

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

Date: August 24, 2004

delvin C. High

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 L Chapter 101, Ethics, which states: Maintain exemplary traits of courtesy, honesty, morality, selfrestraint, 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 L Chapter 101, Ethics, which states: Maintain exemplary traits of courtesy, honesty, morality, selfrestraint, courage, obedience to the law, and respect for the rights and liberties of all DETRODS.

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

I 04-035 Angust 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, Enlse 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.

04-035 اــ 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.

MCH/wtg

Director, Strategic Management Bureau Chief, Burean of Professional Responsibility Director, Internal Affairs Division

Director, Special Investigative Response Team Case No.: SI 2004-035



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

Melvin C. High-

Jack B. Johnson county executive Date: August 24, 2004

TO:

Student Officer Roodul T-Wuan Prather

Community Policing Institute

SUBTECT:

Final Notice of Disciplinary Action

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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:

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Charge #2:

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ol 04-035 August 24, 2004 Page Two

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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.

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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.

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

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



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



Date: August 13, 2004

Melvin C. High

· 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, Ethica, 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.

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7600 Barlowe Road, Palmer Park, MD 20785 301-772-4740 · www.pgpolice.org SI 04-035 .ugust 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

Director, Strategic Management Bureau Chief, Bureau of Professional Responsibility

Director, Internal Affairs Division

Director, Special Investigative Response Team

Case No.: SI 2004-035

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:	Report of Investigation	SI 04-35
August 13, 2004		Approved
Initial or Supplementary	Report Made By:	Status of Investigation:
Initial Report	Lieutenant William Gray #1636	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

P"SPONDENT:

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:

 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. 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

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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 ceilular 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.

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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

4023 27TH AVE TEMPLE HILLS, MD, 20748 SID: LID: 2T151183X

INITIAL APPEARANCE REPORT

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

Advice

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

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)

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

MICOD &	ACD THE	DECENDAR	JT.

- 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.

with contemp 3. to notify the 0		change of address or tele	phone number.		
Date: 06/13/2015	Time: 11:14 AM	Commissioner:	_//	ID:	5064
		Receipt	/		
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My Bail Review Marlboro, Maryla I have been info	v date is 06/15/2015 at and 20772. ormed that the Trial/l	Notice of Advice of Righ 01:15 pm in room 261, Hearing date is 07/07/20	at Courthouse, E	Bourne Wing, Upp	er
	per Marlboro, Maryls		_		
I agree to the co	onditions of release and	agree to appear as direct	ed.		
Date	s	ignature of Custodian		Signature of	Defendant

Tracking No. 140001355432

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

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DISTRICT COURT OF MARYLAND FO	R Prince George's County	DATE:6/12/2015
LOCATED AT (COURT ADDRESS)	**	TIME:13:30
14735 Main Street Upper Marlboro, MD 20772	DISTRICT COURT CASE NUMBER	RELATED CASE(S):
COMPLAINANT	DEFENDA	ANT
NAME (LAST, FIRST M.1.) TITLE Det. Kaiser	NAME (LAST, FIRST M.I.) Molendon, Juan Ptis	TITLE
AGENCY SUB-AGENCY I.D.NO.(POLICE P.G. County Police 3312	MAFTS NAME (LAST, FIRST M.L.)	TITLE
	I.D'NO. RACE SEX B M	HT. WT. DOB (ММ/DD/YŸ) 6' 3" 270 8/2/1972
WORK TELEPHONE HOME TELEPHONE (301) 567-4933	CCOCA HAIR EYE BLK Bro	own White shirt, blue pants
ADDRESS APT NO. District IV	WORK TELEPHONE (301) 899-1901	HOME TELEPHONE () -
5135 Indian Head Highway CITY STATE ZIP CODE	ADDRESS 4023 27th Ave	APT.NO.
Oxon Hill, MD 20745	CITY Temple Hills	STATE ZIP CODE MD 20748
DOMESTIC VIOLENCE HATE CRIM	! IE	D . 1.0
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ARREST ON TRAFFIC/NATURAL RESOURCES CITATIONS/CRIM	PROBABLE CAUSE INAL CHARGES/MUNICIPAL ORDINA	NCES/PUBLIC LOCAL LAWS
and began to tailgate the Victim. While the Victim was driving has driving the dark grey Dodge Charger, pointing a black handge additional bang as he approached 495 off the bridge. While the Volctims of the Victims vehicle. While driving on Saint Barnabas Rd. Temple Hills MD 20748, and put the direction of the Victims vehicle. While driving on Saint Barnabas officer and was able to point out the Suspect vehicle as it attempts but observed that the vehicle had flipped onto its side and crashed lackson #23617 and additional officers were able to apprehend the through an open sunroof window. The Suspect was transported to The Victim responded to the District IV station where he provided Charger bearing Maryland registration 1AV4388 investigators ob bearing serial number 13-06912. Investigators recovered the blaceasings and 2 live .38 special rounds. After being released from the Constitutional Miranda Rights but refused to speak about his involval events occurred in Prince George's County, Maryland.	un at him. The Victim then accelerate ictim attempted to flee the Suspect co black firearm out of his vehicle's sun is Rd. the Victim was able to flag downed to flee the area. PFC Jackson #361 into a pole at the intersection of Sain e Suspect (McLendon, Juan Petis) as Southern Maryland Hospital where his a written and verbal statement to inviserved in plain view a black Charter Ak. 38 special and inside the chamber of the hospital the Suspect was transported.	ed to flee from the Suspect and heard ontinued to follow him into the 4400 roof and pointed it in the general in a Prince George's County Police 7 attempted to catch up to the vehicle t Barnabas Rd and Deer Park Dr. Pfe he exited the dark grey charger e was treated for injuries and released restigators. Inside the dark grey Dodgarms Tiger .38 Special revolver, discovered 3 spent .38 special shell
LACK	BLE CAUSE CHARGES # DF PROBABLE CAUSE CHARGES	** ************************************
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	ACCORDINGLY RELEASED HIM ON HIS OWN	E DEFENDANT N THE DEFENDANT AND I HAVE I RECOGNIZANCE COMMISSIONER I.D.NO

Defendant:

Mclendon, Juan Ptis

Tracking No.: 140001355432

CCN:

15-163-1354

10/2/15

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

FACTUAL BACKGROUND: The Defendant, Mclendon, Juan Ptls (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 fiee 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

and appearant routines in the weapon.	Mucmphyed for 3 days.
CRIMINAL HISTORY:	provinces for Physician in Mexandry VA for 21/2475
3 Prior FTAs	exceeded 110 for 21/2 urs
No Maryland Criminal History Found.	Memoral On the 2 12913
VIRGINIA - 1993 - Shoot at occupied vehicle (nolle prossed)	cala il on probaban for aven case
WEST VIRGINIA - 2002 - PWID Cocaine w/in 1000 feet of School	(CORPAL)
DC 1998 2016-VA-reckless driving	(live)-Tappealed
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.

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as a ves	Commissioner		Probable Cause	1-6,10
	Start Time of Hearing End Time of Hearing	10:50am 6/13/15	Bond	NO WIVIL
	ASA	Rogers	Trial date	PH 7/7/15 8:45 Am 2618
	Defense attorney Defense bond rec	William Bloom	Notes:	4ED0549133

	CCN: 15-163	-1354				SAO Copy W
DISTRICT COURT OF MARYLAND FOR	Prince Georg	ge's Cour	nty	Ε	ATE:	6/12/2015 6:35
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5135 Indian Head Highway	ADDRESS					APT.NO.
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STATEMENT OF PR ARREST ON TRAFFIC/NATURAL RESOURCES CITATIONS/CRIMIN.			ו חשט ו	NANCESE	TIBLIC LO	CALLAWS :
and began to tailgate the Victim. While the Victim was driving he had was driving the dark grey Dodge Charger, pointing a black handgun a additional bang as he approached 495 off the bridge. While the Victiblock of Saint Barnabas Rd. Temple Hills MD 20748, and put the black of Gaint Barnabas Rd. Temple Hills MD 20748, and put the black officer and was able to point out the Suspect vehicle as it attempted to but observed that the vehicle had flipped onto its side and crashed interpreted an apprehend the St.	at him. The Viem attempted to ck firearm out it. the Victim woo flee the area. so a pole at the uspect (McLem written Marylan written and verived in plain views special and it applied to special and it applied to the Suspecial and it applied to the Suspecial and it applied to the Views at	ctim thereflee the of his ve as able to PFC Jac intersectidon, Jua d Hospit oal stater wa black aside the pect was	acceles Suspect hicle's of lag d kson # ion of S n Petis al when nent to c Chart chamb	erated to flet continue sunroof ar down a Prin 3617 atten Saint Barna) as he exi- re he was a investigater Arms Toer discove	ee from the dot to follow to follow to follow the decreased for the date of the decreased for the decr	ne Suspect and heard and whim into the 4400 it in the general e's County Police atch up to the vehicle and Deer Park Dr. PFC rik grey charger injuries and released. He the dark grey Dodge pecial revolver, at .38 special shell
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Court Copy

DISTRICT COURT OF MARYLAND FOR	Prince George's	County		ATE:	06/12/2015
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DRESS APT.NO.	(301) 899-1901	<u></u>	_	OME TELEP	HONE
35 Indian Head Highway	ADDRESS				APT.NO.
on Hill, MD 20745	4023 27th Ave			TATE MD	ZIP CODE 20748
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	2. Defendant's Name (Last, First	Middle)				3. Tracking #
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Adult	4. Wicksing Align					5a. ID Number Sb. Docket Number
	6. Defendant's Address					240202 4E00549133
	4023 27th Ave					,
Date Arrested/Time	City,State Zip			Phone		publication and the second
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Place of Birth	Date of Bi	rih		SSN		:
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ect Employer/School			barred care s			Fingerprinted: Yes - Photographed: Yes
enqueyen senior		Address of I	Employer/School			Business Phone
List Charges:		Shaniff: Warrant or Co	as Number & Co	elector of		
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Police Victim/Sheriff Charging Officer or	m Warrant					Race Sex DOB Notified
rather, Rondul						B-M-12/26/1978
Victim's Address	00/01					Home Phone Business Phone
1732 Torcello Ct Waldorf,MD						(240) 346-4864 () -
Defendant's Condition	Narcotic o	r Drug User			Injuries Broken	
lormal	No				Broken	
9. Vehicle Information: Owner	•	Year	Make	Model		Color Tag State
Yelendon, Charles		12	Dadg e	Cha	14	Gry LAV4388 MI)
). If Armed (Describe Wespon)	44	19	, ,	langouts/Habits	,	•
Defendant's Bail Status at time of Arrest:	On Parole or Probation	13-06913	Zarrant Check			Cancelled? If so by Who
. Detendants pari Surus at time of Arrest:	On Parole or Probenon	Ñ	ICIC			Cancalled? If so by Who
ione		Did Defendant make u				Currency Seized
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P.G. County Police Arrest Record (Continuation) 2 Defendant Name (List, Pirt Middle) McIcendon, Juan Pris	1a. SDN or Arrest Number NUA
2. Defendant's Name (Liss, First Middle)	NIA
Mclendon, Juan Ptis 4 Nickname/Alias 6 Defendant's Address 4023 27th Ave Crity, State Zip Temple Hills, MD 20748 by of West 9 Sex Age Rgt Byce M 42 6 3" 270 Bro Medium Brown BLK Other ID (Glasses, Scarx, Tetroos, etc) bit es shirt, blue pants Place of Birth Date of Arrest/Centact OS Saint Barnabas Rd Temple Hills Describe Type of Area or Fremises cet Employer/School Additional Information Additional Information Additional Information Additional Information Additional Information The Corporate Name of T/A Cet Employer/School Additional Information Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Type of Area or Fremises cet Employer/School Additional Information The Corporate Name of Typ	Ib. C.C.N.
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A Nickname/Allias 6 Defendant's Address 4023 27th Ave Cry, State Zip Temple Hills, MD 20748 9 Sex Age light Will Eyes Complexion Heir Bace of Birth Shirt, blue pants Place of Birth Shington DC OS Saint Barnabas Rd Temple Hills Dauribe Tye of Area or Premises cet Employer/School Additional Information Tryland, when a male, driving a dark grey Dodge Charger became angry with his driving and began to tailgate the ge bang and looked out of his vehicle and saw the Suspect, who was driving the dark grey Dodge Charger, pointed to Information Additional Information Tryland, when a male, driving and heard an additional bang as he approached 495. While the Victim attempted to Saint Barnabas Rd. Temple Hills MD 20748, and put the black firearm out of his vehicle's sunce thins vehicle. While driving on Saint Barnabas Rd. the Victim was able to flag down a Prince George's County hicle as it attempted to flee the area. PFC Jackson #3617 attempted to catch up to the vehicle but observed that olle at the intersection of Saint Barnabas Rd and Deer Park Dr. PFC Jackson #23617 and additional officers we tiss) as he exited the dark grey charger through an open sunroof window. The Suspect was transported to Southe uries and released. The Victim responded to the District IV station where he provided a written and verbal state arger bearing Maryland registration 1A V4388 investigators observed in plain view a black Charter Arms Tiger 1/2 Investigators recovered the black is as pecial and inside the chamber discovered 3 spent. 38 special shell ceased from the hospital the Suspect was transported to District IV where he waived his Constitutional Miranda incident.	3. Tracking #
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A023 27th Ave City, State Zip Phone Phone City, State Zip Phone Phone Phone City, State Zip Phone	240202 4E00519133
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Temple Hills, MD 20748 Sex Age Ngt Eyes Complesion Hair	Defendant's Right Index
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	m Maryland Hospital where he was treated for meent to investigators. Inside the dark grey Dodg: .38 Special revolver, bearing serial number 13- asings and 2 live .38 special rounds. After being
resting Deputy #Officer Printed Name/ID Signature 3317 Processing Pet. Kaiser 3312 Assignment Assignment Complaint Signature if applicable avenile Release To:	CONTENTS (10/11/20) 5389

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

	CRIMINAL TRIALS
AUGUST "E"	TERM 2015
STATE OF MARYLA	AND
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	7
File <u>:</u>	2015
Witness:	



Investigator's Activity Summary



Detective M. Ferguson #3483

Case Number: 15-163-1354

Case Number	er: 15-105-1554
DATE/TIME	SUMMARY
6/15/15 (1130	I spoke with the Victim (Prather, Rondul) reference a shooting that occurred on
hrs)	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.

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DETAILS PROPERTY E-EVIDENCE LIDE FOUND RIFICULEAED CODE OTY ITEM/BRAND MODEUSTYLE/SIZE SERIAL NUMBER EN I Haridgun/charter orms .38 caliber 13-069/12 I 2 Bullets .38 caliber I 3 Bullet casings .38 caliber I Pocket Knife I Sodo/Or Pepper 2 liter	MESAFE SEPING BEDAMAGED NGRAVINGS/MARKS/COLORS VALUE BIK/grn
I Hardaun/charter orms .38 caliber 13-069/2 I a Bullets .38 caliber I Bullet casings .38 caliber I Pocket Knife	
I 2 Bullets .38 Caliber I 3 Bullet casings .38 Caliber I 1 Pocket Knife	BIK/grn
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,	
I Soda/br Repoer 2 liter	BIK
I Sunglasses	BIK
I headphones	Wht
I windshield shade	Silver
d/wheeler Rd for a report of a shooting. Upon arrival I mail ictim (Prather, Rondul) who stoted he was shot at. (v) stated he wa	s driving on the Woodrow
(x) stated he exited the Belthay onto St. Barnabas Rd an	nd (A) followed him. (v)
(x) stated he exited the Belthay onto St. Barnabas Rd araged down officers in the area of St. Barnabas Rd/Hagan Rd. (nd (A) followed him. (v) (A) drove past and lost
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Det Kisel # 50

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6/12/15@1200 Notified of Smarting that coursed in woodson Wilson Bridge. - desponded to Dist. 4 to intervent. Vict m . Alizhow 1300: Conducted interval with Vistim. : Advised he ! lagged down Police and Pointed out - Suspect - Vehicle, Proct to 1 Gashing. Described suspect as Black make, heavy set where sont 6/2/500 mac star advised that 74 was recovered in Fluor treat from vent's and while was ransported to D4. - Notified mat 325pect hold be released and bringing to Disi y to be intellewed Willisa 1507 conducted interview With Suspect. Initially Lines M. Tanda Zights. Tells bi Road Sage intident is m Laction when asked about goe in lass vehicle, he usks for buyer internew ands. With 1630 Transported by this investigator to upon Man Ih so

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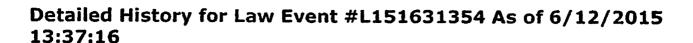
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Output for: 3316

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
The second secon	06/12/2015 11:44:03		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

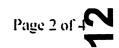
Case #:PP151631353

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 RPaddr: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

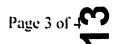
11





		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 involvedComments: 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	24] 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	<u>2K2</u>
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		2K2 Text:***FB COME IN ST B/DEER PARK,,,
11:49:31		L466 Plate: 1AV4388/MD Text: DODG CHARGE



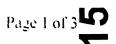


11:49:50 MISC	2K12 Text: HAVE THE SIG4 ,, THE SUSP VEH THEN WENT BY US WEN
11:50:13 XREF	Service:F
11:52:20 BACKUP	2K8 UnitID:L466 Location:NB ST BARNABAS RD/WHEELER RD, PP Operator:3065 OperNames:REYNOLDS, RICHARD
11:52:26 MISC	2K8 Text:VICT L/S THE SUSP WITH 7A OUT OF SUNROOF,, OFF RAMP FROM ST B BEFORE 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
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 24] 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	<u>L466</u> 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	24) 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

13:23:51 CMPLT	<u>2K3</u>
13:25:07 CMPLT	<u>2K2</u>
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						



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

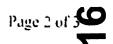
Agency:PP Darea:K Beat:K6 RD:0513

Case #:PP151631353

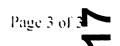
XREF::Fire Event: #F151630175 Type:SHOT Agency:PF

Detail

11:42:48 CREATE	Location:NB ST BARNABAS RD/WHEELER RD, PP Type:SHOOT LocDesc:1633 ft NE Name:SPRINT RPaddr: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.



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 involvedComments: IN THE CAR WITH SUSPECT-
11:44:45		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		<u>L466</u> Operator:3593 OperNames:FULTON, MELVIN
11:45:50		2K2
	-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		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	24) 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		2K2 Text:***ONE IN CUSTODY,,,
11:47:50	ONSCN	<u>2K2</u>
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
	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	<u>L466</u> 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	<u>2K1</u>
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	<u>2K8</u>
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						

PRINCE GEOFGE'S CC IN FOLICE PEPARTITIA

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STATEMENT OF VICTIM WITNESS/SUSPECT

CCH: 15-163-1354	ILT:: <u>6/12</u>	115 TIME: 120	
STATEMENT OF: Prather, Rondu	1 Thuan		
HOME ADDRESS:		PHONE: Z40	
BUSINESS ADDRESS:		PHONE:	
SEX/RACE/DOB: H//3/	FOB:	PHONE: HEIGHT:	
WEIGHT: HAIR:	EYES:	SSN:	
DRIVER'S LICENSE NO:	TY	ON: Dist TO	
STATEMENT TAKEN BY: Det. Kaise	/ #3312 LOCATIO	ON: Dist I	-
STATEMENT: The was	Dreding son	For Wordow W.150.	,
boider SO = storta	d a regular	and cought up to	s-approximately-
hin His was driven	a strue	r mx 141 sicy Charger	* · ummm-uuguv
Once I cought up	to him	s the fast lane so	<u> </u>
		hic breaks I mi	_
		one and there I pull	
		up to my box ca	
		of Then I see he	
(a approaching for	- my blind	spot and I head.	5
Loud bong, He	pulls besic	de me tur lange	over
and ninted the	un ontok	the winder and she	<u>L</u>
again - slammed	on my bin	rake I followed his	
trung to get his	tag numb	her. I got off al	
St Barnaliss and	he follow	ext me off the can	2/2
will the sun so	inted cut	of the sunrocf.	
I HAVE READ THE ABOVE STATEMENT CORRECT TO THE BEST OF MY KNOWLED	CONSISTING OF	PAGE(S). THIS STATEMENT IS TRUE A	ND
CORRECT TO THE BEST OF MY KNOWLED	GE.	-1114-11	
WITHESSED BY	-	SIGNATURE	A
ט טטנטטווויי טו		y	1
P.G.C. FORM \$2998 3/84			

	-= 7 = 5
NAME: Prather Roady Twom	
STATEMENT: I was a Lha	
at this time. T spore	
a police officer on st.	
him the description of	
by Officer shorted be	,
wricked his car	
(2) can gow describe the	Suspect?
A) Black male hour set	Brown skin, Dush low
hair int sun glassed	
a) can you describe the	Suspects Cal?
A) Newer model Gray C	
sims.	J
a) How many shots did	400 hear?
A) & 7 Shols	
a) Where on the brage were	the shots fired?
a) Where on the brage were A) Soyals to 100, ds from	the Manyland siche
	1/1 21
WITNESSED BY	SIGNATURE
WITNESSED DT	/ SIGNATURE

TIME TERMINATED:

PGC Form #2998A

and the state of t		
NAME Pratuer, Rongly Twom		
STATEMENT		
a) Did the suspect point the	sun at you?	
A) 425	J ———	
a) can you describe the go	10?	
A) Small Black compach		
A STATE CONTINUES		
(D) Did		
a) Did you see the suspec	+ VMILLE CLASH:	
A) yes		
(C_2)	. ^	•
(2) Would you recognize the Si	15fect 11: you saw him again	(
A) Yes		
2) IS your Statement truston a	ind correct:	
4 Yes		
5-11 377 2		
WITNESSED BY	SIGNATURE 2	
TIP	ME TERMINATED:	

PGC Form #2998A

STATEMENT OF VICTIM/WITNESS/SUSPECT

CCN: 15-160-1814 [ATE: 6/5/15] TIME: 12026B
STATEMENT OF: Rondul T-wuan Pratter
HOME ADDRESS:
BUSINESS ADDRESS: PHONE:
SEX/RACE/DOB: 3 m FOE: Leonardtown, mo HEIGHT: 59
WEIGHT: 120 HAIR: Bald EYES: Bon SSN:
DRIVER'S LICENSE NO: P- 636 - The TIPE F FFENSE: hen-Contact Olev tine
STATEMENT TAKEN BY: Det. Ferguson 3483 LOCATION: DISTER
STATEMENT: On 6/12/15 about 6pm I was Led my
car and noticed what appeared to be a bullet in
my rim I called Nel Kaiser and left a
massage letting him know what I found. On 6/15/15
I called back to the station and spoke to
Det Ferguson and she advised my me to bring
the car by the police and she would try to recover
the bullet I was only the copper top of the
bullet and a deal where the bullet hit
· · · · · · · · · · · · · · · · · · ·
between two lock nuts. Order Magnum S&TS
2006, Black
I HAVE READ THE ABOVE STATEMENT CONSISTING OF / PAGE(S). THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
Det It (Ferguer) 3423 Mula Mall
WITH SSED BY STGNATURE
1230 NB.
P.G.C. FORM \$2998 3/84

PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

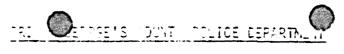
STATEMENT OF VICTIMIWITNESS/SUSPECT

CCN 15-163-1837 DATE 6	/12/15	TIME _1400
STATEMENT OF PFC Jackson # 3	617	ne di Anna alla Antonio Angulo Parishi della Antolio anno specimina di Anna de antonio di Anna anno anno anno a
HOME ADDRESS:		PHONE
BUSINESS ADDRESS 5135 Indian H		
SEX/RACE/DOB	,	
HEIGHT: HAIR		SSN'
DRIVER'S LICENSE #:	TYPE OF O	FFENSE
DRIVER'S LICENSE #:	#3312LOCATION	Dist II
STATEMENT on 6/12/15 at approx. 11-		
Barnahas/hhader RH for a report of		
by the victim (Prather, Rondy) who	stated he wa	s shot at on the hoodrow
wilson Bridge (v) Stated he was dri	ving on the l	xidge when he was shot at
by another motorist. (x) stated he e	xited the Relti	ay onto St. Barnabas Rd
and the suspect followed him (v) f	lagged me do	un at St Barnabas Rd/
Hagan Rd and stated he had been	shot at by a	male in a grey bodge
charger. As I was talking to (v),	he pointed ou	t the suspect vehicle, a
grey bodge Charger approaching fr		•
post and last control of his vehicle	at St Dainaba	s Rd/Deer Park Dr and rolled
It over. The suspect got out of the	e vehicle thro	ugh the sunroof and was
ordered to the ground by officers.	The suspect	was taken into custody
HAVE READ THE ABOVE STATEMENT CON	ISISTING OF $\underline{2}$	FAGES THIS STATEMENT IS
TRUE AND CORRECT TO THE BEST OF MY	KNOWLEDGE.	
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	STATE	MENT OF C	IIGT NI	ESS/SUSPECT (CONT.)		de 2	OF
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P.G.C. FORM #2998A 5/84

00004Q_{IME TERMINATED}: _____



STATEMENT OF VICTIM, MITNESS/SUSPECT

CCN: 15-163-1354	DATE:	12/15	TIME: 1349HBS
STATEMENT OF: PS HEARAS			
HOME ADDRESS:		PHON	
BUSINESS ADDRESS:			
SEX/RACE/DOB:			
WEIGHT: HAIR:	EYES:	SSN:	
DRIVER'S LICENSE NO:			
STATEMENT TAKEN BY:			
STATEMENT:			
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P.G.C. FORM #2998 3/84



Detectives Name: _____

INTERVIEW ROOM CONTROL LOG

VICTIA Defendar	n nts Name: <u>Rondyl Twuan Prather</u>	Room #: <u></u>
	5-123-1354	Date: <u>b/12/15</u>
TIME	COMMENT/ACTION	
1230	Place d into Room By Det. Arringto	=n*3184
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STATEMENT OF VICTIM WITNESS SUSPECT

		DATE: 06	6/12/15	TIME: 1419 hours
STATEMENT OF: Det	tective Castro #33	220		
				PHONE:
				PHONE: 301-
				HEIGHT:
ORIVER'S LICENSE	NO:		TYPE OF OFF	ENSE: Shooting
STATEMENT TAKEN	BY: Det. Vai	5/ H 37, Z LO	CATION: Distric	ENSE: Shooting
	,	•		
STATEMENT:				
On 06/	/13/15 at approxim	nately 1141 hours	offices and Det	ectives were canvassing the area
of St. Barnabas ar	nd Wheeler Road	for a shooting repo	ort. Once on Si	. Barnabas Road Dispatcher
				later I observed a dark in colored
rehicle at St. Barn	abas and Deer pa	ark Drive. I observ	ed a black mal	e wearing white t-shirt and blue
oants crawling ou	t of the vehicle. P	atrol officer made	contact and ap	prehended the black male, who
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STATEMENT OF VICTIM/WITNESS/SUSPECT

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PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

STATEMENT OF VICTIMANAT NESS SUSPECT

CON 15-163-1354 DATE 10/12/15 TIME 1419 Hrs.
STATEMENT OF Pla Assinaton #3684
HOME ADDRESS 5135 Indian Head Hwy. PHONE 301-749-4900
BUSINESS ADDRESSPHONE
SEX/RACE/DOBPOB
HEIGHT: WEIGHT HAIR EYES SSN
DRIVER'S LICENSE # TYPE OF DFFENSE
STATEMENT TAKEN BY Dig Kaise #2312 LOCATION
Officers and Detectives were canvassing the area of 5t. Barnabas and mheeler and for a shooting. At 1147 Hrs. Dispatch advised that the suspect vehicle vehicle had crashed at Deer Park ar. When I arrived on scene their 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.

TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

701/23712 11-N-55= 35 Placy (Assington) # 3684

28



STATEMENT OF VICTIM/WITNESS/SUSPECT

P.:	DATE: <i>\$\langle 12\langle</i>	75TIME:	1508
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STATEMENT OF: Mclendon, Jua IOME ADDRESS: 423 27th Ave	Temple Hills M	1D PHONE: 301-	899-1901
BUSINESS ADDRESS:		PHONE:	
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oriver's license no: Statement taken by: Det. Vaiser	#3312 LOCATION: V	ist I Room	#2
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CCN

ADVICE OF RIGHTS AND WAIVER FORM

I am_Officer_Ka, Sel #3312
of the frince George's Country Police Department.
I am_Officer kaser #3312 of the Prince George's 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.
 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.
 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.
 If you want a lawyer, but cannot afford one, a lawyer will be provided to you at no cost.
 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 Initials
Do you want to make a statement at this time without a lawyer? Yes No 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 Thitials
Are you under the influence of drugs or alcohol at this time? 800 mg x2 Yes No Initials Motion
Officer's Signature Signature of Person Making Statement
U/17/15 1508 2-year A A. deyr JE Date & Time Form Completed Education of Person Making Statement



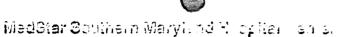


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CHARLES DARRELL MCLENDON 4023 27TH AVE TEMPLE HILLS MD 20748-1667

THIS CARD IS NOT A LICENSE TO DRIVE



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

6/12/12

Relationship:

Self:

Other:

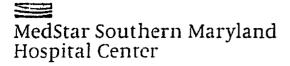
Witness:

Date: 1430 6/12/5

Patient Name MCLENEON JUAN

Med Rec No 002006298

Acct No 6388425



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

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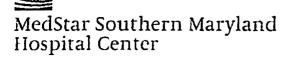
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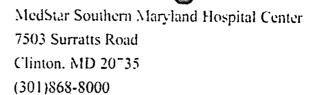
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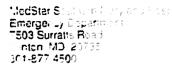
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Patient Name	MCLENEON, JUAN	Visit Date	06 12 2015
Med Rec No	002006298	Acct No	6388425

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 Hoo them as instructed with a non-weight bearing



MeoStar Southern Mary and Hospital Center Emergency Department 7503 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

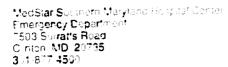
Back Pain & Injury

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 000033





Patient 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 ExitCare® Patient Information ©2012 ExitCare. LLC.

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.

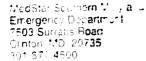
HOME CARE INSTRUCTIONS

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

Bullat Bases Adudances





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.

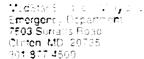
MAKE SURE YOU:

- > 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

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 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 ExitCare® Patient Information ©2012 ExitCare, LLC. 000056

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DISCHARGE INSTRUCTIONS

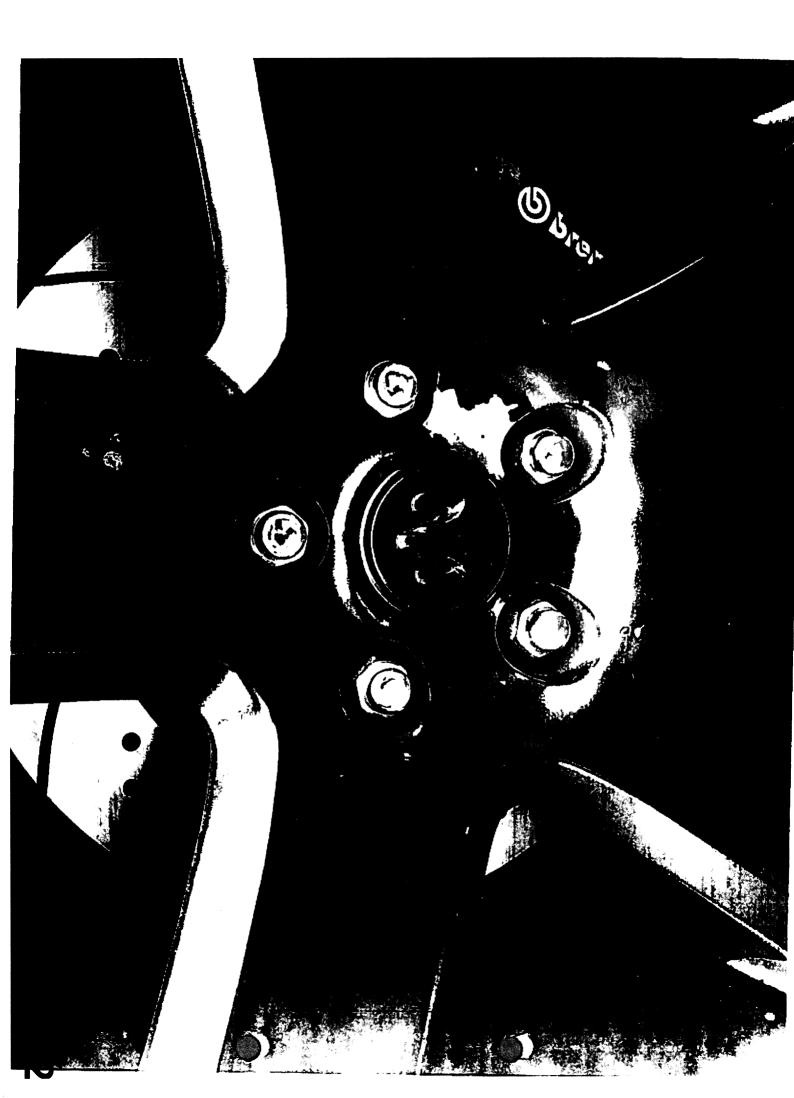
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Visit Date 06 12 2015

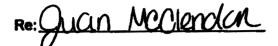
Med Rec No: 002006298

Acct No: 6388425





MEDICAL RECORDS CERTIFICATION



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 24 day of 1000 day of 1000

Signature

Printed Name

- 25

MedStar Southern Maryland Hospital Center

Medical Records Certification

Page 1 of 1

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Admission and Registration

MedStar Southern Maryland Hospital Center

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Final

Emergency Department Chart

Patient Name: MCLENEON, JUAN

Medical Rec. Number: 002006298

Arrival Date: 06/12/2015 12:23

Visit Date: 06/12/2015 12:26

Account Number: 6388425

Brithdate: 08/02/1972 Gender: M

Primary MD Patient has no PCP.

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 l lg.	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 not 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 ibuprolen 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.]

Confidential Medical Record

Fina

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
 Allending MD:ANOOP KUMAR MD

Nursing Assessment

NEUROLOGIC

Alort 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 lorearm. 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 recali before and after accident, neuro checks wnl. (KJOH) 06/12/2015 13:00

Nursing Continuation Notes - Refer to Orders section for all orders

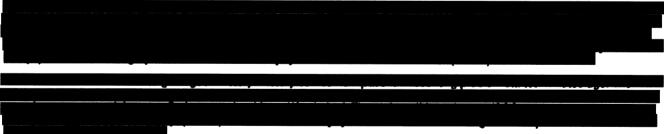
Ambulatory in ED - placed in bed # 20. (COBR 06/12/2015 12:23) Assisted with undressing for exam (COBR 12:23)

Technician Notes

14 07

Clinician History of Present Illness

Summary



Patient Problems



Review of Systems

No lever. 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

Print Date: 06/12/2015 18:55 Confidential Medical Record Page 2 of 10

Fina

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 Altending MD:ANOOP KUMAR MD

Social History

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

Physical Exam

GENERAL:

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

ENT

In 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 broath 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 matteolus on the left side, abrason 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 loft side. The patient was restrained driver. No loss of consciousness. Climbed out through the sunroof. Nonfocal, nexus 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) Commonts: [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)

Print Date: 06/12/2015 18:55 Confidential Medical Record Page 3 of 10

Fina

MedStar Southern Maryland Hospital Center **Emergency Department** 7503 Surratts Road Clinton, MD 20735

301-877-4500

Emergency Department Chart

Account Number: 6388425 Patient Name: MCLENEON, JUAN

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

Non- Med Orders

Xray Ankle 2 Views Left ONCE STAT 1 Times Ankle Pain

Entered By (AKUIF: IFD 06/12/2015 13:00) Ordered By (AKUIF IFD 13:00) Results Back (13:27) IFD Sign (AKUIF: IFD 13:00) Comments: [OS: D] Notes: Taken to X ray. (RCRO 13:20) Xray Portable Chest ONCE STAT 1 Times mvc

Entered By (AKUIF IPD 06/12/2015 13:00) Ordered By (AKUIF IPD 13:00) Results Back (13:26) IPD Sign (AKUIF IPD 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 (AKUIF IFD 06/12/2015 13:00) Ordered By (AKUIF IFD 13:00) Results Back (13:28) IFD Sign (AKUIF IFD 13:00) Comments: [OS: D] Notes: Taken to X-ray. (RCRO 13:20)

Splint ONCE STAT 1 Times posterior left ankle

Entered By (AKUIP IPD 13:54) Completed By (RCRO EDIFT 14:26) IPD Sign (AKUIP IPD 13:54) Commonts: (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 (AKUIF IPD 06/12/2015 13:54) Ordered By (AKUIF IPD 13:54) Completed By (RCRO EDIFT 14:26) IPD Sign (AKUIP.IPD 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 alvulsion 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

Print Date: 06/12/2015 18:55

cyclobenzaprine hc: (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)

ibuproten 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)

Final

Page 5 of 10

Emergency Department Chart

Patient Namo: MCLENEON, JUAN

Medical Rec. Number: 002006298

Arrival Date: 06/12/2015 12:23

Visit Date: 06/12/2015 12:26

Account Number: 6388425

Birthdate: 08/02/1972 Gender: M

Primary MD. Patient has no PCP.

Altending 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 it 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 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 lever 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 loss 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.

Print Date: 06/12/2015 18:55 Confidential Record



Fina

Emergency Department Chart

Patient Name: MCLENEON, JUAN
Account Number: 6388425
Medical Rec. Number: 002006298
Brithdate: 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 ExitCare® Patient Information Â@2012 ExitCare, LLC.

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

Document Released: 12/18/2006 Document Re-Released: 09/26/2009 ExitCare® Patient Information @2012 ExitCare. LLC.

Final

Emergency Department Chart

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

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.
- > 100 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 ExilCare® Patient Information ©2012 ExitCare, LLC.



Fina

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

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.

Print Date: 06/12/2015 18:55

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 ExitCare® Patient Information @2012 ExitCare, LLC.

CPT Codes

29125

71010 52

72170-52

73600-52

90471

90632

94760



Final

Emergency Department Chart

Patient Name: MCLENEON, JUAN

Medical Rec, Number: 002006298

Arrival Date: 06/12/2015 12:23

Visit Date: 06/12/2015 12:26

Account Number: 6388425

Birthdate: 08/02/1972 Gender: M

Primary MD Patient has no PCP.

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)

Telanus 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 diphthena 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: Inframuscular; Site: Right Deltoids; Lotil: 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

Print Oate: 08/12/2015 18:55

Street drug use

Denies |CYNTHIA OBRIEN HN on 06/12/2015 13:02:001



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

Staff Legend

AKUM ANOOP KUMAR MD
COBR CYNTHIA OBRIEN RN
KJOH KIM JOHNSON RN
RCRO RACHEL CROUCH EDMT
SCON SALIMA CONTEH SCRIBE
IGRA IINA GRAY RN

Print Date: 06/12/2015 18:55

MedStar Southern Maryland Hospital Center

Emergency Department 7503 Surratts Road Clinton, MD 20735 301-877-4500

EMERGENCY DEPARTMENT
Discharge Acknowledgement Statement

Patient Name MCLENEON, JUAN	Visit Date 06/12/2015
Med Rec No 002006298	Acct No 6388425
Signed X Jun. P. Man	Date Left 1/3
Relationship Self [] Other	
Witness Kunu	

Patient Name MCLENEON, JUAN

Med Rec No 002006298

Acct No 6388425

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 responsible from the patient. The hospital and its contracted providers assume no isability 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 panalties for knowingly submitting or making any talse fictitious or fraudulent statement or claim in any matter within the jurisdiction of any department or agency of the United States. Examples of fraudinclude situations in which ineligible persons knowingly use an unauthorized identification Cord in filing a CHAMPUS/CHAMPVA claim, or where a beneficiary/patient (or sponsor) talls 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 Meditar Southern

Maryland Hospital Center's Notice of Privacy Practices and have been offered the opportunity to request restrictions on extain uses and disclosures of my protected health information. Comments: **ADVANCE DIRECTIVE ACKNOWLEDGMENT** To be completed by the petiant/family: I wish to be an Organ, Tissue or Eye Donor [] Yes Unknown I have an Advance Directive (Living Will) [] Yes Unknown I have appointed a Health Care Agent C Yes ☐ Unknown My appointed Health Care Agent Is Name Relationship I have a copy of the Advance Directive with me Q Yes C Requested Na Please provide the hospital with a copy of your advance directive as soon as possible. Q Information bookiet provided Registration Lise Only Patient/Family declined information bootet 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 enesthesiologist before the procedure. THAT I HAVE READ BOTH SIDES OF THE FORM AND UNDERSTAND ITS CONTENTS Time Patient or Authorized Representative (PRIMT) Vitnes Time Witness Name and Title (PRINT) (if required) Second Wilness Name and Time Patient is unable to sign because Complete MRC#1022 Closest Relative, Legal Guardian or Responsible Party Date Time Relationship to Patient MedStar Southern Maryland Hospital Center

Conditions of Treatment

Page 2 of 2

CONDITIONS OF THEA MENT

- I. MEDICAL CONSERT: I knowly evaluate in your end of such diagnostic procedures and hospital care and to such the spatic treatment by noctors of the medical staff of ModStar Southern Maryland Hospital Center Which, in their judgment, becomes necessary wife: I arm a patient in said hospital. I arm aware that the practice of medicine and surgery is not an exact entence 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 rotate, preserve and use for scientific and teaching purposes, or dispose of all their convenience; any specimens of lissue 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 failu carry out instructions for follow-up care, I do so at my own responsibility.
- 4. PERSONAL VALUABLES: I have been solvised that MedStar Southern Maryland Hospital Center strongly recommend that ell belongings and valuables be given to, or sent home, with a family membersuthorized 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 disharged from the hospital. I acknowledge that MedStar Southern Maryland Hospital Center is not responsible for the loss or damage of my personal items it wish to keep with me during my hospital stay. I further acknowledge that MedStar Southern Meryland Hospital Center will not replace any personal items if they are lost or damaged. I, hereby, release and absolve MedStar Southern Meryland Hospital Center formuny and all instally 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 star patient is discharged with be discarded or donated.
- is ASSIGNMENT OF INSTURANCE 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 whelsoever, I hereby assign those benefits to the inceptial and any of its contracted health care providers, including but not limited to, those physicians or physician groups providing anesthesis, cardiology, emergency, intensive care, reliabilisation, hecnated, neurology, pathology, pulmonary medicine and radiology services. I subortze the inceptial and the appropriate health care providers to apply for benefits on my behalf for services rendered during this edination or visit. I certify that the insurance or other coverage benefit information supplied by me is correct, in accordance with applicable lospital, provider or insurance policies or agreements. Should my account be referred to an atterney for collection, I agree to pay reasonable storney'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 provides. I understand that I will be receiving separate bills from each combacted health care provider in addition to the hospital bill. These may include Radiology, Emergency Department, and Pethology.
- 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 intermediates or carriers for this or a related medical claim is correct, and I authorize the release of all necessary information to the Centers for Medicars & Medicaria Services, as well as any Professional Review Organization. I request that payment of authorized benefits be made on my behalf. I request that benefits poyable for physicians' survices be made to the physician or organization furnishing the service and authorize such physician or organization to subjust a claim to Medicare on my behalf.
- 5. PAYMENT FOR SERVICES: I guarantee payment of all charges incurred for services rendered at MedSlar Southern Maryland Hospital Center for the patient nemed on this page, less any amounts paid by any third party payer. The amount due shall be paid in trill at the time of discharge. In the event of a prolonged hospitalization, I understand that MedStar Southern Maryland Hospital Center and contracted health care provider reserve the right to present me with periodic interim bills that will be due upon receipt.
- S. 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 Hepstills 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

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Page 1 of



10. PATIENT LIBBILITY (Important - If CHAMPUS/CHAMPVA READ CAREFULLY); it is agreed that the patient (or legal representative) is always insocially 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.

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11. ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES: I acknowledge that I have inceived Meditar 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.

	RECTIVE ACI	NOWLEDGMENT	•	•	
To be completed by the patient/family;					
l wish to be an Organ, Tissue or Eye Donor	C Yes	No.	☐ Unknowa	3	
I have an Advance Directive (Living Will)	C Yes	Wo	☐ Unknows	, n	
l fave appointed a Health Caro Agent	☐ Yes	VI No	☐ Unknown	n	
My appointed Health Care Agent is		64		,	
	Namo		Relationship)	
i have a copy of the Advance Directive with me	☐ Yes	√Ö Nö	C Request	be	
Please provide the hospital with a copy of your advance disc	otive as soon:	as possible, '			
	1	• • • • • • • • • • • • • • • • • • • •	•		
Registration Use Only Information booklet provide	d Ü	Patient/Family d	ectined informati	on booket	
Olice Cust Clark & GO				61Z	k_
Pattern or Antiportzed Representative		FORM AND UNDI		7	Time
Pattent or Antigorized Representative	Patient or A	uthorized Represe	ntative (PRINT)	612	
Pattern or Antigorized Representative	Patient or A Witness Na	uthorized Represe	ntative (PRINT)	62	Time
Pattern or Antigerized Representative Vilines Sepond Wilnes (if required)	Patient or A Witness Na	uthorized Represe	ntative (PRINT)	Dete Z	Time
Patters or Authorized Reconstructive	Patient or A Witness Na	ne and Title (PRIN	ntative (PRINT)	Dete Z	Time

COMMITTIES OF THESE MENT

- 1 MEDICAL CONSERT: I beroby voluntarily consent to such diagnostic procedures and hospital care and to such therapestic treatment by ductors of the medical staff of Meditar Southern Maryland Hospital Center Whoch, 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 bereby authorize Meditar Bouthern Maryland Hospital Center to relain, preserve and use for scientific and teaching proposes, or dispose of at their convenience, any speciment of 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 amployees, 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 fall 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 declarged from the trospital. I acknowledge that MedStar Southern Maryland Hospital Center is not responsible for the loss or damage of my personal items (I wish to keep with me during my hospital etsy. I further acknowledge that MedStar Southern Maryland Hospital Center for entry personal items if they are lost or damaged. I, hereby, release and absolve MedStar Southern Maryland Hospital Center formany 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 properly that remains in my possession. Any items not daimed within 30 days after petient is discharged with be discarded or donated.
- 5. ASSIGNMENT OF INSURANCE OR PAYOR BENEFITS: I recognize I am primarily fiable for payment for services rendered, however, in the event I am entitled to medical care benefits of any type whicknever, I hereby assign those benefits to the hospital and any of its contracted health cure providers, including but not limited to, those physicians or physician groups providing attesthesia, cardiology, emergency, intensive care, rehabilitation, reconstal, neurology, pathology, pulmonary medicine and raciology services. I substitute 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 inspital, 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.
- 5. PERMISSION FOR PAYMENT OF HOSPITAL AND MEDICAL INSURANCE BEKEFITS TO HOSPITAL AND CONTRACTED SERVICES: I request payment of authorized benefits be made in my behalf directly to the hospital and its contracted provider. I understand that I will be receiving separate bills from each contracted health care provider in addition to the hospital bill. These may bound Radiology, Emergency Department, and Pathology.
- 7. STATEMENT TO PERIST PAYMENT OF MEDICARE BENEFITS TO PROVIDER, PHYSICIANS AND PATIENT: I easy that the information given by me in applying for payment under Title XVIII of the Social Security Administration or its intermediaties 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 & Medicard 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 MedSter 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 MedSter 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.
- 8. HIV TEST IN EXPOSURE SITUATION: I consent that should a health care provider accidentally be exposed to my blad or body fluids that blood asymples will be taken and bested 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

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I have received information about the illness for which I am being vaccinated, as well as about the 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.

Hepatitis B	Rabies					
☐ Declined to receive the vaccine	Declined to receive the vaccine					
REASON	REASON					
inactivated influenza	Tetanus Toxoid					
Declined to receive the vaccine	Declined to receive the vaccine					
REASON	REASON					
Measles-Mumps-Rubelia	Td (Tetanus/Diptheria)					
☐ Declined to receive the vaccine	Declined to receive the vaccine					
REASON	REASON					
Meningococcal	Tdap (Tetanus/Diphtheria/Pertussis)					
Declined to receive the vaccine	Declined to receive the vaccine					
REASON	REASON					
	Varivax (Chicken Pox)					
Pneumococcal Polysaccharide	Zostorvax (Chicken Pox)					
☐ Declined to receive the vaccine	Declined to receive the vaccine					
REASON	REASON					
X lan PM	4148					
Signature of patient or authorized representative	Date					
Print name of representative	Relationship to patient (if other than patient)					
	Pate Time Witness print name					
	Addicas build lighte					
	AL USE ONLY					
Choose the needed vaccine and give the VIS (Vac						
Have the patient or authorized representa						
Date vaccine administered @1765 Date vaccine admir						
Vaccine Manufacturer Vaccine Lot Number CHOYM Vaccine Lot Number						
Site of injection 15(1) 301 Site of injection	Site of injection					
Kullet a	10/2/18 M13					
Signature / Title of person administering vaccine						
MCLENEON, JUAN OTHER REFERING PHYSICIAN ACCT # 6388425	MedStar Southern Maryland					
08/02/1972 M:042Y	Hospital Center					
MINUMINIA MAR# 002006298	-					
PTP-E EMS 06/12/15 F/C	Immunization Consent Form					

0000 PG 7500 (Aer 1100

Page 1 of 1



Opt Out: Yes

CMrituois

Comprehensive Orders Report
From 06/12/2015 12:23
Finn-Bed. Admit Et 06/12/2015 12:23
Age: 42 yr Gender. M MD: Kumar, Ancop , MD
DOB: 08/02/19/2 Acct: 6388425
MRN 002006298

Requested: 06/13/2015 16:20

Page 1 of 7

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 Aride 2 Views Left	· · · · · · · · · · · · · · · · · · ·	06/12/2015 13:00	06/12/2015 12:59	06/12/2015 12:55
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		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: telanus - dipittiena vaccine ADULT TD	6	06/12/2015 19:51	06/12/2015 13:51	06/12/2015 18:51
ED Splint	7	06/12/2015 13:54	06/12/2015 13:54	06/12/2015 13:54
ED: Cratch Training	В	06/12/2015 13:54	06/12/2015 13:54	06/12/2015 13:54

Order 1 - Version 1

Diagnosis: CONTIN ROUTINE Until Discont	inued	AC - No confidence to Committee
Start: 06/12/2015 12:59	Ordered By: KUMAR, ANOOP MD	Action: Ordered
Originally Entered: 06/12/2015 13:00	Entered By: KUMAR, ANOOP MD	
Last Modified: 06/12/2015 13:00	Modified By: KUMAR, ANOOP MD	
Nome and the second of the se	Source: Direct	I was a second of the second o
Catagory: Medical		
Diagnosis: [primary] Sprain of ankle (845.00)		
Signed Action: Sign New	By:KUMAR, ANOOP MD	Date: 06/12/2015 13:00
Signed Action: Adknowledge New	ву:	
		Application Source: HEO-MD
		Performing Dept: Heo Department
		Order Group: HEO Group
		Placer Number: 53504472

Order 1 - Version 2

Start: 06/12/2015 12:59	Ordered By: KUMAR, ANOOP MD	Action: Status
Originally Entered: 06/12/2015 13:00	Entered By: KUMAR, ANOOP MD	
Last Modified: 06/12/2015 14.11	Modified By:	
	Source: Direct	
		Application Source: HOM
		Performing Dept: Heo Department
		Order Group: HEO Group
		Placer Number: 53504472

Order 1 - Version 3

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

MCLENEON, JUAN

Rm-Bed:

Acct: 6388425

MRN: 00200099078

DOB: 08/02/1972

Comprehensive Orders Report

Page t of 7 Parmanent

Opl Out: Yes

UMIII

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 08/02/19/2 Acct 6389425 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: Heo Department
	Order Group: HEO Group
	Placer Number: 53504472

Order 2 - Version 1

ED: Xray Ankle 2 Views Left ONCE STAT 1Ti	mes	
Start: 06/12/2015 12:59	Ordered By: KUMAR, ANOOP ND	Action: Ordered
End: 06/12/2015 12:59	Enlered By: KUMAR, ANOOP MD	
Originally Entered: 06/12/2015 19:00	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
	A	pplication Source: HEO-MD
		erforming Dept: RAD X RAY
	WITT COLOR	Order Group: X-Ray
		lacer Number: 53504473

Order 2 - Version 2

ED: Xray Ankle 2 Views Left ONCE STAT 1Ti	mes		
Start: 06/12/2015 12:59	Ordered By: KUMAR, ANDOP 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		(10.000.000.0000.000.000.000.000.000.000	
		Applicatio	on Source: Mi1
	1	Performin	ng Dept: RAD-X-RAY
		Order Gro	э ир: X-Ray
	[]	Placer Nu	mber: <u>63504473</u>

	•		
Order 2 - Version 3			
ED: Xray Ankle 2 Views Left ONCE STAT 1 T	imes		
Start: 06/12/2015 12 59 End: 06/12/2015 12:59 Originally Entered: 06/12/2015 13:00	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: STAFFID, 1110 TEMP	Action: Completed	
Last Modified: 06/12/2015 13:27 Reason for Exam: Ankle Pain	Source: Direct		
		Application Source: MI1 Performing Dept: RAD X RAY	Anime and Animina
		Order Group: X-Ray Placer Number: 53504473	

Order 3 - Version 1

ED: Xray Portable Chest ONCE STAT 1Times			
		-	

MCLENEON, JUAN
Rm-Bed:

Acct: 6388425 MRN. 00200029079 DOB: 08/02/1972 Comprehensive Orders Report

Page 2 of 7 Parmanent



Opt Out: Yes

StoudHAA()

Comprehensive Orders Report

15: 06/12/2015 14:39 From 06/12/2015 12:23 Am-Bed Admit Et: 06/12/2015 12:23 Gender: M MD: Kumar, Annop, MD Age: 42 yr

DOR: 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

Reason for Exam: myc

Signed Action: Sign New

Signed Action: Acknowledge New

Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD Modified By: KUMAR ANDOP MO

Source: Direct

By: KUMAR, ANOOP MD

By: CHOUCH, RACHEL FDMT

Action: Ordered

Dale: 06/12/2015 13:00

Date: 06/12/2015 13.01

Application Source: HEO-MD Performing Dept: RAD X RAY

Action: Ordered

Order Group: X-Ray Placer Number: 53504693

Order 3 - Version 2

	Portable		

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, ANDOP MD

Entered By: KUMAR, ANOOP MD Modified By: KUMAR, ANOOP MD

Source: Direct

Reason for Exam: myc

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: 08/12/2015 13:00

Originally Entered: 06/12/2015 13:00 Last Modified: 06/12/2015 13:26

Reason for Exam: mvc

Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD

Modified By: STAFFID, 1110 TEMP

Source: Direct

Action: Completed

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 1Times

Start: 06/12/2015 13:00 End: 06/12/2015 13:00

Reason for Exam: pain, mvc

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

MCLENEON, JUAN

Rm-Bed:

Acct. 6388425

MAN: 002006999080

DOB: 08/02/1972

Comprehensive Orders Report

Page 3 of 7 Parmanant

Opt Out: Yes

SouthMD

GoutMND

Comprehensive Orders Report

From 06/12/2015 12:23 To: 06/12/2015 14:39

Rm-Bed: Admit Di: 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
5. É de una midiaçõe, destina recursor o quantificaçõe quantificaçõe de managar conseptinguaçõe de cursos o consector de transfer de tr	entremente primario. El 100 y su 1886 en sel subsupcione entreme de la commissión de la com	Application Source: HEO-MD
		Performing Dept: RAD X RAY
		Order Group: X-Ray
		Placer Number: 53504700

Order 4 - Version 2

Start: 06/12/2015 13:00 End: 06/12/2015 13:00	Ordered By: KUMAR, ANDOP MD Entered By: KUMAR, ANOOP MD	Action: Ordered
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		and the second s
		Application Source: Mi1
		Performing Dept: RAD-X-RAY
		Order Group: X Ray
		Placer Number: 53504700

Order 4 - Version 3

Start: 06/12/2015 13:00	Ordered By: KUMAR, ANOOP MD	Action: Completed
End: 06/12/2015 13:00	Entered By: KUMAR, ANOOP MD	1
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		
	Appli	cation Source: MI1
	Perfo	rming Dept: RAD-X-RAY
	Orde	r Group: X-Ray

Order 5 - Version 1

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: Adknowledge New	By:JOHNSON, KIM RN	Date: 06/12/2015 13:31
		Application Source: HEO-MD
		Performing Depti ER MEDICATIONS
		Order Group: ED MEDICATIONS
		Placer Number: 53504706

Order 5 - Version 2

MCLENEON, JUAN	Acct: 6388425	DOB. 08/02/1972	Page 4 of 7
Rm-Bed:	MRN: 002 006(9 6)81	Comprehensive Orders Report	Parmanent

Opl Out: Yes

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Comprehensive Orders Report
From 06/12/2015 12:23 15: 06/12/2015 14:39
Rm-Bad Admit Dt. 06/12/2015 12:23 Age. 42 yr Gender: M MD: Kumar, Ancop , MD DOB: 08/02/19/2 Acct: 6388425 MRN 002006298

Requested: 00/13/2015 16:20

Page 5 of 7

Order 5 - Version 2 (Continued)

ED: ibuprofen [ADVILMOTRIN] 800 MG OR/	AL ONCE STAT 1 Times	2.76	MENTER CO. S. AMB. 19 - St. C.
Start: 06/12/2015 13:00 End: 06/12/2015 13:00	Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD		Action: Completed
Originally Entered: 06/12/2015 13:00	Modified By: JOHNSON, KIM RN		
Last Modified: 06/12/2015 13:31	Source: Direct		
		Applicati	on Source: HEO
		Performi	ng Dept: ER MEDICATIONS
		Order Gr	oup: ED MEDICATIONS
L.		Placer No	umber: 53504706

Order 6 - Version 1

Start: 06/12/2015 13:51	Ordered By: KUMAR, ANDOP MD	Action: Ordered
End: 06/12/2015 13:51	Entered By: KUMAR, ANOOP MD	
Originally Entered: 06/12/2015 13:51	Modified By: KUMAR, ANOOP MD	
Last Modified: 06/12/2015 13:51	Source: Direct	
Signed Action: Sign New	By:KUMAR, ANOOP MD	Date: 06/12/2015 13:51
Signed Action: Acknowledge New	By:JOHNSON, KIM RN	Date: 06/12/2015 14:07
		Application Source: I-IEO-MD
		Performing Dept: ER MEDICATIONS
		Order Group: ED MFDICATIONS
		Placer Number: 53506948

Order 6 - Version 2

Start: 06/12/2015 13.51	Ordered By: KUMAR, ANOOP MD		Action: Completed
End: 06/12/2015 13:51 Originally Entered: 06/12/2015 13:51	Entered By: KUMAR, ANOOP MD Modified By: JOHNSON, KIM RN		
Last Modified: 06/12/2015 14.39	Source: Direct		
		Application	on Source: HEO
		Performir	ng Dept: ER MEDICATIONS
		Order Gro	DUP: ED MEDICATIONS
were the second of the second		Placer Nu	mber: 53506948

Order 7 - Version 1

ED: Splint ONCE STAT 1Times	et application and application of the application o	The second section of the second section of the second section of the second section of the second section sec
Start: 06/12/2015 13:54	Ordered By: KUMAR, ANOOP MD	Action: Ordered
End: 06/12/2015 13:54	Entered By: KUMAH, ANOOP MD	
Originally Entered: 06/12/2015 13:54	Modified By: KUMAR, ANOOP MD	
Last Modified: 06/12/2015 13:54	Source: Direct	
Instructions: posterior lett ankle		

MCLENEON, JUAN

Rm-Bed:

Acct: 6388425

MRN: 00200699082

DOB: 08/02/1972

Comprehensive Orders Report

Page 5 of 7

Parmanant

Opt Out: Yes

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Comprehensive Orders Report

To: 06/12/2015 14:39 From 06/12/2015 12:23 Rm-Bed. Admit Dt: 06/12/2015 12:23 Gender: M MD: Kumar, Ancop , MD Age: 42 yr

DOB. 08/02/19/2 Acct: 5388425

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 Date: 06/12/2015 13:56

Signed Action: Acknowledge New

By: CROUCH, RACHEL EDMT

Application Source: HEO-MD

Action: Completed

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 End: 06/12/2015 13:54

Originally Entered: 06/12/2015 13:54

Last Modified: 06/12/2015 14:26 Instructions: posterior left ankle

Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD

Modified By: CROUCH, RACHEL

FOMT

Source: Direct

Application Source: HEO

Performing Dept: RHHB - PHYSICAL

THERAPY

Order Group: Physical Therap Placer Number: 53507080

Order 8 - Version 1

ED: Crutch Training ONCE STAT 1Times

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

Signed Action: Acknowledge New

Ordered By: KUMAR, ANOOP MD Entered By: KUMAR, ANOOP MD

Modified By: KUMAR, ANOOP MD

Source: Direct

Signed Action: Sign New

By: KUMAR, ANOOP MD

By: CROUCH, RACHEL EDMI

Date: 06/12/2015 13 54

Date: 06/12/2015 13:56

Action: Ordered

Application Source: HEO MD Performing Dept: RELIB 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 End: 06/12/2015 13:54

Originally Entered: 06/12/2015 19:54 Last Modified: 06/12/2015 14:26

Ordered By: KUMAR, ANDOP MD Entered By: KUMAR, ANOOP MD

Modified By: CROUCH, RACHEL

EDMT

Source: Direct

Action: Completed

MCLENEON, JUAN

Rm Bed:

Acct. 6388425 MRN. 0020002960083 DOB. 08/02/1972

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Comprehensive Orders Report

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

PATIENT'S NAME: MCLENEON, JUAN

ROOM#:

RADIOLOGY#:

ORDER#: 53504701 ACCT#: 6388425 PATIENT TYPE: E

MEDREC#: 2006298

DATE OF BIRTH: 08/02/1972 SEX: M

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.

06/12/2015 TD: 01:33 PM DD: DT: 06/12/2015 TT: 01:35 PM

ID: 2748056 JOB: 2748056

MR#: 2006298

ORDER#: 53504701

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

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

PATIENT'S NAME: MCLENEON, JUAN

ROOM#:

RADIOLOGY#:

ORDER#: 53504703 ACCT#: 6388425

MEDREC#: 2006298

PATIENT TYPE: E

DATE OF BIRTH: 08/02/1972 SEX: M

REFERRING PHYSICIAN:

ADDITIONAL ORDERS:

ORDERING PHYSICIAN: ANOOP KUMAR, M.D.

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 /: 11241

DD: 06/12/2015 TD: 01:51 PM DT: 06/12/2015 TT: 01:53 PM MR#: 2006298

ID: 2748067 JOB: 2748067 ORDER#: 53504703

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

MEDSTAR SOUTHERN MARYLAND HOSPITAL 7503 SURRATTS 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 11142 DD: 06/12/2015 TD: 01:31 PM DT: 06/12/2015 TT: 01:34 PM MR#: 2006298

ID: 2748055 JOB: 2748055 ORDER#: 53504702

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

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MCLENEON, JUAN MedStar Southern Maryland Hospital Center FT10M 06/12/15 12 23 TO 06/12/15 14 40 RICOM. \*\* ADM 08/12/15 12:23 AGE 42Y SEX M MD 10JMAR, ANCOP DOB: 08/02/1872 ID 6366425 MR 002066296 REQUESTED 04/13/15 16:21 OPI OUI:

Order History Report - MCLENEON, JUAN DEPT: ROOM: \*\* MR: 002006298 FROM: 06/12/15 12:23 TO: 08/12/15 14:40

ALLERGY

Allergy name Chartod 06/12 13:02 NO KNOWN ALLERGIES

Reaction

Miscellanco-

Severity Comment

us Allergy

DIAGNOSIS

AMB842/POLICE/CHECK UP AFTER MVC/DW4

Ordf Status Order Mame D/C'ed Diagnosis:: [primary] Sprain of CONTIN

Freq

Priority ROUTINE

Priority

Duration Start Stop

06/12 12:59 Indefinite

ankle (845.00) Category: Medical

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

ankle (845.00)

7

Ordi Status Order Hame Complete ED: Crutch Training:

CTAP 1 TIME

Duration

06/12 13:54 06/12 13:54

Complete ED: Splint, Type of:: posterior ONCE STAT 1 Time

06/12 13:54 06/12 13:54

Stop

left ankle Type of: posterior left ankle

XR

Ordi Status Order Mane Priority Duration Freq Start Stop Complete ED: Xray Pelvis AP Only: pain, 1 Time 06/12 13:00 06/12 12:00 ONCE MVC

Reason for Exam: pain, mvc

Complete ED: Xray Portable Chest: mvc 06/12 13:00 06/12 13:00 ONCE STAI 1 Time

Reason for Exam: mvc

Complete ED: Xray Ankle 2 Views Left: ONCE STAI 06/12 12:59 06/12 12:59 1 Time Ankle Pain

Reason for Exam: Ankle Pain

RADIOLOGY

NE BETAIR VD 1 - 5 mm/15 13 19

STAFF ASSIGNMENT(S)

Admitting Physician: Attending Physician: Primary Care Physician: KUMAR, ANOOP KUMAR, ANOOP

NO, PHYSICIAN PROVI

Phone: (301)877-4505

Phone: (301)877-4505

Phone:

PERM Page 1

Page 1

MCLENEON, JUAN fedStar Southern Maryland Hospital Center Onter Numerory Renn FROM. 06/12/15 12 23 TO. 06/12/15 14 40 ROCM. \*\* ADM. 06/12/15 12 23 AGE 42Y SEX.M. MD KUMAR, ANOCH DOB 08/02/1972 ID 83/8425 MR 002/04/298 REQUESTED 06/13/15 16:21 OPI OUT

Order# Status Order Name Frequency Duration Prty Start Dt/Tm End Dt/Im Occurrence Completed Dt/Tm Status Completed by 0001 D/C'd CONTIN ongoing ROUTI 06/12/15 12:59 Diagnosis: Ordered: KUHAR, ANOOP 1. Category: Medical Entered: KUMAR, ANOOP 2. Diagnosis: [primary] Sprain of ankle Entered Time: 05/12/15 13:00 (845.00) Last Mod Time: 06/12/15 18:00 Signed: KUMAR, ANOOP Signed Time: 06/12/15 13:00 06/12/15 13:00 Complete Comp 06/12/15 12:59 06/12/15 12:59 0002 ND: Eray Ankle 2 Views ONCE STAT Left Ordered: KUMAR, ANOOP 2. Reason for Exam: Ankle Pain Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:00 Last Hod: 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 Complete STAFFID, 1110, TEMP 0003 06/12/15 13:00 06/12/15 13:00 Comp ED: Xray Portable Chest STAT Ordered: KUMAR, ANOOP 1. Reason for Exam: mvc 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 STAFFID, 1110, TEMP Complete 0004 Comp ED: Kray Pelvis AP Only ONCE STAT 06/12/15 13:00 06/12/15 13:00 Ordered: KUMAR, ANOOP 2. Reason for Exam: pain, mvc Entered: KUMAR, ANOOP Entered Time: 06/12/15 13:00 Last Mod: STAFFID, 1110 Last Mod Tlue: 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 Complete STAFFID, 1110, TEMP



MCLENEON, JUAN
ModSkir Southern Marykind I lospitul Cuntor
Order Summary Hopert
FHOM, 09/12/15 12 23 10 08/12/15 14 40
FHOM \*\* ADM 09/12/15 12 23
AGE 42Y SLX M MD KUMAT, ANCOP
DOB 08/12/1972 ID 6389425 MPI 002008299
PEGUESTED 06/13/15 16 21
CP1 CHII

| Order# | Status | Order Name                                                                                                                                                                                                                                                                                                      | Frequency                  | Duration | Prty | Start Dt/Tm    | End Dt/Tm      |
|--------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|------|----------------|----------------|
|        |        | Occurrence<br>Completed Dt/Tm                                                                                                                                                                                                                                                                                   | Status                     | Complete | d by |                |                |
| 0005   | Comp   | ED: ibuprofen [ ADVIL/MOTRIN ] Ordered: KUMAR, ANCOP Entered: KUMAR, ANCOP Entered Time: 06/12/15 13:00 Last Mod: JOHNSON, KIM Last Mod Time: 06/12/15 13:31 Signed: KUMAR, ANCOP 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  |                            |          | STAT | 06/12/15 13:00 | 06/12/15 13:00 |
| 0006   | Comp   | ED: tetanus - diphtheria<br>Vaccine ADULT [ TD ]<br>Ordered: KUMAR, ANOOP<br>Entered: KUMAR, ANOOP<br>Entered Time: 06/12/15 13:51<br>Last Mod: JOHNSON, KIM<br>Last Mod Time: 06/12/15 14:39<br>Signed: KUMAR, ANOOP<br>Signed Time: 06/12/15 13:51<br>Ack: JOHNSON, KIM<br>Ack. Time: 06/12/15 14:07          | ONCE  1. Dose: 0 2. Route: |          | 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 |                            | Splint:  |      | r left ankle   | 06/12/15 13:54 |

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MCLENEON, JUAN
ModSkix Southorn Maryland I loopid Center
Critier Surmany Hopon
FROM 08/12/16-12-23-10, 06/12/15-14-40
FROM 08/12/16-12-23-10, 06/12/15-14-40
FROM \*\* ADM 08/12/15-12-23
AGL 42Y SEX M MD KUMAR ANOCH\*
DOB 08/12/18/12-1D 63/88425 MR 002006298
FREQUESTED 06/13/15-18-21
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# IN THE CIRCUIT COURT FOR PRINCE GEORGE'S COUNTY, MARYLAND

vs.

Juan P. Mclendon,

CT151183X

Defendant

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

<sup>&</sup>lt;sup>1</sup> 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.<sup>2</sup>

- 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.<sup>3</sup> 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. 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.<sup>5</sup> *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.")

<sup>&</sup>lt;sup>2</sup> A "Second Supplement to Bill of Particulars" was also filed on June 2, 2016. The State responded on June 9, 2016.

<sup>&</sup>lt;sup>3</sup> More than 15 days after entering appearance.

<sup>&</sup>lt;sup>4</sup> 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." <u>Id.</u>, ¶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."
- 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.

<sup>&</sup>lt;sup>5</sup> 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.<sup>7</sup>
- 13. The Defendant now, in an effort resembling only the most obtuse efforts of the Ministry of Truth,<sup>8</sup> 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.<sup>9</sup> O'brien might agree,<sup>10</sup> 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

<sup>&</sup>lt;sup>6</sup> 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.

<sup>&</sup>lt;sup>7</sup> This remains true even now.

<sup>&</sup>lt;sup>8</sup> See generally George Orwell, 1984 (New American Library) (1955).

<sup>&</sup>lt;sup>9</sup> As if the ruling was dropped into a memory hole. See id.

<sup>&</sup>lt;sup>10</sup> Id.

Appeals held] that the second prosecution is permitted[.]" (emphasis added) <u>Id.</u>, at 99. Here, in stark contrast, there is a retrial after a partial verdict.<sup>11</sup>

- 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,<sup>12</sup> 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.<sup>13</sup> 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.<sup>14</sup>
- 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

<sup>&</sup>lt;sup>11</sup> 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.

<sup>&</sup>lt;sup>12</sup> Nevermind that attempted second degree murder has different elements from second degree murder.

<sup>&</sup>lt;sup>13</sup> The third modality, strangulation, was not applicable at the time of this case.

<sup>&</sup>lt;sup>14</sup> 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*. 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. 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,<sup>17</sup> the proper remedy would have been to object to the alleged inconsistencies in the verdicts.<sup>18</sup>
- 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.

<sup>&</sup>lt;sup>15</sup> 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.

<sup>&</sup>lt;sup>16</sup> Setting aside that it was vacated by *State v. Jones*, 451 Md. 680 (2017).

<sup>&</sup>lt;sup>17</sup> It is not.

<sup>&</sup>lt;sup>18</sup> "[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)).

Colin C. Carmello

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# **CERTIFICATE OF SERVICE**

I HEREBY CERTIFY, that on September 6, 2022, a copy of the foregoing Request for Discovery was emailed, to Thomas C. Mooney, Counsel for the Defendant, discovery@thomasmooneylaw.com.

\_\_/s/ Colin C. Carmello