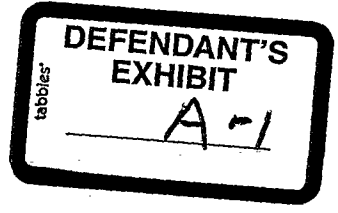


Inmate Name: Borroto, Roman
 DC #: X27467
 Institution: WASHINGTON C.I.
 Cell Number: GH 1D1L Diet: REG
 Status: De
 This is sheet number 16 on this inmate's current Close Management.
 Initial Placement Date 8-12-02 Current CM Level ZL
 DC Time Begins 1-3-03 Ends 1-3-03

STATE OF FLORIDA
 DEPARTMENT OF CORRECTIONS
 CLOSE MANAGEMENT
 DAILY RECORD OF SEGREGATION

SECURITY ALERTS/RESTRICTIONS:



SECURITY DEPARTMENT											MEDICAL/MENTAL HEALTH DEPARTMENT							
Day	Physical Appearance	Attitude	Time	Remarks (check box if additional remarks included on back of DCC-239)	Weight	Shower/Shave	Recreation	Dayroom Activities	Work Assignment	Phone Call	Work	Initials	Date	Time	Condition	Action and Remarks	Initials	
Sun	Good	Good	1:40	leave assigned cell	150							RB						
Mon																		
Tue																		
Wed																		
Thu																		
11-25-02																		
11-26-02																		
11-27-02																		
11-28-02	G	U	9:00A	get in medical								RB	11-26	1:45		CS		RB
11-29-02	G	U	1:30P	Ill kicking on door screaming and yelling shouting the order of the guard *see sup*								RB						
11-30-02	G	U	1:30P	and to recreation								RB						

DC6-229A DRAFT

FLORIDA DEPARTMENT OF CORRECTIONS
 Chronological Record of Health Care

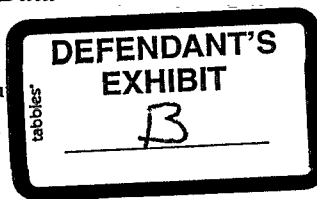
Allergies: Pollen

DATE/TIME

11-28-02	915 - S - No sinus problems still D - pulled out for eval. No mucus, nose noted. No cough while presented. No sneezing, lungs clear. Resp & card A - ? sinusitis P - no intervention needed @ flus & D. J. KENT, SLPN WASHINGTON C.I.
11-29-02 0026	NH. Acc DC4-701C & DC4-708 alleged assault J. Conger J. CONGER, SRN Washington CI
12-4-02 0615	N/N SELF INFLECTED LACERATION. SEE DC4-701C. J. Arbour SRN J. ARBOUR, SRN Washington C.I.
12-4-02 8 ⁰⁰	N/N. While making medical rounds inmate was in room - D. Hall, his stomach is hurting - "stated he had swallow a razor" this AM @ 6:15 AM referred to mental health M. Hall SRN M. HALL, SLPN WASCI
12/4/02 9 AM	- NH - Admit to MHSRUS-SOS II @ 3113 M. Bigler M. BIGLER, SLPN PSYCHIATRIC NURSE WASHINGTON, C.I.
12/4/02 0940	Seen by Mental Health. W. Hill MS PSYCHOLOGICAL SPECIALIST WASHINGTON C.I.
12/10/02 9 AM	- NH - release to security M. Bigler M. BIGLER, SLPN PSYCHIATRIC NURSE WASHINGTON, C.I.

Borroto, Ramon Armas
 DC# X27467
 W/M DOB: 11/22/81
 Allergies: POLLEN, NKDA

S- Subjective Data
 O- Objective Data
 A- Assessment of S and O Data
 P- Plan



STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INSPECTION OF SPECIAL HOUSING RECORD

Institution Washington C.I. Housing Area G Dorm

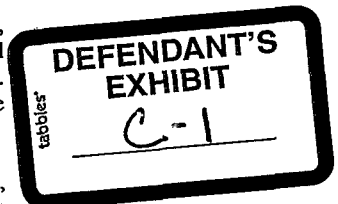
DATE	TIME	INITIALS	REMARKS	DATE	TIME	INITIALS	REMARKS
11-27-02	11:12a	aab	1 st shift on duty, off. Cap. Co. Alko, Sgt. Bozeman, of. Johnson, of. Smith reviewed 3 rd shift of all duties & equipment. Fire alarm system O.K. fire extinguishers O.K. fire and box sealed. Security check O.K. TIC 149. Security doors, windows, & locks checked by of. Johnson, of. Smith. O.T.C. Mads O.K.	11-28-02	12:59a	aab	of. Smith exits G1 for Security check
				11-28-02	1:01a	aab	of. Smith exits G1 gates G2 for Security check
				11-28-02	1:03a	aab	of. Smith exits G2 gates G3 for Security check
				11-28-02	1:05a	aab	of. Smith exits G3 gates G4 for Security check
				11-28	1:23a	aab	of. Johnson exits G1 for Security check
11-28-02	11:10a	aab	Count time control not OK. G1-5462-2863-2464-43 TIC 149 of. Johnson of. Smith cross count.	11-28	1:25a	aab	of. Johnson exits G2 gates G2 for Security check
				11-28	1:27a	aab	of. Johnson exits G2 gates G3 for Security check
11-27	11:14a	aab	of. Smith conducted single building check	11-28	1:29a	aab	of. Johnson exits G3 gates G4 for Security check
11-27	11:20a	aab	Class count	11-28	2:11a	aab	Count time control not OK. G1-5462-2863-2464-43 TIC 149 of. Smith of. Johnson count not OK
11-27	11:27a	aab	of. Johnson exits G1 for Security check				
11-27	11:29a	aab	of. Johnson exits G2 gates G3 for Security check	11-28	2:26a	aab	of. Johnson exits G1 for Security check
11-27	11:31a	aab	of. Johnson exits G2 gates G3 for Security check	11-28	2:28a	aab	of. Johnson exits G1 gates G2 for Security check
11-27	11:33a	aab	of. Johnson exits G3 gates G4 for Security check	11-28	2:30a	aab	of. Johnson exits G2 gates G3 for Security check
11-27	11:58a	aab	of. Smith exits G1 for Security check. TIC 149	11-28	2:32a	aab	of. Johnson exits G3 gates G4 for Security check
11-28	12:01a	aab	of. Smith exits G2 gates G3 for Security check	11-28	2:45a	aab	Infirmary count 149
11-28	12:03a	aab	of. Smith exits G3 gates G3 for Security check	11-28	2:54a	as	Cap. Cof, Capt. O.F.C. Green Check
11-28	12:05a	aab	of. Smith exits G3 gates G4 for Security check. Class count	11-28	3:11a	aab	Class count
11-28	12:32a	aab	of. Johnson exits G1 for Security check	11-28	3:02a	aab	of. Smith exits G4 for Security check
11-28	12:34a	aab	of. Johnson exits G2 gates G2 for Security check	11-28	3:04a	aab	of. Smith exits G4 gates G3 for Security check
11-28	12:36a	aab	of. Johnson exits G2 gates G3 for Security check	11-28	3:06a	aab	of. Smith exits G3 gates G2 for Security check
11-28	12:38a	aab	of. Johnson exits G3 gates G4 for Security check	11-28	3:08a	aab	of. Smith exits G2 gates G1 for Security check + get walked out to class

INSTRUCTIONS:

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Under "remarks" note the name and number of any inmate who requires special handling and give a brief explanation, using as much space as required. The supervising officer on duty, medical staff, or Disciplinary Committee members should enter subsequent information concerning this inmate on the "Daily Record of Segregation" Form DC6-229 for that inmate.

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INSPECTION OF SPECIAL HOUSING RECORD

Institution Washington C.I.

Housing Area G Dorm

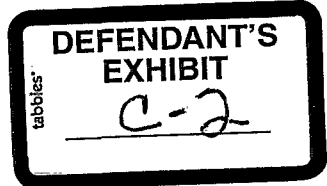
DATE	TIME	INITIALS	REMARKS	DATE	TIME	INITIALS	REMARKS
11-28	3:15A	aaB	off. Smith + 4 onlines exit G1 enter G4 to clean	11-28	5:39A	aaB	exit G4 into G3 for trays
11-28	3:23A	aaB	off. Smith off. Johnson + 4 onlines exit G4 into G3 to clean	11-28	5:42A	aaB	off. Johnson + 2 onlines exit G1 enter G2 for trays
11-28	3:28A	aaB	off. Johnson conducting Security check G3	11-28	5:47A	aaB	off. Smith + 2 onlines exit G3 into G4 for trays
11-28	3:29A	aaB	off. Smith + 4 onlines exit G3 into G2 to clean	11-28	5:52A	aaB	off. Johnson + 2 onlines exit G2 into G4
11-28	3:30A	aaB	off. Johnson exit G3 enter G4 for Security check	11-28	6:02A	aaB	1st food cart exits clean
11-28	3:32A	aaB	off. Johnson exits G1 enter G2 for Security check	11-28	6:18A	aaB	Count time control not R.I. G1-54 G2-28 G3-24 G4-43
11-28	3:34A	aaB	off. Johnson exits G1 enter G2 for Security check	11-28	6:20A	aaB	76149 off. Smith off. Johnson count
11-28	3:46A	aaB	off. Smith, Johnson + 4 onlines exit G2 into G1 to clean	11-28	6:33A	aaB	Food cart exits clean
11-28	3:51A	aaB	Nurse conveys information				Clean count off. Smith enter G2 for Security check
11-28	3:53A	aaB	off. Johnson Nurse conveys info G1 to pass meds	11-28	6:35A	aaB	off. Johnson exits G4 for Security check
11-28	3:57A	aaB	off. Smith Nurse conveys info G1 enter G2 for med + S/C				off. Smith exits G2 enter G1 for Sec. ch. off. Johnson exits G4 enter G5 for Security check Security Bars windows + beds checked
11-28	4:00A	aaB	off. Smith Nurse conveys info enter G3 for med + S/C	11-28	7A	aaB	1st Shift off Duty
11-28	4:12A	aaB	off. Smith Nurse conveys info enter G4 for med + S/C	11-28	7A	C. Kelly	2nd Shift on Duty OK Capt. Haddock Sgt. C. Miller off. Lute, off. Anderson, off. Spriggs + O.R. McDonald
11-28	4:15A	aaB	Count time control not R.I. G1-54 G2-28 G3-24 G4-43 76149				Revised call logs + equipment, B+ aid B+ sealant
11-28	4:17A	aaB	Clear count				OT Meds accounted for OT's conduct call done + lock checks. see Mark. (1-54 G2-28 G3-24 G4-43 7-149)
11-28	4:30A	aaB	Lights on in Dorm	11-28	7:17A	C. Kelly	Sec. Check
11-28	5:04A	aaB	Food carts arrived	11-28	7:50A	Butts	SEC check
11-28	5:07A	aaB	off. Smith + 2 onlines enter G3 to feed off. Johnson + 2 onlines enter G1 to feed	11-28	8:01	Butts	SEC check
11-28	5:11A	aaB	off. Smith + 2 onlines exit G3 enter G4 to feed	11-28	8:02	Butts	COL, TJEFT & CAUT
11-28	5:24A	aaB	off. Johnson + 2 onlines exit G1 into G2 to feed				
11-28	5:35A	aaB	off. Johnson + 2 onlines exit G2 enter G1 for trays				
11-28	5:39A	aaB	off. Smith + 2 onlines				

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INSPECTION OF SPECIAL HOUSING RECORD

Institution Washington Housing Area G1

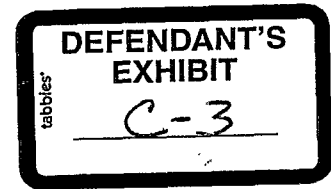
DATE	TIME	INITIALS	REMARKS	DATE	TIME	INITIALS	REMARKS
			Half on in Dorm for POWERS.	11-28	3:11pm	B. McKeon	Outside Building check complete.
11-28	8:30	BT	med rounds	11-28	3:15pm	B. McKeon	Food carts in
11-28	8:31	BT	SEC check	11-28	3:20pm	B. McKeon	OFC Stebbins + 2 I/M's
11-28-02	8:59	BT	SEC check				feeding in G1 + G2
11-28-02	9:17	BT	SEC check				OFC Oney + 2 I/M's
11-28-02	9:33	BT	SEC check				feeding in G3 + G4
11-28-02	9:38	BT	OFC owners in to pass out laundry orders				Formal Count = G1=54 G2=28, G3=24, G4=43 T/C=149
11-28-02	10:00 AM	BT	SEC check	11-28	3:30pm	B. McKeon	security check
11-28-02	10:15 AM	C. Williams	Food carts in	11-28	3:35pm	B. McKeon	Clear count
11-28-02	10:36 AM	BT	Formal count (T-MS) Ysh 428 324 413 door lock check	11-28	4:00 PM	BT	SEC ok ok
11-28-02	10:50	BT	Clear count	11-28	4:20 PM	BT	Med. staff in - med.
11-28-02	11:00	BT	SEC check	11-28	4:30 PM	B. McKeon	security check
11-28-02	11:05	BT	SEC check	11-28	4:41pm	B. McKeon	Food carts out.
11-28-02	11:30 AM	BT	Begin Programs, UP STAIRS	11-28	4:55 PM	B. McKeon	Door exits down
11-28-02	11:50 AM	BT	SEC check				Formal count G1=54 G2=28 G3=24 G4=43 T/C=149
11-28-02	12:16 PM	BT	Formal count (T-MS) Ysh 428 324 413	11-28	5:15 PM	B. McKeon	Clear count
11-28	12:40 PM	BT	Clear count	11-28	5:15 PM	B. McKeon	security check
11-28-02	12:55	BT	SEC check	11-28	5:30 PM	B. McKeon	security check
11-28-02	1:29	BT	SEC check	11-28	6:00 PM	B. McKeon	security check
11-28-02	2:00 PM	BT	SEC check				start program G1
11-28-02	2:39 PM	BT	SEC check	11-28	6:30 PM	B. McKeon	security check
11-28-02	3:00 PM	BT	2nd shift check	11-28	6:51 PM	B. McKeon	Capt. Riggins in
11-28-02	3:00 PM	BT	3rd shift on duty				OIC check
			all keys and equipment	11-28	7:00 PM	B. McKeon	security check
			and otc meds rec'd	11-28	7:15 PM	B. McKeon	FBA# 144 tested
			from 2nd shift	11-28	7:30 PM	B. McKeon	security check
			Sgt. McKeon OFC Langley	11-28	8:00 PM	B. McKeon	Security check
			OFC Oney OFC Stebbins				Sgt. English in
			SEC OIC Capt Riggins				for DR's
			SEC OIC Capt Riggins	11-28	8:30 PM	B. McKeon	security check
11-28	3:05 PM	B. McKeon	All doors, locks and windows physically checked and secure.				showers in G3 + G4 complete
			G1=54, G2=28, G3=24	11/28	8:50 P	BT	to house meds I/M
			G4=43, T/C=149				TOOKER DANIEL G01166
				11/28	8:55 P	BT	FROM G1205W TO G4 225L Count Recall

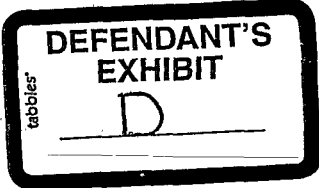
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DEPARTMENT OF CORRECTION

INCIDENT REPORT

REPORTING INSTITUTION: Washington CI
REPORTING OFFICER: Capt Jim Scott
PERSON(S) INVOLVED: Borrato, Ramon X27467
Sgt Harry McDonald, Sgt C McKenzie
ofc Harold Pate, Nurse Kent

REPORT NUMBER: 02011-192
DATE OF INCIDENT: 11-29-02
TIME OF INCIDENT: 12:10AM
WITNESS(ES): _____

DETAILS OF INCIDENT: On 11-29-02, at approximately 12:10am while
signed as First Shift Supervisor I was advised by Sgt
ofc man G-Dorm Supervisor that, Fm Borrato, Ramon X27467
had declared a medical emergency and during this emergency
he alleges that at approximately 8:45am on 11-28-02 he
was pulled into the room with no cameras. In this room
were four officers, ofc McDonald, ofc Pate, Sgt McKenzie and
another ofc he didn't know. Nurse Kent was also present. Ofc
McDonald began to punch him in the stomach, head and ~~ear~~ ear
they put my head between his legs picked me up and

Capt Jim Scott 11-29-02
REPORTING EMPLOYEE DATE

SHIFT O.I.C. COMMENT: Fm was checked by medical, Fm completed an affidavit
and was placed back into his cell G4-1012. Fm wasn't in
har of his life. Affidavit attached. EAC duty ofc Hall notified.
Duty Warden Col Hitt notified. E-form completed. Nurse Kent
was conducting sick call in G-Dorm at this time and seen
Fm for allergies.

Capt J. Scott 11-29-02.

DEPARTMENT OF CORRECTIONS
OFFICE OF THE INSPECTOR GENERAL

Investigation # 02-13942

AFFIDAVIT

The affiant shall be asked to raise his or her right hand. The correctional officer shall then be asked:
DO YOU SOLEMNLY SWEAR OR AFFIRM THAT YOUR STATEMENT SHALL BE THE TRUTH,
THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH?"
Upon receiving an affirmation response, the officer may proceed to make statement.

BEFORE ME THIS DATE PERSONALLY APPEARED RAMON BORRATO
(Affiant Name)

WHO, BEING DULY SWORN, DEPOSES AND SAYS:

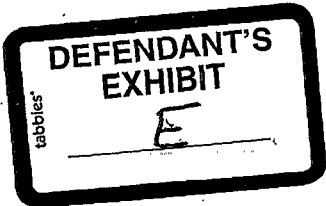
Complete description of incident(s):
I WAS PULLED OUT OF MY CELL AT APPROX. 8:45 AM ON 11/28/02. I WAS
CALLED INTO THE "ROOM WITH NO CAMERAS" AS THE OFFICERS LIKE TO CALL IT. IN THIS ROOM
WERE 4 OFFICERS, OFF. MAC DONALD, OFF. PATE, SGT. MCKENZIE, AND ANOTHER OFF. WHICH
I DON'T KNOW THEIR NAMES ALSO THE NURSE WAS PRESENT. OFFICER MAC DONALD BEGAN
PUNCH ME IN MY STOMACH. HE DID THIS ^(RB) MANY TIMES. THEN PUNCH ME IN
MY EAR AND HEAD. HE PUT MY ^(RB) HEAD BETWEEN HIS LEGS, PICKED ME UP AND SLAMMED
ME ON MY HEAD. I HAVE SEVERAL WITNESSES TO THIS WHICH CAN VERIFY THAT
HE ^(RB) CAME BACK WITH A BLACK AND BLUE EAR AND IN MUCH PAIN. ^(RB) DURING THE
ENTIRE INCIDENT I WAS IN HANDCUFFS. I WRITE THIS AFFIDAVIT WITH COMPLETE
HONESTY AND TRUTH. ^(RB)

Name of affiant: RAMON ARMAS BORRATO

Inmate: RAMON BORRATO X27467
Institution: WASHINGTON C.I.
Inmate #: X27467 Race: W Sex: M Date of Birth: 11/22/81

[Signature] Date: 11/29/02
Signature of Affiant Date

Subscribed before me this 29 day of 11/29 November, 2002.
[Signature] C.O. I
Signature of Officer



STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

PLEASE PRINT

EMERGENCY ROOM RECORD

AUTHORIZATION FOR HEALTH CARE SERVICES

The undersigned, a patient in this health care facility, has had explained to me and understand the nature of my condition. I hereby authorize the medical staff to administer such treatment as is necessary, and to perform evaluation and treatment and such additional health care services as are considered necessary on the basis of findings during the course of said health care service. Any tissue or parts surgically removed may be disposed of by the facility in accordance with accustomed practice. I hereby certify that I have read and fully understand the above authorization for health care services, the reasons why the above-named health care service is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment, which were explained to me by J. Conger SRN. I also certify that no guarantee of assurance has been made as to the results that may be obtained.

Signature of Patient X [Signature] Date 11-29-02 Time 0026

Witness Signature/Stamp J. Conger J. CONGER, SRN Date 11-29-02 Time 0026
Brief History: Washington Ct

I/m alleges assault by staff @ approx. 0845 on 11-28-02.
See DC4-708. States he was hit on back of head, ears,
& abdomen.

If accident, state where, when and how injured; if illness, describe:

VS: T °F P 96 /Min. R 20 /Min. BP 140, 92 Wt. lbs.

Condition on Admission (Circle): Good Fair Poor Shock Bleeding Comatose
Findings/Treatment: Rear of head + abd. ± edema or marks. ⊕ ear lobe ± bruising, edema +
approx. 1cm red line.

Labs Ordered: Ø
Therapy Ordered: Ø
Lab Reports: Ø

Inmate Response to Treatment: WNL

Diagnosis: alleged assault

Condition on Discharge: good.

Discharge Instructions and Education: F/U sick call PRN

Disposition (Circle): Population Confinement Infirmary Hospital Rescue Other (explain):
CM

Health Care Provider's Signature and Stamp: J. Conger J. CONGER, SRN Date/Time 11-29-02 0026
Washington Ct

Reviewing Physician's Signature and Stamp: J. Spann MD J. SPANN, MD Date/Time: _____
CHIEF HEALTH OFFICER

I: _____
C: Borroto, Ramon Armas
C: DC# X27467
I: W/M DOB: 11/22/81
E: Allergies: POLLEN, NKDA
D: _____

Distribution:
White - Health Record
Canary - Emergency Room Record
Pink - Local Requirements

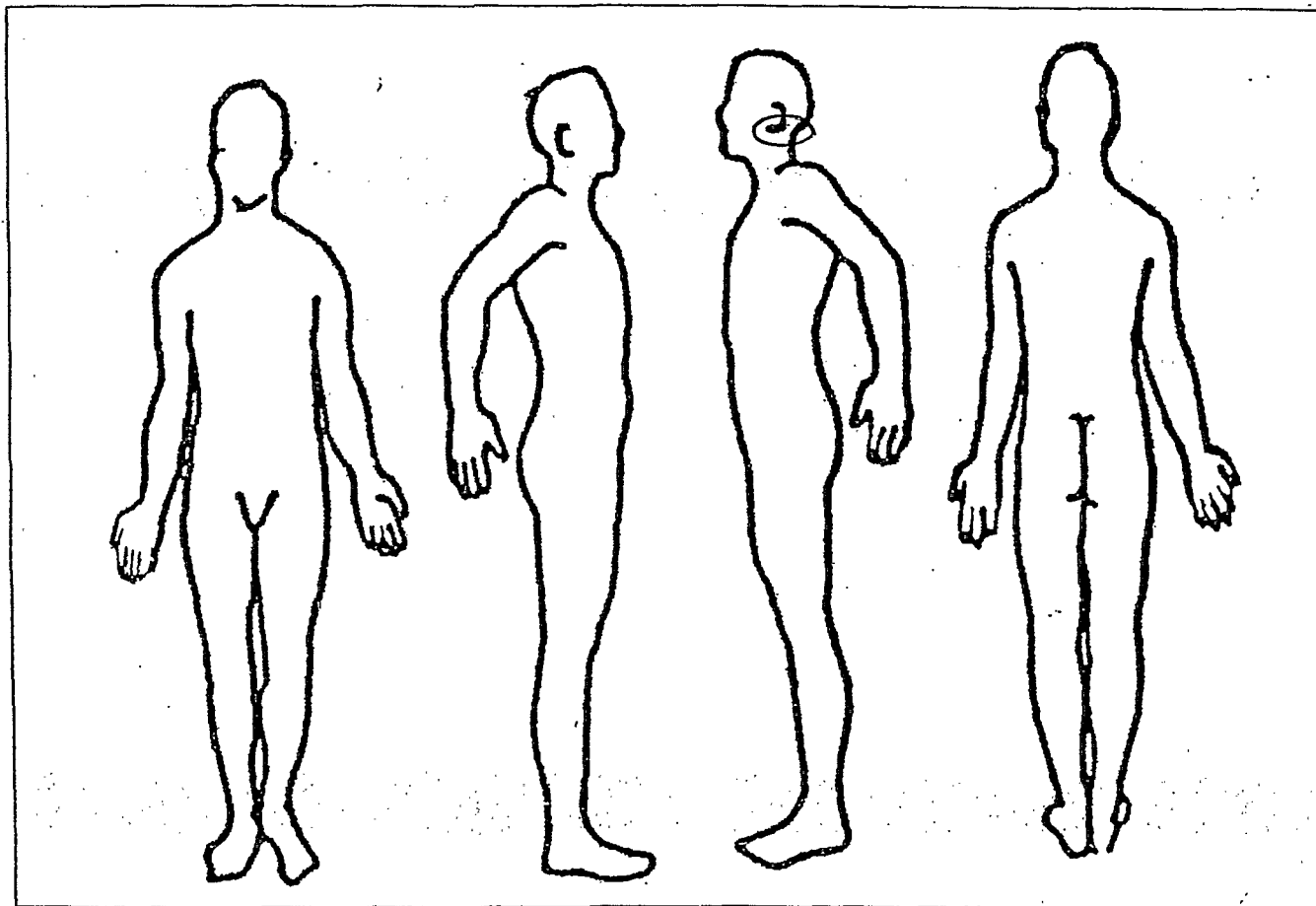


Ex: A-3

FL DA DEPARTMENT OF CORRECTIONS NS

OFFICE OF HEALTH SERVICES

DIAGRAM OF INJURY



Date of occurrence 11-28-02

Time of occurrence approx 0845

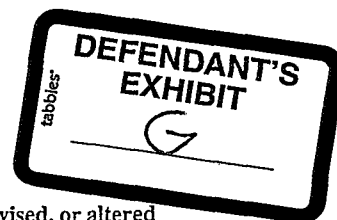
No injury identified

Description of injury (L) ↓ ear lobe ē purple bruising, minimal edema, & approx. 1cm red line. outer edges reddened. also ē small area of bruising behind (L) ear on scalp near hairline. I/M c/o of being hit on back of the head & stomach. Abd. 5 marks or edema. & edema on rear of head.

J. Conger
Staff Signature

J. CONGER, SRM
Washington CI

Boroto, Ramon Armas
DC# X27467
W/M DOB: 11/22/81
Allergies: POLLEN, NKDA



This form is not to be amended, revised, or altered without approval of the Deputy Director of Health Services Administration

Ex: A-3

Inmate Name: Barrate, Roman
 DC #: X27467
 Institution: Wash/Avl-Town
 Cell Number: 54101L

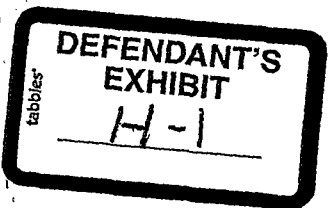
Diet: REG
 Status: De

This is sheet number 17 on this inmate's current Close Management.
 Initial Placement Date: 5/2/02
 DC Time Begins: 7:30
 Current CM Level: 2F
 Ends: 1:30

SECURITY ALERTS/RESTRICTIONS:

STATE OF FLORIDA
 DEPARTMENT OF CORRECTIONS
 CLOSE MANAGEMENT
 DAILY RECORD OF SEGREGATION

SECURITY DEPARTMENT											MEDICAL/MENTAL HEALTH DEPARTMENT									
Day	Physical Appearance	Attitude	Time	Remarks (check box if additional remarks included on back of DC-229a)	Weight	Showers/Shave	Cell Search	Recreation	Activities	Dayroom	Work Assignment	Phone Call	Yak	Initials	Date	Time	Condition	Action and Remarks	Initials	
Sun	4	5	8:00 PM	cell search, poss. of tobacco	155										12/15	1205	MHT	cell attempted	cy	
Mon	5	4/5	8:45 AM																	
Tue	4	5	8:00 AM																	
Wed	5	4	6:12	In Made Assesses of Ducting S.H.C. Nurse placed in placed in shower Killed evening meal																
Thu	5	4	8:00 AM																	
Fri	Good	Unsat	5:00 AM	W/ picking at wrist wound -																
Sat	Good	Unsat	8:00 AM	Nurse reports in advises pass OK with noth... 11:05 Barrate CHD's																
Sun	5	5	8:00 AM																	
Mon	5	5	8:00 AM																	



STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

Daily Record of Segregation - Supplemental

Inmate Name: Borretto, Roman FDC Number: _____

Current Status: AC DC CM MM

DATE	TIME	REMARKS	OFFICER
12-4-02	7:00	checked Fm STANDS in shower	[Signature]
12-4-02	7:25	Fm checked SITTING in shower	[Signature]
12-4-02	7:55	checked Fm BORRETTO claiming he swallowed A razor medical notified	[Signature]
12-4-02	8:07	checked Fm LAYING in shower	[Signature]
12-4-02	8:35	Fm LAYING on floor	[Signature]
12-4-02	9:00	moved to G3-113's ALT HOUSE Per MENTAL HEALTH	[Signature]
12/4	3:52P	DIC. Call	[Signature]
12-5-02	5:02 P.M.	Remove BLANKET Fm refusing all verbal orders to be handcuffed. Fm ordered to be handcuffed to be seen by psych. Fm refused to comply w/ order. Fm stated "Fuck you, come in and get me" Fm covering himself w/ blanket.	[Signature]
12-5-02	11:07p	Fm ordered to comply w/ orders or chemical agents may be applied to gain compliance. med. call notified (Nurse Faria) and advised that there were no medical contra- indications that chemical agents could not be applied. Lt. notified of Fm's behavior.	[Signature]
12-5-02	12:01	in in to counsel w/ DM. Fm complied w/ orders. Blanket removed from cell. Fm seen by psych. agent Fm refused to see psych. Doc.	[Signature]
12-5-02	1:35	kicked schedule out of door	[Signature]
12-5	4:07P	DIC. Call	[Signature]
12-5	9:40P	Fm moved from G3-113 to E2-1035	[Signature]
12-5	11:05Pm	Fm observed tearing mattress covers, Fm ordered to cease this activity. Nurse Anderson also observed Fm tearing cover off of mattress	[Signature]
12-5	11:15Pm	Capt Scott notified of incident, nurse Anderson advised to take Fm mattress.	[Signature]
12-5	11:48Pm	Fm handcuffed, Removed mattress from cell area per medical. Capt Scott & Det Branson present. Nurse Conger & Anderson in cell to check Fm wrists & mouth for foreign objects.	[Signature]
12-5	11:55Pm	Out of cell, no problems	[Signature]
12-6	12:45Am	Fm yelling from cell, Fm ordered to cease his disorderly behavior. Fm yelled "when the fuck am I going to get a fucking mattress & blanket." Fm advised mt. would recommend these items when his behavior was satisfactory.	[Signature]

DEFENDANT'S
EXHIBIT
H-2

When it becomes necessary to record additional information concerning an incident or actions pertaining to an inmate assigned to one of specified statuses, this form will be completed as needed and attached to the applicable DC6-229 or DC6-229a.

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

Daily Record of Segregation - Supplemental

Inmate Name: Borroto, Ramon FDC Number: X27467

Current Status: AC DC CM MM

DATE	TIME	REMARKS	OFFICER
12-6	1:40am	Ym yelling from cell, Ym ordered to cease his yelling. Ym yelling, 'I want my fucking mattress, I paid for it.' Ym told he will not receive a mattress on blanket till his behavior is satisfactory	MURKIN
12-6	1:46am	Ym kicking on cell door. Ym ordered to stop kicking the door and to cease his yelling from cell	MURKIN
12-6	1:55am	Ym kicking on cell door. Ym again ordered to cease his disorderly behavior.	MURKIN
12-6	2:07am	Sgt Dowis in cell area to counsel with inmate.	MURKIN
12-6	2:25am	Sgt Dowis exits cell area.	MURKIN
12-6	4:20am	Ym yelling from cell, 'I want to go back down the hill.' Ym continued to yell and bang forehead on cell door window. Ym ordered to cease his disorderly behavior	MURKIN
12-6	4:35am	Ym continues to yell for short bursts of time. Nurse Anderson into talk to Ym	MURKIN
12-6	5:04am	Ym Refused show	MURKIN
12-6	5:10am	Ym yelling from cell - kicking on cell door. Ym ordered to cease his yelling & kicking	MURKIN
12-6	5:20am	Ym continues to yell & kick. Capt Scott notified	MURKIN
12-6	5:25am	Capt Scott in cell, Ym complies with orders to cease disorderly behavior	MURKIN
12-6-02	8:35 am	Dr. Tyll Dr. Selzberg & his full checkup on I/M	K
		Dr. Tyll authorized a diet for I/M	-
12-6-02	11:48 am	Capt Holford & nurse Mitchell on pa & I/M	K
12-6-02	1:15 pm	I/M beating on door & yelling for officers to bring mattress. Dr. Tyll notified. Added one hi to I/M dowis without mattress	-
12-6-02	1500 hrs	I/M refused liquid diet meal nurse advised	JLH
12-8-02	1100	Ym refused liquid diet	JSR

DEFENDANT'S
EXHIBIT
H.3

When it become necessary to record addition information concerning an incident or actions pertaining to an inmate assigned to one of the specified statuses, this form will be completed as needed and attached to the applicable DC6-229 or DC6-229a.

FLORIDA DEPARTMENT OF CORRECTIONS
 Chronological Record of Health Care

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 SANTA ROSA CORRECTIONAL INSTITUTION

DEC 27 2002

DATE/TIME	
12/4/02 0950	Isolation Room Evl. (S) "I swallowed a razor blade. I'm in pain. When can I see the doctor? I couldn't take it any more the voices told me to do it."
	(C) I/M is a 20 y.o. white male serving 16 yrs 6 mos. for fleeing CEO w/ High Speed and Grand Theft. He has no hx of M/H intervention prior to incarceration or in DOC. He has history of suicidal gestures/threats for secondary gain noted on 7/11/02, 4/2/02. I/M was seen @ G3-113. He was holding his side and stated he's in pain because of the razor blade he swallowed. He was O x 4, held good eye contact, speech WNL. His mood was euthymic and affect congruent. His memory appeared intact. He stated that he's suicidal because the voices tells him to do it+.
	(A) Self mutilation (superficial), Suicidal gesture for 2 ^o gain — cell change?
12/5/02 1205	Writer attempted to conduct IMR follow-up @ G-Down 3-113. I/M got up and came to the door. He shook his head when asked how was he feeling and went back to his mattress to lie down. Unable to assess. Otc. McDonald witnessed this.

MEDICAL

SAHKL, MS
 PSYCHOLOGICAL
 SPECIALIST
 WASHINGTON, D.C.

Y. Hill, MS
 PSYCHOLOGICAL
 SPECIALIST
 WASHINGTON, D.C.

Inmate Name Borrito, Ramon
 DC# X27467 Race/Sex W/M
 Date of Birth 11/24/81
 Institution WASCI
 Allergies _____

S - Subjective Data
 O - Objective Data
 A - Assessment of S and O Data
 P - Plan

DEFENDANT'S EXHIBIT
 I

FLORIDA DEPARTMENT OF CORRECTION
MENTAL HEALTH EMERGENCY NURSING ASSESSMENT

SUBJECTIVE

Date/Time: 12/4/02 Problem: suicidal ideations/voices
Current Medications: NONE
History of Suicide: No Yes Describe: _____
History of Self-injury: No Yes Describe: _____

OBJECTIVE

Vital Signs: T _____ P unstable - Security R _____ Weight _____

Appearance: Well Groomed Somewhat Disheveled Comments: shaved

Current Behavior (all that apply):
 Quiet Assaultive Agitated
 Cursing Threatening Anxious
 Suicidal Self Injuries Pacing
 Homicidal (threatening to kill someone) Withdrawn
 Other: _____

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DEC 27 2002

Orientation to (all that apply):
 Person Place Time
 Situation If no, indicate response _____

MEDICAL

Memory: Immediate: Repeat the following words: cat, chair, window (document response) _____

Recent: What did you eat at your latest meal? steak & chicken
Remote: What was your previous institution? shady shoulders

Mood as reported (all that apply):
 Cheerful Hopeless Fearful
 Depressed Anxious Tense
 Angry Other: obnoxious

Affect as observed (all that apply):
 Broad Labile (changing) Restricted
 Blunted Flat Normal
 Hostile Anxious Tense
 Tearful Depressed Angry
 Cheerful Sullen Other: _____

DEFENDANT'S EXHIBIT
tabbles
J-1

Thought Process (all that apply):
 Well organized Coherent
 Poor concentration Accelerated speech w/abrupt changes from topic to topic
 Additional information, if necessary: smug attitude

Perception: Is inmate hearing voices or conversations which others cannot hear? Yes No
If yes, describe told him to swallow razor blade
Is inmate seeing visions of anything which others cannot see? Yes No
If yes, describe _____

Thought Content: Is inmate experiencing delusions (reflects false personal beliefs)? Yes No
If yes, describe _____

Self-Injury/Suicide: Ideas? No Yes (describe): _____
Threats? No Yes (describe): _____
Plan? No Yes (describe): swallowed razor blade ????

Vegetative Functions: Appetite (recent change): No Yes Increase Decrease
Difficulty Sleeping? No Yes Hours of sleep at night _____

If needed, place additional comments on back.

ASSESSMENT

Assessment has determined that there may be risk of suicide attempt or potential for injury to inmate or others.
 Other _____

PLAN

Inmate to be placed in SOS isolation cell/infirmary isolation management room to prevent self-injury and to provide protection and observation. Contact MD for orders.
 Other JOS II (see back page)

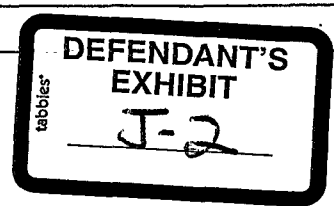
INMATE NAME Barrota Ramon
DC# 27467 Race/Sex W/M
DATE OF BIRTH 11/22/81
INSTITUTION _____
MENTAL HEALTH EMERGENCY NURSING ASSESSMENT
DC4-683A (6/99) Page 1 of 2

M. Bigler
Signature/Stamp
M. BIGLER, SLPN
PSYCHIATRIC NURSE
WASHINGTON, C.I.
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* noted that top of (4) lvs. lake slightly discolored - blue/black area noted. Inmate did not elaborate what was wrong with lvs.

M. Bigler
M. BIGLER, SI, PN
PSYCHIATRIC NURSE
WASHINGTON, DC

INMATE NAME _____
DC# _____ Race/Sex _____
DATE OF BIRTH _____
INSTITUTION _____



DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

Check one:

CSU
 TCU

G 3-113

SHIFT MENTAL HEALTH NURSING ASSESSMENT

Date/Time 12.4.02 - 1730

Shift 3-117

Infirmery Isolation Management Room

SUBJECTIVE COMMENTS

~~verbal~~

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SANTA ROSA CORRECTIONAL INSTITUTION

DEC 27 2002

MEDICAL

OBJECTIVE (Check All That Apply)

Appearance: Well Groomed Somewhat Disheveled Unkempt

Current Behavior: Quiet Assaultive Agitated Nonverbal
 Cursing Threatening Anxious Withdrawn
 Self-injurious Pacing Cooperative
 Appears to be responding to voices, commands, etc.

Orientation: Person Place Time Situation

Memory: Intact Impaired (explain): ~~verbal~~

Eye contact: Good Fair Poor None

Speech: Normal Incoherent Loud Nonverbal* Other*
*Requires comment on back

Mood: Pleasant Angry Hostile Depressed Labile
 Tense Fearful Tearful Irritable

Affect: Normal Labile (changing) Restricted Broad
 Blunted Flat Nonverbal

Thought Content: Is inmate hearing voices or conversations which others cannot hear? Yes No

If yes, describe: ~~verbal~~

Is inmate seeing visions of anything which others cannot see? Yes No

If yes, describe: ~~verbal~~

Perception: Is inmate experiencing delusions (e.g., believes she is being poisoned, can read minds)? Yes No

If yes, describe: ~~verbal~~

Self-Injury/Suicidal/ Homicidal: Ideas? No Yes (describe): ~~verbal~~
Threats? No Yes (describe): ~~verbal~~
Plan? No Yes (describe): ~~verbal~~

Hygiene: Shower ~~N/A tonight~~ Self Assist Refused (requires comment on back)

Appetite: % of food consumed B ___ L ___ D ___ Refused (requires comment on back)

Sleep: # of hours ~~0NL~~ (reported by inmate during last 24 hours).

Med side effects? No Yes (requires description on back) AIMS done? No Yes

Alteration in skin integrity?: No Yes ALL ALTERATIONS IN SKIN INTEGRITY (INCLUDING BRUISES) REQUIRE DAILY DESCRIPTION ON BACK UNTIL RESOLVED.

Medical complaints? No Yes (explain on back) Nonverbal

Dental complaints? No Yes (explain on back) Nonverbal

Enter additional comments on back.

ASSESSMENT (Address Problem by ISP Number When Appropriate)

over →

PLAN

SOS II

B. JENKINS, SRN
WASCI

INMATE NAME ~~Barrato, Ramon~~
DC# ~~827467~~ RACE/SEX ~~W/M~~
DATE OF BIRTH ~~11-22-81~~
INSTITUTION ~~WASCI~~

~~B. Jenkins SRN~~
Signature/Stamp

Nursing interventions (address problem by ICP number):

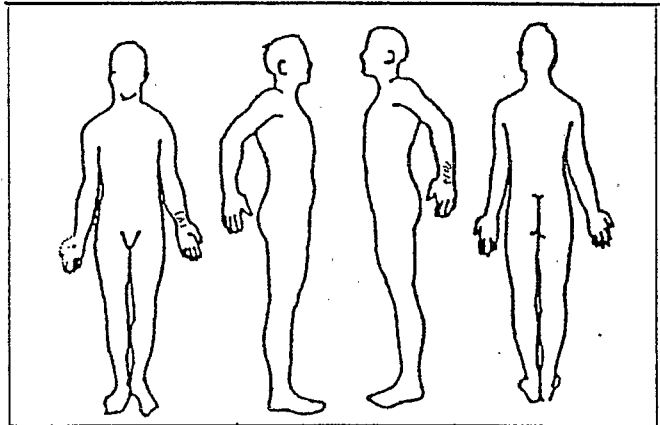
12.4.02 nn = ^{nurse} answered w wall
 19.50 by IM to see medical.
 "Stomach hurts." "I swallowed
 a razor blade this morning
 and my stomach hurts." I
 Refused V/S. Color pink.
 Alert / oriented. IM had to
 be woke up when nurse
 arrived at cell door. No
 problems re respirations.
 Refused evening meal. B. Jenkins SRN

B. JENKINS, SRN
 WASC

Alteration in skin integrity (identify location of all areas on diagram on right, using appropriate number) (check all that apply):

1. Bruise(s) # _____
Describe: _____
2. Surgical wound # _____
Describe: _____
3. Scratches/abrasions # _____
Describe: _____
4. Laceration # several small
Describe: self-inflicted superficial lacerations to wrist
5. Decubitus # _____
Describe: _____
6. Rash Describe: _____

WOUND ASSESSMENT:



Dressing Changes? No Yes
 Frequency: _____
 Describe: _____

INMATE NAME Barrata Ramon
 DC# X27467 RACE/SEX W/M
 DATE OF BIRTH 11-22-81
 INSTITUTION Wasci

B. Jenkins SRN
 Signature/Stamp

DEFENDANT'S EXHIBIT
 K-2

DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

Check one: CSU
 TCU
 Infirmery Isolation Management Room
Shift 11A

SHIFT MENTAL HEALTH NURSING ASSESSMENT

Date/Time 12/5/02

SUBJECTIVE COMMENTS Ø

OBJECTIVE (Check All That Apply)

Appearance: Well Groomed Somewhat Disheveled Unkempt shroud
Current Behavior: Quiet Assaultive Agitated Nonverbal
 Cursing Threatening Anxious Willed
 Self-injurious Pacing Cooperative
 Appears to be responding to voices, commands, etc.

RECEIVED
SANTA ROSA CORRECTIONAL INSTITUTION

DEC 27 2002

Orientation: Person Place Time Situation
Memory: Intact Impaired (explain): _____

MEDICAL

Eye contact: Good Fair Poor None
Speech: Normal Incoherent Loud Nonverbal* Other*
Mood: Pleasant Angry Hostile Depressed Labile
 Tense Fearful Tearful Irritable

Affect: Normal Labile (changing) Restricted Broad
 Blunted Flat Nonverbal

Thought Content: Is inmate hearing voices or conversations which others cannot hear? Yes No
If yes, describe: _____
Is inmate seeing visions of anything which others cannot see? Yes No
If yes, describe: _____

Perception: Is inmate experiencing delusions (e.g., believes s/he is being poisoned, can read minds)? Yes No
If yes, describe: _____

Self-Injury/Suicidal/ Ideas? No Yes (describe): _____
Homicidal: Threats? No Yes (describe): _____
Plan? No Yes (describe): _____

Hygiene: Shower Self Assist Refused (requires comment on back)

Appetite: % of food consumed B _____ L _____ D _____ Refused (requires comment on back)

Sleep: # of hours _____ (reported by inmate during last 24 hours).

Med side effects? No Yes (requires description on back) AIMS done? No Yes

Alteration in skin integrity?: No Yes ALL ALTERATIONS IN SKIN INTEGRITY (INCLUDING BRUISES) REQUIRE DAILY DESCRIPTION ON BACK UNTIL RESOLVED.
Medical complaints? No Yes (explain on back) Nonverbal
Dental complaints? No Yes (explain on back) Nonverbal

Enter additional comments on back.
ASSESSMENT (Address Problem by ISP Number When Appropriate)

PLAN cont SOS II

INMATE NAME Baroto, Ramon
DC# X27467 RACE/SEX Wm
DATE OF BIRTH 11-22-81
INSTITUTION WAS CI
Signature/Stamp J. Conger **J. CONGER, SRN**
Washington CI

DEFENDANT'S EXHIBIT
L-1

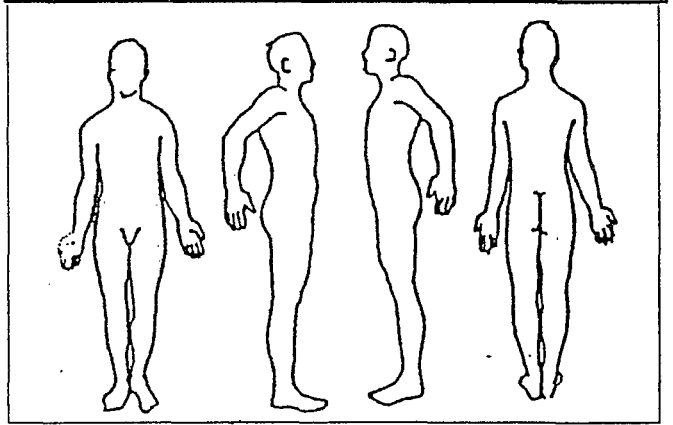
Nursing interventions (address problem by ISP number):

DEFENDANT'S EXHIBIT
tabbles
L-2

Alteration in skin integrity (identify location of all areas on diagram on right, using appropriate number) (check all that apply):

- 1. Bruise(s) # _____
Describe: _____
- 2. Surgical wound # _____
Describe: _____
- 3. Scratches/abrasions # _____
Describe: _____
- 4. Laceration # _____
Describe: _____
- 5. Decubitus # _____
Describe: _____
- 6. Rash Describe: _____

WOUND ASSESSMENT:



Dressing Changes? No Yes
 Frequency: _____
 Describe: _____

INMATE NAME _____
 DC# _____ RACE/SEX _____
 DATE OF BIRTH _____
 INSTITUTION _____

Signature/Stamp _____

DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

Check one: CSU
 TCU
 Infirmiry Isolation Management Room

SHIFT MENTAL HEALTH NURSING ASSESSMENT

Date/Time 12/5/02

Shift 7-3

SUBJECTIVE COMMENTS

Non Verbal

RECEIVED

SANTA ROSA CORRECTIONAL INSTITUTION

OBJECTIVE (Check All That Apply)

DEC 27 2002

Appearance: Well Groomed Somewhat Disheveled Unkempt
Current Behavior: Quiet Assaultive Agitated Nonverbal
 Cursing Threatening Anxious Withdrawn
 Self-injurious Pacing Cooperative
 Appears to be responding to voices, commands, etc.

MEDICAL

Orientation: Person Place Time Situation

Memory: Intact Impaired (explain): _____

Eye contact: Good Fair Poor None

Speech: Normal Incoherent Loud Nonverbal* Other*
*Requires comment on back

Mood: Pleasant Angry Hostile Depressed Labile
 Tense Fearful Tearful Irritable

Affect: Normal Labile (changing) Restricted Broad
 Blunted Flat Nonverbal

Thought Content: Is inmate hearing voices or conversations which others cannot hear? Yes No

If yes, describe: _____

Is inmate seeing visions of anything which others cannot see? Yes No

If yes, describe: _____

Perception: Is inmate experiencing delusions (e.g., believes s/he is being poisoned, can read minds)? Yes No

If yes, describe: _____

Self-Injury/Suicidal/ Ideas? No Yes (describe): _____

Homicidal: Threats? No Yes (describe): _____

Plan? No Yes (describe): _____

Hygiene: Shower Self Assist Refused (requires comment on back)

Appetite: % of food consumed B _____ L _____ D _____ Refused (requires comment on back)

Sleep: # of hours _____ (reported by inmate during last 24 hours).

Med side effects? No Yes (requires description on back) AIMS done? No Yes

Alteration in skin integrity?: No Yes ALL ALTERATIONS IN SKIN INTEGRITY (INCLUDING BRUISES) REQUIRE DAILY DESCRIPTION ON BACK UNTIL RESOLVED.

Medical complaints? No Yes (explain on back) Nonverbal

Dental complaints? No Yes (explain on back) Nonverbal

Enter additional comments on back.

ASSESSMENT (Address Problem by ISP Number When Appropriate)

DEFENDANT'S EXHIBIT
tabbies
M-1

PLAN Cost 505 II Status

INMATE NAME Barreto Ramon
DC# X27467 RACE/SEX W/M
DATE OF BIRTH 11/22/81
INSTITUTION _____

M. BIGLER, SLPN
PSYCHIATRIC NURSE
WASHINGTON, C.I.
M. Bigler
Signature/Stamp

This form is not to be amended, revised, or altered without approval of the Deputy Director of Health Services

DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

SHIFT MENTAL HEALTH NURSING ASSESSMENT

Date/Time 12/5/02 16:30 Shift 3-11

Check one: CSU
 TEU
 Infirmity Isolation Management Room

SUBJECTIVE COMMENTS

Non Verbal

RECEIVED

OBJECTIVE (Check All That Apply)

Appearance: Well Groomed Somewhat Disheveled Unkempt Naked

Current Behavior: Quiet Assaultive Agitated Nonverbal
 Cursing Threatening Anxious Withdrawn
 Self-injurious Pacing Cooperative
 Appears to be responding to voices, commands, etc.

Orientation: Person Place Time Situation Unable to assess

Memory: Intact Impaired (explain): Unable to assess

Eye contact: Good Fair Poor None

Speech: Normal Incoherent Loud Nonverbal* Other*
*Requires comment on back

Mood: Pleasant Angry Hostile Depressed Labile
 Tense Fearful Tearful Irritable

Affect: Normal Labile (changing) Restricted Broad
 Blunted Flat Nonverbal

DEC 27 2002

MEDICAL

Thought Content: Is inmate hearing voices or conversations which others cannot hear? Yes No
 If yes, describe: _____

Is inmate seeing visions of anything which others cannot see? Yes No
 If yes, describe: _____

Perception: Is inmate experiencing delusions (e.g., believes s/he is being poisoned, can read minds)? Yes No
 If yes, describe: _____

Self-Injury/Suicidal/ Homicidal: Ideas? No Yes (describe): 7 self inflicted lacer
 Threats? No Yes (describe): 7 wrist
 Plan? No Yes (describe): _____

Hygiene: Shower NA Self Assist Refused (requires comment on back)

Appetite: % of food consumed B _____ L _____ D 0 Refused (requires comment on back)

Sleep: # of hours 8.5 (reported by inmate during last 24 hours).

Med side effects? No Yes (requires description on back) AIMS done? No Yes

Alteration in skin integrity?: No Yes ALL ALTERATIONS IN SKIN INTEGRITY (INCLUDING BRUISES) REQUIRE DAILY DESCRIPTION ON BACK UNTIL RESOLVED.
 Medical complaints? No Yes (explain on back) Nonverbal
 Dental complaints? No Yes (explain on back) Nonverbal

Enter additional comments on back.

ASSESSMENT (Address Problem by ISP Number When Appropriate)

Successful Medication

DEFENDANT'S EXHIBIT
N-1

PLAN

INMATE NAME Barrios Ramon
DC# 277467 RACE/SEX W/M
DATE OF BIRTH 11/20/81
INSTITUTION _____

Signature/Stamp C. Woods SR
C. WOODS, SRN
Washington, CI

Nursing interventions (address problem by ISP number):

11:30 sitting on mattress & behind of blanket (was removed by mental health) Needs nurse to question but does not verbalize. Wound @ wrist clean & dry. Has peeked at wound - Minimal amt of bleeding stopped. Washed w soap & water

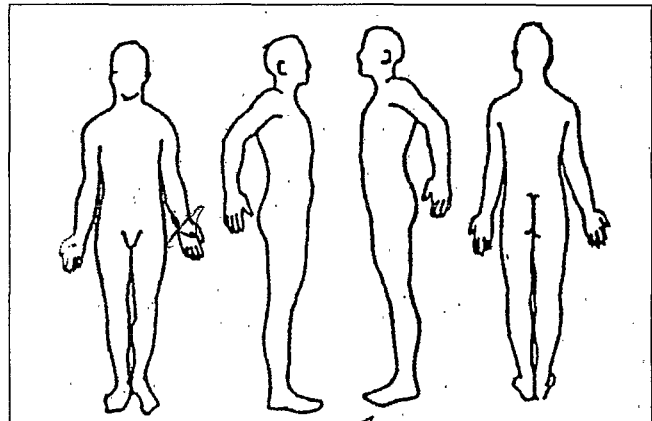
C. WOODS, SRN
Washington Ct

C. WOODS, SRN
Washington Ct

Alteration in skin integrity (identify location of all areas on diagram on right, using appropriate number) (check all that apply):

1. Bruise(s) # _____ Describe: _____
2. Surgical wound # _____ Describe: _____
3. Scratches/abrasions # _____ Describe: _____
4. Laceration # _____ Describe: Wrist
5. Decubitus # _____ Describe: _____
6. Rash Describe: _____

WOUND ASSESSMENT:



Dressing Changes? No Yes
 Frequency: _____
 Describe: _____

DEFENDANT'S EXHIBIT
 N-2

INMATE NAME _____
 DC# _____ RACE/SEX _____
 DATE OF BIRTH _____
 INSTITUTION _____

Signature/Stamp _____

DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

Check one: CSU
 TCU
 Infirmiry Isolation Management Room

SHIFT MENTAL HEALTH NURSING ASSESSMENT

Date/Time 12-6-02

Shift 11P-7A

SUBJECTIVE COMMENTS

2310 - In tearing Mattress. States he is cold and is going to crawl into mattress. Advised security to take Em's Mattress.

OBJECTIVE (Check All That Apply)

Appearance: Well Groomed Somewhat Disheveled Unkempt

Current Behavior: Quiet Assaultive Agitated Nonverbal
 Cursing Threatening Anxious Withdrawn
 Self-injurious Pacing Cooperative
 Appears to be responding to voices, commands, etc.

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DEC 27 2002

Orientation: Person Place Time Situation

Memory: Intact Impaired (explain): _____

Eye contact: Good Fair Poor None

MEDICAL

Speech: Normal Incoherent Loud Nonverbal* Other*
*Requires comment on back

Mood: Pleasant Angry Hostile Depressed Labile
 Tense Fearful Tearful Irritable

Affect: Normal Labile (changing) Restricted Broad
 Blunted Flat Nonverbal

Thought Content: Is inmate hearing voices or conversations which others cannot hear? Yes No
If yes, describe: _____

Is inmate seeing visions of anything which others cannot see? Yes No
If yes, describe: _____

Perception: Is inmate experiencing delusions (e.g., believes s/he is being poisoned, can read minds)? Yes No
If yes, describe: _____

Self-Injury/Suicidal/ Homicidal: Ideas? No Yes (describe): _____
Threats? No Yes (describe): _____
Plan? No Yes (describe): _____

Hygiene: Shower Self Assist Refused (requires comment on back)

Appetite: % of food consumed B L _____ D _____ Refused (requires comment on back)

Sleep: # of hours _____ (reported by inmate during last 24 hours).

Med side effects? No Yes (requires description on back) AIMS done? No Yes

Alteration in skin integrity?: No Yes ALL ALTERATIONS IN SKIN INTEGRITY (INCLUDING BRUISES) REQUIRE DAILY DESCRIPTION ON BACK UNTIL RESOLVED.

Medical complaints? No Yes (explain on back) Nonverbal
Dental complaints? No Yes (explain on back) Nonverbal

Enter additional comments on back.

ASSESSMENT (Address Problem by ISP Number When Appropriate)

See note on back.

PLAN Cont. SAS II obs.

INMATE NAME Borrotto, Ramon
DC# X27467 RACE/SEX WM
DATE OF BIRTH 11-22-61
INSTITUTION WASCI

P. Anderson, SLPN
Signature/Stamp

P. ANDERSON SLPN
WASHINGTON C.I.

DEFENDANT'S EXHIBIT
tabbies
0-1

Nursing interventions (address problem by ISP number): 12/6/02 004 - Im pounding on door - demanding blanket and Mattress
 P. ANDERSON, SLPN
 WASHINGTON C.I.

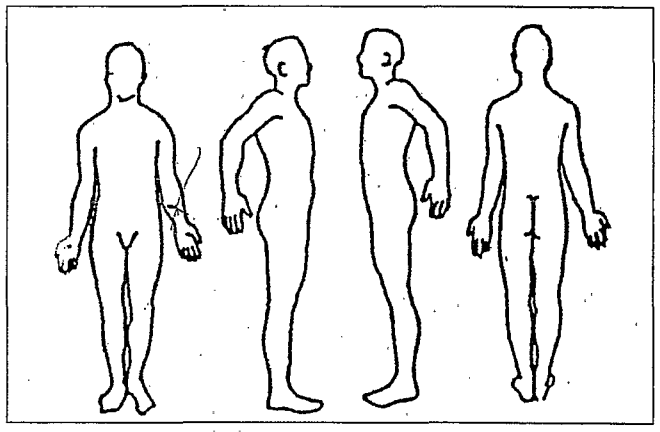
12/6/02 0140 - Im pounding on door. Demanding blanket and Mattress.
 P. ANDERSON, SLPN
 WASHINGTON C.I.

12/6/02 0415 - Im at door. E should wrapped around his shoulders, asking for Mattress and blanket. Advised Im he would not get the Mattress back since he tore it. Advised Im he would have to talk E Psych regarding his blanket. Im much more calm.
 P. ANDERSON, SLPN
 WASHINGTON C.I.

Alteration in skin integrity (identify location of all areas on diagram on right, using appropriate number) (check all that apply):

1. Bruise(s) # _____
Describe: _____
2. Surgical wound # _____
Describe: _____
3. Scratches/abrasions # _____
Describe: _____
4. Laceration # _____
Describe: at Wrist
5. Decubitus # _____
Describe: _____
6. Rash Describe: _____

WOUND ASSESSMENT:



Dressing Changes? No Yes
 Frequency: _____
 Describe: _____

DEFENDANT'S EXHIBIT
 0-2

INMATE NAME _____
 DC# _____ RACE/SEX _____
 DATE OF BIRTH _____
 INSTITUTION _____

Signature/Stamp _____

DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

Check one. CSU
 TCU
 Infirmiry Isolation Management Room

SHIFT MENTAL HEALTH NURSING ASSESSMENT

Date/Time 12/16/02

Shift 7-3

SUBJECTIVE COMMENTS

I'VE BEEN GOING THRU SOMETHINGS, How long do I have to stay here?"

OBJECTIVE (Check All That Apply)

Appearance: Well Groomed Somewhat Disheveled Unkempt

Current Behavior: Quiet Assaultive Agitated
 Cursing Threatening Anxious
 Self-injurious Pacing Cooperative
 Appears to be responding to voices, commands, etc.

Orientation: Person Place Time Situation

Memory: Intact Impaired (explain):

Eye contact: Good Fair Poor None

Speech: Normal Incoherent Loud Nonverbal* Other*
*Requires comment on back

Mood: Pleasant Angry Hostile Depressed Labile
 Tense Fearful Tearful Irritable

Affect: Normal Labile (changing) Restricted Broad
 Blunted Flat Nonverbal

Thought Content: Is inmate hearing voices or conversations which others cannot hear? Yes No
If yes, describe:

Is inmate seeing visions of anything which others cannot see? Yes No
If yes, describe:

Perception: Is inmate experiencing delusions (e.g., believes s/he is being poisoned, can read minds)? Yes No
If yes, describe:

Self-Injury/Suicidal/ Ideas? No Yes (describe):
Homicidal: Threats? No Yes (describe):
Plan? No Yes (describe): Swallowed Razor blade

Hygiene: Shower Self Assist Refused (requires comment on back)

Appetite: % of food consumed B REF D REF Refused (requires comment on back)

Sleep: # of hours _____ (reported by inmate during last 24 hours).

Med side effects? No Yes (requires description on back) AIMS done? No Yes

Alteration in skin integrity?: No Yes ALL ALTERATIONS IN SKIN INTEGRITY (INCLUDING BRUISES) REQUIRE DAILY DESCRIPTION ON BACK UNTIL RESOLVED.

Medical complaints? No Yes (explain on back) Nonverbal
Dental complaints? No Yes (explain on back) Nonverbal

Enter additional comments on back.

ASSESSMENT (Address Problem by ISP Number When Appropriate)

PLAN Cont 505 II - Clear liquid diet

INMATE NAME BORRUTO, Ramon
DC# X27467 RACE/SEX W/M
DATE OF BIRTH 11/24/61
INSTITUTION WASG

M. BIGLER, SLPN
PSYCHIATRIC NURSE
WASHINGTON, C.I.
M Bigler
Signature/Stamp

DEFENDANT'S EXHIBIT P-1

Nursing Interventions (address problem by ISP number):

*Inmate's Earlobe Area. Approx
= 1cm in size.*

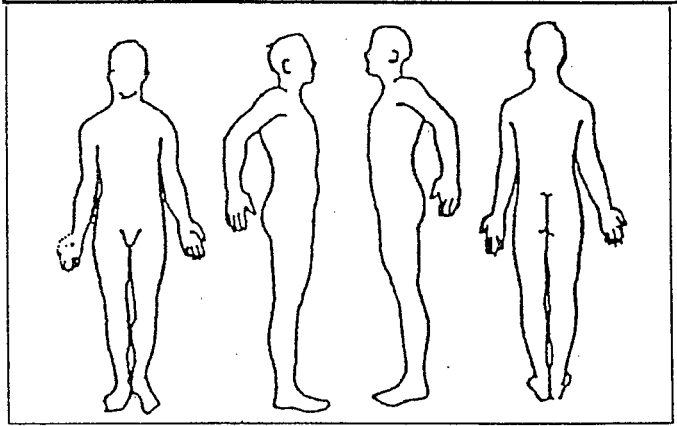
M. Bigler

M. BIGLER, SLPN
PSYCHIATRIC NURSE
WASHINGTON, O.J.

Alteration in skin integrity (identify location of all areas on diagram on right, using appropriate number) (check all that apply):

WOUND ASSESSMENT:

- 1. Bruise(s) # _____
Describe: _____
- 2. Surgical wound # _____
Describe: _____
- 3. Scratches/abrasions # _____
Describe: _____
- 4. Laceration # _____
Describe: _____
- 5. Decubitus # _____
Describe: _____
- 6. Rash Describe: _____



Dressing Changes? No Yes
 Frequency: _____
 Describe: _____

DEFENDANT'S EXHIBIT
P-2

INMATE NAME _____
 DC# _____ RACE/SEX _____
 DATE OF BIRTH _____
 INSTITUTION _____

Signature/Stamp _____

DEFENDANT'S EXHIBIT
 Q-1

Institution: WASHINGTON CORRECTIONAL INSTITUTION

Date/Time	Discipline (use codes)	INCIDENTAL NOTE: MHISE, MHIFU
02 0835-0905 2/6/02	P Y	S: "I DON'T KNOW WHY (I CUT MYSELF); I DON'T WANT TO TALK ABOUT IT...I DON'T WANT TO KILL MYSELF//SMILING//...I'M FREEZING; THEY TOOK MY BLANKET AWAY...I WAS TEARING UP THE MATTRESS BECAUSE I WAS TRYING TO GET INTO IT TO GET WARM...I WAS HIT IN THE STOMACH & THE HEAD BY OFCR McDONALD IN THAT ROOM (NTERVIEW ROOM) OF G-DORM ON THANKSGIVING MORNING...SGT MACKENZIE, OFFICER PATE, AND NURSE KENT SAW IT...HE HIT MY EAR//DISPLAYS LEFT EAR—NOTED: GREENISH-YELLOW PALLOR//I SWALLOWED A RAZOR THE OTHER DAY; IT WAS ABOUT THIS BIG//GESTURES WITH FINGERS TO INDICATED ABOUT 1/2 INCH IN LENGTH//
of 2		<p>O: 21 y.o. H/M serving 16 years, 6 mos (TRD: 5/29/15) for fleeing or attempting to elude a LEO at high speed or with wanton disregard; grand theft 3rd degree of motor vehicle</p> <p>SIGNIFICANT MENTAL HEALTH HISTORY: Inpatient/outpatient treatment prior to prison: NONE Prison Inpatient: NONE; remanded to FDOC on 11/5/01; classified as S-1 at NFRC; sent to HOLMES CI where he demonstrate poor institutional adjustment as evidenced by the issuance of 17 Disciplinary Reports (DRs) between 1/1/02 and 7/30/02 for obscene/profane act (2), destruction of state property (2), disobeying regulations (2), insufficient work (1), possession of contraband (2), disobeying order (1), disorderly conduct (5), disrespect to officials (1), and lying to staff (1). Inmate Borroto is currently classified as a CMI inmate. Inmate complained, "I'm freezing!" Due to behavioral problems noted on DC6-229b, Inmate Borroto had been placed in an Alternate Medical Cell in G-Dorm due to the lack of an available IMR. His blanket was removed by security for security reasons. He was escorted to an IMR around 9 pm last night where he began to tear at the mattress; nursing and security staff ordered the removal of the mattress around midnight. The inmate proceeded to demand a mattress and blanket and kicked the door most of the night.</p> <p>PRIOR PSYCHOLOGICAL TESTING RESULTS: IQ: Beta-IIR = 117 (11/6/01); BHS: 0 (11/6/01) MMPI-2: Not administered</p> <p>CURRENT MSE Appearance/Behavior: well-nourished, well-hydrated, muscular, multiple tattoos, dressed in shroud; adequately groomed; good eye-contact, smiling; no unusual mannerisms or unusual movements observed. Orientation: Alert, oriented to person, place and situation Speech: rate, tone, articulation were within normal limits. No defects in word production or organization; somewhat resistant to questioning stating he either "did not know" or did not want to discuss concerns Content of speech primarily focused on obtaining mattress and blanket. Thinking: No evidence of confusion; clear, logical, coherent; goal-directed, "I want a blanket!" Attention/Concentration/Memory: Not formally tested, but appears superficially adequate. Estimation of Cognitive Functioning: Average Mood/Affect: Focused on answering questions regarding physical comfort as opposed to mood, "I'm freezing!" Security notes on DC6-229b reflect anger. Current affect: broad. Perceptual disturbances: Not responding to internal stimuli. Did not endorse A/V hallucinations. Delusions: Possibly persecutory; claims he was "hit" by an officer in the presence of 3 other FDOC staff. SI/HI: Did not endorse suicidal ideations. Stated he did not want to kill himself but then stated he swallowed a razor several days ago. Insight/Judgment: poor/inadaequate. Brief Psychiatric Rating Scale: No evidence of somatic concern, anxiety, conceptual disorganization., guilt feelings, tension, odd mannerisms or posturing, grandiosity, depressive mood, hostility, suspiciousness, hallucinatory behavior, motor retardation, unusual thought content, blunted affect, excitement, or disorientation.</p>
		<p>A: Intellectual Assessment Interpretation: Inmate Borroto's performance on the BETA-IIR is suggestive of intellectual functioning in the high average (bright) range.</p> <p>THIS INMATE HAS NO PRIOR MENTAL HEALTH HISTORY. HE WAS REMANDED TO FDOC WITH A LONG SENTENCE RELATIVE TO HIS AGE. HE ACCUMULATED 17 DR'S AT HOLMES CI WITHIN A SEVEN (7) MONTH TIME FRAME. HE WAS ULTIMATELY SENT TO WASCI FOR PLACEMENT IN</p>

RECEIVED
 SANTA ROSA CORRECTIONAL INSTITUTION
 DEC 27 2002

MEDICAL

Inmate Name BORROTO, RAMON *Codes: M= MD/CA/ARNP S - Subjective Data
 # X27467 Race/Sex H/M P = PSYCHIATRIST O - Objective Data
 Date of Birth 11/22/81 Y = PSYCHOLOGY A - Assessment S/O Data
 Institution WASHINGTON C.I. N= NURSING P - Plan
 Allergies D= DENTAL

FLORIDA DEPARTMENT OF CORRECTIONS
INFIRMARY PROGRESS RECORD

Institution: WASHINGTON CORRECTIONAL INSTITUTION

2 of 2

CLOSE MANAGEMENT. ACCORDING TO OBIS, HE WAS INITIALLY CLASSIFIED AS A CM3 BUT AS OF 12/4/02, HE HAD BEEN RECLASSIFIED AS AN CM1. DESPITE AVERAGE TO HIGH AVERAGE INTELLIGENCE, HE IS EMOTIONALLY IMMATURE AND PRIMARILY DRIVEN TO SATISFY HIS BASIC NEEDS. HE WAS RESISTANT TO QUESTIONING IMPORTANT ISSUES, SUCH AS THE REASON FOR CUTTING HIS WRIST. GIVEN HIS IMPULSIVITY, SUICIDE PRECAUTIONS ARE INDICATED FOR AT LEAST THE WEEKEND TO ALLOW THE PASSAGE OF THE RAZOR.
 AXIS I 309.4 Adjustment Disorder, with mixed disturbance of emotions and conduct
 AXIS II: 301.7 Antisocial Personality Disorder, PROVISIONAL
 AXIS III: None noted
 AXIS IV: Incarcerated; CM1
 AXIS V: 45

P: 1. Continue SOS-II
 2. Incident report written + cosigned by MDST.

[Handwritten Signature]

M. TYLL, PH.D
 SR. PSYCHOLOGIST
 WASHINGTON C.I.

[Handwritten Signature]
 5/12/05

PSYCHIATRIST
 Mental Health Services
 Washington CI

DEFENDANT'S
 EXHIBIT
 Q-2

Inmate Name BORROTO, RAMON *Codes:
 DC # X27467 Race/Sex H/M
 Date of Birth 11/22/81
 Institution WASHINGTON C.I.
 Allergies _____

M= MD/CA/ARNP
 P = PSYCHIATRIST
 Y = PSYCHOLOGY
 N= NURSING
 D= DENTAL

S - Subjective Data
 O - Objective Data
 A - Assessment S/O Data
 P - Plan

FLORIDA DEPARTMENT OF CORRECTIONS
INFIRMARY PROGRESS RECORD Continued

RECEIVED
SANTA ROSA CORRECTIONAL INSTITUTION

DEC 27 2002

Institution: _____

Date/Time	Discipline (use codes)*	Comments
12/9/02 1220.		<p>③ " Now I want to talk w/ you about ^{MEDICAL} getting out of here. I got DR before I came in here. Do you think you can do something about the DR.? And, I haven't seen my Mom long time. Can you do anything about that? Oh, he (psychiatrist) came here early but I didn't want to see him. Yeah, cause I was hearing voices. Will you tell them I want to see them?</p>
		<p>④ I/M was seen @ IMR. He was alert, ox4, held good eye contact and speech WNL. He was smiling during the evaluation. He denies current S/I or H/I, however he reported 'voices' as an excuse that he did not get up to see psychologist & psychiatrist this am. He asked if I could erase his DR or make an arrangement to see his mother.</p>
		<p>⑤ No. Distress. Manipulative behavior to use M/H Svc. to resolve probs. w/ other department</p>
		<p>⑥ consult w/ Psychiatrist, psychologist over</p>

Inmate Name Bortotto, Ramon
 DC# X 27467 Race/Sex W/M
 Date of Birth 11/22/81
 Institution WASCI

*Codes: M = MD/CA/ARNP
 P = Psychiatrist
 Y = Psychology
 N = Nursing
 D = Dental

Y Hill
 Y. HILL, MS
 PSYCHOLOGICAL
 SPECIALIST
 WASHINGTON C.I.

This form is not to be amended, revised, or altered without the approval of the Deputy Assistant Secretary for Health Services Administration

DEFENDANT'S EXHIBIT
R

Inmate Name: Parson, Ramon
 DC #: X274167
 Institution: Washington CI
 Cell Number: ES-103 Diet: CSU
29-11211

This is sheet number 18 on this inmate's current Close Management.
 Initial Placement Date 8-12-02 Current CM Level III
 Status DC DC Time Begins 1-3-03 Ends 1-3-03

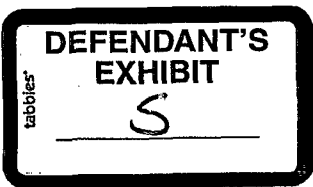
STATE OF FLORIDA
 DEPARTMENT OF CORRECTIONS
 CLOSE MANAGEMENT
 DAILY RECORD OF SEGREGATION

SECURITY ALERT RESTRICTIONS:

SECURITY DEPARTMENT												MEDICAL/MENTAL HEALTH DEPARTMENT							
Day	Physical Appearance	Attitude	Time	Remarks (check box if additional remarks included on back of DCS-229b)	Weight	Showers/Shave	Cell Search	Recreation	Dayroom Activities	Work Assignment	Phone Call	Visit	Initials	Date	Time	Condition	Action and Remarks	Initials	
12/8	Good	US	11:55 AM	IN RECESS (Lunch) OK															
12/9																			
12/10																			
12/11																			
12/11	G	S	part	part of the DR. Sums											12-12	2:20	CS		
12/11	G	S	CP	with in cell															
12/11	G	S	part																
12/11	A	S	strong																
12/11																			

DOC-229A DRAFT

Page 1 of 2



ISS0152 (03)

FLORIDA DEPARTMENT OF CORRECTIONS

DISCIPLINARY REPORT

12/16/2002
PAGE 1

LOG # 110-022494

DC#: X27467	INMATE NAME: BORROTO, RAMON A. J.	INFRACTION
VIOLATION CODE: 0031	TITLE: POSS OF WEAPONS	DATE: 12/16/2002
FACILITY CODE: 110	NAME: WASHINGTON C.I.	TIME: 00:50

I. STATEMENT OF FACTS:

ON DECEMBER 16, 2002, I WAS ASSIGNED AS G HOUSING UNIT SUPERVISOR ON THE FIRST SHIFT. AT APPROXIMATELY 12:50AM CO I. STILLER, CO M. DALTON, AND I CONDUCTED A SEARCH OF CELL G4-112. CO I. STILLER DISCOVERED A HOMEMADE WEAPON (SHANK) UNDER THE MATTRESS OF BED G4-112L, ASSIGNED TO INMATE DERRYBERRY, CHARLES DC#629407. INMATE BORROTO, RAMON DC#X27467 IS ASSIGNED TO G4-112U. WHILE QUESTIONING INMATE BORROTO, HE ADMITTED THAT HE MADE THE SHANK AND PLACED IT UNDER THE MATTRESS OF THE BED ASSIGNED TO INMATE DERRYBERRY SO THAT HE (INMATE BORROTO) WOULD BE MOVED. THE OIC WAS NOTIFIED AND AUTHORIZED THIS DISCIPLINARY REPORT. INMATE BORROTO REMAINS CMII/DC STATUS PENDING A DISCIPLINARY HEARING. THIS IS A DIRECT VIOLATION OF FAC, CHAPTER 33 RULES OF PROHIBITED CONDUCT, (3-1) POSSESSION OF A WEAPON. CO I. STILLER AND CO. M. DALTON WERE PRESENT AND WITNESSED THIS INCIDENT. CO K. RICHTER WAS PRESENT IN F DORM BUT DID NOT WITNESS THIS INCIDENT.

REPORT WRITTEN: 12/16/2002, AT 03:40 OFFICER: PCM02 - PEEL, C.M.
 ASSIGNED AND APPROVED BY: STJ05 - SCOTT, T.J.

II. INVESTIGATION:

WITNESSES:

PERRYBERRY, CHARLES DC#692407
 OFFICER K. RICHTER
 OFFICER I. STILLER
 OFFICER M.P. DALTON
 INMATE OFFERED STAFF ASSISTANCE: DECLINED

INVESTIGATION BEGUN: 12/16/2002, AT 07:00 OFFICER: MCC23 - MURRAY, C.C.
 INVESTIGATION ENDED: 01/06/2003, AT 14:01

III. INMATE NOTIFICATION OF CHARGES: DATE DELIVERED: 01/06/2003, AT: 13:51

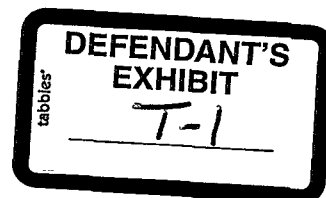
DELIVERED BY : RTM10 - RATHBONE, T.M. JR

IV. DESIGNATING AUTHORITY REVIEW LEVEL: MAJOR DATE: 01/07/2003
DUE TO INMATE BORROTO BEING TRANSFERRED.

OFFICER: CTH02 - CANNON, TIMOTHY H

V. TEAM FINDINGS AND ACTION DATE: 01/10/2003, AT: 09:35

INMATE OFFERED STAFF ASSISTANCE: DECLINED
 INMATE PLEA: NOT GUILTY FINDINGS: GUILTY
 INMATE PRESENT: YES



ISS0152 (03)

FLORIDA DEPARTMENT OF CORRECTIONS

DISCIPLINARY REPORT

11/15/2005

PAGE 2

LOG # 110-022494

DC#: X27467	INMATE NAME: BORROTO, RAMON A. J.	INFRACTION
VIOLATION CODE: 0031	TITLE: POSS OF WEAPONS	DATE: 12/16/2002
FACILITY CODE: 110	NAME: WASHINGTON C.I.	TIME: 00:50

POSTPONEMENT:

BASIS FOR DECISION:

BASED ON SGT PEEL'S REPORT IN SECTION ONE AND CONFIRMED IN THE INVESTIGATION. THE REPORT READS IN PART THAT WHILE CONDUCTING A CELL SEARCH IN G4112, HOUSED BY INMATE BORROTO, #X27467 AND INMATE DERRYBERRY, #629407, SGT PEEL DISCOVERED A HOMEMADE WEAPON (SHANK) UNDER THE MATTRESS OF BED 4112L, ASSIGNED TO INMATE DERRYBERRY. WHILE QUESTIONING BOTH INMATES, INMATE BORROTO ADMITTED THAT HE MADE THE WEAPON AND PLACED IT UNDER THE BED. PHOTO'S WERE VIEWED BY THE HEARING TEAM AND THE INMATE. ALL WITNESS STATEMENTS WERE READ AND CONSIDERED.

HEARING DELAY COMMENTS:

DELAY WAS DUE TO INMATE BEING TRANSFERRED TO SARCI AND DR WAS MAILED.

ACTIONS TAKEN:

DISCIPLINARY CONFINEMENT: 60; PROBATION DAYS SET: 0 CONSECUTIVE

RESTITUTION: \$.00; INDIV.REVIEW/COUNSEL?: N; CONFISCATE CONTRABAND?: N

TEAM CHAIRMAN: GJH01 - GUY, JOHN H.

TEAM MEMBERS: KAL00 - KENT, ARTHUR L.

VI. REVIEW AND FINAL ACTION: NO FINAL ACTION

WARDEN: - DATE: 00/00/0000

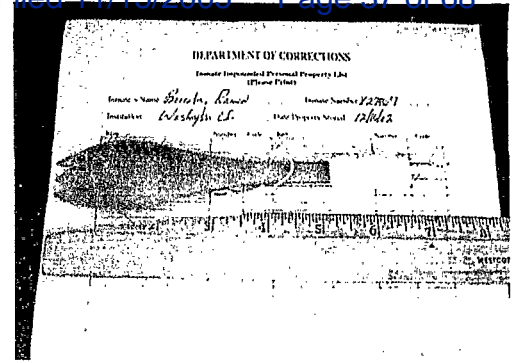
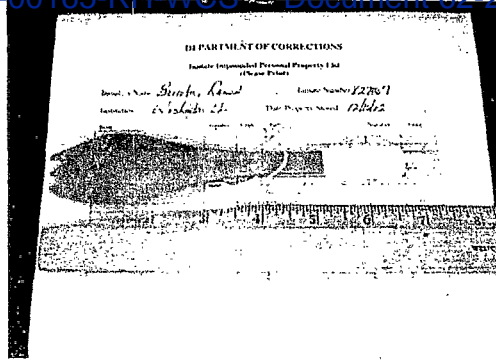
VII. APPEAL PROCESS DISPOSITION: NO INSTITUTIONAL ACTION

WARDEN: - DATE: 00/00/0000

INFORMATIONAL NOTES:

MAXIMUM GAIN TIME DAYS AVAILABLE TO BE TAKEN: 0 DAYS

DC4-804



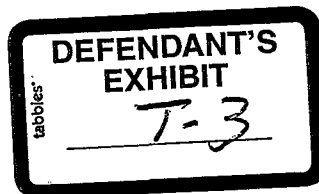
DEFENDANT'S
 EXHIBIT
 T-2

Witness Statement	
State of Florida	Log # <u>11D-022494</u>
Department of Corrections	
I. Identifying Inmate Information	
DC # <u>X27467</u>	Inmate Name <u>Barro, Ramon</u>
Violation Code and Short Title <u>31' Poss. of Weapon</u>	
Date Report Written <u>12/16/02</u>	
II. Witness	
<input type="checkbox"/> Staff Member: Name and Position _____	
<input type="checkbox"/> Other Individual: Name _____	
<input checked="" type="checkbox"/> Inmate: DC # <u>X27467</u> Name <u>Barro, Ramon</u>	
III. Voluntary Refusal	
<i>The witness voluntarily refused to provide a written statement to the Investigating Officer and the following signature(s) attests to that fact:</i>	
Witness Signature _____	Date _____
Signature of Investigating Officer _____	Date _____
IV. Statement	
<p>I never said that I made any weapon. I told the officer that my roommate made a weapon when he came around, while my roommate was asleep. I told the officer I saw him making it earlier that day. Again I never said that I made a weapon or that I placed it under Derryberry matgr. I was in fear of my life and that is why I told the officer.</p>	
Witness Signature <u>X R B - S X27467</u>	Date <u>1/16/03</u>
Signature of Investigating Officer <u>J. Rattone</u>	Date <u>1-6-03</u>

DC6-112C (Revised 5-00)

Original: Inmate File

Copy: Central Office



State of Florida	Witness Statement Log # <u>110-222494</u>	Department of Corrections
I. Identifying Inmate Information		
DC # <u>X27467</u>	Inmate Name <u>Barrato Ramon</u>	
Violation Code and Short Title <u>3-1 Act of Weapon</u>		
Date Report Written <u>12/16/02</u>		
II. Witness		
<input type="checkbox"/> Staff Member: Name and Position _____		
<input type="checkbox"/> Other Individual: Name _____		
<input checked="" type="checkbox"/> Inmate: DC # <u>692407</u> Name <u>Charles Derry Jr</u>		
III. Voluntary Refusal		
The witness voluntarily refused to provide a written statement to the Investigating Officer and the following signature(s) attests to that fact:		
Witness Signature _____	Date _____	
Signature of Investigating Officer _____	Date _____	
IV. Statement		
<p><i>I woke up and they where A Shank under my Bed He put it thoir I was him do IT</i></p>		
Witness Signature <u>Char Derry</u>	Date <u>12-20-02</u>	
Signature of Investigating Officer <u>C.C. Murray</u>	Date <u>12/20/02</u>	

DC6-112C (Revised 5-00)

Original: Inmate File

Copy: Central Office

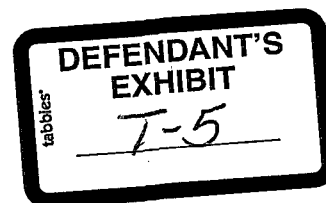


Witness Statement	
State of Florida	Log # _____ Department of Corrections
I. Identifying Inmate Information	
DC # <u>X27467</u>	Inmate Name <u>Borroto, Ramon</u>
Violation Code and Short Title: <u>3-1 Possession of a Weapon</u>	
Date Report Written: <u>12-16-02</u>	
II. Witness	
<input checked="" type="checkbox"/> Staff Member: Name and Position <u>K. Richter</u>	
<input type="checkbox"/> Other Individual: Name _____	
<input type="checkbox"/> Inmate: DC # _____ Name _____	
III. Voluntary Refusal	
<i>The witness voluntarily refused to provide a written statement to the Investigating Officer and the following signature(s) attests to that fact:</i>	
Witness Signature _____	Date _____
Signature of Investigating Officer _____	Date _____
IV. Statement	
<u>I DID NOT WITNESS THIS INCIDENT.</u>	
Witness Signature <u>K. Richter CO</u>	Date <u>12-16-02</u>
Signature of Investigating Officer <u>[Signature]</u>	Date <u>12/16/02</u>

DC6-112C (Revised 5-00)

Original: Inmate File

Copy: Central Office

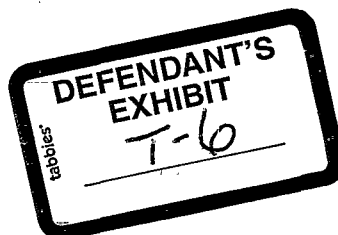


State of Florida	Witness Statement Log # _____	Department of Corrections
I. Identifying Inmate Information		
DC # <u>X27467</u>	Inmate Name <u>BORROTO, RAMON</u>	
Violation Code and Short Title <u>3-1 Possession of a Weapon</u>		
Date Report Written <u>12.16.02</u>		
II. Witness		
<input checked="" type="checkbox"/>	Staff Member: Name and Position <u>I. STILLER Co.</u>	
<input type="checkbox"/>	Other Individual: Name _____	
<input type="checkbox"/>	Inmate: DC # _____	Name _____
III. Voluntary Refusal		
<i>The witness voluntarily refused to provide a written statement to the Investigating Officer and the following signature(s) attests to that fact:</i>		
Witness Signature _____		Date _____
Signature of Investigating Officer _____		Date _____
IV. Statement		
<p>I WAS PRESENT WHEN I/M BORROTO, RAMON X27467 ADMITTED THAT HE MANUFACTURED A HOMEMADE WEAPON IN ORDER TO GET MOVED FROM HIS PRESENT LOCATION</p>		
Witness Signature <u>I. Stiller Co.</u>		Date <u>12-16-02</u>
Signature of Investigating Officer <u>H.C. Murray</u>		Date <u>12-16-02</u>

DC6-112C (Revised 5-00)

Original: Inmate File

Copy: Central Office



Witness Statement	
State of Florida	Log # _____
Department of Corrections	
I. Identifying Inmate Information	
DC # <u>X27467</u>	Inmate Name <u>Borroto, Ramon</u>
Violation Code and Short Title <u>3-1 Possession of a Weapon</u>	
Date Report Written <u>12.16.02</u>	
II. Witness	
<input checked="" type="checkbox"/> Staff Member: Name and Position <u>M.P. DALTON C.O.</u>	
<input type="checkbox"/> Other Individual: Name _____	
<input type="checkbox"/> Inmate: DC # _____ Name _____	
III. Voluntary Refusal	
<i>The witness voluntarily refused to provide a written statement to the Investigating Officer and the following signature(s) attests to that fact:</i>	
Witness Signature _____	Date _____
Signature of Investigating Officer _____	Date _____
IV. Statement	
<p><i>I was present when Inmate Borroto, Ramon X27467 admitted that he manufactured a homemade weapon in order to get moved from his present location. (G4-112 u)</i></p>	
Witness Signature <u>M.P. Dalton</u>	Date <u>12/16/02</u>
Signature of Investigating Officer <u>[Signature]</u>	Date <u>12/16/02</u>

DC6-112C (Revised 5-00)

Original: Inmate File

Copy: Central Office



STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
CLOSE MANAGEMENT
DAILY RECORD OF SEGREGATION

Inmate Name: Borrob, Ramon
DC #: X23467
Institution: WASHINGTON C.I.
Cell Number: 64-1104

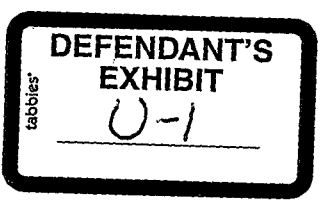
This is sheet number 19 on this inmate's current Close Management.
Initial Placement Date: 5-12-02
DC Time Begins: 06:00
Status: D
Current CM Level: 21
Ends: 12-18-02

SECURITY ALERT/RESTRICTIONS:

SECURITY DEPARTMENT											MEDICAL/MENTAL HEALTH DEPARTMENT									
Date	Physical Appearance	Attitude	Time	Remarks (check box if additional remarks included on back of DDC-2299)	Weight	Cell Search	Show/Share	Recreation	Activities	Assignment	Work	Phone Call	Yerk	Initials	Date	Time	Condition	Action and Remarks	Initials	
12-15-02															12/16	715	MHT	also	M	
12-16-02	G	UNSAT	1:20 AM	Excused leave 1 day I/M Moved from 64-112V to 64-110L SEE SUPPLEMENT I/M assigned to check in on Mon Dormitory. 21m's room call										MD	12/19	0800	MHT	INR-FU 2 days	gr	
12-17-02																				
12-18-02																				
12-19-02																				
12-20-02																				
12-21-02																				

DDC-2299A DRAFT

Page 1 of 2



STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

Daily Record of Segregation - Supplemental

Inmate Name: Borroto, Ramon FDC Number: X27467

Current Status: AC DC CM MM

DATE	TIME	REMARKS	OFFICER
12-16-02	12⁴⁵ AM	I/M Borroto stated to me as I was doing a security check that his roommate was going to kill him and that his roommate had a shank. I contacted Sgt. Peel & with OIC approval we removed both inmates from cell & searched the room. Upon finding the manufactured weapon, Inmate Borroto admitted to Sergeant Peel that he made it in order to get a room change. DR WRITTEN / I/M moved to G4-110 L @ 1²⁰ AM.	MM
2-16-02	5 ¹⁰ AM	I/M Refused morning meal	MM
2-16-02	400 P	were searched, a note was taken that was so Elm Derraberry. Contained in the note were plans conspiring to lie to staff, paying Derraberry to help him get a transfer. A DR was written for (9-10) lying to staff because Elm Borroto lied on the Affidavit. Elm Derraberry swore an Affidavit to state Elm Borroto was going to pay him to help him get a transfer.	JB
2-15-02	2 ⁰⁰ PM	XFER.	

if it become necessary to record addition information concerning an incident or actions pertaining to an inmate assigned to one of specified statuses, this form will be completed as needed and attached to the applicable DC6-229 or DC6-229a.

DEFENDANT'S
EXHIBIT
U-2

Saw the
book 119

INCIDENT REPORT

REPORTING INSTITUTION: Washington CI REPORT NUMBER: 02012-109
 REPORTING OFFICER: J. Low Capt DATE OF INCIDENT: 12-16-02
 PERSON(S) INVOLVED: Tim Borato, Ramon #X27467 TIME OF INCIDENT: _____
Tim Derreberry, Charles #692407 WITNESS(ES): T. Ruddy Sgt
Ofe D. Jones

DETAILS OF INCIDENT: On 12-16-02 at approximately 4:00pm, I was contacted by Ofc D. Jones
at dorm housing office. He stated that Imrek Borato, Ramon DC# X27467 had stated that he
was in fear for his life and needed protection from Tim Derreberry, Charles #692407. While Ofc Jones
was conducting a search of Imrek Borato person, he discovered a handwritten note in Tim Borato's
pen's pants. Ofc Jones questioned Tim Borato about this note and Imrek Borato admitted that he
was lying about needing protection. Tim Borato further stated that the note was intended for
Tim Derreberry in an attempt to get Tim Derreberry to lie for Tim Borato. The request for protection
and the handwritten note were both confiscated. Tim Derreberry completed an affidavit on this
incident. Tim Borato will be written a DC for 9-10 lying to staff.

JCL 12/16/02
 REPORTING EMPLOYEE DATE

SHIFT O.I.C.
 COMMENT: Submitted for informational purposes.

JCL 12/16/02
 OFFICER IN CHARGE DATE

REVIEW: Concur with action taken. Forward to Classification
for informational purposes.

[Signature] 12/17/02
 CORRECTIONAL OFFICER CHIEF DATE

REVIEW: _____

WARDEN DATE



DATE: 12/16/02

FROM: INSTITUTIONAL REVIEW TEAM

TO: INMATE: Boroto Ramon DC# X27467
Last Name First Name

RE: PROTECTIVE CONFINEMENT

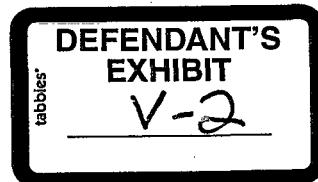
DC Rule 33-3.0082 (Protective Confinement) paragraph (2) states in part: "...the Senior Correctional Officer will encourage the inmate to provide information and otherwise cooperate with efforts by the institution and investigate the matter and eliminate any danger to the inmate." Additionally, paragraph (3) (c) states: "The team shall submit it's findings and recommendations to the Superintendent, who will determine whether Protective Confinement of the inmate should continue."

In accordance with the above Rule, the Institutional Special Review Team request that you, in the space provided below, indicate specifically (names, cell locations, dates incidents, etc..) why it is that you require protection. Failure to do so could result in a recommendation, by the Team, that you be returned to open population.

On 12/15/02 inmate Deary Berry threatened to kill me if I didn't pay him his money. He got ripped off on some rip and blames me, while I was laying down he thought I was asleep and he was making a shank. I don't know what it was. All I know is it was sharp and a silver color. I told officer Dawson when he made his rounds. He came in and the shank was found under his bunk. He called me a snitch and said if he couldn't kill me he would pay someone to kill me. He didn't care what it cost. I'm in fear of my life please help me.

Ramon Boroto
[Signature] X27467
Inmate's Signature

12/16/02
Date

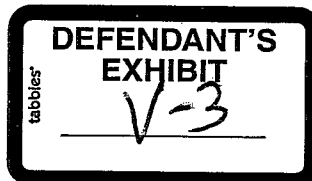


State of Florida	Witness Statement Log # <u>110-022484</u>	Department of Corrections
I. Identifying Inmate Information		
DC # <u>X 27467</u>	Inmate Name <u>Bocotto Roman</u>	
Violation Code and Short Title <u>9-10 Lying to staff</u>		
Date Report Written <u>12-16-02</u>		
II. Witness		
<input checked="" type="checkbox"/> Staff Member: Name and Position <u>T. Rudy esgt</u>		
<input type="checkbox"/> Other Individual: Name _____		
<input type="checkbox"/> Inmate: DC # _____ Name _____		
III. Voluntary Refusal		
<i>The witness voluntarily refused to provide a written statement to the Investigating Officer and the following signature(s) attests to that fact:</i>		
Witness Signature _____	Date _____	
Signature of Investigating Officer _____	Date _____	
IV. Statement		
<p><i>I was present during this incident. I witnessed ofc Jones take the note from Iln Bocotto. Iln Bocotto lied to staff.</i></p>		
Witness Signature <u>T. Rudy</u>	Date <u>12-16-02</u>	
Signature of Investigating Officer <u>W Taylor</u>	Date <u>12-16-02</u>	

DC6-112C (Revised 5-00)

Original: Inmate File

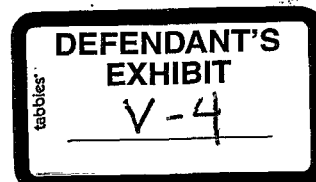
Copy: Central Office



Sissy,

I need you to write me a kite saying that I'm a
snitching ass bitch and if you can't kill me you're going to
pay someone to do it. They are not letting me check in
or anything. You said you were going to do your part and
do it right. To do it right you have to do that right
now I got the D.R. and I'm going to C.M.I and I'm
not able to check in. And say you snitched but you got
the D.R. and you still not going to make it off this
camp ~~alive~~ alive. When they give me the D.R. I
got to put you as my witness. Write me 2 kites
one to me about what the fuck happened last night
~~cause~~ ~~cause~~ cause shit went totally wrong and
one threatening me. As of right now I'm not sending
no money cause right now I got the D.R. and I'm
going to C.M.I. As soon as you help me get this
D.R. of me I'll send the money the same
wednesday. I'm not paying for no D.R. and
C.M.I status. I'm paying to get lost so do what
you got to do and get shit how it's suppose to
be cause I'm the one that's fucked up. Tell me
what you told the police cause they're saying
I planted that knife on you.

MC



AFFIDAVIT

The affiant shall be asked to raise his or her right hand. The correctional officer shall then ask: "DO YOU SOLEMNLY SWEAR OR AFFIRM THAT YOUR STATEMENT SHALL BE THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH?" Upon receiving an affirmative response, the officer may proceed to take the statement. :

BEFORE ME THIS DATE PERSONALLY APPEARED Charles Ralph ^{Sissy} Derreberry
(Affiant Name)

Complete description of incident(s):

my name is CHARLES DERRBERRY OF AKA "SISSEY"
LAST NIGHT my ROOM MATE PUT A SLANK
under my BOOK HE TRIED TO CHACK IN under
my NAME BY SETING ME UP. HE WAS TRYING
TO GET MOVED FROM THIS CAMP. ON THE 16TH OF
DEC AT 3:00 PM I TOLD ME IF I TAKE THE
DR SINCE I AM GOING HOME HE WOULD
PAY ME THAT IS ALL I KNOW
BT I did "NOT" MAKE "NO" STAMK!
I NEVER TOLD HIM I WOULD DO ENY OF
THIS!
NOW I THANK THIS CUBAN WARD
TO GET ME.

Full name of affiant: Charles Ralph "Sissy" Derreberry Jr

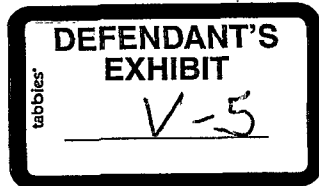
Title: _____
Facility: _____
ID#: 692407 Race: W Sex: M Date of Birth: 5/1/60

Charles Ralph "Sissy" Derreberry Jr
Signature of Affiant Date

Sworn to and subscribed before me this MON day of DEC 16 2002

Signature of Officer _____
Page _____ of _____

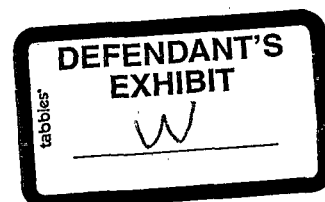
DC FORM #11



**STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
OFFICE OF THE INSPECTOR GENERAL**

INVESTIGATION: # 02-13942

DATE: March 5, 2003
FROM: Tim Yaw, Senior Inspector
TO: Walton C. Murphree, Jr., Acting Inspector General



**REPORT OF INVESTIGATION
OFFICE OF THE INSPECTOR GENERAL
DEPARTMENT OF CORRECTIONS**

INVESTIGATION # 02-13942

CORRECTIONAL INVESTIGATOR: Tim Yaw

DATE OF REPORT: March 5, 2003

DATE OF INCIDENT: November 28, 2002

CLASSIFICATION OF COMPLAINT/INCIDENT: Physical Abuse

LOCATION: Washington Correctional Institution

COMPLAINANT: Scott, Timothy
Correctional Officer Captain
W/M, DOB: 10/28/62

VICTIM(S): Borroto, Ramon
DC#-X27467
W/M, DOB: 11/22/81

SUBJECT(S): McDonald, Larry
Correctional Officer
B/M, DOB: 11/08/53

WITNESS(ES): McKenzie, Channing
Correctional Officer Sergeant
W/M, DOB: 12/07/67

Pate, Harold
Correctional Officer
W/M, DOB: 01/07/69

Kent, Donna
Sr. Licensed Practical Nurse
W/F, DOB: 08/08/64

Butts, Travis
Correctional Officer
W/M, DOB: 07/06/69

Investigative Report # 02-13942

Page 2

WITNESSES CONTINUED:

Anderson, Cleo
Correctional Officer
W/M, DOB: 06/15/50

Speights, Mervis
Correctional Officer
B/M, DOB: 06/01/67

Brooks, David
DC#-982838
B/M, DOB: 07/17/73

CASE SUMMARY:

Inmate Borroto reported to Captain Scott on November 29, 2002, at about 12:15am, that he had been physically abused on the morning of November 28, 2002. Captain Scott reported the information, which was later forwarded to the Tallahassee Field Office on December 2, 2002. The case was assigned to Inspector Jon Kraus on December 2, 2002, and reassigned to Inspector Tim Yaw on January 27, 2003.

Captain Scott reported that he was making his rounds in "G" dormitory at about 12:15am on November 29, 2002, when Inmate Borroto told him that he had been abused earlier the day before. He had Inmate Borroto examined by medical where it was found that Inmate Borroto had a bruised left ear lobe with redness. Inmate Borroto stated to investigators that he was taken from his cell at about 8:45am, on November 28, 2002, and into the hearing room where Officer McDonald hit him with his fists and then picked him up, turned him "upside down" and dropped him on his head. When Officer McDonald attempted to hit his head on the floor again, Nurse Kent told him to stop. Sergeant McKenzie and Officer Pate were also in the room at the time. Inmate Borroto was transferred to Santa Rosa Correctional Institution on December 19, 2002.

Sergeant McKenzie, Officer Pate and Nurse Kent stated that the incident did not happen as did Officers Butts, Anderson and Speights who were on duty in "G" dormitory on November 28, 2002. Officer McDonald denied physically abusing Inmate Borroto. Inmate David Brooks was Inmate Borroto's cellmate at the time and he refused to give a statement.

Inmate Borroto was given a Computerized Voice Stress Analysis (CVSA) which indicated he was not deceptive when he responded "Yes" when he was asked if other staff were present when Officer McDonald hit him and if Nurse Kent was present when Officer McDonald dropped him on his head.

Investigative Report # 02-13942

Page 3

Review of the video tape-recording of quad four in "G" dormitory during the morning of November 28, 2002, revealed that Inmate Borroto was not taken out of his cell and that no one entered his cell.

SUBJECT: Larry McDonald, Correctional Officer

The evidence obtained during the course of this investigation is not sufficient to support the allegation of *Physical Abuse* by Officer McDonald. This is based on the following:

- **Witness Statements:**

Inmate Ramon Borroto stated that he was taken out of his cell at about 8:45am, on November 28, 2002, and into the hearing room where Officer McDonald hit him with his fists and then picked him up, turned him "upside down" and dropped him on head. When Officer McDonald attempted to hit his head on the floor again, Nurse Kent told him to stop.

Sergeant Channing McKenzie, Officer Harold Pate and Nurse Donna Kent indicated that the alleged incident did not occur.

Officers Travis Butts, Cleo Anderson and Mervis Speights were on duty in "G" dormitory on November 28, 2002, and they indicated that they did not see Inmate Borroto being abused, nor did they remember him coming out of his cell that day.

Inmate David Brooks would not give a statement concerning the incident.

- **Written Documents:**

A CVSA report from Inspector James Keen indicated that Inmate Borroto was not deceptive when he answered "Yes" when he was asked if other staff were present when Officer McDonald hit him and if Nurse Kent was present when Officer McDonald dropped him on his head.

- **Other Pertinent Information:**

Review of the video tape-recording of quad four in "G" dormitory during the morning of November 28, 2002, revealed that Inmate Borroto was not taken out of his cell and that no one entered his cell between the hours of 7:00am and 11:00am.

Investigative Report # 02-13942

Page 4

- **Subject Statements:**

Officer Larry McDonald denied physically abusing Inmate Borroto.

ALLEGATION:

Inmate Ramon Borroto alleged that Officer Larry McDonald physically abused him on the morning of November 28, 2002, in "G" dormitory.

FINDING(S):

In an affidavit taken on November 29, 2002, and during a sworn, tape-recorded interview conducted on December 19, 2002, Inmate Ramon Borroto indicated the following:

At about 8:45am, on November 28, 2002, he was taken out of his cell by Officers McDonald and Pate and escorted to the hearing room. Sergeant McKenzie and Nurse Kent were in the room when they arrived. Officer McDonald began hitting him in the stomach and head, while the others watched. Officer McDonald then put his (*Borroto's*) head between his knees and grabbed him by his feet, slamming his head into the floor. As Officer McDonald grabbed his feet to slam his head into the floor again, Nurse Kent told him to stop. Nurse Kent and Sergeant McKenzie left the room and Officers McDonald and Pate escorted him back to his cell. He reported the incident on November 29, 2002, to Captain Scott who was the supervisor of the midnight shift. He received a bruise on his left ear from the abuse. **(Exhibit A-1) (Exhibit B-1)**

In an incident report dated November 29, 2002, Captain Timothy Scott reported the following:

At about 12:10am on November 29, 2002, Inmate Borroto declared a medical emergency during which he stated that four officers took him into the "room with no cameras" at about 8:45am, on November 28, 2002, and Officer McDonald hit him and slammed his head into the floor. Inmate Borroto indicated that Nurse Kent was present during the incident. He had Inmate Borroto examined by the medical department. **(Exhibit A-2)**

Medical records indicated that Inmate Borroto was examined by Nurse Conger at 12:26am, on November 29, 2002, and he was found to have a small edema or mark on the rear of his head and slight bruising and redness on his left ear lobe. **(Exhibit A-3)**

Inspector James Keen conducted a Computerized Voice Stress Analysis (*CVSA*) on Inmate Borroto. In his report dated January 15, 2003, Inspector Keen indicated that Inmate Borroto was not deceptive when he answered "Yes" when asked if other staff were present when McDonald hit his ear and if Nurse Kent present when McDonald dropped him on his head. **(Exhibit A-4)**

Investigative Report # 02-13942

Page 5

Records revealed that Officers Travis Butts, Cleo Anderson and Mervis Speights were on duty in "G" dormitory on the morning of November 28, 2002, and they gave sworn, tape-recorded statements on February 4, 2003, indicating they did not witness any abuse of Inmate Borroto.

(Exhibits B-2, B-3 & B-4)

During sworn, tape-recorded interviews conducted on February 4, 2003, Nurse Donna Kent, Sergeant Channing McKenzie and Officer Harold Pate indicated that they were not in a room with Inmate Borroto or any other inmate when such an incident happened. All said they did not see Inmate Borroto get physically abused.

(Exhibits B-5, B-6 & B-7)

Records revealed that Inmate David Brooks was Inmate Borroto's cellmate on November 28, 2002, and upon attempting to interview him on February 18, 2003, concerning the allegation, he refused to give a statement.

Records revealed that Inmate Borroto was housed in "G" dormitory, quad four, cell 101 lower, on November 28, 2002. Review of the video tape-recording of quad four from 7:00am until 11:00am on that date, revealed that Inmate Borroto did not come out of his cell, nor did anyone enter his cell during that time. The video revealed Officers McDonald and Speights entering the quad at 8:43am to conduct a security check. They departed the quad at 8:46am. Nurse Kent did not enter the quad during that time.

(Exhibit B-9)

"G" dormitory logs for November 28, 2002, recorded activity that was consistent with the video recording of quad four. The logs indicated that Nurse Kent entered "G" dormitory for sick call rounds, but it was not indicated at what time she departed the dormitory.

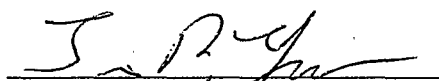
(Exhibit A-5)

During a sworn, tape-recorded interview conducted on February 4, 2003, Officer Larry McDonald indicated that he did not know Inmate Borroto and he denied physically abusing him or any other inmate.

(Exhibit B-8)

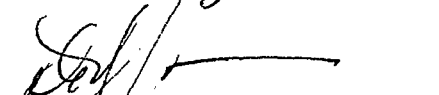
INVESTIGATION # 02-13942

SIGNATURE:

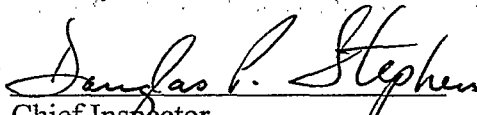

Senior Inspector

2-27-03
Date

REVIEWED BY:


Inspector Supervisor

2/27/03
Date


Chief Inspector

3/3/03
Date

EXHIBITS/ATTACHMENTS SECTION

INVESTIGATION # 02-13942

A. EXHIBIT - attached

1. Affidavit from Inmate Ramon Borroto.
2. Incident report from Captain Timothy Scott.
3. Copy of medical examination report for Inmate Ramon Borroto.
4. CVSA report from Inspector James Keen dated January 15, 2003.
5. G dormitory logs dated November 28, 2002.

B. EXHIBIT - not attached

1. Tape-recorded interview of Inmate Ramon Borroto.
2. Tape-recorded interview of Sergeant Channing McKenzie.
3. Tape-recorded interview of Officer Harold Pate.
4. Tape-recorded interview of Nurse Donna Kent.
5. Tape-recorded interview of Officer Cleo Anderson.
6. Tape-recorded interview of Officer Mervis Speights.
7. Tape-recorded interview of Officer Travis Butts.
8. Video tape-recording of G dormitory on November 28, 2002.

DEPARTMENT OF CORRECTIONS
OFFICE OF THE INSPECTOR GENERAL

Investigation # 02-13942

AFFIDAVIT

affiant shall be asked to raise his or her right hand. The correctional officer shall then be asked:
"YOU SOLEMNLY SWEAR OR AFFIRM THAT YOUR STATEMENT SHALL BE THE TRUTH, THE WHOLE TRUTH, AND NOTHING BUT THE TRUTH?"
On receiving an affirmation response, the officer may proceed to make statement.

BEFORE ME THIS DATE PERSONALLY APPEARED RAMON BORRUTO
(Affiant Name)

WHO, BEING DULY SWORN, DEPOSES AND SAYS:

Complete description of incident(s):
I WAS PULLED OUT OF MY CELL AT APPROX. 8:45 AM ON 11/28/02. I WAS
PULLED INTO THE "ROOM WITH NO CAMERAS" AS THE OFFICERS LIKE TO CALL IT. IN THIS ROOM
WERE 4 OFFICERS, OFF. MACDONALD, OFF. PATE, SGT. MCKENZIE, AND ANOTHER OFF. WHICH
DON'T KNOW THEIR NAMES ALSO THE NURSE WAS PRESENT. OFFICER MACDONALD BEGAN
PUNCH ME IN MY STOMACH. HE DID THIS ~~SOME~~ ^(B) MANY TIMES. THEN PUNCH ME IN
MY EAR AND HEAD. HE PUT MY ~~TO~~ ^(B) HEAD BETWEEN HIS LEGS PICKED ME UP AND SLAMMED
ME ON MY HEAD. I HAVE SEVERAL WITNESSES TO THIS WHICH CAN VERIFY THAT
I ~~WAS~~ ^(B) CAME BACK WITH A BLACK AND BLUE EAR AND IN MUCH PAIN. ~~THE~~ ^(B) DURING THE
WHOLE INCIDENT I WAS IN HANDCUFFS. I WRITE THIS AFFIDAVIT WITH COMPLETE
NESTY AND TRUTH. ^(B)

name of affiant: RAMON ARMAS BORRUTO

Inmate RAMON BORRUTO X27467
City: WASHINGTON C.I.
#: X27467 Race: W Sex: M Date of Birth: 11/22/81

[Signature] 11/29/02
Signature of Affiant Date

Witnessed and subscribed before me this 29 day of 11/29 November, 2002.
[Signature] C.O. I
Signature of Officer

Ex: A-1

DEPARTMENT OF CORRECTION

INCIDENT REPORT

REPORTING INSTITUTION:

Washington CI

REPORT NUMBER:

02011-192

REPORTING OFFICER:

Capt Jim Scott

DATE OF INCIDENT:

11-29-02

PERSON(S) INVOLVED:

Boroto, Ramon X27467
Sgt Harry McDonald, Sgt C McKenzie
ofc Harold Pate, Nurse Kent

TIME OF INCIDENT:

12:10AM

WITNESS(ES):

DETAILS OF INCIDENT:

On 11-29-02, at approximately 12:10AM while assigned as First Shift Supervisor I was advised by Sgt Boleman E-Dorm Supervisor that Fm Boroto, Ramon X27467 had declared a medical emergency and during this emergency he alleges that at approximately 8:45AM on 11-28-02 he was pulled into the room with no cameras. In this room were four officers, ofc McDonald, ofc Pate, Sgt McKenzie and another ofc he didn't know. Nurse Kent was also present. Ofc McDonald began to punch him in the stomach, head and ~~head~~ ear. They put my head between his legs picked me up and

Capt Jim Scott 11-29-02
REPORTING EMPLOYEE DATE

SHIFT O.I.C.

COMMENT:

Fm was checked by medical, Fm completed an Affidavit and was placed back into his cell G4-1012. Fm wasn't in fear of his life. Affidavit attached. EAC Duty ofc Hall notified. Duty Warden Col Liffit notified. E-form completed. Nurse Kent was conducting sick call in E-Dorm at this time and seen Fm for allergies.

Capt J. Scott 11-29-02

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

PLEASE PRINT

EMERGENCY ROOM RECORD

AUTHORIZATION FOR HEALTH CARE SERVICES

The undersigned, a patient in this health care facility, has had explained to me and understand the nature of my condition. I hereby authorize the medical staff to administer such treatment as is necessary, and to perform evaluation and treatment and such additional health care services as are considered necessary on the basis of findings during the course of said health care service. Any tissue or parts surgically removed may be disposed of by the facility in accordance with accustomed practice. I hereby certify that I have read and fully understand the above authorization for health care services, the reasons why the above-named health care service is considered necessary, its advantages and possible complications, if any, as well as possible alternative modes of treatment, which were explained to me by J. Conger SRN I also certify that no guarantee of assurance has been made as to the results that may be obtained.

Signature of Patient X [Signature] Date 11-29-02 Time 0026

Witness Signature/Stamp J. Conger J. CONGER, SRN Date 11-29-02 Time 0026
Brief History: Washington Ct

I/m alleges assault by staff @ approx. 0845 on 11-28-02.
See DC4-708. States he was hit on back of head, ears,
& abdomen.

If accident, state where, when and how injured; if illness, describe:

VS: T / °F P 96 /Min. R 20 /Min. BP 140, 92 Wt. / lbs.

Condition on Admission (Circle): Good Fair Poor Shock Bleeding Comatose
Findings/Treatment: Rear of head + abd. ± edema or marks. ⊙ ear lobe ± bruising, edema +
approx. 1cm red line.

Labs Ordered: Ø
Therapy Ordered: Ø
Lab Reports: Ø

Inmate Response to Treatment: WNL

Diagnosis: alleged assault

Condition on Discharge: good.

Discharge Instructions and Education: F/U sick call PRN

Disposition (Circle): Population Confinement Infirmery Hospital Rescue Other (explain):
CM

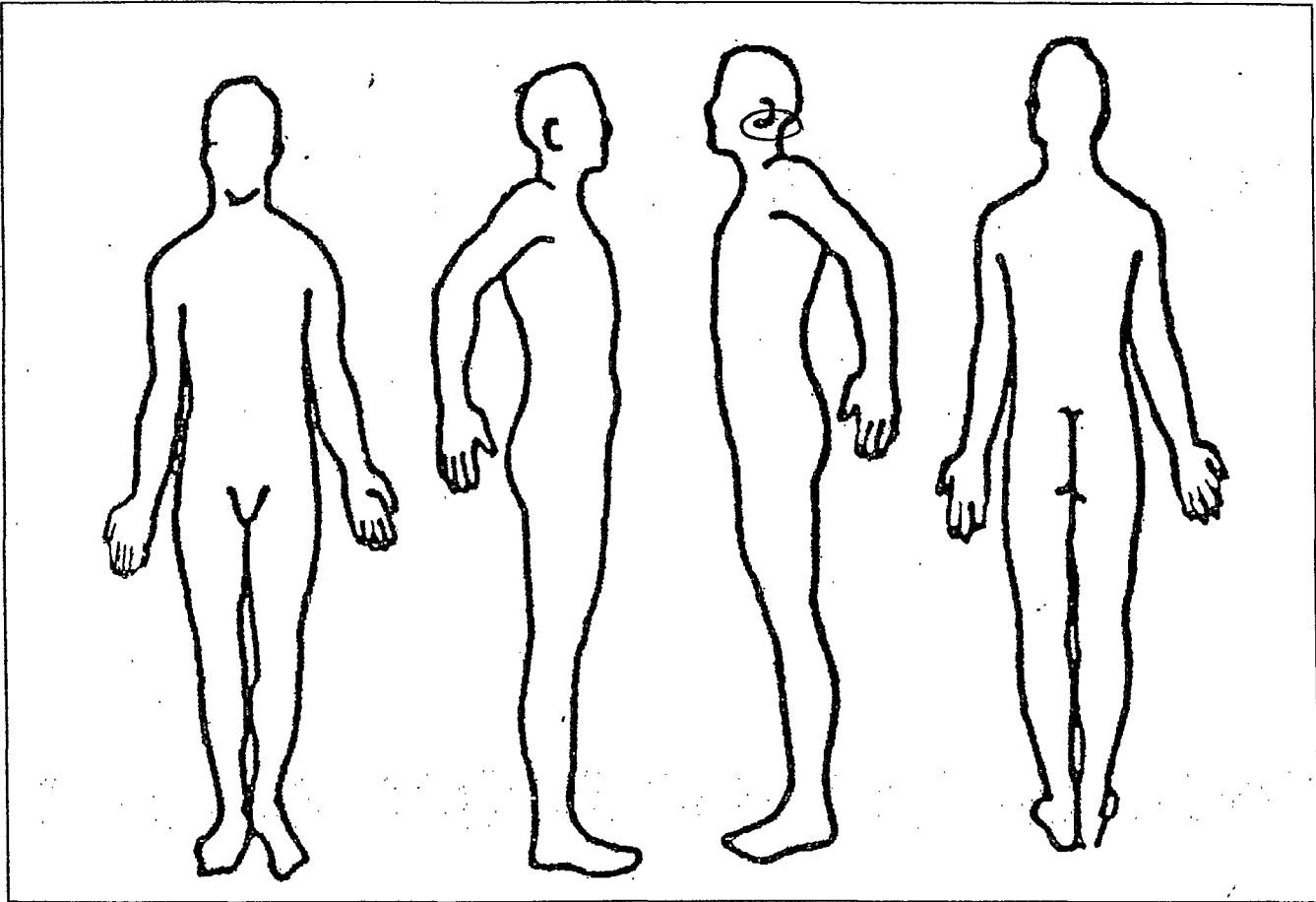
Health Care Provider's Signature and Stamp: J. Conger J. CONGER, SRN Date/Time: 11-29-02 0026
Washington Ct

Reviewing Physician's Signature and Stamp: J. Spann MD J. SPANN, MD Date/Time: _____
CHIEF HEALTH OFFICER

II _____ Distribution:
C Borroto, Ramon Armas _____ White - Health Record
C DC# X27467 _____ Canary - Emergency Room Record
Ir W/M DOB: 11/22/81 _____ Pink - Local Requirements
Et Allergies: POLLEN, NKDA _____
D _____

Ex: A-3 ^①

DC# DA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES
DIAGRAM OF INJURY



Date of occurrence 11-28-02 Time of occurrence approx 0845

No injury identified

Description of injury (L) ↓ ear lobe c̄ purple bruising, minimal edema, & approx. 1cm red line. outer edges reddened. also c̄ small area of bruising behind (L) ear on scalp near hairline. I/M c/o of being hit on back of the head & stomach. Abd. 5 marks or edema. & edema on rear of head.

J. Conger
Staff Signature

J. CONGER, SRM
Washington CI

Boroto, Ramon Armas
DC# X27467
W/M DOB: 11/22/81
Allergies: POLLEN, NKDA

This form is not to be amended, revised, or altered without approval of the Deputy Director of Health Services Administration

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INSPECTION OF SPECIAL HOUSING RECORD

Institution Washington

Housing Area G1

DATE	TIME	INITIALS	REMARKS	DATE	TIME	INITIALS	REMARKS
			HALF on in Down FOR ROWERS.	11-28	3:11pm	B. McKeon	Outside Building check complete.
11-28	8:30	JK	med rounds	11-28	3:15pm	B. McKeon	Food carts in
11-28-02	8:31	BUTS	SEC check	11-28	3:20pm	B. McKeon	Off. Stebbins + 2 I/M's
11-28-02	8:59	BUTS	SEC check				feeding in G1+G2
11-28-02	9:17	BUTS	SEC check				Off. Oney + 2 I/M's
11-28-02	9:33	BUTS	SEC check				feeding in G3+G4
11-28-02	9:35	BUT	OFF OWENS IN TO PASS OUT LAUNDRY ORDERS				Formal Count = G1=54 G2=28, G3=24, G4=43 T/C=149
11-28-02	10:00 Am	BUTS	SEC check	11-28	3:30pm	B. McKeon	security check
11-28-02	10:15 A	C. M. King	Food carts in	11-28	3:35pm	B. McKeon	Clear count
11-28-02	10:35 A	BUTS	Formal Count T=149	11-28	4:00 P	WJ	Sec ck ok
			1/54 1/28 3/24 4/43	11-28	4:04	WJ	MONITORING - mtd.
			door lock check	11-28	4:30 P	B. McKeon	security check
11-28-02	10:50	BUTS	Clear count				Food carts out.
11-28-02	11:00	BUTS	SEC check	11-28	4:41pm	B. McKeon	Three exits down
11-28-02	11:05	BUTS	SEC check	11-28	4:55 P	B. McKeon	Formal count
11-28-02	11:30 A	BUTS	Begin Programs, UP STAIRS				G1=54 G2=28 G3=24 G4=43 T/C=149
11-28-02	11:52 A	BUTS	SEC check				
11-28-02	12:16 P	BUTS	Formal Count T=149	11-28	5:15 P	B. McKeon	Clear count
			1/54 1/28 3/24 4/43	11-28	5:15 P	B. McKeon	security check
11-28	12:24 P	BUTS	Clear count	11-28	5:32 P	B. McKeon	security check
11-28-02	12:57	BUTS	SEC check	11-28	6:00 P	B. McKeon	security check
11-28-02	1:29	BUTS	SEC check				start program G1
11-28-02	2:00 Pm	BUTS	SEC check	11-28	6:30 P	B. McKeon	security check
11-28-02	2:39 Pm	BUTS	SEC check	11-28	6:51 P	B. McKeon	Capt. Riggins in
11-28-02	3:00 P	WJ	2nd shift off duty				dic check
11-28-02	3:00 P	WJ	3rd shift on duty	11-28	7:00 P	B. McKeon	security check
			all keys and equipment	11-28	7:15 P	B. McKeon	FBA# 144 tested
			and OTC MEDS fed	11-28	7:30 P	B. McKeon	security check
			from 2nd shift	11-28	8:00 P	B. McKeon	security check
			Sgt. McKeon OTC Laminar				Sgt. English in
			off lunch OTC SHIRT				for DR's
			off Oney OTC STEBBINS	11-28	8:30 P	B. McKeon	security check
			SHIFT OTC Capt Riggins				showers in G3
11-28	3:05pm	B. McKeon	All doors, locks and windows physically checked and secure.	11/28	8:50 P	WJ	2 G4 complete
							IN HOUSE MEDS I/M
							TOOKER DENISE 621166
			G1=54, G2=28, G3=24				FROM G2411 TO G4 2052
			G4=43, T/C=149	11/28	8:52 P	WJ	Count Recall

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INSPECTION OF SPECIAL HOUSING RECORD

Institution Washington C.I.

Housing Area G Dorm

DATE	TIME	INITIALS	REMARKS	DATE	TIME	INITIALS	REMARKS
11-28	3:15a	aaB	ofc. Smith + 4 cellmates exit G1 enter G4 to clean	11-28	5:39am	aaB	exit G4 enter G3 for trays
11-28	3:23a	aaB	ofc. Smith ofc. Johnson + 2 cellmates exit G4 enter G3 to clean	11-28	5:42a	aaB	ofc. Johnson + 2 cellmates exit G1 enter G2 for trays
11-28	3:28a	aaB	ofc. Johnson conducting Security check G3	11-28	5:47am	aaB	ofc. Smith + 2 cellmates exit G3 enter G4 for trays
11-28	3:29a	aaB	ofc. Smith + 4 cellmates exit G3 enter G2 to clean	11-28	5:52a	aaB	ofc. Johnson + 2 cellmates exit G2 enter G4
11-28	3:30a	aaB	ofc. Johnson exits G3 entering G4 for Security check	11-28	6:02a	aaB	1st final count exits done
11-28	3:32a	aaB	ofc. Johnson exits G1 enter G1 for Security check	11-28	6:18a	aaB	Count 7 time control notified G1-54 G2-28 G3-24 G4-43
11-28	3:34a	aaB	ofc. Johnson exits G1 enter G2 for Security check	11-28	6:20a	aaB	76149 ofc. Smith ofc. Johnson count
11-28	3:46a	aaB	ofc. Smith, Johnson + 4 cellmates exit G2 enter G1 to clean	11-28	6:33am	aaB	Food cart exits alone
11-28	3:51a	aaB	Nurse comes into room				Clean count ofc. Smith enter G2 for Security check
11-28	3:53a	aaB	ofc. Johnson Nurse comes into G1 to pass med's	11-28	6:35a	aaB	ofc. Johnson enters G4 for Security check
11-28	3:57a	aaB	ofc. Smith Nurse comes into G1 enter G2 for med's + S/C				ofc. Smith exits G2 enter G1 for Sec. ch. ofc. Johnson enters G4 exiting G3 for Security check
11-28	4:00a	aaB	ofc. Smith Nurse comes into G2 enter G3 for med's + S/C				Security check Security Bars windows locked checked
11-28	4:02a	aaB	ofc. Smith, nurse comes into G4 for Med's Sec. ch.	11-28	7:00	aaB	1st Shift off duty
11-28	4:15a	aaB	Count time Control notified G1-54 G2-28 G3-24 G4-43 76149 ofc. Smith ofc. Johnson count	11-28	7:10	C. Miller	2nd Shift on duty OK
11-28	4:27a	aaB	clean count				Capt. Hufford Sgt. C. Miller ofc. Fure, ofc. Anderson, ofc. Spriggs + ofc. McDonald.
11-28	4:30a	aaB	lights on in Dorm				Received all keys + equipment. 1st aid kit sealed.
11-28	5:04a	aaB	Food carts arrived				OK Meds accounted for. OK's conducted cell door + lock checks. see above.
11-28	5:07a	aaB	ofc. Smith + 2 cellmates G3 to feed ofc. Johnson + 2 cellmates enter G1 to feed				G1-54 G2-28 G3-24 G4-43 7-149
11-28	5:16a	aaB	ofc. Smith + 2 cellmates G3 enter G4 to feed				
11-28	5:24a	aaB	ofc. Johnson + 2 cellmates exit G1 enter G2 to feed	11-28	7:17a	C. Miller	Sec. Check
11-28	5:35a	aaB	ofc. Johnson + 2 cellmates exit G2 enter G1 for trays	11-28	7:50a	Butts	Sec. check
11-28	5:39a	aaB	ofc. Smith + 2 cellmates	11-28	8:01	Butts	Sec. check
				11-28	8:02	Butts	Cell TIEFT 2 CNT

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INSPECTION OF SPECIAL HOUSING RECORD

Institution Washington C.I. Housing Area G Dorm

DATE	TIME	INITIALS	REMARKS	DATE	TIME	INITIALS	REMARKS
11-27-02	11:12	aab	1 st shift on duty all. Goff. Co. #102, Sgt. Roseman, of. Johnson, of. Smith received 3 rd shift of all duties + equip. maint. Fire alarm system OK, fire extinguishing OK. Just and Box Sealed. Security check OIC 7/C 149, Security bars, windows, & locks checked by of. Johnson, of. Smith O.T.C. Meds OK.	11-28-02	12:59A	aab	of. Smith exits G1 for Security check
				11-28-02	1:01A	aab	of. Smith exits G1 exits G2 for Security check
				11-28-02	1:03A	aab	of. Smith exits G2 exits G3 for Security check
				11-28-02	1:05A	aab	of. Smith exits G3 exits G4 for Security check
				11-28	1:23A	aab	of. Johnson exits G1 for Security check
11-28-02	11:10A	aab	Count time control 11/28/02 61-5462-2863-2464-23 7/C 149 of. Johnson of. Smith cross count.	11-28	1:25A	aab	of. Johnson exits G1 exits G2 for Security check
				11-28	1:27A	aab	of. Johnson exits G2 exits G3 for Security check
11-27	11:40A	aab	of. Smith conducts gate single building check	11-28	1:29A	aab	of. Johnson exits G3 exits G4 for Security check
11-27	11:20A	aab	Clear count	11-28	2:00A	aab	Count time control not used
11-27	11:27A	aab	of. Johnson exits G1 for Security check				61-5462-2863-2464-23 7/C 149 of. Smith of. Johnson count OK
11-27	11:29A	aab	of. Johnson exits G1 exits G2 for Security check	11-28	2:02A	aab	of. Johnson exits G1 for Security check
11-27	11:31A	aab	of. Johnson exits G2 exits G3 for Security check	11-28	2:04A	aab	of. Johnson exits G2 exits G3 for Security check
11-27	11:33A	aab	of. Johnson exits G3 exits G4 for Security check	11-28	2:06A	aab	of. Johnson exits G3 exits G4 for Security check
11-27	11:59A	aab	of. Smith exits G1 for Security check	11-28	2:30A	aab	of. Johnson exits G4 exits G1 for Security check
11-28	12:01A	aab	of. Smith exits G1 exits G2 for Security check	11-28	2:32A	aab	of. Johnson exits G3 exits G4 for Security check
11-28	12:03A	aab	of. Smith exits G2 exits G3 for Security check	11-28	2:45A	aab	Infirmary count 149
11-28	12:05A	aab	of. Smith exits G3 exits G4 for Security check	11-28	2:55A	aab	Off. Goff, OIC 7/C O.T.C. OTCM Check
11-28	12:05A	aab	of. Smith exits G3 exits G4 for Security check	11-28	3:00A	aab	Clear count
11-28	12:32A	aab	of. Johnson exits G1 for Security check	11-28	3:02A	aab	of. Smith exits G4 for Security check
11-28	12:34A	aab	of. Johnson exits G1 exits G2 for Security check	11-28	3:04A	aab	of. Smith exits G4 exits G3 for Security check
11-28	12:36A	aab	of. Johnson exits G2 exits G3 for Security check	11-28	3:06A	aab	of. Smith exits G3 exits G2 for Security check
11-28	12:38A	aab	of. Johnson exits G3 exits G4 for Security check	11-28	3:08A	aab	of. Smith exits G2 exits G1 for Security check
							+ get another out to clear

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STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INSPECTION OF SPECIAL HOUSING RECORD

Institution: Washington C.I. Housing Area: G Doen

DATE	TIME	INITIALS	REMARKS	DATE	TIME	INITIALS	REMARKS
11-27-02	11:12	aab	1st shift on duty, aab Conf. Coakler, Sgt. Rozenow, ofc. Johnson, ofc. Smith reviewed 3rd shift of all duties regarding maint. fire alarm system OK, fire extinguisher OK. Just and for Sealed Swait	11-28-02	12:59A	aab	ofc. Smith exits G1 for Security check
			Check OK 7/c 149, Security bars, windows, & lockshop ad by ofc. Johnson, ofc. Smith	11-28-02	1:01A	aab	ofc. Smith exits G1 gates
			OK. Meds OK.	11-28-02	1:03A	aab	G2 for Security check
				11-28-02	1:05A	aab	ofc. Smith exits G2 gates
							G3 for Security check
							ofc. Smith exits G3 gates
							G4 for Security check
							Clear count
				11-28	1:23A	aab	ofc. Johnson exits G1 for Security check
11-28-02	11:10A	aab	Count time control NAB/GH G1-54 G2-28 G3-24 G4-43	11-28	1:25A	aab	ofc. Johnson exits G1 gates
			7/c 149 ofc. Johnson ofc. Smith cross count.	11-28	1:27A	aab	G2 for Security check
							ofc. Johnson exits G2 gates
							G3 for Security check
11-27	11:14A	aab	ofc. Smith combustogat single building check	11-28	1:29A	aab	ofc. Johnson exits G3 gates
							G4 for Security check
11-27	11:20A	aab	Clear count	11-28	2:1A	aab	Count time Control not full
11-27	11:27A	aab	ofc. Johnson exits G1 for Security check				G1-54 G2-28 G3-24 G4-43
							7/c 149 ofc. Smith ofc. Johnson count OK
11-27	11:29A	aab	ofc. Johnson exits G1 gates				
			G2 for Security check	11-28	2:26A	aab	ofc. Johnson exits G1 for Security check
11-27	11:31A	aab	ofc. Johnson exits G2 gates				
			G3 for Security check	11-28	2:28A	aab	ofc. Johnson exits G1 gates
11-27	11:33A	aab	ofc. Johnson exits G3 gates				G2 for Security check
			G4 for Security check	11-28	2:30A	aab	ofc. Johnson exits G2 gates
11-27	11:58A	aab	ofc. Smith exits G1 for Security check	11-28	2:32A	aab	ofc. Johnson exits G3 gates
							G4 for Security check
11-28	12:01A	aab	ofc. Smith exits G1 gates	11-28	2:45A	aab	Infernal count 149
			G2 for Security check	11-28	2:55A	as	ofc. Smith, ofc. O.S.C. 2 sign check
11-28	12:03A	aab	ofc. Smith exits G2 gates				
			G3 for Security check	11-28	3:1A	aab	Clear count
11-28	12:05A	aab	ofc. Smith exits G3 gates	11-28	3:02A	aab	ofc. Smith exits G4 for Security check
			for Security check Clear count				
11-28	12:22A	aab	ofc. Johnson exits G1 for Security check	11-28	3:04A	aab	ofc. Smith exits G4 gates
							G3 for Security check
11-28	12:31A	aab	ofc. Johnson exits G2 gates	11-28	3:06A	aab	ofc. Smith exits G3 gates
			G2 for Security check				G2 for Security check
11-28	12:36A	aab	ofc. Johnson exits G3 gates	11-28	3:08A	aab	ofc. Smith exits G1 gates
			G3 for Security check				G1 for Security check
11-28	12:38A	aab	ofc. Johnson exits G4 gates				+ get another out before
			G4 for Security check				

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FLORIDA DEPARTMENT OF CORRECTIONS
CORRECTIVE ACTION/DISPOSITION REPORT

(This form must be typed. Complete a form for each subject.)

This Section To Be Completed By The Office Of The Inspector General

Case #: 02-13942 Facility: Washington Correctional Institution

IG Field Office: Tallahassee Institutional Region: I

Name: McDonald, Larry #/Position: Correctional Officer

Incident Narrative/Allegations: Physical Abuse

ACTION TAKEN

This Section To Be Completed By Appropriate Disciplining Official

EMPLOYEE: (Name and Title) McDonald, Larry, Correctional Officer

Allegations are: Substantiated Unsubstantiated Exonerated

Action Taken: Counseling Reprimand Suspension
 Dismissal Resignation Other None

Comments: The evidence obtained during the course of this investigation is not sufficient to support the allegation of physical abuse by Officer McDonald.

Approving Authority Signature/Title: H. D. Alford, Warden Date 03/26/03

Date Subject Notified: March 26, 2003

INMATE/OFFENDER: (Name and DC#)

Action Taken/Comments:

This Section For Whistle Blowers Act Cases: 112.3189 Florida Statutes

James V. Crosby, Jr.
Secretary

