



COMMON COUNCIL MEETING

Common Council Chambers

Tuesday, January 19, 2016

6:30 p.m.

I. ROLL CALL

II. REVIEW OF MINUTES:

III. READING OF ITEMS by the City Chamberlain of any resolutions not listed on the printed agenda.

IV. PUBLIC PARTICIPATION: Three (3) minutes per person up to 45 minutes of public comment on any agenda and non-agenda items.

V. MAYOR'S COMMENTS:

VI. CHAIRMAN'S COMMENTS AND PRESENTATIONS:

VII. MOTIONS AND RESOLUTIONS:

- 1. FROM CORPORATION COUNSEL ACKERMANN,** Resolution R16-12, approving the appointment of the members to the Water Board.

VIII. ORDINANCES AND LOCAL LAWS:

IX. PRESENTATION OF PETITIONS AND COMMUNICATIONS:

1. **FROM LORELEI POLLOCK**, a notice of appeal for the denial of her vendor permit.
2. **FROM COUNCILMEMBER HERMANN**, a communication regarding the proposed rules of conduct and decorum amendments.
3. **FROM ELAINE CASE, ADMINISTRATIX OF THE ESTATE OF KASEEM J. PANKEY**, a notice of claim.
4. **FROM MARY BOSHART**, a notice of personal injury sustained on December 21, 2015.
5. **FROM JOSEPH FAIRCLOTH**, a notice of personal injury sustained on September 23, 2015.

X. UNFINISHED BUSINESS:

XI. NEW BUSINESS:

XII. ADJOURNMENT:

The City of Poughkeepsie

New York

Paul Ackermann
Corporation Counsel
packermann@cityofpoughkeepsie.com



62 Civic Center Plaza,
Poughkeepsie, New York 12601
TEL: (845) 451-4065 FAX: (845) 451-4070

January 12, 2016

CCM 1/19/16
Item VII-1

COMMON COUNCIL
City of Poughkeepsie

Re: Joint Water Board appointments

Dear Chairman Petsas and Councilmembers:

Attached for your consideration is a proposed Resolution, made pursuant to the Inter-Municipal Agreement between the City and Town of Poughkeepsie, whereby the Common Council is authorized to appoint two (2) city residents to serve on the Joint Water Board for a three (3) year term. Historically, the Council appointments have been a councilmember and the Mayor and the Mayor, who has an appointment, has appointed the City Engineer/ Commissioner of Public works.

There are currently two (2) openings on the Board. Mayor Tkazyik, who was appointed by the council, had his term expire on December 31, 2015 and Councilmember Mallory effectively vacated his seat because he was the legislative member that had served. Chairman Petsas has submitted Councilman Hermann's name to fill the remainder of Councilman Mallory's term and Mayor Robert G. Rolison for a full three-year term.

Please feel free to contact me prior to the meeting should you have any questions regarding these appointments or more generally, the Joint Water Board.

Respectfully submitted,

CORPORATION COUNSEL

PAUL ACKERMANN
CORPORATION COUNSEL

RESOLUTION
(R-16-12)

INTRODUCED BY _____ :

WHEREAS, in accordance with the Inter-Municipal Agreement between the City of Poughkeepsie and the Town of Poughkeepsie dated August 3, 1995, the Common Council of the City of Poughkeepsie is authorized to make appointments of City residents to serve on the Joint Water Board; and

WHEREAS, by resolution of the Common Council dated May 2, 1996, two (2) members of the Joint Water Board shall be appointed by the Common Council with one (1) member being a member of the legislative branch and (1) member shall be appointed by the Mayor; and

WHEREAS, Board Member Robert Mallory vacated his appointment by virtue of no longer being a member of the legislature thereby creating a vacancy which may be filled for his unexpired term; and

WHEREAS, Board Member John Tkazyik's appointment expired on December 31, 2015; and

WHEREAS, it is in the best interest of the City of Poughkeepsie and its citizens that the Joint Water Board should have a full complement of members in order to properly conduct the business required of the Board; and

NOW, THEREFORE,

BE IT RESOLVED, that the Common Council of the City of Poughkeepsie hereby appoints the following individuals to the Joint Water Board for the respective term as indicated below:

Mayor Robert G. Rolison (Expires: 12/31/18)
Councilman Tracy Hermann (Expires: 12/31/16)

SECONDED BY _____

11-23-15

To whom it may concern:

I Lorelei Pollock appeal the ~~the~~ rejection of my application for a Vendor permit.

I am requesting a hearing.

Thank you
Lorelei Pollock
Lorelei Pollock
1990 State Route 32
Modena N.Y. 12548

City of Modena
2015 NOV 23 AM 9:36

-----X
IN THE MATTER OF ELAINE CASE, as Administratrix
of the Estate of KASEEM J. PANKEY,

**VERIFIED
NOTICE OF CLAIM**

Claimant,

-against-

Index No.:

RONALD J. KNAPP, Individually and in his official
capacity as Chief of the City of Poughkeepsie Police
Department, The City of Poughkeepsie.

Respondents.

-----X
The claimant, ELAINE CASE, as and for her Notice of Claim against the respondents, sets forth
and alleges as follows:

Claimant:

1. Elaine Case, residing at 24 Lincoln Avenue, Poughkeepsie, NY 12601.

Attorneys:

Robert N. Isseks, Attorney at Law, 6 North Street, Middletown, NY 10940.

2. Elaine Case is the Administratrix of the Estate of Kaseem Pankey, having been so
appointed on October 2, 2015, by the Hon. James D. Pagones, Surrogate of the County of Dutchess.
(Exhibit A).

In accordance with the Limited Letters of Administration issued to Elaine Case, she may
maintain a claim and an action for the wrongful death of her grandson, Kaseem Pankey.

3. Kaseem Pankey was, at all times, Elaine Case's natural grandson, and she was his lawful
guardian until he became 18 years old. (Exhibit B).

Nature of Claim and Where it Arose:

4. Kaseem Pankey died on November 26, 2014, at the Dutchess County Jail. Two death
certificates were issued. One is showing the Dutchess County Jail as the place of death, and the other is

CITY OF Poughkeepsie
CITY CLERK
2015 DEC 30 AM 9:55

showing St. Francis Hospital as the place of death. Both death certificates are attached as Exhibit C.

5. Kaseem Pankey had a diagnosed mental disease prior to his death. He controlled the disease with medication.

6. On or about November 22, 2014, the decedent, Kaseem Pankey left the psychiatric unit of the Mid Hudson Regional Hospital. At that time, a duly licensed psychiatrist issued an order pursuant to the Mental Hygiene Law, indicating Kaseem Pankey was a danger to himself and to others (Exhibit "D").

7. On or about, November 22, 2014 the information concerning Kaseem Pankey's mental and emotional state was transmitted by a member of the hospital staff to the City of Poughkeepsie Police Department.

8. Moreover members of the Police Department of the City of Poughkeepsie were aware of Mr. Pankey's mental health disease prior to November 22, 2014.

9. On or about November 25, 2014, Kaseem Pankey was apprehended by the City of Poughkeepsie Police Department. At the time Mr. Pankey was apprehended, it was learned that there was an outstanding warrant for his arrest. Despite having knowledge of the mental hygiene order, the members of the City of Poughkeepsie Police Department elected to have Mr. Pankey arraigned on the outstanding criminal warrant. Mr. Pankey was arraigned before the Town Judge for the Town of Poughkeepsie and remanded to the custody of the Dutchess County Sheriff.

10. At no time did members of the City of Poughkeepsie Police Department inform members of the Dutchess County Sheriff's Department that there was an outstanding mental hygiene order indicating that Mr. Pankey was a danger to himself or to others. Nor did they disclose their prior knowledge of Mr. Pankey's disease to the Sheriff's Department.

11. The information concerning Mr. Pankey's mental health should have been disclosed to the Dutchess County Sheriff's Department.

12. Members of the City of Poughkeepsie Police Department evinced a deliberate indifference to Kaseem Pankey's health, safety and welfare. Additionally, members of the City of Poughkeepsie Police Department failed to take adequate precautions to prevent Kaseem Pankey from injuring himself.

13. Despite the existence of the mental hygiene order issued with regard to Kaseem Pankey, members of the City of Poughkeepsie Police Department did not go to Mr. Pankey's home and escort him back to the hospital.

14. Members of the City of Poughkeepsie Police Department, both individually and as an entity, were deliberately indifferent to Kaseem's mental health and well being, his physical well being and were further negligent with insuring Mr. Pankey's safety. Despite possessing the knowledge of a significant nature, members of the City of Poughkeepsie Police Department failed to transmit that knowledge to members of the Dutchess County Sheriff's Department. Members of the City of Poughkeepsie Police Department failed to provide substantive due process of law to Kaseem Pankey; and failed to provide procedural due process of law to Kaseem Pankey. Additionally, members of the City of Poughkeepsie Police Department failed to provide equal protection of the laws to Kaseem Pankey.

15. The City of Poughkeepsie Police Department is a department within the City of Poughkeepsie government.

16. The claimant's damages and injuries include pre-death terror, pre-death anxiety, pain and suffering, and wrongful death of Kaseem Pankey.

17. There is no claim for lost income.

18. The claimant sustained damages in excess of the jurisdictional minimum of both New

York State and Federal Courts.

Dated: Middletown, New York
December 29, 2015



ROBERT N. ISSEKS, ESQ.
Attorneys for Claimant, Elaine Case
6 North Street
Middletown, NY 10940
Telephone: 845-344-4322

TO: City of Poughkeepsie Police Department
Ronald J. Knapp, Chief of Police
62 Civic Center Plaza
Poughkeepsie, NY 12603

Milo Bunyi, City Administrator
City of Poughkeepsie
62 Civic Center Plaza
Poughkeepsie, NY 12603

VERIFICATION

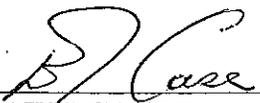
STATE OF NEW YORK)

:ss.:

COUNTY OF ORANGE)

ELAINE CASE, being duly sworn deposes and says:

1. I am the Claimant in the action herein.
2. I have read the annexed Notice of Claim dated December 29, 2015, know the contents thereof and the same are true to my knowledge, except those matters therein which are to be alleged on information and belief, and as to those matters I believe them to be true.



ELAINE CASE

Sworn to before me this
29 day of December, 2015



Notary Public - State of New York

PETER R. ERIKSEN
Notary Public, State of New York
No. 4667358
Qualified in Orange County
Commission Expires November 30, 2018

**Surrogate's Court of the State of New York
Dutchess County
Certificate of Appointment of Administrator**

File #: 2015-633

IT IS HEREBY CERTIFIED that Letters in the estate of the Decedent named below have been granted by this court, as follows:

Name of Decedent: **Kaseem J Pankey** Date of Death: **November 26, 2014**
Domicile: **City of Poughkeepsie**
Fiduciary Appointed: **Elaine Case**
Mailing Address: **24 Lincoln Avenue
Poughkeepsie NY 12601**

Type of Letters Issued: **LETTERS OF LIMITED ADMINISTRATION**

Letters Issued On: **October 1, 2015**

Limitations: THE FIDUCIARY IS HEREBY RESTRAINED FROM COMPROMISING ANY CAUSE OF ACTION AND FROM COLLECTING ANY PROCEEDS THEREOF UNTIL THE FURTHER ORDER OF ANY COURT OF COMPETENT JURISDICTION.

and such Letters are unrevoked and in full force as of this date.

Dated: **October 2, 2015**

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Dutchess County Surrogate's Court at Poughkeepsie, New York.

WITNESS, Hon. James D Pagones, Judge of the Dutchess County Surrogate's Court.



Erica S. DeTraglia, Esq, Chief Clerk
Dutchess County Surrogate's Court

This Certificate is Not Valid Without the Raised Seal of the Dutchess County Surrogate's Court

Exhibit B

Secs. 661 F.C.A.;
1701 S.C.P.A.

Form 6-5
(GUARDIANSHIP OF PERSON
OF A MINOR) 12/87

At a term of the Family Court of the State of
New York, held at and for the County of Dutchess
at Poughkeepsie, New York, on May 12, 1993,
and March 17, 1993

P R E S E N T : HON. DAMIAN J. AMODEO
Family Court Judge

Proceedings for the Appointment of
a Guardian of the Person

ELAINE CASE,
Petitioner,
of

KASEEN PANKEY,
a Minor,
DOB: 12/17/89

ORDER APPOINTING
GUARDIAN OF
THE PERSON
ON CONSENT

Docket No.: **6-66-93**
G-7-93
F.U. No.: 16476

Upon reading and filing the petitions, duly verified on
January 12, 1993, and March 5, 1993, respectively, applying for the
appointment of a guardian of, KASEEN PANKEY, the above-named Minor;
and

It appearing that the interests of said Minor will be promoted
by the appointment of a guardian of his person and that ELAINE CASE
is in all respects competent to act as such guardian; and

Upon consent of CATHY PANKEY, the natural mother of said
Minor, and of ANTHONY MCDERMOTT, the natural father of said Minor,
respectively, it is hereby

ORDERED that ELAINE CASE, upon taking the official oath and
filing the designation as required by law, be and hereby is
appointed guardian of the person of said Minor; and

Let Letters of Guardianship be issued to said Guardian
accordingly.

Dated: May 28, 1993
Poughkeepsie, New York

PLEASE TAKE NOTICE THAT the Family
Court Act provides that an appeal may be
taken from an order of this Court to the
Appellate Division Second Department.
Section 1113 of the Family Court Act
provides that the appeal must be taken
no later than thirty days after the entry
and service of any order from which the
appeal is taken.

E N T E R

S/HON. DAMIAN J. AMODEO
HON. DAMIAN J. AMODEO
Family Court Judge

[REDACTED]

NOTICE OF ENTRY
PLEASE TAKE NOTICE that the
within is a true copy of an
order entered in the office
of the Clerk of the Family
Court of the State of New
York in the County of
Dutchess on **6-1-93**
James L. Bouchey
James L. Bouchey
Chief Clerk of the Court

LETTERS OF GUARDIANSHIP OF THE PERSON OF A MINOR

Docket No.: G-7-93
F.U. No.: 16476

THE PEOPLE OF THE STATE OF NEW YORK

KNOW ALL BY THESE PRESENTS that at the County of Dutchess on the 12th day of May, 1993, before Honorable Damian J. Amodeo, Judge of the Family Court of this County, Elaine Case, having duly qualified according to law, is hereby authorized to serve as guardian of the person of Kaseen Pankey, a Minor, and LETTERS OF GUARDIANSHIP are hereby granted to said Elaine Case.

IN TESTIMONY WHEREOF, we have caused the seal of office of the Family Court of the County of Dutchess, to be hereunto affixed.

Witness: Honorable Damian J. Amodeo, Judge of the Family Court, County of Dutchess, at the Family Court of Dutchess County, the 28th day, of May, 1993.


JAMES L. BOUCHEY
Clerk of the Family Court

Exhibit C

CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE: **049**

1. NAME: FIRST **Kaseem** MIDDLE **J.** LAST **Pankey** 2. SEX: MALE FEMALE 3A. DATE OF DEATH: MONTH **11** DAY **26** YEAR **2014** 3B. HOUR: **19:50 P**

4A. PLACE OF DEATH: HOSPITAL INPATIENT HOSPITAL OUTPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER (Specify): **County Corrections** 4B. IF FACILITY, DATE ADMITTED: MONTH **11** DAY **25** YEAR **2014**

4C. NAME OF FACILITY: **Dutchess County Correctional Facility** 4D. LOCALITY: CITY VILLAGE TOWN **Poughkeepsie** 4E. COUNTY OF DEATH: **Dutchess**

5. DATE OF BIRTH: MONTH **12** DAY **17** YEAR **1989** 6A. AGE IN YEARS: **24** 6B. IF UNDER 1 YEAR ENTER: MONTHS DAYS 6C. IF UNDER 1 DAY ENTER: HOURS MINUTES 7A. CITY AND STATE OF BIRTH: **Poughkeepsie, NY** 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMED FORCES? (Specify years) YES NO 9. DECEDENT OF HISPANIC ORIGIN? (Check the boxes that best describe the decedent's ethnicity) A No, Not Spanish-Speaking B Yes, Mexican, Mexican American, Chicano C Yes, Puerto Rican D Yes, Other Spanish-Speaking (Specify) _____ 10. DECEDENT'S RACE: (Check all that apply to indicate what the decedent considered himself or herself to be) A White/Caucasian B Black or African American C Asian Indian D Chinese E Filipino F Japanese G Korean H Vietnamese J Native Hawaiian K Guamanian or Chamorro L Samoan N American Indian or Alaska Native (Specify) _____ P Other Asian (Specify) _____ R Other Pacific Islander (Specify) _____ S Other (Specify) _____

11. DECEDENT'S EDUCATION: (Check the box that best describes the highest degree or level of school completed at the time of death) 1 Less than 8th grade 2 8th-12th grade, no diploma 3 High school graduate or GED 4 Some college credit, but no degree 5 Associate's degree 6 Bachelor's degree 7 Master's degree 8 Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: **095 76 3540** 13. MARITAL STATUS: NEVER MARRIED 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 14. SURVIVING SPOUSE: Enter full name of spouse if married or separated _____

15A. USUAL OCCUPATION: (Do not enter retired) **Producer** 15B. KIND OF BUSINESS OR INDUSTRY: **Music** 15C. NAME AND LOCALITY OF COMPANY OR FIRM: **Self Employed-Poughkeepsie, NY**

16A. RESIDENCE: (State or Country if not USA) **New York** 16B. County or Region/Province if not USA: **Dutchess** 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN **Poughkeepsie** 16E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO - IF NO, SPECIFY TOWN _____

16D. STREET AND NUMBER OF RESIDENCE: **Lincoln Avenue 24** 16E. ZIP CODE: **12601**

17. BIRTH NAME OF FATHER/PARENT: FIRST **Anthony** MI **McDemott** LAST **McDemott** 18. BIRTH NAME OF MOTHER/PARENT: FIRST **Cathy** MI **Pankey** LAST **Pankey**

19A. NAME OF INFORMANT: **Elaine Case** 19B. MAILING ADDRESS: (Provide zip code) **24 Lincoln Avenue Poughkeepsie, NY 12601**

20A. 1 BURIAL 2 CREMATION 3 REINTERMENT 4 BOND 5 REMOVAL YEAR **2014** 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITOR: **Poughkeepsie Rural Cemetery** 20C. LOCATION: (City or town and state) **Poughkeepsie, NY**

21A. NAME AND ADDRESS OF FUNERAL HOME: **Rhodes Funeral Homes 43 Fairview Ave Poughkeepsie, NY 12601** 21B. REGISTRATION NUMBER: **01453**

22A. NAME OF FUNERAL DIRECTOR: **Linwood Rhodes jr.** 22B. SIGNATURE OF FUNERAL DIRECTOR: *[Signature]* 22C. REGISTRATION NUMBER: **13027**

23A. SIGNATURE OF REGISTRAR: *[Signature]* 23B. DATE RECEIVED: MONTH **12** DAY **12** YEAR **2014** 23C. REMOVAL PERMIT ISSUED BY: *[Signature]* 23D. DATE ISSUED: MONTH **12** DAY **12** YEAR **2014**

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: **Dennis J. Chute MD** License No.: **238299** Signature: *[Signature]* Month **11** Day **28** Year **2014**

25B. If certifier is not a physician, enter Coroner's Physician's name & title: _____ License No.: _____ Signature: _____ Month _____ Day _____ Year _____

25C. If certifier is not attending physician, enter Attending Physician's name & title: _____ License No.: _____ Address: _____

26A. Attending physician attended deceased: FROM: Month _____ Day _____ Year _____ TO: Month _____ Day _____ Year _____ 26B. Deceased last seen alive by attending physician: Month _____ Day _____ Year _____ 26C. Pronounced Dead: CA: Month **11** Day **26** Year **2014** AT **1950?** H

27. MANNER OF DEATH: NATURAL CAUSE 1 ACCIDENT 2 HOMICIDE 3 SUICIDE 4 UNDETERMINED CIRCUMSTANCES 5 PENDING INVESTIGATION 6 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES 29A. AUTOPSY? NO YES REFUSED 29B. CAUSE OF DEATH? NO YES 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992

CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE: **044**

1. NAME: FIRST **Kaseem** MIDDLE **J.** LAST **Pankey** 2. SEX: MALE FEMALE 3A. DATE OF DEATH: MONTH **11** DAY **26** YEAR **2014** 3B. HOUR: **19:50P**

3A. PLACE OF DEATH: HOSPITAL INPATIENT HOSPITAL OUTPATIENT NURSING HOME PRIVATE RESIDENCE HOSPICE FACILITY OTHER: County Corrections 4B. IF FACILITY, DATE ADMITTED: MONTH **11** DAY **25** YEAR **2014**

4C. NAME OF FACILITY: **Dutchess County Correctional Facility** 4D. LOCALITY: CITY VILLAGE TOWN **Poughkeepsie** 4E. COUNTY OF DEATH: **Dutchess**

4F. MEDICAL RECORD NO. 4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) YES NO

5. DATE OF BIRTH: MONTH **12** DAY **17** YEAR **1989** 6A. AGE IN YEARS: **24** 6B. IF UNDER 1 YEAR ENTER: months days 6C. IF UNDER 1 DAY ENTER: hours minutes 7A. CITY AND STATE OF BIRTH: **Poughkeepsie, NY** 7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

8. SERVED IN U.S. ARMY OR FOREST? (Specify years) NO YES 9. DECEDENT OF HISPANIC ORIGIN? (Check one box that best describes the decedent's Spanish/Hispanic origin) A No, Not Spanish/Hispanic/Latino B Yes, Mexican/Mexican American C Yes, Puerto Rican D Yes, Cuban E Yes, Other Spanish/Hispanic/Latino (Specify) 10. DECEDENT'S RACE: (Check one or more boxes to indicate what the decedent considered himself or herself to be) A White/Caucasian B Black or African American C Asian/Asian American D Chinese E Filipino F Japanese G Korean H Vietnamese I Native Hawaiian J Middle Eastern K Guamanian or Chamorro L Samoan M American Indian or Alaska Native (Specify) N Other Asian (Specify) O Other Pacific Islander (Specify) P Other (Specify)

11. DECEDENT'S EDUCATION: (Check one box that best describes the highest degree or level of school completed at the time of death) 1 Less than grade 7 2 Grade 7 through 8 3 High school graduate or GED 4 Some college credit, but no degree 5 Associate's degree 6 Bachelor's degree 7 Master's degree 8 Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: **095 76 3540** 13. MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED DIVORCED SEPARATED 14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated.

15A. USUAL OCCUPATION: (Do not enter retired) **Producer** 15B. KIND OF BUSINESS OR INDUSTRY: **Music** 15C. NAME AND LOCALITY OF COMPANY OR FIRM: **Self Employed-Poughkeepsie, NY**

16A. RESIDENCE: (State or Country if not USA) **New York** 16B. County or Region/Province if not USA: **Dutchess** 16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN **Poughkeepsie** 16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES NO IF NO, SPECIFY TOWN:

16E. STREET AND NUMBER OF RESIDENCE: **Lincoln Avenue 24** 16F. ZIP CODE: **12601**

17. BIRTH NAME OF FATHER / PARENT: FIRST **Anthony** MI **Mc** LAST **McDermott** 18. BIRTH NAME OF MOTHER / PARENT: FIRST **Cathy** MI **Pan** LAST **Pankey**

19A. NAME OF INFORMANT: **Elaine Case** 19B. MAILING ADDRESS: (Include zip code) **24 Lincoln Avenue Poughkeepsie, NY 12601**

20A. 1 BURIAL 2 CREMATION 3 REMOVAL 4 HOLD DAY 5 COWITON YEAR 6 ENTOMBMENT 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: **Poughkeepsie Rural Cemetery** 20C. LOCATION: (City or town and state) **Poughkeepsie, NY**

21A. NAME AND ADDRESS OF FUNERAL HOME: **Rhodes Funeral Homes 43 Fairview Ave Poughkeepsie, NY 12601** 21B. REGISTRATION NUMBER: **01453**

22A. NAME OF FUNERAL DIRECTOR: **Linwood Rhodes jr.** 22B. SIGNATURE OF FUNERAL DIRECTOR: *[Signature]* 22C. REGISTRATION NUMBER: **13027**

23A. SIGNATURE OF REGISTRAR: *[Signature]* 23B. DATE OF REGISTRATION: MONTH **12** DAY **12** YEAR **2014** 23C. PERMIT ISSUED BY: *[Signature]* 23D. DATE ISSUED: MONTH **12** DAY **12** YEAR **2014**

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: **Dennis J. Chute MD** License No.: **233299** Signature: *[Signature]* Month **11** Day **28** Year **2014**

Certifier's Title: 0 Attending Physician 1 Physician acting on behalf of Attending Physician 2 Coroner 3 Medical Examiner / Deputy Medical Examiner Address: **168 Washington St Poughkeepsie NY 12601**

25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year

25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address: Month Day Year

26A. Attending physician attended deceased: FROM Month Day Year TO Month Day Year 26B. Deceased last seen alive by attending physician: Month Day Year 26C. Precipitous Death: YES NO AT **1950 P**

27. MANNER OF DEATH: NATURAL CAUSE ACCIDENT HOW: CODE SUICIDE UNDETERMINED CIRCUMSTANCES PENDING INVESTIGATION 28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? NO YES 29A. AUTOPSY? NO YES REFUSED 29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO YES

CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. IMMEDIATE CAUSE: (A) **Asphyxia**

(B) **Hanging** (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

31A. IF INJURY, DATE: MONTH **11** DAY **26** YEAR **2014** HOUR: **1950 P** 31B. INJURY LOCALITY: (City or town and county and state) **Poughkeepsie Dutchess Co NY** 31C. DESCRIBE HOW INJURY OCCURRED: **Subject hanged self** 31D. PLACE OF INJURY: **150 N Hamilton St** 31E. INJURY AT WORK? NO YES

32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES 33A. IF FEMALE: 0 Not pregnant within last year 1 Pregnant at time of death 2 Not pregnant, but pregnant within 42 days of death 3 Not pregnant, but pregnant 43 days to 1 year before death 4 Pregnant at present within past year 33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution. NAME OF DECEDENT: **Kaseem Pankey** DATE OF DEATH: **11/26/14**

Exhibit D



PANKEY, KASEEM J

12/17/1989 24

U. : E000020488 M



\$W00000672568

Section 9.55
Mental Health Law

DATE: 11/22/14

TO: (Specific Police Department and/or Ambulance Service)

PATIENT'S NAME: Kaseem Pankey

PATIENT'S ADDRESS: 24 Lincoln Ave
Apt 2 Poughkeepsie NY 12603

PATIENT'S TEL.#: 845-452-8586 (Celaine case)

D.O.B.: 12/17/89

DESIGNATED 9.39 HOSPITAL: Mid Hudson Regional Hospital
Poughkeepsie NY

The treatment for mental illness of this individual is being provided or supervised by me. I have determined that this person appears to have a mental illness, which is likely to result in serious harm to himself/herself or others.

Therefore, pursuant to Section 9.55 of the New York State Mental Hygiene Law, you are hereby directed to take the above-named patient into custody and/or transport him/her to the 9.39 Hospital designated above, for psychiatric evaluation care and possible hospitalization.

Qualified Psychiatrist

Title

Clinic Name

EUGENE BURKE
ID# 204881

Typist's Initials

485-3666



PLEASE PRINT OR TYPE FORM CLEARLY

NOTE: Claim must be filed with and served to the City Chamberlain in triplicate (3 copies) within 90 days after the claim arises. Use additional sheets if necessary.

NOTICE OF CLAIM
AGAINST
THE CITY OF POUGHKEEPSIE, NEW YORK

2015 DEC 28 PM 2:06

CITY OF POUGHKEEPSIE
CITY CHAMBERLAIN

TODAY'S DATE: 12-28th-15

NAME AND ADDRESS OF EACH CLAIMANT:

MARY BOSHART
184 UNION ST.
POUGHKEEPSIE, N.Y.

TELEPHONE NUMBER: 845-337-4159 - HOME

845-891-6837 - cell
NAME AND ADDRESS OF ATTORNEY (IF ANY): ? will be one

DESCRIBE WHAT HAPPENED AND AMOUNT CLAIMED (PLEASE STATE DATE, TIME, LOCATION, AND MANNER IN WHICH CLAIM AROSE):

I tripped on raised sidewalk slab on So. Bridge St. falling very hard on my right side w. my face taking the worst part. Have paperwork from ETC @ Hospital

ITEMS DAMAGED OR INJURIES SUSTAINED:

Left cheek and smelt near my eye. Cheek was badly bruised & swollen. Knees were both skinned.

Mary Boshart
Signature of Claimant

Signature of Claimant

STATE OF NEW YORK, COUNTY OF Dutchess s.s.:

Mary Boshart being duly sworn, say(s) that he/she is/are the claimant(s) named in the foregoing claim, that he/she has/have read the same and know(s) the contents thereof; that the same is true to his/her own knowledge, except as to the matters alleged upon information and belief and as to those items, he/she believes it to be true.

Mary Boshart
Signature of Claimant

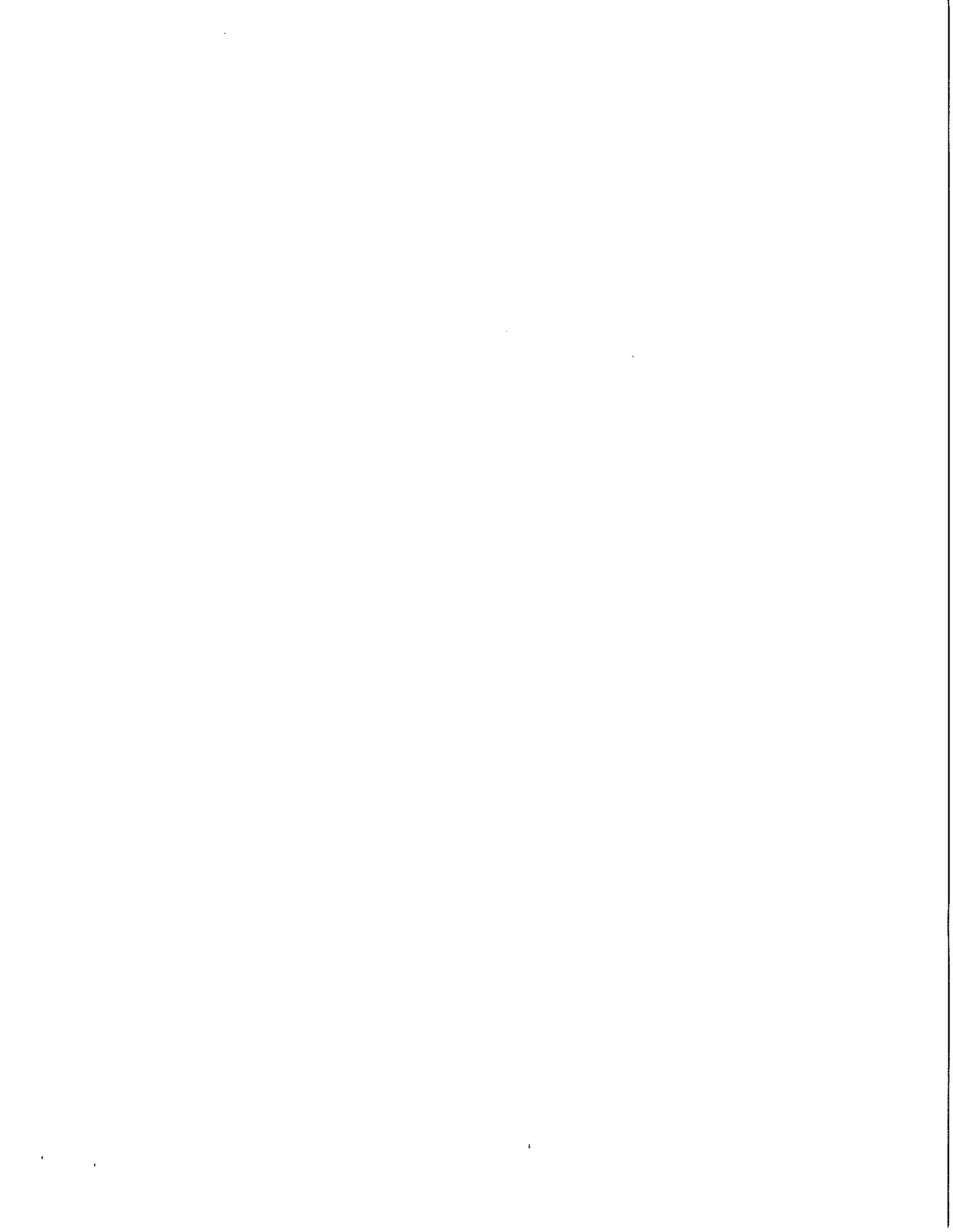
Signature of Claimant

Sworn to before me this 28th day of December, 2015

[Signature]
Notary Public

MARY C CARLACCI
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CA6294205
Qualified in Dutchess County
My Commission Expires December 16, 2017

NOTE: After submitting this form to the City Chamberlain, please direct any inquires to the Corporation Counsel at (845) 451-4065, Monday to Friday, 8:30 a.m. - 4:00 p.m.



Date: 12/20/15
Acct Num: W00001916113
Med Rec Num: E000006268
Name: MARY BOSHART
Location: EMERGENCY DEPT
Primary Provider: SIDHU,RAVINDER S MD

FACIAL CONTUSION [no wake-up]

You have a facial contusion, which means a bruise with swelling and sometimes bleeding under the skin. The swelling should start to go down within two days. Although there is no sign of a serious injury at this time, symptoms may appear later which could be a sign of a more serious problem. Therefore, watch for the warning signs below.

HOME CARE:

- If you have swelling of the face, apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) for 20 minutes every 1-2 hours until the swelling starts to go down.

- If you have scrapes or cuts on your face, clean them daily with soap and water. Apply an antibiotic ointment or cream (Bacitracin or Polysporin) for the first few days to prevent infection.

- You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [**NOTE**: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.] Do not use ibuprofen in children under six months of age.

- For the next 24 hours:
 - Do not take alcohol, sedatives or medicines that make you sleepy.

 - Do not drive or operate machinery.

 - Avoid strenuous activities. No lifting or straining.

- If you have had any symptoms of a concussion today (nausea, vomiting, dizziness, confusion, headache, memory loss or if you were knocked out),

Date: 12/20/15
Acct Num: W00001916113
Med Rec Num: E000006268
Name: MARY BOSHART
Location: EMERGENCY DEPT
Primary Provider: SIDHU,RAVINDER S MD

do not return to sports or any activity that could result in another head injury until all symptoms are gone and you have been cleared by your doctor. A second head injury before fully recovering from the first one can lead to serious brain injury.

FOLLOW UP with your doctor in one week or as directed.

[NOTE: Any X-rays or CT scans taken will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

GET PROMPT MEDICAL ATTENTION if any of the following occur:

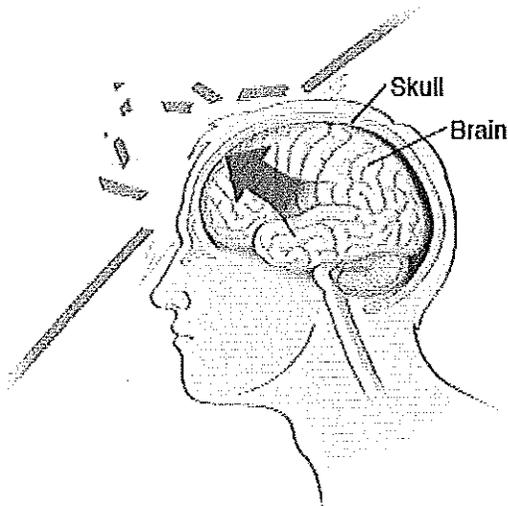
- Repeated vomiting
- Severe or worsening headache or dizziness
- Unusual drowsiness, or unable to awaken as usual
- Confusion or change in behavior or speech, memory loss, blurred vision
- Convulsion (seizure)
- Increasing scalp or face swelling
- Redness, warmth or pus from the swollen area
- Fluid drainage or bleeding from the nose or ears
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider

Date: 12/20/15
Acct Num: W00001916113
Med Rec Num: E000006268
Name: MARY BOSHART
Location: EMERGENCY DEPT
Primary Provider: SIDHU,RAVINDER S MD

- Increasing jaw pain with chewing or increasing pain in the sinuses
- Nose looks crooked or cannot breathe through your nose after swelling goes down

Date: 12/20/15
Acct Num: W00001916113
Med Rec Num: E000006268
Name: MARY BOSHART
Location: EMERGENCY DEPT
Primary Provider: SIDHU,RAVINDER S MD

HEAD INJURY with wake-up (Adult)



You have had a head injury. It does not appear serious at this time. Symptoms of a more serious problem (concussion, bruising, or bleeding in the brain) may appear later. Therefore, watch for the **WARNING SIGNS** listed below.

HOME CARE:

- During the next 24 hours someone must stay with you. This person should wake you every 2 hours to check for the signs below.

- If you have swelling of the face or scalp, apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) for 20 minutes every 1-2 hours until the swelling starts to go down.

- You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.] Do not take aspirin after a head injury.

- For the next 24 hours:
 - Do not take alcohol, sedatives, or medicines that make you sleepy.

Date: 12/20/15
Acct Num: W00001916113
Med Rec Num: E000006268
Name: MARY BOSHART
Location: EMERGENCY DEPT
Primary Provider: SIDHU,RAVINDER S MD

- Do not drive or operate machinery.

- Avoid strenuous activities. No lifting or straining.

- If you have had any symptoms of a concussion today (nausea, vomiting, dizziness, confusion, headache, memory loss, or you were knocked out), do not return to sports or any activity that could result in another head injury until all symptoms are gone and you have been cleared by your doctor. A second head injury before fully recovering from the first one can lead to serious brain injury.

FOLLOW UP with your doctor if symptoms are not improving after 24 hours, or as directed.

[NOTE: A radiologist will review any X-rays or CT scans that were taken. We will notify you of any new findings that may affect your care.]

GET PROMPT MEDICAL ATTENTION if any of the following WARNING SIGNS occur:

- Repeated vomiting

- Severe or worsening headache or dizziness

- Unusual drowsiness, or unable to awaken as usual

- Confusion or change in behavior or speech, memory loss, blurred vision

- Convulsion (seizure)

- Increasing scalp or face swelling

Date: 12/20/15
Acct Num: W00001916113
Med Rec Num: E000006268
Name: MARY BOSHART
Location: EMERGENCY DEPT
Primary Provider: SIDHU,RAVINDER S MD

- Redness, warmth or pus from the swollen area

- Fluid drainage or bleeding from the nose or ears

Date: 12/20/15
Acct Num: W00001916113
Med Rec Num: E000006268
Name: MARY BOSHART
Location: EMERGENCY DEPT
Primary Provider: SIDHU,RAVINDER S MD

NECK SPRAIN or STRAIN

A sudden force that causes turning or bending of the neck (such as in a car accident) can stretch or tear muscles (strain) and ligaments (sprain) and cause neck pain. Sometimes neck pain occurs after a simple awkward movement. In either case, muscle spasm is commonly present and contributes to the pain.



Unless you had a forceful physical injury (for example, a car accident or fall), X-rays are usually not ordered for the initial evaluation of neck pain. If pain continues and does not respond to medical treatment, x-rays and other tests may be performed at a later time.

HOME CARE:

- 1) You may feel more soreness and spasm the first few days after the injury. Reduce your activity level until symptoms begin to improve.
- 2) When lying down, use a comfortable pillow that supports the head and keeps the spine in a neutral position. The position of the head should not be tilted forward or backward.
- 3) Use ice packs (ice in a plastic bag, wrapped in a towel) to treat acute pain. Apply for 20 minutes every 2-4 hours during the first two days. Then, begin local heat (hot shower, hot bath or heating pad) and massage to reduce muscle spasm. Some patients feel best alternating hot and cold treatments, or just staying with one method only. Do what feels the best to you and gives the most relief.
- 4) You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE : If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

Date: 12/20/15
Acct Num: W00001916113
Med Rec Num: E000006268
Name: MARY BOSHART
Location: EMERGENCY DEPT
Primary Provider: SIDHU,RAVINDER S MD

FOLLOW UP with your physician or this facility if your symptoms do not show signs of improvement after one week. Physical therapy may be needed.

[NOTE: A radiologist will review any X-rays or CT scans that were taken. We will notify you of any new findings that may affect your care.]

GET PROMPT MEDICAL ATTENTION if any of the following occur:

- Pain becomes worse or spreads into your arms
- Weakness or numbness in one or both arms



**Mid-Hudson Regional Hospital
Preliminary Radiology Report**

24/7/365 assistance Call: 866.941.5695
Online chat: <https://access.vrad.com>

Patient Name: BOSHART, MARY
Institution Name: MID-HUDSON REGIONAL HOSPITAL POUGHKEEPSIE, NY 12601
Study Type: CT MAXILLOFACIAL/SINUSES WO
Ordered As: CT MAXILLOFACIAL/SINUSES WO
Date of Dictation: 21 Dec 2015 EST
Date of Exam: 20 Dec 2015 EST
Patient ID: E000006268
Patient Location: Unknown
Account #:

Accession: A00198546
Account Number:
Patient DOB: 5/23/1940
Caretaker:
Referring Physician: SIDHU, Ravinder Md

This interpretation is based upon the receipt of **158** images.

EXAM:

CT Maxillofacial Without Intravenous Contrast.

CLINICAL HISTORY:

75 years old, female; Injury or trauma; Initial encounter; Other: Trauma;

TECHNIQUE:

Axial computed tomography images of the face without intravenous contrast.
Coronal and sagittal reformatted images were created and reviewed.

COMPARISON:

No relevant prior studies available.

FINDINGS:

Paranasal sinuses are clear.
Bilateral nasal bone fractures of uncertain age. No other evidence of facial fracture.
The mandible is normally located.
Orbits demonstrate no fracture and bilateral globes are intact.
Visualized intracranial structures demonstrate no acute abnormality.

IMPRESSION:

Bilateral nasal bone fractures of uncertain age.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Parker, Marcus, MD
12/21/2015 12:05 AM Eastern Time (US & Canada)

QUALITY ASSURANCE (QA) DISCREPANCY?

If there is a discrepancy between the preliminary and final interpretation, please notify vRad via <https://access.vrad.com>.
If you do not have access to our QA portal, call our QA team at 866.868.7991

CONFIDENTIALITY STATEMENT

This report is intended only for the use of the referring physician, and only in accordance with law, if you received this in error, call 866-941-5695
Page 1 of 1



**Mid-Hudson Regional Hospital
Preliminary Radiology Report**

24/7/365 assistance Call: 866.941.5695
Online chat: <https://access.vrad.com>

Patient Name: BOSHART, MARY
Institution Name: MID-HUDSON REGIONAL HOSPITAL POUGHKEEPSIE, NY 12601
Study Type: CT SPINE CERVICAL WO
Ordered As: CT SPINE CERVICAL WO
Date of Dictation: 21 Dec 2015 EST
Date of Exam: 20 Dec 2015 EST
Patient ID: E000006268
Patient Location: Unknown
Account #:

Accession: A00198545
Account Number:
Patient DOB: 5/23/1940
Caretaker:
Referring Physician: SIDHU, Ravinder Md

This interpretation is based upon the receipt of 288 images.

EXAM:

CT Cervical Spine Without Intravenous Contrast.

CLINICAL HISTORY:

75 years old, female; Injury or trauma; Initial encounter; Other: Trauma;

TECHNIQUE:

Axial computed tomography images of the cervical spine without intravenous contrast.
Coronal and sagittal reformatted images were created and reviewed.

COMPARISON:

No relevant prior studies available.

FINDINGS:

Vertebral body heights are maintained.
Minimal anterior subluxation of C4 on C5 and C5 on C6.
Moderate facet disease.
No evidence of acute fracture of the cervical spine.
Visualized posterior fossa structures demonstrate no acute abnormality.
Upper lung fields demonstrate no acute abnormality. Mild bilateral nodular apical scarring.

IMPRESSION:

No acute bony abnormality of the cervical spine.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Parker, Marcus, MD
12/21/2015 12:03 AM Eastern Time (US & Canada)

QUALITY ASSURANCE (QA) DISCREPANCY?

If there is a discrepancy between the preliminary and final interpretation, please notify vRad via <https://access.vrad.com>.
If you do not have access to our QA portal, call our QA team at 866.868.7991

CONFIDENTIALITY STATEMENT

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Page 1 of 1

**Mid-Hudson Regional Hospital
Preliminary Radiology Report**



24/7/365
assistance

Call: 866.941.5695
Online chat: <https://access.vrad.com>

Patient Name: BOSHART, MARY
Institution Name: MID-HUDSON REGIONAL HOSPITAL POUGHKEEPSIE, NY 12601
Study Type: CT HEAD WO
Ordered As: CT HEAD WO
Date of Dictation: 20 Dec 2015 EST
Date of Exam: 20 Dec 2015 EST
Patient ID: E000006268
Patient Location: Unknown
Account #:

Accession: A00198547
Account Number:
Patient DOB: 5/23/1940
Caretaker:
Referring Physician: SIDHU, Ravinder Md

This interpretation is based upon the receipt of **70** images.

EXAM:

CT Head Without Intravenous Contrast.

CLINICAL HISTORY:

75 years old, female; Injury or trauma; Initial encounter; Other: Trauma; Consciousness not specified;

TECHNIQUE:

Axial computed tomography images of the head/brain without intravenous contrast.

COMPARISON:

No relevant prior studies available.

FINDINGS:

Mild enlargement of the ventricular system and sulci compatible with cerebral atrophy.
Moderate periventricular white matter lesions compatible with chronic small vessel ischemic changes.
The visualized paranasal sinuses and mastoid air cells are clear.
RIGHT facial swelling.
No evidence of mass lesion.
No evidence of acute intracranial hemorrhage or infarction.
No significant mass effect.
The calvarium is intact.

IMPRESSION:

No acute intracranial abnormality.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Parker, Marcus, MD

BOSHART, MARY

Accession: A00198547 MRN: E000006268

Preliminary Radiology Report

12/20/2015 11:59 PM Eastern Time (US & Canada)

QUALITY ASSURANCE (QA) DISCREPANCY?

If there is a discrepancy between the preliminary and final interpretation, please notify vRad via <https://access.vrad.com>
If you do not have access to our QA portal, call our QA team at 866.868.7991

CONFIDENTIALITY STATEMENT

This report is intended only for the use of the referring physician, and only in accordance with law, if you received this in error, call 866-941-5695
Page 2 of 2

GIORDANO LAW OFFICE

ANTHONY M. GIORDANO, ESQ.
Counselor At Law

23 Spring Street, Ste 204A (914) 923 7746
Ossining, New York 10562 Fax (914) 923 7748

Email-giordanolaw@optonline.net

December 15, 2015

By Certified Mail, RRR

City Chamberlain
City Hall – First Floor
62 Civic Center Plaza
Poughkeepsie, NY 12601

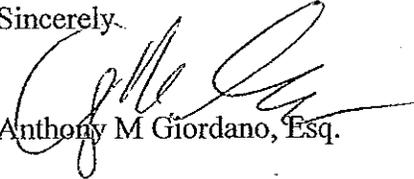
Re: Notice of Claim
Joseph Faircloth, claimant

Dear Sir or Madam:

I represent Joseph Faircloth. I enclose a notice of claim alleging intentional tort and negligence causing injury to Mr. Faircloth.

Thank you,

Sincerely,


Anthony M Giordano, Esq.

CITY OF POUGHKEEPSIE
CITY CHAMBERLAIN
2015 DEC 18 AM 9:29

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF DUTCHESS

CLERK OF COURTS
CITY OF Poughkeepsie
2015 DEC 18 AM 9:29

_____ X
In the Matter of the Claim of
JOSEPH FAIRCLOTH

- against-

NOTICE OF CLAIM

Village Town City County of
POUGHKEEPSIE
_____ X

TO: Village Town City County of POUGHKEEPSIE

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against you as follows:

1. The name and post-office address of the claimant and of his/her attorney is:

<u>Claimant</u>	<u>Claimant's Attorney</u>
JOSEPH FAIRCLOTH	ANTHONY M. GIORDANO, ESQ
159 THOMPSON STREET	GIORDANO LAW OFFICE
POUGHKEEPSIE, NY	23 SPRING STREET, STE 204A
_____	OSSINING, NY 10562
_____	_____

2. The nature of the claim:
INTENTIONAL TORT AND NEGLIGENCE.

3. The time when, the place where and the manner in which the claim arose: The incident occurred on September 23, 2015, at or about 430 a.m. p.m.,
The City of Poughkeepsie's agents, servants and employees did enter claimant's property without a warrant, grabbed and held claimant out of a second story opening and dropped him to the ground. These same agents then engaged in an authorized search.

4. The items of damage or injuries claimed are:
Claimant suffered multiple physical injuries, including two broken wrists requiring surgery, injury to his back, neck, shoulders and left knee.

That said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

