

UPSTATE CAROLINA
MEDICAL CENTER

1530 North Limestone Street • Gaffney, South Carolina 29340
Phone 864.487.4271

**ADMISSION
RECORD**

ACCOUNT NO. 9266788 MEDICAL RECORDS NO. 0000110084

P I E N T	ADMIT DATE / TIME 05/29/2009 02:00	ROOM NO. 0000	PT E	FC M	AGE 54	DATE OF BIRTH 11/10/1954	SEX F	RA 1	MS D	LOCATION ERD	PROGRAM	
	PATIENT NAME & ADDRESS SPENCER, KAY L VICTORIA LN GAFFNEY SC 29340		SS NUMBER	PATIENT EMPLOYER DISABLED			EMPLOYER PHONE NO.		COUNTY 11 CHEROKEE S			
G U A R	RESPONSIBLE PARTY & ADDRESS SPENCER, KAY LITTLE VICTORIA LN GAFFNEY SC 29340		SS NUMBER	RESPONSIBLE PARTY EMPLOYER DISABLED			EMPLOYER PHONE		RELATIONSHIP TO PATIENT GUARANTOR RE			
	EMERGENCY CONTACT NAME not in household CAGGINO, KIM		EMERGENCY CONTACT PHONE (864) 303-3841		EMERGENCY CONTACT RELATIONSHIP TO PATIENT FRIEND							
COMMENTS						MSP <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	MED. KEY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PRIVACY	NPP Y	ADMIT. BY LAL		
PRIVACY						ACCIDENT		ACCIDENT DATE				
I N S U R A N C E	1	PAYER 556	PLAN	POLICY NUMBER 249065179A	DATE OF BIRTH 11/10/1954		INSURED'S NAME LITTLE SPENCER, PAMELA					
	INSURANCE CO. NAME & ADDRESS MEDICARE PART B--OUT PT. PO BOX 1602 OMAHA NE 68101 (402) 351-5793			GROUP NUMBER PART A B	GROUP NAME 07012004		AUTHORIZATION					
A N N U A L	2	PAYER 550	PLAN SC1	POLICY NUMBER 1113193001	DATE OF BIRTH 11/10/1954		INSURED'S NAME SPENCER, PAMELA K					
	INSURANCE CO. NAME & ADDRESS MEDICAID OB 1458 COLUMBIA SC 29202			GROUP NUMBER	GROUP NAME		AUTHORIZATION					
M I S C	3	PAYER	PLAN	POLICY NUMBER	DATE OF BIRTH / /		INSURED'S NAME					
	INSURANCE CO. NAME & ADDRESS			GROUP NUMBER	GROUP NAME		AUTHORIZATION					
C O M P L A I N T	DR. ATTENDING / ADMITTING KARNS, DAN			DR. FAMILY / PRIMARY CARE EZMAN, ALFRED T.								
	CHIEF COMPLAINT SEXUAL ASSAULT--ALLEGED			ADMITTING DIAGNOSIS								
PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care).									DISCHARGE DATE/TIME			

COMPLICATIONS

COMORBIDITY(IES)

PROCEDURE

HMA7120



MEDICAL RECORDS COPY

9266788



INITIAL ASSESSMENT FORM

Upstate Carolina Medical Center

PRIORITY: **2**

Patient: **SPENCER, KAY L**

Pt#: **0266788**

Emergent

DOB: **11/10/1954**

AGE: **54YRS** Sex: **F**

MR#: **0000110084**

E: **05/29/2009**

EDP: **KARNS, DAN**

PCP: **EZMAN, ALFRED T**

Worker's Comp:
Emp. Referred:

Presentation Time: **02:00**

Triage Time: **02:00**

Arrival Mode: **STR-EMS**

Height: " Weight: **170.0 lbs. 77.3 kgs.** LMP: **MENOPAUSE**

Last Tetanus: **unknown**

Acc:By:

Chief Complaint: **SEXUAL ASSAULT--ALLEGED**

Brief Assessment: **PT TO ER VIA EMS-PT STS SHE WAS ATTACKED BY HER NEPHEW. STS HE TRIED TO CHOKE HER WITH A COMPUTER CORD. REDNESS NOTED TO NECK. STS HE TRIED TO TWIST HER HEAD OFF/SMOTHER HER IN COUCH. STS STABBED TO LT UPPER BREAST. NOTED SAME: NO ACTIVE BLEEDING.**

Vital Signs

T: **97.0** PO

P: **98** regular

R: **20** unlabored

BP: **090/060**

O2: **96%** 2L

Pain Intensity Scale: **8** / 10

Pain Location: **Chest**

NIGHT SWEATS **NO** HEMOPTYSIS **NO**

WEIGHT LOSS **NO** FEVER **NO**

ANOREXIA **NO**

PNEUMONIA VACCINE WITHIN **NO**

FLU VACCINE THIS SEASON **NO**

HOME ANTIBIOTICS **NO**

MRSA **NO**

SUICIDE LETHALITY **NO**

PREGNANT **NO**

SHOWERED OR BATHED **NO**

KNOWN ASSAILANT **YES**

LAW ENFORCEMENT NOTIFIED **YES**

Sudden Onset:

Pre-Hospital Treatment: **20 G INT LT AC--NORMAL SALINE--TRANSPORT**

Pediatric Assessment: **N/A**

Past Medical History: **DEPRESSION**

Allergies: **STS NONE**

Medicines: **EFFEXOR,**

Plaus

*CBC
CMP
U/S
UA
ETOH*

Nurse Signature: _____

Blow RW

BBR

Additional Notes:

DIAGNOSTIC TEST RESULTS: DK 05/29/2009 04:43

LABORATORY:

Orders/Procedures

DK WBC = 15.6 reviewed as Abnormal

The following labs have been reviewed and are normal: Chem-7. Radiology:

Computerized Tomography Scan: Chest -- possible hemothorax, possible pericardial effusion

ED COURSE AND TREATMENT: DK 05/29/2009 02:50

Procedures: Laceration Repair--Single layer closure:

Length = 2 cms. Area prepared and wound cleansed thoroughly with betadine. Anesthetized with 1% xylocaine without epinephrine. Wound irrigated with copious amounts of normal saline. Wound closed with prolene suture material. Suture size: 4-0. Sutures placed using simple interrupted technique. Number sutures used: 2. Antibiotic ointment applied over suture line.

CONSULTATION & CRITICAL THINKING: DK 05/29/2009 02:52

Time of consult: 02:15. Case discussed with Dr. BURDETT, MAUREEN G. Will see patient in Emergency Department.

Spoke with dr Lepage at 4:35 am- he will accept pt at SRMC.

CLINICAL IMPRESSION: DK 05/29/2009 02:51

- 1 Simple Laceration- Left Chest
- 2 Stab Wound Left Chest
- 3 Possible Hemothorax/Pericardial Effusion

DISPOSITION: DK 05/29/2009 02:51

Disposition: Patient will be transferred to: SRHS. Transfer forms completed.

Certified Med Emerg: Patient's condition was emergent. Disposition date/time: .

Discussed care with patient. Explained findings, diagnosis, and need for follow-up care.

Condition: Critical.

INSTRUCTIONS: DK 05/29/2009 02:51

Patient has received printed discharge instructions. Discharge plans discussed with patient who verbalizes understanding and willingness to comply.

Patient agrees to follow up with EZMAN, ALFRED T. Instructed to obtain follow up care in seven days.

Patient agrees to return to Emergency Department immediately if symptoms worsen or fail to improve.

PHYSICIAN ORDERS

(1) PTT [DK] sent at 5/29/2009 2:32 [by: BBR, Verbal order read back]

(1) PT [DK] sent at 5/29/2009 2:32 [by: BBR, Verbal order read back]

(1) CT Thorax(chest) w & w/o [DK] sent at 5/29/2009 3:04 [by: BBR, Verbal order read back]

Patient: SPENCER, KAY L DOB: 11/10/1954 Patient #: 9266788 MRN: 0000110084 Date In: 5/29/2009

Reassessment: 05/29/2009 03:13 BBR

Brief Reassessment: The patient was reassessed at 02:50. Patient is alert and oriented x 3. Respirations are regular and unlabored. Skin is warm and dry. PHOTOS TAKEN FOR POLICE OF PT LT BREAST. STITCHES PER DR. KARNS. PHOTO OF NECK/BRUISE TO LT THIGH/ MINUTE ABRASION TO LT HIP

04:28 DR. KARNS TALKING WITH DR. LAPAGE FROM SRMC. [BBR: 05/29/2009 04:28]

Reassessment: 05/29/2009 03:25 BBR

Radiology: Patient was transported to radiology at 05/29/2009 03:25, for CT Scan. Patient was transferred by stretcher.

● **Reassessment:** 05/29/2009 03:26 BBR

Brief Reassessment: The patient was reassessed at 03:10. Patient is alert and oriented x 3. Respirations are regular and unlabored. Skin is warm and dry. 18 FR FOLEY INSERTED AS ORDERED. IMMEDIATE RETURN OF YELLOW URINE. PT TOLERATED PROCEDURE WELL. NO TEARING OR BRUISING NOTED TO PERIAREOLA. ASSISTED PER K. COLE RN.

Reassessment: 05/29/2009 03:47 BBR

Brief Reassessment: The patient was reassessed at 02:45. Patient is alert and oriented x 3. Respirations are regular and unlabored. Skin is warm and dry. RETURNED FROM CT. NO DISTRESS NOTED.

Reassessment: 05/29/2009 05:05 BBR

Brief Reassessment: The patient was reassessed at 04:48. Patient is alert and oriented x 3. Respirations are regular and unlabored. Skin is warm and dry. REPORT TO NICOLE RN AT SRMC. PT REMAINS A & O X 3. SPEECH CLEAR. C/O PAIN UPON DEEP BREATHING. 02 2L IN PROGRESS VIA NC.

● **Reassessment:** 05/29/2009 05:30 BBR

Brief Reassessment: The patient was reassessed at 05:00. Patient is alert and oriented x 3. Respirations are regular and unlabored. Skin is warm and dry. PT RESTING QUIETLY. RESP EVEN/NONLABORED. NO C/O NAUSEA NOTED. PT DENIES PAIN EXCEPT WHEN TAKING DEEP BREATH. COLOR REMAINS PALE/ASHY. SAT 100% WITH O2 VIA NC. FATHER AWARE OF PT TRANSFER TO SRMC.

Patient: SPENCER, KAY L DOB: 11/10/1954 Patient #: 9266788 MRN: 0000110084 Date In: 5/29/2009

- (1) EKG [DK] sent at 5/29/2009 4:36 [by: KAC, Transcribed]
- (1) L CBC [DK] sent at 5/29/2009 2:18 [by: BBR, Verbal order read back]
- (1) L CMP [DK] sent at 5/29/2009 2:18 [by: BBR, Verbal order read back]
- (1) L ETOH [DK] sent at 5/29/2009 2:18 [by: BBR, Verbal order read back]
- (1) L URINALYSIS-cult if indic [DK] sent at 5/29/2009 2:18 [by: BBR, Verbal order read back]
- (1) X CHEST 1 VIEW (PORTABLE) [DK] sent at 5/29/2009 2:18 [by: BBR, Verbal order read back]
- (1) L URINE DRUG SCREEN [DK] sent at 5/29/2009 2:18 [by: BBR, Verbal order read back]
- (1) IV Zofran 2 mg [DK] ordered at 5/29/2009 3:02 [by: KAC, Verbal order read back]
- (1) **IV Insertion [DK] ordered at 5/29/2009 3:04 [by: BBR, Verbal order read back]
- (1) Catheters Foley to BSD [DK] ordered at 5/29/2009 3:05 [by: BBR, Verbal order read back]
- (1) IV Ancef 1 gram [DK] ordered at 5/29/2009 4:27 [by: BBR, Verbal order read back]

DAN KARNIS - MD All text in this document clearly marked by DK has been authored and legally signed by use of electronic device. 05/29/2009 04:49

Patient: SPENCER, KAY L DOB: 11/10/1954 Patient #: 9266788 MRN: 0000110084 Date In: 5/29/2009

Disposition 05/29/2009 05:31 BBR

Transfer: Patient left the department at 05/29/2009 05:15. Transferred disposition: Trans - SRHS. Transfer was initiated for: SPECIALIZED CARE-TRAUMA. KARNs, DAN arranged transfer. LEPAGE accepted the patient. Transferred to SRHS. Report given to NICOLE KEMP RN. Patient was transferred by Ground EMS. Vital signs taken at 05:15 were: T: 96.9 PO, P: 79, R: 20 and unlabored, BP: 096/055, O2 Sat: 99 on 2 L, O2 delivered by N.C., pain level is 5 on a 1-10 scale in the chest. Patient states improved. Belongings taken by the patient. PT NOTED TO HAVE 1 EARRING IN RT EAR. RING TO LT HAND. DENIES HAVING DENTURES. NO OTHER JEWELRY NOTED. NO VALUABLES WITH PT. SHIRT/BRA STAINED IN BLOOD SENT WITH PT. CONTINUED TO HAVE DRIED BLOOD TO LOWER EXTREMITIES/PERIAREA R/T ALLEGED SEXUAL ASSAULT. PT TRANSFER TO SRMC TO THE CARE OF DR. LEPAGE. A & O X 3. SPEECH CLEAR. RESP EVEN/NONLABORED. O2 IN PROGRESS. VOICES NO C/O. REPORT TO AMBU STAR STAFF. NO FURTHER QUESTIONS/CONCERNS VOICED.

BARBARA ROLEN RN All text in this document clearly marked by BBR has been authored and legally signed by use of electronic device. 05/29/2009 05:39

Upstate Carolina Medical Center,
Gaffney



VIRTUAL RADIOLOGIC™

Preliminary Radiology Report

866-941-5695

Name: SPENCER, KAY	Age: 54 Years F	Date: 5/29/2009
Requesting Physician: karns	MRN: 110084	DOB: 11/10/1954
Procedure CT CHEST.	Accession 092767863	Number of Images 62

Provided Clinical History: pt stabbed to lt upper breast area. C/o lt sided chest pain

Dictated and Authenticated by: Cobb, Mariel, M.D.
5/29/2009 3:05 AM Central Time

If a significant discrepancy is found between the preliminary and final interpretations of this study, please fax back this form with a copy of the official report or contact VRC office so that appropriate action may be taken.

VRC daytime administrative contact numbers:
Fax 952-935-2551 Telephone: 952-392-1100

QUALITY ASSURANCE

Interpretation: Agree Disagree

Altered Patient Care: Yes No

CONFIDENTIALITY STATEMENT

This transmission is confidential and is intended to be a privileged communication. It is intended only for the use of the addressee. Access to this message by anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken, or omitted to be taken in reliance on it is prohibited and may be unlawful. If you received this communication in error, please notify us by telephone, so that return of this document to us can be arranged.

CERTIFICATE/CONSENT FOR TRANSFER

Date/Time of Transfer 5/29/09 VS (within 15 mins. of Transport T 96°/100 P 79 R 20 B/P 96/55) Copy of medical records sent to receiving facility Sat 100% 99%

Section I: Patient Consent: Instructions: This section must be signed by the patient and/or responsible individual.

I understand that Kay Spencer diagnosis is stab wound Lt chest
name of patient specify

The risks involved in the transfer have been explained to me as well as the risks of foregoing transfer and I accept full responsibility for such a transfer.

I release the physician and Upstate Carolina Medical Center or its agents from liability as a result of this transfer.

Signature [Signature] Relationship [Signature] Date 5/29/09
Witness (licensed personnel) B. Rolan RW Date 5/29/09

Section II: Instructions: This form must be completed and certified by physician who authorizes transfer.

Check one of the following.

- A. The patient has been stabilized such that within reasonable medical probability, no material deterioration of the patient's condition is likely to result from transfer.
- B. Patient's condition has not been stabilized.
- C. Pregnant patient is having contractions.

Check one of the following.

- A. Patient requests transfer.
- B. A legally responsible person acting on the patient's behalf requests transfer. Name of person requesting transfer _____ Relationship _____
- C. Based on the information available at the time of the patient's examination, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient (and in case of labor, to the unborn child).

Each of the following must be satisfied prior to transfer.

- A. The Hospital has provided medical treatment within its capacity which minimizes the risks to the patient (and in the case of labor, to the unborn child).
- B. The receiving facility has available space and qualified personnel for the treatment of the patient and has agreed to accept transfer. Facility SRMC
- C. Person accepting transfer Dr. Lepage
- D. The patient will be transferred by qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures.
- E. The patient (or person acting on behalf) has been informed of the risks and benefits of transfer.
- F. Consent form has been signed by the patient (or person acting on his behalf).

If transfer is refused, check A or B below.

- A. Patient was offered transfer but refused.
 - B. Transfer was offered but refused by a legally responsible person acting on the patient's behalf.
- Name of person refusing transfer _____
Relationship _____

CERTIFICATION OF PHYSICIAN AUTHORIZING TRANSFER

I certify that based upon the information available at the time of the patient's transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient (and in case of labor, to the unborn child).

Summary of risks and benefits: Risk of MVC - Benefit of specialized care

Signature of Physician [Signature] Date _____ Witness Signature B. Rolan RW Date 5/29/09

RESULTS

No DNA profile foreign to Kay Spencer was developed from items 1.3 and 1.5.

The DNA profile developed from item 1.10.1 is a mixture of at least two individuals. The DNA profile developed from the major contributor to this mixture matches the DNA profile of Donald Jones. The probability of randomly selecting an unrelated individual having a DNA profile matching the major contributor to this mixture is approximately 1 in 170 quadrillion. Kay Spencer cannot be excluded as a possible minor contributor to this mixture.

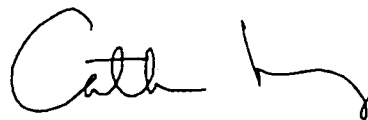
Mixtures of DNA from at least two individuals were obtained from items 1.10.2 and 1.12.2. Donald Jones and Kay Spencer cannot be excluded as possible contributors to these mixtures.

The DNA profile developed from item 1.12.4 is a mixture of at least two individuals. The DNA profile developed from the major contributor to this mixture is consistent with the DNA profile of Kay Spencer. Donald Jones cannot be excluded as a possible minor contributor to this mixture.

The DNA profile developed from items 3.1, 3.2, 4.1, 4.3, 7.1, 8.1, and 8.2 also matches the DNA profile of Donald Jones.

The partial DNA profile developed from item 4.2 is insufficient for reliable interpretation.

Note: Any remaining evidence and/or packaging will be returned to the requesting agency.



Catherine Leisy
Forensic Scientist

cc: Cherokee County Solicitor's Office



Table 1 - Identifier

Items	D8S1179	D21S11	D7S820	CSF1P0	D3S1358	TH01	D13S317	D16S539	D2S1338	D19S433	VWA	TPOX	D18S51	D5S818	FGA	Amelo- genin
1.1 Spencer	13	28,30	11,14	8,11	15,17	9,9,3	9,11	13,14	24,25	13,2,14	17,18	8	14,16	10,11	24,25	X
2 Jones	13	28,29	9,12	12	14,16	9	9,10	9,13	19	13,2,15	18	8,10	12,16	9,12	20,24	XY
1.3NS Vaginal swabs	13	28,30	11,14	8,11	15,17	9,9,3	9,11	13,14	24,25	13,2,14	17,18	8	14,16	10,11	24,25	X
1.3S Vaginal swabs	13	28,30	11,14	8,11	15,17	9,9,3	9,11	13,14	24,25	13,2,14	17,18	8	14,16	10,11	24,25	X
1.5NS Rectal swabs	13	28,30	11,14	8,11	15,17	9,9,3	9,11	13,14	24,25	13,2,14	17,18	8	14,16	10,11	24,25	X
1.5S Rectal swabs	13	28,30	11,14	8,11	15,17	9,9,3	9,11	13,14	24,25	13,2,14	17,18	8	14,16	10,11	24,25	X
1.10.1 Hair	13	28,29 (30)	9,(11) 12,(14)	(8),11 12	14,(15) 16,(17)	9,9,3	9,10 11	9,13 (14)	19,(24) (25)	13,2,14 15	17,18	8,10	12,(14) 16	9,(10) 11,12	20,24 (25)	XY
1.10.2 Hair	13	28,29 30	9,11 12,14	8,11 12	14,15 16,17	9,9,3	9,10 11	9,13 14	19,24 25	13,2,14 15	17,18	8,10	12,14 16	9,10 11,12	20,24 25	XY
1.12.2 Left thigh	13	28,29 30	9,11 12,14	8,11 12	14,15 16,17	9,9,3	9,10 11	9,13 14	19,24 25	13,2,14 15	17,18	8,10	12,14 16	9,10 11,12	20,24 25	XY
1.12.4 Right thigh	13	28,29 30	9,11 (12),14	8,11 12	14,15 (16),17	9,9,3	9,10 11	9,13 14	19,24 25	13,2,14 15	17,18	8,10	12,14 16	(9),10 11,12	(20),24 25	XY
3.1 Bath tub	13	28,29	9,12	12	14,16	9	9,10	9,13	19	13,2,15	18	8,10	12,16	9,12	20,24	XY
3.2 Bath tub	13	28,29	9,12	12	14,16	9	9,10	9,13	19	13,2,15	18	8,10	12,16	9,12	20,24	XY



SEXUAL ASSAULT EXAMINATION PROTOCOL
SOUTH CAROLINA LAW ENFORCEMENT DIVISION

Kayl Spencer

5

INFORMATION AND EXAMINATION FORM

Page 1-

NAME OF HOSPITAL: SRMC DATE: 5/29/09 TIME ADMITTED: 05:48
NAME OF VICTIM: Kayl Spencer SEX: Female RACE: White
DATE OF BIRTH: 11-10-84 MARITAL STATUS: Separated
PARENT/GUARDIAN: (if applicable): _____
LAW ENFORCEMENT OFFICER: Det Ron Ramsey BADGE NO: _____
LAW ENFORCEMENT AGENCY: Gaffney City

BRIEF SUMMARY OF ASSAULT (Brief account of assault. If possible, include descriptions of incident location)
Victim states assailant stabbed her in left chest area and ^{4 inch} knife handle broke off, victim stayed. She cut assailant's wrist and leg; she stated assailant penetrated her vagina and anus several times; he left to go to his green

SINCE ALLEGED ASSAULT, HAS VICTIM: Toyota truck, she was able to shut and lock door, and get her gun. Assailant
 Douched Defecated Urinated Bathed/Showered Vomited
 Eaten Brushed Teeth Changed Clothes Used Mouthwash Drank

DURING ALLEGED ASSAULT: took victim's cell phone and she had to go to neighbor's house to dial 911.
Did penis penetrate? Attempted Vagina Anus Mouth No Not known
Did foreign object penetrate? Yes No Not known
Did assailant experience ejaculation? Yes No Not known
Did assailant use a condom? Yes No Not known
Was there hand/digital penetration? Yes No Not known

Was there oral copulation? Of victim by assailant Yes No Of assailant by victim Yes No
Was there masturbation? Of victim Yes No Of assailant Yes No
Did assailant bite, lick, or kiss the victim? Yes No Not known

If yes, specify (i.e. breast, genitals, anus): _____
Did assailant fondle? Breasts Genitals Anus No
Was lubricant used? Yes No If yes, identify: _____

Did assailant state: _____
He had any sexually transmitted diseases? Yes No If yes, identify: _____
Had a vasectomy? Yes No Was sterile, or couldn't have children? Yes No

Did anyone besides assailant see the assault? Yes No If yes, identify: _____
HOSPITAL-(White Copy) SLED-(Yellow Copy) LAW ENFORCEMENT-(Pink Copy) SOVA VICTIM COMP-(Green Copy)

MKN# 414495

Kay L Spencer DOB 11/10/54 Page 2-

VICTIM'S NAME

WERE ANY MEDICATIONS, SOCIAL DRUGS, OR ALCOHOL TAKEN BEFORE OR AFTER THE ASSAULT?

6
5

By victim: Yes No Not Known

By assailant: Yes No Not Known

Type: _____ Amount: _____

Type: _____ Amount: _____

Date: _____ Time: _____

Date: _____ Time: _____

WAS ANY COERCION USED?

- Gun
- Knife
- Choke
- Fist
- Verbal Threat
- Binding
- Bribe
- Drugs/Alcohol
- Parental/Adult Authority
- Other: _____

ASSAILANT(S): Number: 1 Age(s): 42 Race: White

Brief description or identifying characteristics: Scott Jones

ASSAILANT(S) RELATIONSHIP TO VICTIM:

- Stranger
- Acquaintance
- Friend
- Relative (Specify): Nephew

Address of assailant, if known: _____

If assailant is a Relative, does he/she live with victim? Yes No

MEDICAL HISTORY:

Date of last menses: 14 yrs ago Normal Yes No

Victim known to be pregnant? Yes No Duration of pregnancy: _____

Gravida: _____ Parity: _____

Has victim had any past pelvic surgical procedures? Yes No If so, when? _____

Reason: _____

Has victim had sexual intercourse within the last seven days? Yes No

If so, when? _____ Was a condom used? _____

Other type of contraception used? Yes No If yes, describe: _____

PHYSICAL EXAM:

- Emotional Assessment (check if applicable): Quiet Nervous Hostile Crying Upset
- Cooperative Uncooperative Other: _____

If victim is a child, were there any unusual responses for his/her age? (i.e. openly accepts genital exam, or exhibits extreme fearfulness): _____

Skin Examination to look for semen (with Wood's light):

- Positive (show location on anatomical drawings on page 4)
- Negative

PELVIC EXAMINATION:

Vulva: bloody drainage

PERFORMED BY HOSPITAL:

Introitus: see page 4

Wet Mount for Spermatozoa: _____ Motile

Hymen: bloody, red

Non-motile

Vagina: bloody drainage

None seen

Anus: rectal bloody drainage GC Chlamydia

Did the hospital perform: Pregnancy Test HIV Pap Smear GC Cultures Chocolate Cx

Urinalysis Other: Wet Prep

TREATMENT RECORD:

General or pelvic surgical procedures required? Yes No If yes, describe in detail: _____

Tetanus toxoid administered? Yes No *WMC ER*

Prophylactic antibiotic administered? Yes No

If yes, specify drug and dosage: *Azithromycin 1Gm PO Roxerylin*

Pregnancy prevention drug administered? Yes No *Menopause 125mg IM*

If yes, specify drug and dosage: _____

Any other medications? Yes No

If yes, explain why and specify drug and dosage: *Flagyl 2Gms PO*

DISPOSITION AND FOLLOW-UP:

The victim was referred to: *Zofran 6mg IV*

Physician: *Spthy DHEC*

Date: *pt to make appt* Time: _____ am/pm

Counselor: *SAFE HOME*

Date: *pt to make appt.* Time: _____ am/pm

EVIDENCE CHECKLIST AND DISPOSITION

Please check off all items collected:

A. Unknown Samples	Collected	Not Collected
1. Outer Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Underwear	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Miscellaneous Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Bite Mark Swabs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Oral Swabs and Smear	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Fingernail Scrapings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Pubic Hair Combing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Vaginal Swabs and Smear	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Rectal Swabs and Smear	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Miscellaneous Body Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Known Samples (Collect in every case)	Collected	
1. Known Pubic Hairs	<input checked="" type="checkbox"/>	
2. Known Head Hairs	<input checked="" type="checkbox"/>	
3. Known Blood Sample <i>WMC ER</i>	<input checked="" type="checkbox"/>	

Photographs taken? Yes No If so, by whom? _____

Photos given to: _____

INITIAL ASSESSMENT FORM

Upstate Carolina Medical Center

PRIORITY: **4**

Patient: **JONES, DONALD S**

PH#: 9266787

Semi - Urgent

DOB: 02/06/1969

AGE: 40YRS Sex: M

MR#: 0000065483

EDP: KARNIS, DAN

Worker's Comp:

DATE: 05/29/2009

PCP: *NO PHYSICIAN

Emp. Referred:

Presentation Time: 02:11

Triage Time: 02:11

Arrival Mode: AMB-PD

Height: " Weight: 170.0 lbs. 77.3 kgs. LMP: n/A

Last Tetanus: over 5 yea

Acc By:

police

Chief Complaint: LACERATION--SIMPLE

Brief Assessment: c/o laceration to right hand. - pt sts lac from knife- unknown size of blade. sts someone swung a knife at him, attempted to dodge, but was hit in the right hand. pt admits to ETOH tonight.

Vital Signs

T: 97.7 PO
P: 101 regular
R: 20 unlabored
BP: 153/071
O2: 97 % RA
Pain Intensity Scale: 6 / 10
Pain Location: hand

NIGHT SWEATS NO HEMOPTYSIS NO
WEIGHT LOSS NO FEVER NO
ANOREXIA NO

PNEUMONIA VACCINE WITHIN :NO
FLU VACCINE THIS SEASON NO
HOME ANTIBIOTICS NO
MRSA NO
SUICIDE LETHALITY NO

Sudden Onset:

Pre-Hospital none

Treatment:

Pediatric N/A

Assesment:

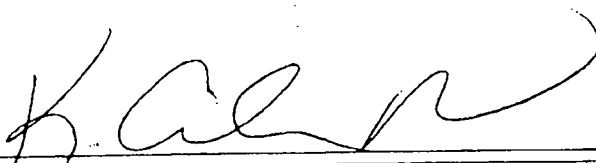
Past Medical History: ASTHMA, FX. NOSE / RT. ORBIT, HERNIA REPAIR

History:

Allergies: NKA

Medicines: ALBUTEROL INHALER AS NEEDED,

Nurse Signature: _____



KAC

Additional Notes:

CHIEF COMPLAINT/HISTORY OF PRESENT ILLNESS: DK 05/29/2009 02:46

JONES, DONALD S is a 40 year old M that presented to the Emergency Department at 02:11 by AMB-PD. The patient was triaged at 02:11 with the following vital signs: T: 97.7 PO, P: 101 regular, R: 20 unlabored, BP: 153/071, SPO2: 97 Amt:RA, Pain: 6 hand. The patient's primary care physician is *NO PHYSICIAN.

Chief Complaint -- LACERATION--SIMPLE

Exam Time: 02:30.

History obtained from: patient.

Onset of symptoms was immediately prior to arrival in the Emergency Department.

Injury occurred in patient's home.

Patient sustained laceration after being cut by knife. No other significant injuries.

Symptoms located in the right hand.

Associated signs and symptoms: none.

REVIEW OF SYSTEMS: DK 05/29/2009 02:47

Patient denies fever.

PAST MEDICAL AND SURGICAL HISTORY: DK 05/29/2009 02:47

Tetanus Status: greater than 5 years.

Past Medical and Surgical histories reviewed.

PHYSICAL EXAMINATION: DK 05/29/2009 02:47

General: WD, well nourished and in NAD. Vital signs noted.

Respiratory: Respirations unlabored with symmetric chest expansion. Lung sounds equal and clear bilaterally.

Cardiovascular: Regular rate and rhythm. S1, S2 audible without significant murmur.

Skin: Laceration: Simple, Length = 6 cm, linear, extending through dermis into subcutaneous tissue, margins sharp, clean, slight ooze heme but readily controlled with pressure, with no foreign body noted. No tendon or vascular involvement noted.

ED COURSE AND TREATMENT: DK 05/29/2009 02:48

Procedures: Laceration Repair--Single layer closure:

Length = 6 cms. Area prepared and wound cleansed thoroughly with betadine. Anesthetized with 1% xylocaine without epinephrine. Wound irrigated with copious amounts of normal saline. Wound closed with prolene suture material. Suture size: 4-0. Sutures placed using simple interrupted technique. Number sutures used: 7. Antibiotic ointment applied over suture line. Dry sterile dressing applied.

CLINICAL IMPRESSION: DK 05/29/2009 02:48

1. Simple Laceration

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

COUNTY OF Cherokee
STATE VS. Donald Scott Jones

INDICTMENT/CASE#: 2009GS110841
A/W#: I068638
Date of Offense: 5/29/2009
S.C. Code § : 16-03-0620
CDR Code #: 0014

AKA:
Race: W Sex: M Age: 41
DOB: 02-06-1969 SS#:
Address: 1/ Oneal St.
City, State, Zip: Gaffney, SC 29340
DL#: SID#:

SENTENCE SHEET

*CDL Yes No CMV Yes No Hazmat Yes No

In disposition of the said indictment comes now the Defendant who was TO: Assault / Assault and battery with Intent to Kill (ABWIK)

CONVICTED OF or PLEADS

in violation of § 16-03-0620 of the S.C. Code of Laws, bearing CDR Code # 0014
NON-VIOLENT VIOLENT SERIOUS MOST SERIOUS Mandatory GPS(CSC w/minor 1st or Lewd Act) §17-25-45

The charge is: As Indicted, Lesser Included Offense, Defendant Waives Presentment to Grand Jury.
The plea is: Without Negotiations or Recommendation, Negotiated Sentence, Recommendation by the State.

ATTEST: Kim Eskandari, KIM 116837 SC Bar# 13039
D. Scott Jones Defendant
Thomas E. Shealy 5049 Attorney for Defendant SC Bar#

WHEREFORE, the Defendant is committed to the State Department of Corrections, County Detention Center,
for a determinate term of life days/months/years or under the Youthful Offender Act not to exceed years
and/or to pay a fine of \$; provided that upon the service of days/months/years and/or payment
of \$; plus costs and assessments as applicable*; the balance is suspended with probation for

months/years and subject to South Carolina Department of Probation, Parole and Pardon Services standard conditions of probation, which are incorporated by reference.

CONCURRENT or CONSECUTIVE to sentence on:
The Defendant is to be given credit for time served pursuant to S.C. Code § 24-13-40 to be calculated and applied by the State Department of Corrections.
The Defendant is to be placed on the Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

Pursuant to 18 U.S.C Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal Domestic Violence) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

RESTITUTION: Deferred Def. Waives Hearing Ordered
Total: \$ plus 20% fee: \$
Payment Terms:
Set by SCDPPPS

Table with 2 columns: Description and Amount. Includes items like § 14-1-206 (Assessments 107.5 %), § 14-1-211(A)(1) (Conv. Surcharge) \$100, § 14-1-211(A)(2) (DUI Surcharge) \$100, § 56-5-2995 (DUI Assessment) \$12, § 56-1-286 (DUI Breath Test) \$25, § 47.12 (Public Def/Prob) \$500, § 14-1-212 (Law Enforce. Funding) \$25, § 14-1-213 (Drug Court Surcharge) \$100, § 50-21-114(BUI Breath Test Fee) \$50, § 56-5-2942(J) (Vehicle Assessment) \$40/ea, § 90.7 (SCCJA Surcharge) \$5.

PTUP
days/hours Public Service Employment
Obtain GED
Attend Voc. Rehab. or Job Corp.
May serve W/E beginning
Substance Abuse Counseling
Random Drug/Alcohol testing
Fine may be pd. in equal, consecutive weekly/monthly pmts. of \$ beginning
\$ paid to Public Defender Fund
Other:
Appointed PD or appointed other counsel, § 47.12 requires \$500 be paid to Clerk

STATE OF SOUTH CAROLINA

COUNTY OF Cherokee
STATE VS.
Donald Scott Jones
AKA:
Race: W Sex: M Age: 41
DOB: 02-06-1969 SS#:
Address: W. Oneal St.
City, State, Zip: Gaffney, SC 29340
DL#: SID#:

IN THE COURT OF GENERAL SESSIONS

INDICTMENT/CASE#: 2009GS110840
A/W#: 1068637
Date of Offense: 5/29/2009
S.C. Code §: 16-03-0652
CDR Code #: 0160

SENTENCE SHEET

*CDL Yes No CMV Yes No Hazmat Yes No

In disposition of the said indictment comes now the Defendant who was TO: Sex / Criminal sexual conduct - First degree

CONVICTED OF or PLEADS

in violation of § 16-03-0652 of the S.C. Code of Laws, bearing CDR Code # 0160
NON-VIOLENT VIOLENT SERIOUS MOST SERIOUS
Mandatory GPS(CSC w/minor 1st or Lewd Act) §17-25-45

The charge is: As Indicted, Lesser Included Offense, Defendant Waives Presentment to Grand Jury, (defendant's initials)
The plea is: Without Negotiations or Recommendation, Negotiated Sentence, Recommendation by the State.

ATTEST:
D. Scott Jones Defendant
Thomas E. Shultz Attorney for Defendant
116837 SC Bar# 13039
5048 SC Bar#

WHEREFORE, the Defendant is committed to the State Department of Corrections, County Detention Center,
for a determinate term of life days/months/years or under the Youthful Offender Act not to exceed years
and/or to pay a fine of \$; provided that upon the service of days/months/years and/or payment
of \$; plus costs and assessments as applicable*; the balance is suspended with probation for

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Pursuant to 18 U.S.C Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal Domestic Violence) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

RESTITUTION: Deferred Def. Waives Hearing Ordered PTUP
Total: \$ plus 20% fee: \$
Payment Terms:
Set by SCDPPPS

Table with columns for Recipient, *Fine, and various assessment codes (e.g., § 14-1-206, § 14-1-211(A)(1), § 14-1-211(A)(2), § 56-5-2995, § 56-1-286, § 47.12, § 14-1-212, § 14-1-213, § 50-21-114, § 56-5-2942(J), § 90.7, 3% to County) and their corresponding amounts.

days/hours Public Service Employment
Obtain GED
Attend Voc. Rehab. or Job Corp.
May serve W/E beginning
Substance Abuse Counseling
Random Drug/Alcohol testing
Fine may be pd. in equal, consecutive weekly/monthly pmts. of \$ beginning
\$ paid to Public Defender Fund
Other:

Appointed PD or appointed other counsel, § 47.12 requires \$500 be paid to Clerk during probation.

Clerk of Court/ Deputy Clerk Brandy W. K. B...
Court Reporter: Mike Waters
SCCA/217 (11/2009)

Presiding Judge
Judge Code: 2853
Sentence Date: May 26, 2010