland Hospital Center strongly recommends that all belongings and valuables be given to, or sent home, with a family member/authorized representative. If I choose to keep these items, they may be collected and stored in MedStar Southern Maryland Hospital Center's Security Department per policy until I am discharged from the hospital. I acknowledge that MedStar Southern Maryland Hospital Center is not responsible for the loss or damage of my personal items that I wish to keep with me during my hospital stay. I further acknowledge that MedStar Southern Maryland Hospital Center will not replace any personal items if they are lost or damaged. I, hereby, release and absolve MedStar Southern Maryland Hospital Center from any and all liability whatsoever for the loss or damage that may occur to items that remain in my possession. I waive any and all rights to compensation for such losses that may occur to personal property that remains in my possession. Any items not claimed within 30 days after patient is discharged will be discarded or donated.

5. ASSIGNMENT OF INSURANCE OR PAYOR BENEFITS: I recognize I am primarily liable for payment for services rendered, however, in the event I am entitled to medical care benefits of any type whatsoever, I hereby assign those benefits to the hospital and any of its contracted health care providers, including but not limited to, those physicians or physician groups providing anesthesiology, cardiology, emergency, intensive care, rehabilitation, neonatal, neurology, pathology, pulmonary medicine and radiology services. I authorize the hospital and the appropriate health care providers to apply for benefits on my behalf for services rendered during this admission or visit. I certify that the insurance or other coverage benefit information supplied by me is correct, in accordance with applicable hospital, provider or insurance policies or agreements. Should my account be referred to an attorney for collection, I agree to pay reasonable attorney's fees and collection expenses.

6. PERMISSION FOR PAYMENT OF HOSPITAL AND MEDICAL INSURANCE BENEFITS TO HOSPITAL AND CONTRACTED SERVICES: I request payment of authorized benefits be made in my behalf directly to the hospital and its contracted providers. I understand that I will be receiving separate bills from each contracted health care provider in addition to the hospital bill. These may include Radiology, Emergency Department, and Pathology.

7. STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIANS AND PATIENT: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Administration or its intermediaries or carriers for this or a related medical claim is correct, and I authorize the release of all necessary information to the Centers for Medicare & Medicaid Services, as well as any Professional Review Organization. I request that payment of authorized benefits be made on my behalf. I request that benefits payable for physicians' services be made to the physician or organization furnishing the service and authorize such physician or organization to submit a claim to Medicare on my behalf.

8. PAYMENT FOR SERVICES: I guarantee payment of all charges incurred for services rendered at MedStar Southern Maryland Hospital Center for the patient named on this page, less any amounts paid by any third party payer. The amount due shall be paid in full at the time of discharge. In the event of a prolonged hospitalization, I understand that MedStar Southern Maryland Hospital Center and contracted health care providers reserve the right to present me with periodic interim bills that will be due upon receipt.

9. HIV TEST IN EXPOSURE SITUATION: I consent that should a health care provider accidentally be exposed to my blood or body fluids that blood samples will be taken and tested for communicable diseases including but not limited to Hepatitis and HIV. I will be informed of results of the tests, and, as necessary, counseled and referred for treatment and/or follow-up.

MedStar Southern Maryland
Hospital Center

Conditions of Treatment

000076
Continued on Back



I have received information about the illness for which I am being vaccinated, as well as about the vaccine (Vaccine Information Statement - VIS) I am being given. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the illness and vaccine. I request that the vaccine(s) checked below be given to me or to the person named below for whom I am authorized to make the request. I understand that this treatment will be reported as the law requires.

<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Declined to receive the vaccine REASON _____	<input type="checkbox"/> Rabies <input type="checkbox"/> Declined to receive the vaccine REASON _____
<input type="checkbox"/> Inactivated Influenza <input type="checkbox"/> Declined to receive the vaccine REASON _____	<input type="checkbox"/> Tetanus Toxoid <input type="checkbox"/> Declined to receive the vaccine REASON _____
<input type="checkbox"/> Measles-Mumps-Rubella <input type="checkbox"/> Declined to receive the vaccine REASON _____	<input type="checkbox"/> Td (Tetanus/Diphtheria) <input type="checkbox"/> Declined to receive the vaccine REASON _____
<input type="checkbox"/> Meningococcal <input type="checkbox"/> Declined to receive the vaccine REASON _____	<input checked="" type="checkbox"/> Tdap (Tetanus/Diphtheria/Pertussis) <input type="checkbox"/> Declined to receive the vaccine REASON _____
<input type="checkbox"/> Pneumococcal Polysaccharide <input type="checkbox"/> Declined to receive the vaccine REASON _____	<input type="checkbox"/> Varivax (Chicken Pox) <input type="checkbox"/> Zostavax (Chicken Pox) <input type="checkbox"/> Declined to receive the vaccine REASON _____

Signature of patient or authorized representative: X Jim P... 6/12/15
 Date: _____

Print name of representative: _____ Relationship to patient (if other than patient): _____
 Witness signature: [Signature] Date: 6/12/15 Time: 1410 Witness print name: Jim M Johnson

FOR HOSPITAL USE ONLY

Choose the needed vaccine and give the VIS (Vaccine Information Statement) to the patient to read. Have the patient or authorized representative sign the form. Administer the vaccine.

Date vaccine administered: <u>6/12/15</u>	Date vaccine administered: _____	Date vaccine administered: _____
Vaccine Manufacturer: _____	Vaccine Manufacturer: _____	Vaccine Manufacturer: _____
Vaccine Lot Number: <u>04747</u>	Vaccine Lot Number: _____	Vaccine Lot Number: _____
Site of injection: <u>155J17 2011</u>	Site of injection: _____	Site of injection: _____

Signature / Title of person administering vaccine: [Signature] Date: 6/2/15 Time: 1410

MCLENEON, JUAN
 OTHER REFERRING PHYSICIAN
 ACCT# 6388425
 08/02/1972 M-042Y
 MR# 002006298
 PTP-E EMS
 06/12/15 F/C

MedStar Southern Maryland
 Hospital Center

Immunization Consent Form



MCLENEON, JUAN		Opt Out: Yes
SouthMD		
Comprehensive Orders Report		
From 06/12/2015 12:23	To: 06/12/2015 14:39	
Rm-Bed:	Admit Et: 06/12/2015 12:23	
Age: 42 yr	Gender: M	MD: Kumar, Anoop, MD
DOB: 08/02/1972	Acct: 6388425	
MRN: 002006298		
Requested: 06/13/2015 16:20		Page 1 of 7

INDEX SECTION:				
Name	Order#	Original Entry DT	Start DT/TM	End DT/TM
Diagnosis:	1	06/12/2015 13:00	06/12/2015 12:59	
ED: Xray Ankle 2 Views Left	2	06/12/2015 13:00	06/12/2015 12:59	06/12/2015 12:59
ED: Xray Portable Chest	3	06/12/2015 13:00	06/12/2015 13:00	06/12/2015 13:00
ED: Xray Pelvis AP Only	4	06/12/2015 13:00	06/12/2015 13:00	06/12/2015 13:00
ED: ibuprofen [ADVIL/MOTRIN]	5	06/12/2015 13:00	06/12/2015 13:00	06/12/2015 13:00
ED: tetanus - diphtheria vaccine ADULT [TD]	6	06/12/2015 13:51	06/12/2015 13:51	06/12/2015 13:51
ED: Splint	7	06/12/2015 13:54	06/12/2015 13:54	06/12/2015 13:54
ED: Crutch Training	8	06/12/2015 13:54	06/12/2015 13:54	06/12/2015 13:54

BODY SECTION:

Order 1 - Version 1

Diagnosis: CONTIN ROUTINE Until Discontinued		
Start: 06/12/2015 12:59 Originally Entered: 06/12/2015 13:00 Last Modified: 06/12/2015 13:00	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: KUMAR, ANOOP MD Source: Direct	Action: Ordered
Category: Medical Diagnosis: [primary] Sprain of ankle (845.00)		
Signed Action: Sign New	By: KUMAR, ANOOP MD	Date: 06/12/2015 13:00
Signed Action: Acknowledge New	By:	
		Application Source: HEO-MD Performing Dept: HEO Department Order Group: HEO Group Placer Number: 53504472

Order 1 - Version 2

Diagnosis: CONTIN ROUTINE Until Discontinued		
Start: 06/12/2015 12:59 Originally Entered: 06/12/2015 13:00 Last Modified: 06/12/2015 14:11	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: Source: Direct	Action: Status
		Application Source: HOM Performing Dept: HEO Department Order Group: HEO Group Placer Number: 53504472

Order 1 - Version 3

Diagnosis: CONTIN ROUTINE Until Discontinued		
Start: 06/12/2015 12:59 Originally Entered: 06/12/2015 13:00 Last Modified: 06/12/2015 18:00 D.C.: 06/12/2015 14:39	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: Source: Direct	Action: Discontinued
Category: Medical		

MCLENEON, JUAN		Opt Out: Yes
SouthMD		
Comprehensive Orders Report		
From 06/12/2015 12:23	To: 06/12/2015 14:39	
Rm-Bed:	Admit Dt: 06/12/2015 12:23	
Age: 42 yr	Gender: M	MD: Kumar, Anoop, MD
DOB: 08/02/1972	Acct: 6388425	
MRN: 002006298		
Requested: 06/13/2015 16:20		
		Page 2 of 7

Order 1 - Version 3 (Continued)

Diagnosis: [primary] Sprain of ankle (845.00)	Application Source: HOM
	Performing Dept: Hso Department
	Order Group: HEO Group
	Placer Number: 53504472

Order 2 - Version 1

ED: Xray Ankle 2 Views Left ONCE STAT 1Times		
Start: 06/12/2015 12:59	Ordered By: KUMAR, ANOOP MD	Action: Ordered
End: 06/12/2015 12:59	Entered By: KUMAR, ANOOP MD	
Originally Entered: 06/12/2015 13:00	Modified By: KUMAR, ANOOP MD	
Last Modified: 06/12/2015 13:00	Source: Direct	
Reason for Exam: Ankle Pain		
Signed Action: Sign Now	By: KUMAR, ANOOP MD	Date: 06/12/2015 13:00
Signed Action: Acknowledge New	By: CROUCH, RACHEL EDMT	Date: 06/12/2015 13:01
	Application Source: HEO-MD	
	Performing Dept: RAD X RAY	
	Order Group: X-Ray	
	Placer Number: 53504473	

Order 2 - Version 2

ED: Xray Ankle 2 Views Left ONCE STAT 1Times		
Start: 06/12/2015 12:59	Ordered By: KUMAR, ANOOP MD	Action: Ordered
End: 06/12/2015 12:59	Entered By: KUMAR, ANOOP MD	
Originally Entered: 06/12/2015 13:00	Modified By: KUMAR, ANOOP MD	
Last Modified: 06/12/2015 13:27	Source: Direct	
Reason for Exam: Ankle Pain		
	Application Source: MI1	
	Performing Dept: RAD-X-RAY	
	Order Group: X-Ray	
	Placer Number: 53504473	

Order 2 - Version 3

ED: Xray Ankle 2 Views Left ONCE STAT 1 Times		
Start: 06/12/2015 12:59	Ordered By: KUMAR, ANOOP MD	Action: Completed
End: 06/12/2015 12:59	Entered By: KUMAR, ANOOP MD	
Originally Entered: 06/12/2015 13:00	Modified By: STAFFID, 1110 TEMP	
Last Modified: 06/12/2015 13:27	Source: Direct	
Reason for Exam: Ankle Pain		
	Application Source: MI1	
	Performing Dept: RAD X RAY	
	Order Group: X-Ray	
	Placer Number: 53504473	

Order 3 - Version 1

ED: Xray Portable Chest ONCE STAT 1Times

000079

MCLENEON, JUAN		Opt Out: Yes
SouthMD		
Comprehensive Orders Report		
From 06/12/2015 12:23	To: 06/12/2015 14:39	
Rm-Bed	Admit Et: 06/12/2015 12:23	
Age: 42 yr	Gender: M	MD: Kumar, Anoop, MD
DOB: 08/02/1972	Acct: 6388425	
MRN: 002006298		
Requested: 06/13/2015 16:20	Page 3 of 7	

Order 3 - Version 1 (Continued)

Start: 06/12/2015 13:00 End: 06/12/2015 13:00 Originally Entered: 06/12/2015 13:00 Last Modified: 06/12/2015 13:00	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: KUMAR, ANOOP MD Source: Direct	Action: Ordered
Reason for Exam: mvc		
Signed Action: Sign Now	By: KUMAR, ANOOP MD	Date: 06/12/2015 13:00
Signed Action: Acknowledge New	By: CHOUGH, RACHEL FDMT	Date: 06/12/2015 13:01
		Application Source: HEO-MD Performing Dept: RAD X RAY Order Group: X-Ray Placer Number: 53504693

Order 3 - Version 2

ED: Xray Portable Chest ONCE STAT 1 Times		
Start: 06/12/2015 13:00 End: 06/12/2015 13:00 Originally Entered: 06/12/2015 13:00 Last Modified: 06/12/2015 13:26	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: KUMAR, ANOOP MD Source: Direct	Action: Ordered
Reason for Exam: mvc		
		Application Source: MI1 Performing Dept: RAD-X-RAY Order Group: X-Ray Placer Number: 53504693

Order 3 - Version 3

ED: Xray Portable Chest ONCE STAT 1 Times		
Start: 06/12/2015 13:00 End: 06/12/2015 13:00 Originally Entered: 06/12/2015 13:00 Last Modified: 06/12/2015 13:26	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: STAFFID, 1110 TEMP Source: Direct	Action: Completed
Reason for Exam: mvc		
		Application Source: MI1 Performing Dept: RAD-X-RAY Order Group: X-Ray Placer Number: 53504693

Order 4 - Version 1

ED: Xray Pelvis AP Only ONCE STAT 1 Times		
Start: 06/12/2015 13:00 End: 06/12/2015 13:00 Originally Entered: 06/12/2015 13:00 Last Modified: 06/12/2015 13:00	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: KUMAR, ANOOP MD Source: Direct	Action: Ordered
Reason for Exam: pain, mvc		

MCLENEON, JUAN		Opt Out: Yes
SouthMD		
Comprehensive Orders Report		
From: 06/12/2015 12:23	To: 06/12/2015 14:39	
Rm-Bed:	Admit Dt: 06/12/2015 12:23	
Age: 42 yr	Gender: M	MD: Kumar, Anoop, MD
DOB: 08/02/1972	Acct: 6388425	
MRN: 002006298		
Requested: 06/13/2015 16:20	Page 4 of 7	

Order 4 - Version 1 (Continued)

Signed Action: Sign New	By: KUMAR, ANOOP MD	Date: 06/12/2015 13:00
Signed Action: Acknowledge New	By: CROUCH, RACHEL EDMT	Date: 06/12/2015 13:01
		Application Source: HEO-MD
		Performing Dept: RAD X RAY
		Order Group: X-Ray
		Placer Number: 53504700

Order 4 - Version 2

ED: Xray Pelvis AP Only ONCE STAT 1 Times		
Start: 06/12/2015 13:00	Ordered By: KUMAR, ANOOP MD	Action: Ordered
End: 06/12/2015 13:00	Entered By: KUMAR, ANOOP MD	
Originally Entered: 06/12/2015 13:00	Modified By: KUMAR, ANOOP MD	
Last Modified: 06/12/2015 13:28	Source: Direct	
Reason for Exam: pain, mvc		
		Application Source: MI1
		Performing Dept: RAD-X-RAY
		Order Group: X Ray
		Placer Number: 53504700

Order 4 - Version 3

ED: Xray Pelvis AP Only ONCE STAT 1 Times		
Start: 06/12/2015 13:00	Ordered By: KUMAR, ANOOP MD	Action: Completed
End: 06/12/2015 13:00	Entered By: KUMAR, ANOOP MD	
Originally Entered: 06/12/2015 13:00	Modified By: STAFFID, 1110 TEMP	
Last Modified: 06/12/2015 13:28	Source: Direct	
Reason for Exam: pain, mvc		
		Application Source: MI1
		Performing Dept: RAD-X-RAY
		Order Group: X-Ray
		Placer Number: 53504700

Order 5 - Version 1

ED: ibuprofen [ADVILMOTRIN] 800 MG ORAL ONCE STAT 1 Times		
Start: 06/12/2015 13:00	Ordered By: KUMAR, ANOOP MD	Action: Ordered
End: 06/12/2015 13:00	Entered By: KUMAR, ANOOP MD	
Originally Entered: 06/12/2015 13:00	Modified By: KUMAR, ANOOP MD	
Last Modified: 06/12/2015 13:00	Source: Direct	
Signed Action: Sign New	By: KUMAR, ANOOP MD	Date: 06/12/2015 13:00
Signed Action: Acknowledge New	By: JOHNSON, KIM RN	Date: 06/12/2015 13:31
		Application Source: HEO-MD
		Performing Dept: ER MEDICATIONS
		Order Group: ED MEDICATIONS
		Placer Number: 53504706

Order 5 - Version 2

MCLENEON, JUAN		Opt Out: Yes
EouinMD		
Comprehensive Orders Report		
From: 06/12/2015 12:23	To: 06/12/2015 14:39	
Rm-Bed	Admit Dt: 06/12/2015 12:23	
Age: 42 yr	Gender: M	MD: Kumar, Anoop, MD
DOB: 08/02/1972	Acct: 6388425	
MRN: 002006298		
Requested: 06/13/2015 16:20		

Order 5 - Version 2 (Continued)

ED: ibuprofen [ADVILMOTRIN] 800 MG ORAL ONCE STAT 1 Times		
Start: 06/12/2015 13:00 End: 06/12/2015 13:00 Originally Entered: 06/12/2015 13:00 Last Modified: 06/12/2015 13:31	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: JOHNSON, KIM RN Source: Direct	Action: Completed
		Application Source: HEO Performing Dept: ER MEDICATIONS Order Group: ED MEDICATIONS Placer Number: 53504706

Order 6 - Version 1

ED: tetanus - diphtheria vaccine ADULT [TD] 0.5 ML IM ONCE STAT 1 Times		
Start: 06/12/2015 13:51 End: 06/12/2015 13:51 Originally Entered: 06/12/2015 13:51 Last Modified: 06/12/2015 13:51	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: KUMAR, ANOOP MD Source: Direct	Action: Ordered
Signed Action: Sign New Signed Action: Acknowledge New	By: KUMAR, ANOOP MD By: JOHNSON, KIM RN	Date: 06/12/2015 13:51 Date: 06/12/2015 14:07
		Application Source: HEO-MD Performing Dept: ER MEDICATIONS Order Group: ED MEDICATIONS Placer Number: 53506948

Order 6 - Version 2

ED: tetanus - diphtheria vaccine ADULT [TD] 0.5 ML IM ONCE STAT 1 Times		
Start: 06/12/2015 13:51 End: 06/12/2015 13:51 Originally Entered: 06/12/2015 13:51 Last Modified: 06/12/2015 14:39	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: JOHNSON, KIM RN Source: Direct	Action: Completed
		Application Source: HEO Performing Dept: ER MEDICATIONS Order Group: ED MEDICATIONS Placer Number: 53506948

Order 7 - Version 1

ED: Splint ONCE STAT 1 Times		
Start: 06/12/2015 13:54 End: 06/12/2015 13:54 Originally Entered: 06/12/2015 13:54 Last Modified: 06/12/2015 13:54	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: KUMAR, ANOOP MD Source: Direct	Action: Ordered
Instructions: posterior left ankle		

000082

MCLENEON, JUAN Opt Out: Yes
 SouthMD
Comprehensive Orders Report
 From 06/12/2015 12:23 To: 06/12/2015 14:39
 Rm: Bed Admit Dt: 06/12/2015 12:23
 Age: 42 yr Gender: M MD: Kumar, Anoop, MD
 DOB: 08/02/1972 Acct: 6388425
 MRN: 002006298
 Requested: 06/13/2015 16:20 Page 6 of 7

Order 7 - Version 1 (Continued)

Signed Action: Sign New	By: KUMAR, ANOOP MD	Date: 06/12/2015 13:54
Signed Action: Acknowledge New	By: CROUCH, RACHEL EDMT	Date: 06/12/2015 13:56
Application Source: HEO-MD		
Performing Dept: REHB - PHYSICAL THERAPY		
Order Group: Physical Therap		
Placer Number: 53507080		

Order 7 - Version 2

ED: Splint ONCE STAT 1 Times		
Start: 06/12/2015 13:54	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: CROUCH, RACHEL EDMT Source: Direct	Action: Completed
End: 06/12/2015 13:54		
Originally Entered: 06/12/2015 13:54		
Last Modified: 06/12/2015 14:26		
Instructions: posterior left ankle		
Application Source: HEO		
Performing Dept: REHB - PHYSICAL THERAPY		
Order Group: Physical Therap		
Placer Number: 53507080		

Order 8 - Version 1

ED: Crutch Training ONCE STAT 1 Times		
Start: 06/12/2015 13:54	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: KUMAR, ANOOP MD Source: Direct	Action: Ordered
End: 06/12/2015 13:54		
Originally Entered: 06/12/2015 13:54		
Last Modified: 06/12/2015 13:54		
Signed Action: Sign New	By: KUMAR, ANOOP MD	Date: 06/12/2015 13:54
Signed Action: Acknowledge New	By: CROUCH, RACHEL EDMT	Date: 06/12/2015 13:56
Application Source: HEO MD		
Performing Dept: REHB PHYSICAL THERAPY		
Order Group: Physical Therap		
Placer Number: 53507092		

Order 8 - Version 2

ED: Crutch Training ONCE STAT 1 Times		
Start: 06/12/2015 13:54	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: CROUCH, RACHEL EDMT Source: Direct	Action: Completed
End: 06/12/2015 13:54		
Originally Entered: 06/12/2015 13:54		
Last Modified: 06/12/2015 14:26		

MEDSTAR SOUTHERN MARYLAND HOSPITAL
7503 SURREATTS ROAD
CLINTON, MD 20735
RADIOLOGY REPORT

PATIENT'S NAME: MCLENEON, JUAN ROOM#:
RADIOLOGY#: ORDER#: 53504701
MEDREC#: 2006298 ACCT#: 6388425
DATE OF BIRTH: 08/02/1972 SEX: M PATIENT TYPE: E
REFERRING PHYSICIAN:
ORDERING PHYSICIAN: ANOOP KUMAR, M.D.
ADDITIONAL ORDERS:

DATE OF EXAMINATION:
06/12/2015.

INDICATION:
LEFT ANKLE.

AP, lateral and oblique views.

The ankle mortise is normal.

There is a tiny avulsion cortical fracture in the dorsal aspect of the talus.

THIS DOCUMENT HAS BEEN REVIEWED AND ELECTRONICALLY SIGNED
BY DOO CHUNG, M.D. ON Fri Jun 12, 2015 20:25:55

DOO CHUNG, M.D.

\: ASR DD: 06/12/2015 TD: 01:33 PM ID: 2748056
/: 11142 DT: 06/12/2015 TT: 01:35 PM JOB: 2748056
MR#: 2006298 ORDER#: 53504701

cc:SANCHEZ, JESUS M.D. (11322)

MEDSTAR SOUTHERN MARYLAND HOSPITAL
7503 SURRETTTS ROAD
CLINTON, MD 20735
RADIOLOGY REPORT

PATIENT'S NAME: MCLENEON, JUAN ROOM#:
RADIOLOGY#: ORDER#: 53504703
MEDREC#: 2006298 ACCT#: 6388425
DATE OF BIRTH: 08/02/1972 SEX: M PATIENT TYPE: E
REFERRING PHYSICIAN:
ORDERING PHYSICIAN: ANOOP KUMAR, M.D.
ADDITIONAL ORDERS:

DATE OF EXAMINATION:
06/12/2015.

CLINICAL HISTORY:
Pain and trauma.

EXAMINATION:
PELVIS.

FINDINGS:
No fracture or significant bony abnormality is seen. Hip joints
and SI joints are normal.

IMPRESSION:
within normal limits.

THIS DOCUMENT HAS BEEN REVIEWED AND ELECTRONICALLY SIGNED
BY GILLIAN GRIFFITH, M.D. ON Sun Jun 14, 2015 16:06:07

GILLIAN GRIFFITH, M.D.

\: ASR DD: 06/12/2015 TD: 01:51 PM ID: 2748067
/: 11241 DT: 06/12/2015 TT: 01:53 PM JOB: 2748067
MR#: 2006298 ORDER#: 53504703

cc: SANCHEZ, JESUS M.D. (11322)

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002006298

6388425

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MEDSTAR SOUTHERN MARYLAND HOSPITAL
 7503 SURRETTTS ROAD
 CLINTON, MD 20735
 RADIOLOGY REPORT

PATIENT'S NAME: MCLENEON, JUAN	ROOM#:
RADIOLOGY#:	ORDER#: 53504702
MEDREC#: 2006298	ACCT#: 6388425
DATE OF BIRTH: 08/02/1972 SEX: M	PATIENT TYPE: E
REFERRING PHYSICIAN:	
ORDERING PHYSICIAN: ANOOP KUMAR, M.D.	
ADDITIONAL ORDERS:	

DATE OF EXAMINATION:
 06/12/2015.

CLINICAL HISTORY:
 Post MVC pain.

EXAMINATION:
 CHEST AP PORTABLE.

FINDINGS:
 The lungs are clear. The heart is normal in size. There is a
 bullet seen projecting over the left mid chest.

IMPRESSION:
 No active or pulmonary disease.

THIS DOCUMENT HAS BEEN REVIEWED AND ELECTRONICALLY SIGNED
 BY DOO CHUNG, M.D. ON Fri Jun 12, 2015 20:25:52

DOO CHUNG, M.D.

\: ASR	DD: 06/12/2015	TD: 01:31 PM	ID: 2748055
/: 11142	DT: 06/12/2015	TT: 01:34 PM	JOB: 2748055
	MR#: 2006298		ORDER#: 53504702

cc: SANCHEZ, JESUS M.D. (11322)

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 002006298

6388425

MCLENEON, JUAN
 MedStar Southern Maryland Hospital Center
 FROM 06/12/15 12:23 TO 06/12/15 14:40
 ROOM: ** ADM: 06/12/15 12:23
 AGE 42Y SEX M MD KUMAR, ANOOP
 UOB: 06/02/1972 ID 8388425 MR 002006298
 REQUESTED: 06/12/15 18:21
 OPI QUI:

Order History Report - MCLENEON, JUAN
 DEPT: ROOM: ** MR: 002006298
 FROM: 06/12/15 12:23 TO: 06/12/15 14:40

Charcod	Allergy name	Type	Reaction	Severity	Comment
06/12 13:02	NO KNOWN ALLERGIES	Miscellaneous Allergy			

DIAGNOSIS
 AMB042/POLICE/CHECK UP AFTER MVC/DW*

HEO

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
1	D/C'ed	Diagnosis:: [primary] Sprain of ankle (845.00)	CONTIN	ROUTINE		06/12 12:59	Indefinite

Category: Medical
 Enter a diagnosis search (part of a name or an ICD9 code): [primary] Sprain of ankle (845.00)

PT

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
8	Complete	ED: Crutch Training:	ONCE	STAT	1 Time	06/12 13:54	06/12 13:54
7	Complete	ED: Splint, Type of:: posterior left ankle	ONCE	STAT	1 Time	06/12 13:54	06/12 13:54

Type of: posterior left ankle

XR

Ord#	Status	Order Name	Freq	Priority	Duration	Start	Stop
4	Complete	ED: Xray Pelvis AP Only: pain, mvc	ONCE	STAT	1 Time	06/12 13:00	06/12 13:00
Reason for Exam: pain, mvc							
3	Complete	ED: Xray Portable Chest: mvc	ONCE	STAT	1 Time	06/12 13:00	06/12 13:00
Reason for Exam: mvc							
2	Complete	ED: Xray Ankle 2 Views Left: Ankle Pain	ONCE	STAT	1 Time	06/12 12:59	06/12 12:59
Reason for Exam: Ankle Pain							

RADIOLOGY
 XR PELVIS AP 1 2 06/12 13:16

STAFF ASSIGNMENT(S)

Admitting Physician:	KUMAR, ANOOP	Phone: (301)877-4505
Attending Physician:	KUMAR, ANOOP	Phone: (301)877-4505
Primary Care Physician:	NO, PHYSICIAN PROVI	Phone:

MCLENEON, JUAN
 MedStar Southern Maryland Hospital Center
 Order Summary Report
 FROM: 06/12/15 12:23 TO: 06/12/15 14:40
 ROOM: ** ADM: 06/12/15 12:23
 AGE: 42Y SEX: M MD: KUMAR, ANOOP
 DOB: 08/02/1972 ID: 6388425 MFT: 002006298
 REQUESTED: 06/12/15 16:21
 OPI OUT
 Page 1

Order#	Status	Order Name	Frequency	Duration	Prtly	Start Dt/Tm	End Dt/Tm
0001	D/C'd	Diagnosis: Ordered: KUMAR, ANOOP Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:00 Last Mod Time: 06/12/15 18:00 Signed: KUMAR, ANOOP Signed Time: 06/12/15 13:00 06/12/15 13:00	CONTIN	ongoing	ROUTI	06/12/15 12:59	
			1. Category: Medical 2. Diagnosis: [primary] Sprain of ankle (845.00)				
			Complete				
0002	Comp	ID: Xray Ankle 2 Views Left Ordered: KUMAR, ANOOP Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:00 Last Mod: STAFFID, 1110 Last Mod Time: 06/12/15 13:27 Signed: KUMAR, ANOOP Signed Time: 06/12/15 13:00 Ack: CROUCH, RACHEL Ack. Time: 06/12/15 13:01 06/12/15 13:19	ONCE		STAT	06/12/15 12:59	06/12/15 12:59
			2. Reason for Exam: Ankle Pain				
			Complete	STAFFID, 1110, TEMP			
0003	Comp	ID: Xray Portable Chest Ordered: KUMAR, ANOOP Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:00 Last Mod: STAFFID, 1110 Last Mod Time: 06/12/15 13:26 Signed: KUMAR, ANOOP Signed Time: 06/12/15 13:00 Ack: CROUCH, RACHEL Ack. Time: 06/12/15 13:01 06/12/15 13:23	ONCE		STAT	06/12/15 13:00	06/12/15 13:00
			1. Reason for Exam: mvc				
			Complete	STAFFID, 1110, TEMP			
0004	Comp	ID: Xray Pelvis AP Only Ordered: KUMAR, ANOOP Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:00 Last Mod: STAFFID, 1110 Last Mod Time: 06/12/15 13:28 Signed: KUMAR, ANOOP Signed Time: 06/12/15 13:00 Ack: CROUCH, RACHEL Ack. Time: 06/12/15 13:01 06/12/15 13:28	ONCE		STAT	06/12/15 13:00	06/12/15 13:00
			2. Reason for Exam: pain, mvc				
			Complete	STAFFID, 1110, TEMP			



MCLENEON, JUAN
 ModStar Southern Maryland Hospital Center
 Order Summary Report
 FROM: 06/12/15 12:23 TO: 06/12/15 14:40
 ROOM: ** ADM 06/12/15 12:23
 AGE: 42Y SEX: M MD: KUMAR, ANOOP
 DOB: 08/02/1972 ID: 6388425 MR: 002006298
 REQUESTED: 06/12/15 13:21
 OPT: 0111
 Page 2

Order#	Status	Order Name	Frequency	Duration	Prtv	Start Dt/Tm	End Dt/Tm
0005	Comp	RD: ibuprofen [ADVIL/MOTRIN] Ordered: KUMAR, ANOOP Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:00 Last Mod: JOHNSON, KIM Last Mod Time: 06/12/15 13:31 Signed: KUMAR, ANOOP Signed Time: 06/12/15 13:00 Verified: JOHNSON, KIM Verified Time: 06/12/15 13:31 Ack: JOHNSON, KIM Ack. Time: 06/12/15 13:31	ONCE		STAT	06/12/15 13:00	06/12/15 13:00
0006	Comp	RD: tetanus - diphtheria vaccine ADULT [TD] Ordered: KUMAR, ANOOP Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:51 Last Mod: JOHNSON, KIM Last Mod Time: 06/12/15 14:39 Signed: KUMAR, ANOOP Signed Time: 06/12/15 13:51 Ack: JOHNSON, KIM Ack. Time: 06/12/15 14:07	ONCE		STAT	06/12/15 13:51	06/12/15 13:51
0007	Comp	RD: Splint Ordered: KUMAR, ANOOP Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:54 Last Mod: CROUCH, RACHEL Last Mod Time: 06/12/15 14:26 Signed: KUMAR, ANOOP Signed Time: 06/12/15 13:54 Ack: CROUCH, RACHEL Ack. Time: 06/12/15 13:56 Verified: CROUCH, RACHEL Verified Time: 06/12/15 14:26 06/12/15 14:26	ONCE		STAT	06/12/15 13:54	06/12/15 13:54
			Complete				CROUCH, RACHEL, EDMT



MCLENEON, JUAN
 MedStar Southern Maryland Hospital Center
 Order Summary Report
 FROM 06/12/15 12:23 TO 06/12/15 14:40
 ROOM ** ALM 06/12/15 12:23
 AGL 42Y SEX M MD KUMAR ANOOP
 DOB 08/02/1972 ID 6388425 MR 002006298
 REQUESTED 06/13/15 16:21
 OPT OUT
 Page 3

Order#	Status	Order Name	Frequency	Duration	Prt	Start Dt/Tm	End Dt/Tm
0008	Comp	ED: Crutch Training Ordered: KUMAR, ANOOP Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:54 Last Mod: CROUCH, RACHEL Last Mod Time: 06/12/15 14:26 Signed: KUMAR, ANOOP Signed Time: 06/12/15 13:54 Ack: CROUCH, RACHEL Ack. Time: 06/12/15 13:56 Verified: CROUCH, RACHEL Verified Time: 06/12/15 14:26 06/12/15 14:26	ONCE		STAT	06/12/15 13:54	06/12/15 13:54
			Complete				CROUCH, RACHEL, EDMT



IN THE CIRCUIT COURT FOR PRINCE GEORGE'S COUNTY, MARYLAND

STATE OF MARYLAND

VS.

Juan P. Mclendon,

Defendant

CT151183X

State's Opposition to Defendant's Motion to Dismiss for Double Jeopardy

Comes now the State of Maryland, by and through Aisha N. Braveboy, State's Attorney for Prince George's County, to request this Court deny Defendant's Motion to Dismiss, and in support states that:

1. Defendant's Motion to Dismiss should be denied because it misunderstands the procedural history of the case, misapplies the relevant law and rules, and requests an illogical outcome based on these fatal errors.

I. Any Argument Based on an Alleged Failure to Respond is Unsound Because the Demand for a Bill of Particulars was Untimely.

2. After Defendant's indictment September 29, 2015, the Office of the Public Defender entered an appearance on his behalf on October 9, 2015. Accordingly, pursuant to Md. Rule 4-241(a), the deadline to make a Demand for Bill of Particulars, in writing, specifying the particulars sought, was October 26, 2015.¹ In the one-page Entry of Appearance, there is no reference whatsoever to a Bill of Particulars, Md. Rule 4-241, nor any request for needed information. No further demand or request of any kind was submitted prior to the State's Response on October 28, 2015, which also notes no oral request for any particulars either. The first mention of anything related to a Bill of Particulars in the Court's docket for this matter comes November 3, 2015, with the State's Opposition.

3. Defendant later hired private counsel, John Hopkins, who entered his appearance February 12, 2016. Mr. Hopkins received discovery March 14, 2016. Even granting the Defendant a gratuitous extension

¹ Fifteen days after October 9, 2015, being a Saturday, pushed the deadline to October 26, 2015.

to make a timely demand until after Mr. Hopkins acquired discovery, such deadline would have been March 29, 2016. No such written demand was made until May 2, 2016. The State opposed this demand on May 12, 2016, highlighting the untimeliness of the demand. Defendant filed a Reply on May 24, 2016, incorrectly claiming that prior counsel from the Office of the Public Defender had filed a timely demand and arguing that the May 2 request was merely a supplement thereto.²

4. On July 8, 2016, Defendant's counsel argued before this Court that a Bill of Particulars should be ordered, which was denied.

5. On February 7, 2017, new counsel entered on behalf of Defendant. That counsel made demand for discovery on March 13, 2017, with no request for a Bill of Particulars.³ The State responded March 31, 2017, noting no proper demand had been made. A Motion for Sanctions was argued May 1, 2017, with no mention of any outstanding requests for a Bill of Particulars.

6. After this matter was remanded from the Court of Special Appeals, the Defendant filed a pro se "Timely Demand for Bill of Particulars" March 23, 2020.⁴ Thereafter, John McKenna and William Brennan entered their appearances on behalf of the Defendant, on September 28, 2020. These counsel filed a Supplement to Bill of Particulars on February 14, 2022, requesting only that the State identify "which subsection of Maryland Criminal Law Article Section 3-202 the [S]tate alleges the defendant violated." The State replied the same day.

7. Throughout the seven-year history of this case, there has never been a timely, proper demand for a Bill of Particulars. Having never made a timely, proper demand, the Defendant is entitled to nothing in this regard.⁵ See *Fraidlin v. State*, 85 Md. App. 231, 271 (1991) ("The demand was not filed until ... almost three months late. ... [Defendant] had, therefore, no entitlement to a Bill of Particulars.")

² A "Second Supplement to Bill of Particulars" was also filed on June 2, 2016. The State responded on June 9, 2016.

³ More than 15 days after entering appearance.

⁴ Two more pro se demands were filed on September 18, 2020 and October 2, 2020.

II. To Whatever Extent the Defendant Is or Has Been Entitled to a Bill of Particulars, the State's Obligations Have Been Satisfied Based on Unambiguous Factual Allegations.

8. “The purpose of a bill of particulars is to guard against the taking of an accused by surprise by limiting the scope of the proof.” *McMorris v. State*, 277 Md. 62, 70 n. 4 (1976) (citing *Veney v. State*, 251 Md. 159, 163 (1968), and *Hadder v. State*, 238 Md. 341, 351 (1965)). “A bill of particulars provides ‘a means of ascertaining the exact *factual* situation upon which [a defendant] was charged.’” (emphasis added, internal citation removed) *Dzikowski v. State*, 436 Md. 430, 447 (2013) (quoting *McMorris*, 277 Md. At 70 n. 4).

9. Moreover, “[t]he bill of particulars functions as a limit on the *factual* scope of the charge, rather than its *legal* scope. It is *not* to be used as an instrument to require the State to ‘elect a theory upon which it intends to proceed.’” (emphasis added, internal citations omitted) *Id.* (quoting *Hadder*, 238 Md. at 351).

10. Even now, the Defendant demonstrates his profound misunderstanding of the purpose of the bill of particulars. He highlights the February 14, 2022 Demand “seeking specificity on which *theory* of assault the State [is] pursuing.” (emphasis added) *Defendant's Motion to Dismiss*, ¶2. He complains that the “State failed to respond with the specific *theory* of assault upon which [it is] proceeding.” *Id.*, ¶5 He then goes on to compare this case to *Williams v. State*, 187 Md. App. 470 (2009), and *Gerald v. State*, 137 Md. App. 295 (2001), bemoaning, again “the State refused to *articulate the theory* of assault.”⁶

11. It has never been in doubt to either the State or the Defendant what *act* has been alleged: the firing of a firearm at Rondul Prather on June 12, 2015 on the Woodrow Wilson Bridge, in Prince George's County, Maryland. The Statement of Probable Cause from June 12, 2015, alleges the firing of a handgun. It is and always has been that alleged *conduct* which forms the basis for the charges against the Defendant. There has never been any ambiguity as to the *acts* alleged, and therefore there has been no valid basis, at any time, to complain about a lack of a bill of particulars.

⁵ Likewise in *Patrick v. State*, the defendant never made a timely request: “[defendant's] failure to file timely a demand for bill of particulars is fatal[.]” 90 Md. App. 475, 505 (1992).

III. This Court Has Already Ruled Against the Defendant as to His Demand for a Bill of Particulars.

12. The Bill of Particulars was already argued before this Court on July 8, 2016. The Defendant lost. Defense Counsel, Mr. Hopkins, repeatedly referenced the holding in *Dzikowski* that the Defendant is entitled to a bill of particulars, but could not provide any basis from which to conclude that there is any ambiguity as to the *conduct* alleged.⁷

13. The Defendant now, in an effort resembling only the most obtuse efforts of the Ministry of Truth,⁸ wants to convert this defeat into a victory. This Court has already ruled that a Bill of Particulars is not required, and yet now the Defendant argues that because of the purported continued non-compliance, *sanctioned by this Court*, he is entitled to a more favorable reading of his charges.⁹ O'Brien might agree,¹⁰ but this Court should not.

IV. Even if a Bill of Particulars is Owed, the Defendant Seeks an Absurd Result.

14. Defendant now argues that, despite these (non-)failings, he is entitled to a favorable interpretation of any ambiguity from the charging document. He is wrong.

15. He unreasonably extrapolates from *State v. Boozer* that because he was acquitted of some (but not all!) charges in his first trial, a subsequent trial on the remaining charges is prohibited. 304 Md. 98 (1985). Firstly, the procedural history of *Boozer* is quite different: that defendant had been charged with fourth degree sexual offense in one charging document and later charged with attempted fourth degree sexual offense in a different charging document, where the two charges stemmed from the same "criminal episode but the State alleged separate *acts* by the defendant in each charging document. [The Court of

⁶ Defendant's analysis of *Williams* is also in error, *Motion*, ¶9, inasmuch as the question before the Court of Special Appeals was not about ambiguity of the charging document as to the *theory* of assault, but rather as to the *particular act*. *Williams*, 187 Md. App., at 477. Likewise, the ambiguity in *Gerald* was as to the act. 137 Md. App., at 311-12.

⁷ This remains true even now.

⁸ *See generally* George Orwell, 1984 (New American Library) (1955).

⁹ As if the ruling was dropped into a memory hole. *See id.*

¹⁰ *Id.*

Appeals held] that the second prosecution is permitted[.]” (emphasis added) *Id.*, at 99. Here, in stark contrast, there is a retrial after a partial verdict.¹¹

16. It has never been the law of the United States or Maryland that a retrial after a partial verdict is impermissible. It does not go against the US Constitution’s prohibition on double jeopardy, the Maryland Declaration of Rights, the common law of Maryland, nor principles of fundamental fairness.

17. The Defendant mistakenly argues that, because first degree assault and second degree murder (might) merge for sentencing purposes,¹² under the required evidence test and principles of lenity and fundamental fairness, and because he was acquitted of attempted first and second degree murder, the State should be barred from prosecuting him for other offenses *already charged* and for which there is no verdict. There is no basis for this result.

V. These Offenses Do Not Merge the Way Defendant Wants Them To.

18. To begin with, first degree assault contains elements that *attempted* second degree murder does not have, and vice versa. First degree assault, most obviously, must include an assault, as well as either the use of a firearm or *specific intent* to inflict serious bodily injury.¹³ Attempted second murder, unlike second degree murder, has only one modality: *specific intent to kill*, which must be accompanied with a substantial step toward the completion of the underlying murder.¹⁴

19. The Court of Appeals has held “‘where an attempted [second-degree] murder is charged, the State must show a *specific intent* to kill—an intent to commit *grievous bodily harm* will not suffice.’ ... The intent which is required in the crime of ‘attempted murder is the *specific intent* to murder, i.e., the specific intent

¹¹ This case might be more properly analogized to *Boozer* if the Defendant had been once charged with Attempted Murder and then, after judgment, was later charged with First Degree Assault from the same event. But that is an alternate reality we cannot observe.

¹² Nevermind that *attempted* second degree murder has different elements from second degree murder.

¹³ The third modality, strangulation, was not applicable at the time of this case.

¹⁴ Attempt is always a *specific intent* crime. “[A]ttempt consists of a *specific intent* to commit a particular offense coupled with some overt act in furtherance of the intent that goes beyond mere preparation.” (internal quotation marks omitted, emphasis added) *Spencer v. State*, 450 Md. 530, 567 (2016) (quoting *State v. Earp*, 319 Md. 156, 162 (1990)).

to kill[.]” (emphasis added, citations omitted) *Spencer v. State*, 450 Md. 530, 567-68 (2016) (quoting *State v. Earp*, 319 Md. 156, 164, 167 (1990)).

20. Attempted murder does not include assault as an element. Surely, the facts of a given incident may include an assault which constitutes the substantial step toward a second degree murder, but that does not mean they are the same offense *for double jeopardy purposes*.¹⁵ Conversely, of course, first degree assault does not include the element of intent to kill, regardless of which modality applies in a given case.

21. Even *Jones v. State*, 222 Md. App. 600 (2015) is no help to the Defendant.¹⁶ Jones had been charged with homicide related offenses in one charging document, was acquitted on those charges, and then charged with felony murder from the same circumstances, which the Court of Special Appeals held to be impermissible under principles of double jeopardy. Here, Defendant was charged with all offenses at once. An acquittal on some charges does not necessitate an acquittal on all charges.

VI. Defendant Failed to Preserve this Issue Without a Timely Objection.

22. Even assuming all the above deficiencies were not fatal to Defendant’s Motion, it is untimely. Ultimately, Defendant’s argument rests on the fact of his acquittal as to attempted merger charges but convicted of the assault charges. If Defendant’s analysis is correct,¹⁷ the proper remedy would have been to object to the alleged inconsistencies in the verdicts.¹⁸

23. He did not do so because the verdicts are not inconsistent. His Motion to Dismiss fails for the same reasons.

WHEREFORE, the State respectfully prays this court DENY Defendant’s Motion to Dismiss.

¹⁵ Defendant cites *Sifrit v. State*, 383 Md. 116 (2004), for the proposition that attempted second degree murder and specific intent first degree assault merge, but erroneously conflates his case with that: Defendant was charged with *attempted* murder. Also, *Sifrit* analyzed the offenses for purposes of merging at sentencing. There was no analysis under double jeopardy.

¹⁶ Setting aside that it was vacated by *State v. Jones*, 451 Md. 680 (2017).

¹⁷ It is not.

¹⁸ “[A] defendant must make timely objection to inconsistent jury verdicts in order to preserve the issue[.]” *Travis v. State*, 218 Md. App. 410, 459-60 (2014) (citing *Teixeira v. State*, 213 Md. App. 664 (2013)).

