ORIGINAL

STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED
MAY 18 2016
SC Court of Appeals

APPEAL FROM AIKEN COUNTY

Michael G. Nettles, Circuit Court Judge

THE STATE,

RESPONDENT,

V.

BARRY EUGENE LAFAVOR,

APPELLANT

APPELLATE CASE NO. 2013-000568

SUPPLEMENTAL RECORD ON APPEAL FILED UNDER SEAL

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Appellate Defender

South Carolina Commission on Indigent Defense
Division of Appellate Defense
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Attorneys for Respondent

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COURT'S EXHIBIT NO. 2 (DSS RECORDS) 1

CERTIFICATE OF COUNSEL 492

Allison Mikell

start
8-25-08

end
10-9-08

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12048

Where it went after
roll call every month
Jones Mill Road
Pleasant Hill
Arkansas

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South Carolina Department of Social Services

NOTICE OF UNFOUNDED INVESTIGATIONS/ASSESSMENTS

Date: October 9, 2008

To: Ms. Allison Mikell

Address: 1057 A Adams Avenue

Aiken SC 29803

This is to inform you that the Child Protective Services investigation/assessment involving you or your children initiated on August 25, 2008 was determined unfounded on October 9, 2008 and classified as a:

☑ **Category I Unfounded Report** – Abuse and neglect was ruled out by the investigation/assessment.

☐ **Category II Unfounded Report** – The investigation/assessment did not produce a preponderance of the evidence that the child is an abused or neglected child.

☐ **Category III Unfounded Report** – An investigation/assessment could not be completed because the department was unable to locate the child or family or for some other compelling reason.

If classified as Category I or II, this means that the investigation/assessment has been concluded. Category III cases may be reopened if additional information is received which allows DSS to complete the investigation/assessment. The DSS investigative/assessment file will be maintained for not less than five years from the date of the case decision and information will be kept confidential pursuant to S.C. Code Section 20-7-650.

If you have any questions regarding this notice or the completed investigation/assessment, please contact the caseworker or supervisor identified below at 803-202-3527 (Telephone) during normal working hours.

Bashonna Coates BC
Caseworker

Christine Wright
Supervisor

DSS Form 3065 (JAN 03) Edition of SEP 01 is obsolete.

South Carolina Department of Social Services

DETERMINATION FACE SHEET

Case Name: Allison Mikell	Case Number: 0000119517
Address: 1057 B Adams Avenue Aiken SC 29803	

As of **October 9, 2008**, it is the decision of the Department that the investigation/ assessment initiate on **August 25, 2008** has been **UNFOUNDED** for the following forms of maltreatment: **PHYSICAL NEGLECT** as supported by the facts and observations recorded below and in the county investigative/assessment file.

Facts/Observations	Supporting Documentation/Evidence
1. On 08/25/08, Report was received regarding physical neglect towards minor children Alexis, Brianna, and Adrianna Mikell and Jeremiah Carlisle by mother, Ms. Allison Mikell. Allegations read that there are bond restrictions preventing Gerald Carlisle from having any contact with minor children and only having supervised contact with his biological children and that Mr. Gerald is residing in the home with Ms. Allison and her minor children.	Intake Report
2. On 08/26/08, Ms. Allison and Mr. Gerald denied the allegations. Mr. Gerald stated that he only has supervised contact with Jeremiah and that he never sees the other minor children because he cannot have any contact with them. Mr. Gerald stated that he lives in the home with his mother and father. Ms. Allison stated that Gerald never sees the other minor children and that he only has supervised contact with Jeremiah. Ms. Allison stated that Gerald lives in the home with his parents. Alexis, Adrianna and Brianna deny Mr. Gerald living in the home and deny ever having any contact with Gerald and deny ever seeing him.	Statements made by Mr. Gerald Carlisle, Ms. Allison Mikell, and minor children Alexis, Adrianna and Brianna.
3. Collateral contacts stated that Mr. Gerald has never violated his zoning area and that they are aware of the living proximity between Mr. Gerald's home and Ms. Allison's home.	Statements made by Mr. Gerald's Bondsman and his GPS monitoring company.
4. Collateral contacts stated that there are not any concerns regarding any physical abuse or neglect to any of the minor children and that they are always taken care of.	Statements made by staff at Christ Central.
5. Basic needs observed being met and provided.	CM observations.

For indicated investigations/assessments, check all that apply:

- o You have been identified as the person responsible for harm to a child. (See attached DSS Form Ltr. 3040 or 30200).
- o A child with whom you are involved has been identified as being abused and /or neglected by state statue. You have not been identified as being responsible for the maltreatment. This information is being provided to you solely because of your legal relationship to the child.
- o A child for whom you are the caretaker has been determined to be abused and/or neglected.
  - Day Care Facility: The matter will be referred to your employer and the DSS Division of Child Day Care Licensing and Regulatory Services for action. (See attached DSS Ltr. 3061).
  - Foster Homes, Group Homes and Residential Facilities: See the attached letter for additional information regarding appeal of this decision. (See attached DSS Ltr. 3061).
- o A child has been determined to have been harmed while at your child care facility. The DSS Division of Child Day Care Licensing and Regulatory Services will contact you regarding a corrective action plan and/or any other actions needed to insure the safety of children.

For unfounded investigations/assessments:

✓ See attached DSS Form 3065.

Workers Signature — Date: 10/9/08

Supervisors' Signature — Date: 10/9/08

DSS Form 3070 (Jan 03) Edition of JUL 98 is obsolete.

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HRC110-R01 | **South Carolina Department of Social Services** | **10/09/2008 11:01**

CPS Case Determination

Intake ID - 0001246854

Caseworker:

Case ID:	0000119517	**Case Name:**	Mikell, Allison
Case Findings:	Unfounded (Cat. 1)	**Case Determination Date:**	10/09/2008
Intake ID:	0001246854		
Intake Name:	Mikell, Allison		
Intake Type:	Child Protective Services		
Intake Reason:	CPS Investigative Assessment	**Intake Received Date:**	08/25/2008
Intake Decision:	Accepted/Approved	**Intake Decision Date:**	08/25/2008
Intake Worker:	Evans, Jeffery		
Service ID:	0001326542	**Service Open Date:**	08/25/2008
Service Type:	Child Protective Services Assessment	**Service Close Date:**	10/09/2008

Extension Granted: No

Investigation Type:	Family Home		
Living Arrangements:	Single Female		
Feedback Requested:	Yes	**Feedback Date:**	10/09/2008

Statement of Facts

Allison and Gerald stated that they are aware of the bond restrictions and that they are abiding by the bond restrictions. Minor children (girls) deny have any contact with Gerald. Jeremiah is allowed to see Gerald supervised. Basic needs observed being met and provided. No concerns from collaterals or bondsman.

Documentation of Facts

Statements from Ms. Allison, Mr. Gerald, minor children Alexis, Adrianna and Brianna. CM observations. Collateral contacts. Case decision.

Person ID: 0001363291
Name: Carlisle, Jeremiah
Role: Not a Victim

Disabilities

Disability	Diagnosis Date	Comment

Characteristics

Maltreatments and Findings
Other Neglect - Unfounded

Signature/Title: Barbara Coates
Phone Number: 202-3521

Date: 10/9/08

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/09/2008 10:49:18 AM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Telephone Contact

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440279 - Mikell, Edward - 04/06/1969
0000440280 - Mikell, Alexis - 04/23/1999
0001462565 - Scott, Marie - 01/20/1981

Action Date:	10/09/2008	**Action Time:**	10:30 AM	**Time Spent:**	0.25
Input Date:	10/09/2008	**Input Time:**	10:49 AM	**Worker:**	Coates, Bashonna N

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
10/09/2008 10:49 AM
CM made telephone contact with Ms. Allison and informed her that the case was being closed. CM stated that she could inform Mr. Gerald of DSS case closure also. CM informed Ms. Allison that she still needs to abide by the bond restrictions and ensure that the minor children are not having any contact with Gerald with the exception of Jeremiah who can have contact with Gerald supervised. Ms. Allison stated that she is going to abide by the bond restrictions and thanked CM for calling her. CM asked if she had any questions. Ms. Allison stated that she did not have any questions.

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South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/09/2008 10:36:23 AM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Staffing With Supervisor

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440279 - Mikell, Edward - 04/06/1969
0000440280 - Mikell, Alexis - 04/23/1999

Action Date: 10/09/2008 **Action Time:** **Time Spent:** 0.5
Input Date: 10/09/2008 **Input Time:** 09:56 AM **Worker:** Wright, Christine M

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
10/09/2008 9:56 AM
supervisor staffed case with worker for case decision. allegations of mr carlisle living in the home with ms mikell's children even though he has criminal charges (cscw/minor). initial contact made with mr carlisle, children, mom, and mr carlisle's parents. children (girls)denies any contact with mr carlisle and jeremiah can visit supervised with dad. gparents confirmed that her son lives with them and has no contact with ms mikells children (exception of bio-son). all basic needs being met. worker verified with bond officer that mr carlisle is under GPS monitoring and has restrictions from leaving his home except for roll call and general sessions. mr carlisle's leg bracelet was observed and observations of the living arrangements (gparents home in front of ms mikells home) has been observed. the courts and all parties are aware of this arrangements. no violation or maltreatment found.

recs:
unfind cat 1
complete dfs
prepare file for closure.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/08/2008 5:04:36 PM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Collateral Contact

Recipients:
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - Mikell, Brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002

Action Date: 10/08/2008 **Action Time:** 04:10 PM **Time Spent:** 0.25
Input Date: 10/08/2008 **Input Time:** 04:53 PM **Worker:** Coates, Bashonna N

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
10/08/2008 4:53 PM
CM made telephone collateral contact with Ms. Rachel who works for the Christ Central center in New Ellenton. Rachel teaches the minor children. CM asked Rachel did she have any concerns regarding physical abuse or neglect. Rachel stated that she does not have any concerns regarding abuse. Rachel stated that she has never seen any scars or bruises on either of the girls. Rachel stated that she does not have any concerns regarding neglect either. Rachel stated that Allison is very opened with them and that whenever she is having a hard time she will let them know. Rachel stated that they have assisted Allison with food before so she knows that the girls do not go without food. Rahcel stated that all of the basic needs are being met and that the lights are always on, there is always food in the home and she has never heard of the lights being turned off. Rachel stated that as far as she is concerned, she is being a good mother and that she asks for help when needed. Ms. Rachel stated that they have given the girls clothes sometimes just to help out. Ms. Rachel stated that she does not have any other concerns regarding them being neglect or abused and that she takes care of them to the best of her abilities. Ms. Rachel stated that she would not call it neglect because she gets assitance sometimes because everyone could use a little help every now and then and that Allison does not let her family go without. CM thanked Rachel for her information.

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South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/08/2008 5:04:48 PM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Face to Face with child/client
Field Visit

Recipients:
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - Mikell, Brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002

Action Date: 10/08/2008 **Action Time:** 03:10 PM **Time Spent:** 0.75
Input Date: 10/08/2008 **Input Time:** 05:03 PM **Worker:** Coates, Bashonna N

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
10/08/2008 5:03 PM

CM made face to face contact with Alexis, Brianna and Adrianna at Christ Central. CM interviewed with all of the girls at the same time but let them each answer the questions. CM learned from Alexis that she is doing well in school and that she got a happy face today because she did all of her work. CM learned that Alexis just got her own room and that she likes it. CM leanred that Alexis has not seen Gerald and that she can not see him because they are not suppose to see him. Alexis stated that she has not been into any trouble. Alexis stated that she was in the sanctuary and that she has church tonight and that she likes going to church. CM did not observe any visible marks or bruises on Alexis.

Brianna stated that she is doing well and that she did good in school today and got a happy face to. Brianna stated that she has not been into any trouble. Brianna stated that she has not seen Gerald and that she can not see him because he is not their real dad and that he real dad has to work so she does not get to see him. CM learned that Brianna has church tonight and that she likes going to church. Brianna stated that she was in the sanctuary and that she likes going to the sanctuary. CM did not observe any visible marks or bruises on Brianna.

CM learned from Adrianna that she is doing well in school also. Adrianna stated that she got a straight face today at school because she did not finish all of her work. Adrianna stated that she has not been into

any trouble. CM asked Adrianna has she seen Gerald. Adrianna stated that she does not get to see Gerald because he is not her real dad and because they are not allowed to see him. Adrianna stated that she was also in the sanctuary and that she has church tonight. Adrianna stated that she has to take her Bible to church with her tonight. CM did not observe any visible makrs or bruises on Adrianna.

CM asked the pastor does he have any concerns about any abuse or neglect issues. CM was informed that he does not directly work with the girls and that the person that CM would need to speak with was Ms. Rachel and the number to get in touch with her is 803-652-2006. CM was informed that Ms. Rachel was the minor children's teacher and that she would be able to give CM more advice but that he has not heard anything. CM thanked him for his advice.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/08/2008 5:04:27 PM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Face to Face with Adult (To Review Treatment Plan)

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979

Action Date: 10/08/2008 **Action Time:** 02:35 PM **Time Spent:** 0.25
Input Date: 10/08/2008 **Input Time:** 04:43 PM **Worker:** Coates, Bashonna N

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
10/08/2008 4:43 PM
CM made face to face contact with Mr. Gerald at his residence. Mr. Gerald stated that he was in the shed working on some things. CM asked where was Ms. Allison at. Gerald stated that she had taken his dad to dialysis and that she would be back in a while. CM asked Gerald where were the minor children at. Gerald stated that Jeremiah was with Allison and that the girls were at the after school program (Christ Central). CM asked Gerald has he seen the girls or anything. Gerald stated that he is not allowed to see the girls and that he does not try to see the girls. Gerald stated that the only one that he sees is Jeremiah. CM asked Gerald did he have any questions. Gerald stated that he did not have any questions. CM informed Gerald that the case was being staffed tomorrow with sup and that she would call them and let them know the status of the case. Gerald stated that would be fine.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/08/2008 5:04:20 PM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Collateral Contact

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979

Action Date: 10/08/2008 **Action Time:** 12:20 PM **Time Spent:** 0.25
Input Date: 10/08/2008 **Input Time:** 04:36 PM **Worker:** Coates, Bashonna N

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
10/08/2008 4:36 PM
CM made collateral contact with Mr. Ed Wilson to gather information about Gerald Carlisle. Mr. Ed stated that he did not know much about the case and referred CM to make contact with Rhonda.

CM interviewed with Rhonda and asked her about Geralds zone restrictions and asked if they were aware of the living arrangements. Rhonda stated that Gerald has restrictions on seeing his bio child and that he can have contact with his bio child as long as it is supervised. Rhonda stated that Gerald can not have any contact with Allison's minor children. Rhonda stated that they are aware of the living arrangements and that was one of the concerns. Rhonda stated that the courts were aware also and that the court ordered that he have on a GPS house arrest bracelet that is being monitored.

Rhonda stated that Gerald can work in the garage when the kids are at school and at the after school center and that when they come home he has to go back into his home. Rhonda stated that the only time Gerald can leave his home is when he has general sessions and roll call and when he has to meet with his bondsman.

CM asked if they have had any problems with Gerald leaving out of his zoned area. Rhonda stated that there have not been any problems.

CM thanked Rhonda for her information.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** 10/08/2008 5:04:11 PM

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Collateral Contact

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979

Action Date: 10/08/2008 **Action Time:** 12:15 PM **Time Spent:** 0.25
Input Date: 10/08/2008 **Input Time:** 04:28 PM **Worker:** Coates, Bashonna N

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
10/08/2008 4:28 PM
CM made collateral contact with Ms. Katie from the GPS monitoring company that monitros the whereabouts of Mr. Gerald. CM interviwed with her and asked Katie has Gerald ever been out of the area that he is zoned for. Katie stated that Gerald has never been out of the area that he is zoned for.

CM asked was Ms. Allison's home included in the zoned area. Katie stated that Allison house in not included in the zoning. Katie stated that they can not tell if the girls go over to his house or not but they can monitor where he is going. Katie stated that Gerald is allowed to work in the garage when the girls are at school and after school care and that when they come home he has to go back to his home. Katie stated that he is also allowed to leave the home when he has to go to roll call but that they are aware of the days that he has to go to roll call.

CM asked if they were aware of the living arrangments of Ms. Allison staying right behind Gerald. Ms. Katie stated that they are also aware of the living conditions and know that Allison's house is behind his house.

CM asked has Gerald ever violated his zoning area. Katie stated that there has never been in inclusions of him leaving his zoned area other than roll call and that if she coould contact me if he ever did leave his zoning area if needed. CM stated that she would keep in touch when needed and thanked Katie for her information.

CM used the 1-800-877-3197 to make contact with collateral.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/08/2008 5:04:04 PM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Face to Face with Adult Attempted (To Review Treatment Plan)

Recipients:
0000440278 - Mikell, Allison - 09/23/1981

Action Date: 09/11/2008 **Action Time:** 02:30 PM **Time Spent:** 0.25
Input Date: 09/26/2008 **Input Time:** 09:06 AM **Worker:** Coates, Bashonna N

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
09/26/2008 9:06 AM
On 09/11/08 @ 2:30pm, CM attempted to make face to face contact with Ms. Mikell for investigation follow up. Ms. Mikell was not at home. Mr. Jerald's mother informed CM that Ms. Mikell had taken Ms. Marie to the court house and that she would be back in a little while. CM requested that she tell Ms. Mikell that CM had came and to have her call CM, she stated that she would.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **09/02/2008 9:40:42 AM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Staffing With Supervisor

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440279 - Mikell, Edward - 04/06/1969
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - Mikell, Brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - Carlisle, Jeremiah - 04/15/2006

Action Date: 08/27/2008 **Action Time:** **Time Spent:** 0.75
Input Date: 08/27/2008 **Input Time:** 11:50 AM **Worker:** Wright, Christine M

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
08/27/2008 11:50 AM

supervisor staffed case with worker for 5 day. allegations of mom allowing children to be unsupervised with children and he is restricted by criminal bond. initial contact made with all family members including gparents. dad has recently been released on bond for sexual abuse charges. dad stated his bond has been changed to not going from his front porch and LE/courts are aware . dss had an open tx case during this year due to pn finding (dirty house/dirty clothing) dss was made aware of sa allegations on mr carlisle and other now-adult (non household member) victims. mom signed safety plan agreeing to be protective and if mr carlisle got out of jail, she would..... during this new inv. initial contact made with children living in ms mikell home, also living in the home is donna marie scott, (called stepmom to children-mr mikell's girlfriend). ms scott's children are living with their bio-dad. ms mikell completed her past tx plan and case was closed successfully. ms donna marie scott was not a household member during psat dss case. mr carlise is living in a trailer with parents in front of ms mikell trailer (which owned by mr carlisle's parents). mr carlisle is only allowed supervised contact with his bio children (jeremiah, other bio-children not listed). mr carlisle has monitoring bracelet and provided bonded agency name and number. children deny abuse/neglect. denied any contact with mr carlsle , all basic

needs observed met. mom states she does not allow any contact b/w girls and mr c. and jeremaih is supervised.

recs:
ask mom is she believes allegations.
add all household members
follow up with reporter/ contact bond/victim's services get copy of bond.
find out who is monitor dad's whereabouts
find out of contact is supposed to be at all with victim girls or just supervised.
restasff.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **09/02/2008 9:40:30 AM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:

Brochure Given
Home/Facility Visit
Initial Face to Face With Child/Client
Initial Face to Face With Family

Recipients:

0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - Mikell, Brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - Carlisle, Jeremiah - 04/15/2006

Action Date: 08/26/2008 **Action Time:** 02:56 PM **Time Spent:** 1
Input Date: 08/26/2008 **Input Time:** 05:05 PM **Worker:** Coates, Bashonna N

Service ID: 0001326542
Program Service Type: Child Protective Services Assessment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:

08/26/2008 5:05 PM

CM made initial contact with Ms. Allison Mikell and read to her the allegations. Ms. Allison stated that she knows who made the report and that it was Ms. Lisa Whitman (Mr. Gerald Carlisle cousin). Ms. Sybil Carlisle was present while CM was interviewing with Ms. Allison. Ms. Sybil is Gerald's mom and states that Mr. Carlisle lives in the home with her and her husband; Mr. Gerald Carlisle Sr. and that he is on house arrest and cannot go past the front porch. Ms. Allison states that he has been on house arrest since he has been release from jail and can not go any farther than the porch of his mom's house. Ms. Allison states that the house bracelet has a GPS system, and has a phone number 1-800-877-3197. Ms. Allison states that she is unemployed because the doctor will not let her work due to her medical condition. Ms. Allison stated that she has applied for a disability check and they have until November to process it. Ms. Allison stated that Alexis and Brianna get a disability check and that is where the income in the home comes from.

CM interviewed with Mr. Gerald and he provided papers that show that he has general session on 10/03/08 @ 9:00am and 109 Park Avenue in Aiken. His bondsman is Ed Wilson (803-649-1013 and the fax number is (803-649-1033). Mr. Gerald also stated that Ms. Lisa is the one who made the report and that she is the niece and likes to start trouble. Mr. Gerald stated that he used to be able to go 150 feet from the house but now he cannot go past the front porch. Mr. Gerald stated that he does not see Ms. Allison's minor children at all and that he has restrictions with his bio kids and that he can see them but that he can not have any unsupervised contact with them. Mr. Gerald stated that Ms. Allison sleeps in the home with him at night time at his home. Ms. Marie White (paternal step mom) lives in her home and watches the girls at night. Ms. Allison states she does not leave the home until the children are sleep.

The minor children came home from school while CM was finishing up interviewing with the parents. CM observed Jeremiah walking around the home when CM came in. Jeremiah left and went to the grandparents house while CM was interviewing with the other minor children. CM interviewed with Alexis whom stated that school is good and that she did hard work at school today. Alexis stated that she likes home and that home is fun. Alexis stated that she get into trouble at home sometimes and gets spankings on the bottom sometimes. Alexis stated that no one has touched her under her bathing suit area and that she would tell her mom if anyone did. Alexis stated that she lives in the home with her sisters and her step mom. Alexis stated that Mr. Gerald does not live in the home and does not spend the night there. Alexis stated that she always has clean clothes to wear and always has food to eat. CM observed Alexis to be very shy. CM did not observe any visible marks or bruises on Alexis.

CM interview with Brianna who stated that school was fine today and that she got a happy face because she was good in school. Brianna states that she has fun at home and that she likes to play with her sisters. Brianna stated that she does not get into trouble and does not get any spankings. CM observed that Brianna is really shy and likes to giggle a lot. Brianna stated that she always has food to eat and clean clothes to wear. Brianna stated that no one has ever touched her on her private areas and that she would tell her mom if anyone did. Brianna stated that she lives in the home with her sisters and her mom and her stepmom. Brianna stated that Mr. Gerald does not live in the home and he does not spend the night at the home. Brianna stated that she never sees Mr. Gerald. CM did not observe any visible marks or bruises on Brianna.

CM interviewed with Adrianna (6) who stated that she likes school and that she likes to play at home. Adrianna stated that she likes to play at home with her sisters. Adrianna stated that she does get into trouble at home and that when she gets into trouble she gets a spanking on her bottom. Adrianna stated that no one has ever touched her on her bathing suit area and that she would tell her mom if anyone did. Adrianna stated that she lives with her mom, her sisters and her step mom. Adrianna stated that Gerald does not live in the home with them and that he does not spend the night in the home. Adrianna stated that she never sees Mr. Gerald. CM did not observe any visible marks or bruises on Adrianna.

CM explained the investigation process to Ms. Allison and stated that she would keep in touch with her. CM had both Mr. Gerald sign the release while at his house and had Ms. Allison and Ms. Marie (step-mom) sign the release form while at Ms. Allison house. CM observed the home to be free of any safety hazards. CM will make home visit for follow up at a later date and time.

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Law Enforcement Record Request

To: North Augusta Public Safety
P.O. Box 6400
North Augusta South Carolina 29841
Criminal Records Division

From: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta SC 29841

The below captioned persons is/are being investigated by our Children's Protective Services Unit. We are required to check police records of our clients. Please submit a copy of record, if any, or indicate below if none is on file. Return this form to our agency. Thank you for your assistance.

Name: Marie Scott
DOB: 01/20/1981
SSN: 250-49-0524

Name:
DOB:
SSN:

Address: 1057B Adams Avenue Aiken SC 29802

Criminal Record on file:
YES:_____ NO:_____

Criminal Record on file:
YES:_____ NO:_____

Incident Reports: (please send all reports also)
YES:_____ NO:_____

Incident Reports: (please send all reports also)
YES:_____ NO:_____

Caseworker: Bashonna Coates
803-202-3527

Supervisor: Christine Wright
803-202-3537

DSS

Serving Children and Families

THLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Marie Scott, DOB January 20, 1981 SSN# 250-49-0524

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name:	Name:
DOB:	DOB: North Augusta P D; S. C.
SSN#	SSN# NO RECORD: ✓
	By: LH
	Date: 10-13-08
Name:	Name:
DOB:	DOB:
SSN#	SSN#
	THIS HISTORY CHECK CONTAINS RECORDS FROM JANUARY 1, 1991 UNTIL PRESENT.
Name:	Name:
DOB:	DOB:
SSN#	SSN#

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coats
Case Manager

Marie Scott
Signature of Parent, Guardian, Trustee

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Law Enforcement Record Request

To: North Augusta Public Safety
P.O. Box 6400
North Augusta South Carolina 29841
Criminal Records Division

From: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta SC 29841

The below captioned persons is/are being investigated by our Children's Protective Services Unit. We are required to check police records of our clients. Please submit a copy of record, if any, or indicate below if none is on file. Return this form to our agency. Thank you for your assistance.

Name: Gerald Carlisle Jr.
DOB: 07-19-1988 79
SSN: 251-41-4139

Name: Allison Mikell
DOB: 09/23/1981
SSN: 256-39-8671

Address: 1057B Adams Avenue Aiken SC 29802

Criminal Record on file:
YES:_____ NO:_____

Criminal Record on file:
YES:_____ NO:_____

Incident Reports: (please send all reports also)
YES:_____ NO:_____

Incident Reports: (please send all reports also)
YES:_____ NO:_____

Caseworker: Bashonna Coates
803-202-3527

Supervisor: Christine Wright
803-202-3537

DSS

Serving Children and Families

ATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Allison Mikell, DOB 9/23/81 SSN# 256-39-8671

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: Alexis Mikell
DOB: 4/23/99
SSN#

Name: Jeremiah Carlisle
DOB: 4/15/06
SSN#

Name: Brianna Mikell
DOB: 9/8/00
SSN#

Name:
DOB:
SSN#

North Augusta P.D.; S.C.
NO RECORD: ✓
By: LH
Date: 10-13-08

Name: Adrianna Mikell
DOB: 3/17/02
SSN#

Name:
DOB:
SSN#

THIS HISTORY CHECK CONTAINS RECORDS FROM JANUARY 1, 1991 UNTIL PRESENT.

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coates
Case Manager

Allison Mikell
Signature of Parent, Guardian, Trustee

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Gerald L Carlisle Jr, DOB 07-19-0819 SSN# 251-41-4139

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: Jason M Carlisle		Name: Tori G Carlisle	
DOB: 3-10-98		DOB: 6-1200	
SSN#		SSN#	
Name: Jeremiah D Carlisle		Name: Kalie D Carlisle	
DOB: 4-15-06		DOB: 12-01-02	
SSN#		SSN#	
Name:		Name:	
DOB:		DOB:	
SSN#		SSN#	

Department of Public Safety
City of North Augusta
P.O. Box 6400
North Augusta, SC 29861

E.H. 10-13-08

THIS HISTORY CHECK CONTAINS RECO
FROM JANUARY 1, 1991 UNTIL PRESENT

1 Viol. Seat Belt - 7-7-06 - Tried in Absence - $25

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Loads
Case Manager

Gerald L Carlisle Jr
Signature of Parent, Guardian, Trustee

24

AGENCY I.D. SCO 0020000

AIKEN COU INC SHERIFF'S OFFICE INCIDENT REPORT

CASE NUMBER: 04-043780

NCIC: ING. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Child Neglect	☒ YES ☐ NO	☐ YES ☒ NO	Hom	Ø
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☒ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)			ZIP CODE	WEAPON TYPE
101 Kalmia Apts. Ln.	Graniteville, SC		29829	None

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
08/12/04	1500	–	08/24/04	2317	08/24/04	2317	2328	0056	8K24

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (J) S O U	RACE	SEX	AGE	ETH.	DAYTIME PHONE H / B	EVENING PHONE H / B
White, Eugene Addson	SE			(J) S O U	W	M		N		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
321 Cumbee Trail	Ridge Spring	SC	29129	11J46

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (J) S O U	RACE	SEX	AGE	ETH.	DAYTIME PHONE H / B	EVENING PHONE H / B
White, Brian Dalton	CH			(J) S O U	W	M	1	N	292-3405	648-8410 (H) / B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
020	20	Bld	Blu	DoB: 08/11/03

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
321 Cumbee Trail	Ridge Spring	SC	29129	11J46

VISIBLE INJURY (VICT. 1) ☐ YES NO ☒ EXPLAIN –

COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☒

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPL ASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐

*J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
White, Donna Marie	W	F		N					

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
Unk				

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☐ UNK. ☒ DRUGS: ☐ YES NO ☐ UNK ☒ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☒ TOTAL # ARRESTED Ø

DATE/TIME OF OFFENSE

DATE/TIME OF ARREST

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

R/O responded to the incident location for a wellbeing check on victims #1-3. R/O met with resident (Abbey) who stated that on 08/12/04 at approximately 1500hrs the subject did drop victims #1-3 off at her residence and has not picked them back up. Abbey stated that subject has made contact to inquire about child support money but has not asked to see, nor had any interaction with victims. R/O spoke to complainant, who being victim's #1-3 father, who stated he had received a call about the abandonment of his children. R/O observed victim's #1-3 to be in very healthy condition. Abbey stated she has taken care of them, and would have continued until she was able to turn them over to father or mother. Comp. advised R/O that his mother, Barbra White, was enroute to secure victims #1-3 and get them back into his care. Comp. stated he and subject were seperated at the time of the incident. Neither Comp. nor Abbey know where Subject was, or know of a current address for her. R/O then spoke with

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

	TYPE (GROUP)							TOTAL VALUE
STOLEN								
DAMAGED								
BURNED								
RECOVERED								
SEIZED								

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
B.C. Owens	08/25/04	5070	K Eggerton	082504	2019

FOLLOW-UP INVESTIGATION ☐ YES NO ☐ OFFICER

AUG 25 2004

AGENCY I.D.
SC0020000

SUPPLEMENTAL INCIDENT REPORT

04-043780

INQ. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
PAGE 2 of 3 PAGES.
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☒ VICTIM # 2 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
White, Megan Ann	CH			☒ SOU	W	F	4	08/15/2000	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
030	024	Bld	Blu	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
321 Cumbee Trail	RidgeSpring	SC	29829	11J46	292-3405 H/B	648-8410 H/B

☐ VICTIM NO. 2 VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES
VICTIM USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASHMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____ USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☒ VICTIM # 3 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
White, Katlyne Marie	CH			☒ SOU	W	F	5	09/13/1999	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
036	028	Bld	Blu	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
321 Cumbee Trail	RidgeSpring	SC	29129	11J46	292-3405 H/B	648-8410 H/B

☒ VICTIM NO. 3 VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES
VICTIM USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASHMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____ USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

Subjects Father (Scott), who produced a family court order (04-DR-02-618) showing subject as custodial parent and Comp. as non-custodial parent. Scott stated that subject had left victim's #1-3 in their care for the time being. R/O completed Release to Custody for victim's and turned them over to Scott. R/O obtained a written statement from Abbey. R/O has no further. R/O had no contact with subject.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM
TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.	
SERIAL AND/OR OWNER APPLIED NO.		STATE

YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE

MODEL	STYLE	COLOR	BRAND NAME	CALIBER

NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE

MISCELLANEOUS

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO
SUBJECT LOCATED ☒ YES ☐ NO
☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED
☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER
☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
B.C. Owens	08/25/04	5070	K Eggerton	082504	3019

FOLLOW-UP INVESTIGATION ☐ YES ☐ NO — OFFICER

AUG 25 2004

L-5

AGENCY I.D. SC0020000

SUPPLEMENTAL INCIDENT REPORT

04-043780

INC. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 3 of 3 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ Friend

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
Abbey, Sharon	FR			O S O U	W	F	37	10/07/66	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
506	170	Gry	Brn	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
101 Kalmia Apts Ln	Graniteville	SC	29829	8K24	N/A H B	N/A H B

☐ VICTIM NO. ___: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO ___: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ Father

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
Scott, Johnny Wiley	PR			O S O U	W	M	49	11/28/55	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
507	170	Brn	Brn	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
1 Maid Marion Ct.	Graniteville	SC	29829	8K24	202-0869 H B	663-6218 H B

☐ VICTIM NO. ___: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM
TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.	
SERIAL AND/OR OWNER APPLIED NO.		STATE
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR / MAKE / TYPE
MODEL	STYLE	COLOR / BRAND NAME / CALIBER
NIC NO.	DENOMINATION	ISSUER / SECURITIES DATE
MISCELLANEOUS		

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
B-C. Owens	08/25/04	5070	K Eagerton	AUG 25 2004	2015
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

JW

AUG 24 2004

AGENCY I.D. SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE INCIDENT REPORT

CASE NUMBER: 04-026474

NCIC: INO. | ENTD.

EVENT

	INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1.	HARASSMENT	☑ YES ☐ NO	☐ YES ☑ NO	HOM	1
2.		☐ YES ☐ NO	☐ YES ☐ NO		
3.		☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☑ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 415 GLOVER ST WARRENVILLE SC | ZIP CODE: 29851 | WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
5-27-04	0800		5-27-04	1600	5-27-04	1635	1643	1710	8N22

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (J S O U)	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
BAILEY VICKY	AQ			J S O U	W	F	26	N	593-7742 (H)	H B

ADDRESS: 415 GLOVER ST | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N22

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (J S O U)	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
PHILLIPS, TIFFANY	AQ			J S O U	W	F	28	N	593-7742 (H)	H B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
504	215	BRN	BLU	

ADDRESS: 415 GLOVER ST | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N22

VISIBLE INJURY (VICT. 1) ☐ YES NO ☑ EXPLAIN — | COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☑

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☑ UNK. ☐ DRUGS: ☐ YES NO ☑ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ | *J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☑ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
WAITE, MARIE	W	F	23	N	1-20-81	508	180	BLK	BLU

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC

ADDRESS: 180 BONNIE BLUE DR | CITY: AIKEN | STATE: SC | ZIP CODE: 29801 | LOCATION NO.: 8I33

SUBJECT (NO. 1) USING: ALCOHOL ☐ YES NO ☐ UNK ☑ DRUGS: ☐ YES NO ☐ UNK ☑ TYPE: | ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☑ TOTAL # ARRESTED | DATE/TIME OF OFFENSE | DATE/TIME OF ARREST

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

RO MET WITH COMPLAINANT WHO STATED THAT THE SUBJECT HAS BEEN TELEPHONING HER AND THE VICTIMS DESIGNER MULTIPLE TIMES. RO ATTEMPTED TO CONTACT SUBJECT VIA TELEPHONE RO LEFT A MESSAGE. RO ADVISED COMPLAINANT OF SC LAW RO HAS NO FURTHER. RO UNABLE TO CONTACT SUBJECT.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

MAY 28 2004

PROPERTY EST.

TYPE (GROUP)						TOTAL VALUE
STOLEN						
DAMAGED						
BURNED						
RECOVERED						
SEIZED						

ADMINISTRATIVE

SUBJECT IDENTIFIED ☑ YES NO ☐ | SUBJECT LOCATED ☑ YES NO ☐ | ☐ ACTIVE ☑ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY.

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
DEP SHUNN	5-27-04	4627	GANEM	5-28-04	4124

FOLLOW-UP INVESTIGATION ☐ YES NO ☑ | OFFICER

28

AGENCY I.D.
SCO 0020000

AIKEN COU[illegible] SHERIFF'S OFFICE
INC[illegible]NT REPORT

CASE NUMBER: 04-026107

NCIC: INQ. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. HARASSMENT	☒ YES ☐ NO	☐ YES ☒ NO	HOM	05
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☒ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 415 GLOVER ST. WARRENVILLE SC | ZIP CODE: 29851 | WEAPON TYPE: —

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
052504	1900		—	—	052504	1916	1931	1945	8N21

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): SAME AS VICT. 1 | RELATIONSHIP TO SUBJECT #1 #2 #3 | RESIDENT: J S O U | RACE | SEX | AGE | ETH. | DAYTIME PHONE H B | EVENING PHONE H B

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): PHILLIPS, TIFFANY | RELATIONSHIP TO SUBJECT #1: AQ #2 #3 | RESIDENT: J S O U | RACE: W | SEX: F | AGE: 28 | ETH.: N | DAYTIME PHONE: 593-7742 H B | EVENING PHONE H B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
501	210	BLD	BRO	

ADDRESS: 415 GLOVER ST. | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N21

VISIBLE INJURY (VICT. 1) ☐ YES NO ☒ EXPLAIN — | COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☒

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ | J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
WHITE, MARIE	W	F	22	N					

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC: PH # 649-5789

ADDRESS: 130 BONNIE BLU LN. | CITY: AIKEN | STATE: SC | ZIP CODE: 29801 | LOCATION NO.: 9I33

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☐ UNK ☒ | DRUGS: ☐ YES NO ☐ UNK ☒ TYPE: | ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☒ | TOTAL # ARRESTED 0 | DATE/TIME OF OFFENSE | DATE/TIME OF ARREST

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

R/O MET WITH VICT. (PHILLIPS) WHO STATED THAT THE SUB (WHITE) HAS BEEN CALLING HER RESIDENCE SEVERAL TIMES A DAY FOR THE PAST FEW WEEKS. VICT. STATED THE SUB. USUALLY DOESN'T SAY ANYTHING. VICT. STATED THAT SHE HAS ASKED SUB TO STOP CALLING SEVERAL TIMES. R/O ADVISED VICT. THAT 3 INCIDENTS WOULD NEED TO BE DOCUMENTED BEFORE A WARRANT COULD BE SOUT. R/O WAS UNABLE TO MAKE CONTACT WITH SUB. R/O HAS NO FURTHER.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES NO ☒ | SUBJECT LOCATED ☒ YES NO ☐ | ☐ ACTIVE ☒ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
B. WERTZ	052504	5015	SSGT. LOONEY	5/26/04	5032

FOLLOW-UP INVESTIGATION ☐ YES NO ☒ OFFICER

MAY 26 2004

AGENCY I.D. SCO 0020000

AIKEN COU. . . SHERIFF'S OFFICE INCIDENT REPORT

CASE NUMBER: 04-000569.0

NCIC: INC. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Harassment	☑ YES ☐ NO	☐ YES ☒ NO	Hom	N/A
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☑ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc/Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 323 Cumbee Trail Rd Batesburg, SC | ZIP CODE: 29129 | WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
2-4-04	1930				2-4-04	1936	1941	1958	11-m-49

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): Same as victim | RELATIONSHIP TO SUBJECT #1 #2 #3 | RESIDENT • J S O U | RACE | SEX | AGE | ETH. | DAYTIME PHONE H S | EVENING PHONE H S

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): White, Eugene | RELATIONSHIP TO SUBJECT #1 SE #2 #3 | RESIDENT • J (O) U | RACE Wm | SEX | AGE 26 | ETH. N | DAYTIME PHONE 642 4460 H S | EVENING PHONE H S

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
504	200	Brn	Brn	

ADDRESS: 323 Cumbee Trail Rd | CITY: Batesburg | STATE: SC | ZIP CODE: 29129 | LOCATION NO.: 11-m-49

VISIBLE INJURY (VICT. 1) ☐ YES ☒ NO EXPLAIN — | COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES ☒ NO

VICTIM (NO. 1) USING: ALCOHOL ☐ YES ☒ NO ☐ UNK. | DRUGS: ☐ YES ☒ NO ☐ UNK. | TYPE:

TWO-MAN VEH. ☐ | ONE-MAN VEH. ☐ | DETECTIVE/SPLASHT. ☐ | OTHER ☐ | ALONE ☐ | ASSISTED ☐ | • J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE): White Marie | RACE W | SEX F | AGE 23 | ETH. N | DATE OF BIRTH 1-20-81 | HEIGHT 410 | WEIGHT 180 | HAIR Brn | EYES Hzl

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: # 508-5495

ADDRESS: Bonnie Blue Lane | CITY: Aiken | STATE: SC | ZIP CODE: 29805 | LOCATION NO.: 9-I-33

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES ☐ NO ☒ UNK. | DRUGS: ☐ YES ☐ NO ☒ UNK. TYPE: | ARRESTED NEAR OFFENSE SCENE ☐ YES ☒ NO | TOTAL # ARRESTED 0 | DATE/TIME OF OFFENSE | DATE/TIME OF ARREST

NARRATIVE

CHARGE #1	CHARGE #2	CHARGE #3

R/o spoke to vict. who stated he has had an ongoing problem with subj. calling him and hanging up. Vict. stated he and subj. are seperated. Vict stated he knows its subj. calling because he recognizes her number and the calls are originating from 508-5495. Vict. stated subj. called 3 times on 2-1-04 and 10 times on 2-4-04. Vict. stated he wished for this incident documented. Vict. stated he did complete one other report at this time (04-004132) and will continue to document the phone calls. R/o will take no further action at this time. R/o attempted to contact subj. to no avail.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

	TYPE (GROUP)							TOTAL VALUE
STOLEN								
DAMAGED								
BURNED								
RECOVERED								
SEIZED								

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
K Sievers	2-4-04	4511	[signature]	2-4-04	4114

FOLLOW-UP INVESTIGATION ☐ YES ☐ NO | OFFICER

FEB 05 2004

30

Z-4

AGENCY I.D. SC0020000

SUPPLEMENTARY REPORT

Case Number 04-095690

NCIC Inq.

☒ Original Report ☐ Supplemental Report ☐ Follow-up ☐ Additional Victims ☐ Additional Offender ☐ Additional Stolen Property ☐ Additional Recovered

Incident Type: Harassment **Date:** 2-4-04 **Time:** 1930

Victims Name: Eugene White **Subject's Name:** Marie White

☐ Warrant was obtained by Deputy	Date:	Judge:
☐ No suspects leads or clues have been developed	Date:	
☐ Contacted victim by telephone	Date:	Time:
☐ Contacted victim in person	Date:	Time:
☐ Case was turned over to CID	Date	Invest:

Narrative: (Calls received by vict.)

2-4-04 - 1356 pm hrs
1630
1703
1705
1710
1730
1745
1800
1900
1930

2-1-04 - ~~0~~ 2233 hr
2300 hr
2330 hr

Subject Identified ☒ Yes ☐ No | Subject Located ☒ Yes ☐ No | ☐ Active ☐ Arrested Over 18 | ☐ Adm. Close ☐ Arrested Under 18 | ☐ Unfounded ☐ Ex-Clear Under 18 | ☐ ExClear Over18

Reason for Ex-Clear ☐ 1. Offender Death ☐ 2. No Prosecution ☐ 3. Extradition Denied ☐ 4. Victim Declines Coop. ☐ 5. Juvenile No custody

FEB 05 2004

Reporting Officer	Date:	Unit#	Approving Officer	Date	Unit#	Follow-up Invest.
K. Sievers	2-4-04	4511	Conroy	2-4-04	4134	☐ Yes ☒ No

AGENCY I.D. SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE INCIDENT REPORT

CASE NUMBER: 04-004132

NCIC: INC. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. Domestic	☒ YES ☐ NO	☐ YES ☒ NO	Hom	0	☒ Individual
2.	☐ YES ☐ NO	☐ YES ☐ NO			☐ Business, ☐ Financial Inst., ☐ Government, ☐ Relig. Orgn., ☐ Soc./Public, ☐ Other, ☐ Unknown, ☐ Police Off.
3.	☐ YES ☐ NO	☐ YES ☐ NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 321 Cumbee Trail Rd. Aiken, SC

ZIP CODE: 29805

WEAPON TYPE: VIA

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
012704	1610		012704	2130	012704	2124	2139	2225	11 H 46

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): Same as vict.

RELATIONSHIP TO SUBJECT: #1 #2 #3

RESIDENT: • J S O U

RACE | SEX | AGE | ETH. | DAYTIME PHONE (H/B) | EVENING PHONE (H/B)

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): White, Eugene

RELATIONSHIP TO SUBJECT: #1 SE #2 #3

RESIDENT: • J S O U

RACE	SEX	AGE	ETH.	DAYTIME PHONE (H/B)	EVENING PHONE (H/B)
W	M	28	N	642 4480	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
504	185	Brn	Brn	

ADDRESS: 321 Cumbee Trail Rd. | CITY: Aiken | STATE: SC | ZIP CODE: 29805 | LOCATION NO.: 11 H 46

VISIBLE INJURY (VICT. 1) ☐ YES NO ☒ EXPLAIN —

COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☒

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPL ASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐

'J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): White, Peggy Marie

RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
W	F	23	N	012081	411	165	Brn	Hzl

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: oh H 508 5495

ADDRESS: unk. | CITY | STATE | ZIP CODE | LOCATION NO.

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☐ UNK ☒ DRUGS: ☐ YES NO ☐ UNK ☒ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☒ TOTAL # ARRESTED: 0

DATE/TIME OF OFFENSE | DATE/TIME OF ARREST

CHARGE #1	CHARGE #2	CHARGE #3

NARRATIVE

RFO spoke to vict. who stated subj. has called his quarters time between above date and time. Vict. stated subj. will sometimes hang up and will sometime threaten to break into incident location and destroy it. Vict. stated he and subj. have an order of protection through Family Court. RFO contacted dispatch which located it in the computer but was unable to locate the original. Vict. stated he wished to have the incident documented in order to present the complaint to Family Court. RFO has no further.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

	TYPE (GROUP)							TOTAL VALUE
STOLEN								
DAMAGED								
BURNED								
RECOVERED								
SEIZED								

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☐ YES ☒ NO | ☐ ACTIVE ☒ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
B. Gulick	012704	4111	LT. [signature]	1-28-04	4460

FOLLOW-UP INVESTIGATION ☐ YES NO ☒ OFFICER

JAN 28 2004

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Law Enforcement Record Request

To: Aiken County Sheriff's Department
420 Hampton Avenue, NE
Aiken, SC 29801
Criminal Records Division

From: Aiken County Department of Social Services
North Augusta Branch
802 E. Martintown Road
North Augusta, SC 29841

The below captioned persons is/are being investigated by our Children's Protective Services Unit. We are required to check police records of our clients. Please submit a copy of record, if any, or indicate below if none is on file. Return this form to our agency. Thank you for your assistance.

Name: Gerald Carlisle Jr.
DOB: 07-19-1979
SSN: 251-41-4139

Address: 1057B Adams Avenue Aiken SC 29802
Record is limited to ACSO only
Record ✓ No record ____
Checked By SW Date 10-6-08
Criminal Record on file:
YES: ✓ NO: ____

Incident Reports: (please send all reports also)
YES: ✓ NO: ____

Name: Allison Mikell
DOB: 09/23/1981
SSN: 256-39-8671

Record is limited to ACSO only
Record ✓ No record ____
Checked By SW Date 10-6-08
Criminal Record on file:
YES: ✓ NO: ____

Incident Reports: (please send all reports also)
YES: ✓ NO: ____

Aiken County Sheriff's Office
-- Records Section --
420 Hampton Avenue, NE
Aiken, SC 29801

Caseworker: Bashonna Coates
803-202-3527

Supervisor: Christine Wright
803-202-3537

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: 10/06/2008 08:48 (Mon)

Last Name:	CARLISLE JR				
First Name:	GERALD	Middle: LESLIE	Suffix:	Nick Name:	JERRY
Address:	1057 ADAMS AVE B				
City:	AIKEN	SC 29803	Sex: M	Race:	W
Date Of Birth:	07/19/1979	Age: 29	Height: 509	Weight:	170
Phone:	803-380-4141	SSN: 251-41-4139	Eyes: BRO	Hair:	BRO
Place Of Birth:	AIKEN, SC		Build: MED	Complexion:	FAR
Local Id:	9072		Ethnic: N		
FBI:	706385KB5	Residence Status: J	Glasses: True		
SBI:		SBI State:	Facial: 05		
SRS:			Hair Len: SHT		
SID:	SC01264624	JJIS:	Dependant Count: 0		
Driver's Lic No:	007640209	SC			
Citizenship:	US	Marital Status:			

Associated Cases

INCIDENT#	OFFENSE		DATE REPORTED	DATE OCCURRED FROM / TO
REDACTED	REDACTED	Location: REDACTED		
Involvement: REDACTED	Age At Time:		REDACTED	REDACTED to REDACTED
Remarks: REDACTED				
Names Tab Comments:				
05-023123	TELEPHONE CALLS, OBSCENE, HAR	Location: 410 GLOVER ST GLOVERVILLE SC 29851		
Involvement: Suspect	Age At Time: 25		05/14/2005 21:10	05/14/2005 20:40 to 05/14/2005 21:15
Remarks:				
Names Tab Comments:				
05-023982	FAMILY OFFENSES, NONVIOLENT	Location: 1057B ADAMS AVE AIKEN SC 29803		
Involvement: Suspect	Age At Time: 25		05/19/2005 21:56	05/19/2005 21:56 to 05/19/2005 21:58
Remarks:				
Names Tab Comments:				
05-024005	FAMILY OFFENSES, NONVIOLENT	Location: 1057B ADAMS AVE AIKEN SC 29803		
Involvement: Suspect	Age At Time: 25		05/20/2005 00:46	05/20/2005 00:40 to 05/20/2005 00:50
Remarks:				
Names Tab Comments:				
05-024687	FAMILY OFFENSES, NONVIOLENT	Location: 1057B ADAMS AVE AIKEN SC 29803		
Involvement: Suspect	Age At Time: 25		05/23/2005 23:11	05/23/2005 23:00 to 05/23/2005 23:32
Remarks:				
Names Tab Comments:				

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: 10/06/2008 08:48 (Mon)

05-027847 SIMPLE ASSAULT Location: 1057 ADAMS AVE NEW ELLENTON SC 29809
Involvement: Suspect Age At Time:25 06/09/2005 18:34 06/09/2005 18:30 to 06/09/2005 18:30
Remarks:

Names Tab Comments:

05-033709 FORCIBLE FONDLING Location: 1057-B ADAMS AVE AIKEN SC 29803
Involvement: Suspect Age At Time:25 07/10/2005 22:31 07/09/2005 12:00 to 07/10/2005 19:30
Remarks:

Names Tab Comments:

06-006796 ALL OTHER OFFENSES Location: ASCAUGA LAKE RD AND WHITEHALL RD NORTH AUGUSTA
Involvement: Suspect Age At Time:26 02/06/2006 11:39 02/06/2006 11:39 to 02/06/2006 11:40
Remarks:

Names Tab Comments:

06-052714 FAMILY OFFENSES, NONVIOLENT Location: 406 GLOVER ST GLOVERVILLE SC 29851
Involvement: Victim Age At Time:27 09/25/2006 18:34 09/25/2006 18:30 to 09/25/2006 18:38
Remarks:

Names Tab Comments:

06-054870 DESTRUCTION/DAMAGE/VANDALISM Location: 410 GLOVER ST WARRENVILLE SC 29851
Involvement: Suspect Age At Time:27 10/04/2006 20:39 10/04/2006 20:20 to 10/04/2006 20:50
Remarks:

Names Tab Comments: MIPP < $1000.00 21452DT

06-061615 LARCENY (ALL OTHER) Location: 406 GLOVER ST WARRENVILLE SC 29851
Involvement: Victim Age At Time:27 11/06/2006 17:49 11/06/2006 14:30 to 11/06/2006 17:30
Remarks:

Names Tab Comments:

07-000378 SIMPLE ASSAULT Location: 406 GLOVER ST GLOVERVILLE SC 29851
Involvement: Victim Age At Time:27 01/02/2007 22:34 01/02/2007 22:30 to 01/02/2007 22:37
Remarks:

Names Tab Comments:

07-002668 TRESPASS OF REAL PROPERTY Location: 231 HUDSON RD AIKEN SC 29801
Involvement: Complainant Age At Time:27 01/14/2007 22:41 01/14/2007 22:30 to 01/14/2007 23:01
Remarks:

Names Tab Comments:

REDACTED REDACTED Location: REDACTED
Involvement: REDACTED Age At Time: REDACTED REDACTED to REDACTED
Remarks: REDACTED

Names Tab Comments:

07-064123 ALL OTHER OFFENSES Location: 1057 B ADAMS AVE NEW ELLENTON SC 29809
Involvement: Victim Age At Time:28 11/07/2007 18:17 10/15/2007 21:30 to 11/05/2007 21:00
Remarks:

Names Tab Comments:

99-008599 No Offense Recorded Location:
Involvement: Suspect Age At Time:UNKNOWN to
Remarks:

Names Tab Comments:

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: 10/06/2008 08:48 (Mon)

Citations

CITATION#	DATE	VIOLATION	ORDINANCE	FINE AMT	COST AMT	TOTAL AMT	DUE DATE
90884AT	11/21/1998		UNINSURED VEHICLE OP	50.00	0.00	50.00	

COURT: Central Traffic Court COURT DATE: 12/17/1998 COURT DAY: THU

PLATE: STATE: YEAR: 0 MAKE: MODEL:

VERDICT: GUILTY VERDICT DATE: 12/17/1998

DISPOSITION DESCRIPTION: GUILTY/FINE/CTC

COMMENT:

CITATION#	DATE	VIOLATION	ORDINANCE	FINE AMT	COST AMT	TOTAL AMT	DUE DATE
90885AT	11/21/1998		REGISTRATION REQUIRE	50.00	0.00	50.00	

COURT: Central Traffic Court COURT DATE: 12/17/1998 COURT DAY: THU

PLATE: STATE: YEAR: 0 MAKE: MODEL:

VERDICT: GUILTY VERDICT DATE: 12/17/1998

DISPOSITION DESCRIPTION: GUILTY/FINE 50.00/CTC

COMMENT:

Court Documents

DOCUMENT TYPE: Warrant SERVE THIS PERSON?: YES NAME TYPE: Defendant (DEF)

DOCUMENT NUMBER: F573967 COURT NUMBER: STATUS: Cleared

ISSUED ON: 04/27/1999 EXPIRES ON: SERVED ON: SERVED BY: RANDALL, HORACE TIMOTHY

SERVED HOW: SERVED TO: RELATION:

PLACE SERVED:

BAIL: $0 COURT: JUDGE: AIKEN FINAL DISPOSITION:

SENTENCE DATE: 06/01/1999 FINAL DISPOSITION: JAIL IMPOSED (Months): JAIL SUSPENDED (Months):

SENTENCE DESCRIPTION: GUILTY/FIINE 95.00

CHARGES:

CHARGE CODE	DESCRIPTION
34-011-0060	FRAUDULENT CHECK

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: 10/06/2008 08:48 (Mon)

DOCUMENT TYPE: Warrant
SERVE THIS PERSON?: YES
NAME TYPE: Defendant (DEF)
DOCUMENT NUMBER: K206662
COURT NUMBER:
STATUS: Cleared
ISSUED ON: 11/21/2007
EXPIRES ON:
SERVED ON: 11/21/2007
SERVED BY: HAHN, TIMOTHY DEAN
SERVED HOW:
SERVED TO:
RELATION:
PLACE SERVED:
BAIL: $0
COURT:
JUDGE: BOND JUDGE
FINAL DISPOSITION: Pending Court Date
SENTENCE DATE:
FINAL DISPOSITION:
JAIL IMPOSED (Months):
JAIL SUSPENDED (Months):
SENTENCE DESCRIPTION:
CHARGES:

CHARGE CODE	DESCRIPTION
16-015-0140	LEWD ACT ON CHILD

DOCUMENT TYPE: Warrant
SERVE THIS PERSON?: YES
NAME TYPE: Defendant (DEF)
DOCUMENT NUMBER: K206663
COURT NUMBER:
STATUS: Cleared
ISSUED ON: 11/21/2007
EXPIRES ON:
SERVED ON: 11/21/2007
SERVED BY: HAHN, TIMOTHY DEAN
SERVED HOW:
SERVED TO:
RELATION:
PLACE SERVED:
BAIL: $0
COURT:
JUDGE: BOND JUDGE
FINAL DISPOSITION: Pending Court Date
SENTENCE DATE:
FINAL DISPOSITION:
JAIL IMPOSED (Months):
JAIL SUSPENDED (Months):
SENTENCE DESCRIPTION:
CHARGES:

CHARGE CODE	DESCRIPTION
16-015-0140	LEWD ACT ON CHILD

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: 10/06/2008 08:48 (Mon)

DOCUMENT TYPE: Warrant
SERVE THIS PERSON?: YES
NAME TYPE: Defendant (DEF)
DOCUMENT NUMBER: K206664
COURT NUMBER:
STATUS: Cleared
ISSUED ON: 11/21/2007
EXPIRES ON:
SERVED ON: 11/21/2007
SERVED BY: HAHN, TIMOTHY DEAN
SERVED HOW:
SERVED TO:
RELATION:
PLACE SERVED:
BAIL: $0
COURT:
JUDGE: BOND JUDGE
FINAL DISPOSITION: Pending Court Date
SENTENCE DATE:
FINAL DISPOSITION:
JAIL IMPOSED (Months):
JAIL SUSPENDED (Months):
SENTENCE DESCRIPTION:
CHARGES:

CHARGE CODE	DESCRIPTION
16-015-0140	LEWD ACT ON CHILD

DOCUMENT TYPE: Warrant
SERVE THIS PERSON?: YES
NAME TYPE: Defendant (DEF)
DOCUMENT NUMBER: K206665
COURT NUMBER:
STATUS: Cleared
ISSUED ON: 11/21/2007
EXPIRES ON:
SERVED ON: 11/21/2007
SERVED BY: HAHN, TIMOTHY DEAN
SERVED HOW:
SERVED TO:
RELATION:
PLACE SERVED:
BAIL: $0
COURT:
JUDGE: BOND JUDGE
FINAL DISPOSITION: Pending Court Date
SENTENCE DATE:
FINAL DISPOSITION:
JAIL IMPOSED (Months):
JAIL SUSPENDED (Months):
SENTENCE DESCRIPTION:
CHARGES:

CHARGE CODE	DESCRIPTION
16-015-0140	LEWD ACT ON CHILD

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: **10/06/2008 08:48 (Mon)**

DOCUMENT TYPE: **Warrant** | SERVE THIS PERSON?: **YES** | NAME TYPE: **Defendant (DEF)**

DOCUMENT NUMBER: **K206666** | COURT NUMBER: | STATUS: **Cleared**

ISSUED ON: **11/21/2007** | EXPIRES ON: | SERVED ON: **11/21/2007** | SERVED BY: **HAHN, TIMOTHY DEAN**

SERVED HOW: | SERVED TO: | RELATION:

PLACE SERVED:

BAIL: **$0** | COURT: | JUDGE: **BOND JUDGE** | FINAL DISPOSITION: Pending Court Date

SENTENCE DATE: | FINAL DISPOSITION: | JAIL IMPOSED (Months): | JAIL SUSPENDED (Months):

SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-015-0140	**LEWD ACT ON CHILD**

DOCUMENT TYPE: **Warrant** | SERVE THIS PERSON?: **YES** | NAME TYPE: **Defendant (DEF)**

DOCUMENT NUMBER: **K206667** | COURT NUMBER: | STATUS: **Cleared**

ISSUED ON: **11/21/2007** | EXPIRES ON: | SERVED ON: **11/21/2007** | SERVED BY: **HAHN, TIMOTHY DEAN**

SERVED HOW: | SERVED TO: | RELATION:

PLACE SERVED:

BAIL: **$0** | COURT: | JUDGE: **BOND JUDGE** | FINAL DISPOSITION: Pending Court Date

SENTENCE DATE: | FINAL DISPOSITION: | JAIL IMPOSED (Months): | JAIL SUSPENDED (Months):

SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-015-0140	**LEWD ACT ON CHILD**

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: 10/06/2008 08:48 (Mon)

DOCUMENT TYPE: Warrant
SERVE THIS PERSON?: YES
NAME TYPE: Defendant (DEF)
DOCUMENT NUMBER: K206668
COURT NUMBER:
STATUS: Cleared
ISSUED ON: 11/21/2007
EXPIRES ON:
SERVED ON: 11/21/2007
SERVED BY: HAHN, TIMOTHY DEAN
SERVED HOW:
SERVED TO:
RELATION:
PLACE SERVED:
BAIL: $0
COURT:
JUDGE: BOND JUDGE
FINAL DISPOSITION: Pending Court Date
SENTENCE DATE:
FINAL DISPOSITION:
JAIL IMPOSED (Months):
JAIL SUSPENDED (Months):
SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-015-0140	LEWD ACT ON CHILD

DOCUMENT TYPE: Warrant
SERVE THIS PERSON?: YES
NAME TYPE: Defendant (DEF)
DOCUMENT NUMBER: K206669
COURT NUMBER:
STATUS: Cleared
ISSUED ON: 11/21/2007
EXPIRES ON:
SERVED ON: 11/21/2007
SERVED BY: HAHN, TIMOTHY DEAN
SERVED HOW:
SERVED TO:
RELATION:
PLACE SERVED:
BAIL: $0
COURT:
JUDGE: BOND JUDGE
FINAL DISPOSITION: Pending Court Date
SENTENCE DATE:
FINAL DISPOSITION:
JAIL IMPOSED (Months):
JAIL SUSPENDED (Months):
SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-003-0655 1	CRIMINAL SEXUAL CONDUCT W/MINOR 1ST

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: **10/06/2008 08:48 (Mon)**

DOCUMENT TYPE: **Warrant** | SERVE THIS PERSON?: **YES** | NAME TYPE: **Defendant (DEF)**

DOCUMENT NUMBER: **K206671** | COURT NUMBER: | STATUS: **Cleared**

ISSUED ON: **11/21/2007** | EXPIRES ON: | SERVED ON: **11/21/2007** | SERVED BY: **HAHN, TIMOTHY DEAN**

SERVED HOW: | SERVED TO: | RELATION:

PLACE SERVED:

BAIL: **$0** | COURT: | JUDGE: **BOND JUDGE** | FINAL DISPOSITION: Pending Court Date

SENTENCE DATE: | FINAL DISPOSITION: | JAIL IMPOSED: | JAIL SUSPENDED:
(Months) (Months)

SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-003-0655 1	CRIMINAL SEXUAL CONDUCT W/MINOR 1ST

DOCUMENT TYPE: **Warrant** | SERVE THIS PERSON?: **YES** | NAME TYPE: **Defendant (DEF)**

DOCUMENT NUMBER: **K206672** | COURT NUMBER: | STATUS: **Cleared**

ISSUED ON: **11/21/2007** | EXPIRES ON: | SERVED ON: **11/21/2007** | SERVED BY: **HAHN, TIMOTHY DEAN**

SERVED HOW: | SERVED TO: | RELATION:

PLACE SERVED:

BAIL: **$0** | COURT: | JUDGE: **BOND JUDGE** | FINAL DISPOSITION: Pending Court Date

SENTENCE DATE: | FINAL DISPOSITION: | JAIL IMPOSED: | JAIL SUSPENDED:
(Months) (Months)

SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-003-0655 1	CRIMINAL SEXUAL CONDUCT W/MINOR 1ST

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: **10/06/2008 08:48 (Mon)**

DOCUMENT TYPE: **Warrant** | SERVE THIS PERSON?: **YES** | NAME TYPE: **Defendant (DEF)**

DOCUMENT NUMBER: **K206673** | COURT NUMBER: | STATUS: **Cleared**

ISSUED ON: **11/21/2007** | EXPIRES ON: | SERVED ON: **11/21/2007** | SERVED BY: **HAHN, TIMOTHY DEAN**

SERVED HOW: | SERVED TO: | RELATION:

PLACE SERVED:

BAIL: **$0** | COURT: | JUDGE: **BOND JUDGE** | FINAL DISPOSITION: Pending Court Date

SENTENCE DATE: | FINAL DISPOSITION: | JAIL IMPOSED: | (Months) | JAIL SUSPENDED: | (Months)

SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-003-0655 1	CRIMINAL SEXUAL CONDUCT W/MINOR 1ST

DOCUMENT TYPE: **Warrant** | SERVE THIS PERSON?: **YES** | NAME TYPE: **Defendant (DEF)**

DOCUMENT NUMBER: **K206674** | COURT NUMBER: | STATUS: **Cleared**

ISSUED ON: **11/21/2007** | EXPIRES ON: | SERVED ON: **11/21/2007** | SERVED BY: **HAHN, TIMOTHY DEAN**

SERVED HOW: | SERVED TO: | RELATION:

PLACE SERVED:

BAIL: **$0** | COURT: | JUDGE: **GENERAL SESSION COURT** | FINAL DISPOSITION: Pending Court Date

SENTENCE DATE: | FINAL DISPOSITION: | JAIL IMPOSED: | (Months) | JAIL SUSPENDED: | (Months)

SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-003-0655 1	CRIMINAL SEXUAL CONDUCT W/MINOR 1ST

Individual Data Sheet
FOR: CARLISLE JR, GERALD LESLIE

Record# 25501

Printed On: 10/06/2008 08:48 (Mon)

DOCUMENT TYPE: Warrant | SERVE THIS PERSON?: YES | NAME TYPE: Defendant (DEF)

DOCUMENT NUMBER: K206675 | COURT NUMBER: | STATUS: Cleared

ISSUED ON: 11/21/2007 | EXPIRES ON: | SERVED ON: 11/21/2007 | SERVED BY: HAHN, TIMOTHY DEAN

SERVED HOW: | SERVED TO: | RELATION:

PLACE SERVED:

BAIL: $0 | COURT: | JUDGE: BOND JUDGE | FINAL DISPOSITION: Pending Court Date

SENTENCE DATE: | FINAL DISPOSITION: | JAIL IMPOSED (Months): | JAIL SUSPENDED (Months):

SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-003-0655 1	CRIMINAL SEXUAL CONDUCT W/MINOR 1ST

DOCUMENT TYPE: Warrant | SERVE THIS PERSON?: YES | NAME TYPE: Defendant (DEF)

DOCUMENT NUMBER: K206676 | COURT NUMBER: | STATUS: Cleared

ISSUED ON: 11/21/2007 | EXPIRES ON: | SERVED ON: 11/21/2007 | SERVED BY: HAHN, TIMOTHY DEAN

SERVED HOW: | SERVED TO: | RELATION:

PLACE SERVED:

BAIL: $0 | COURT: | JUDGE: BOND JUDGE | FINAL DISPOSITION: Pending Court Date

SENTENCE DATE: | FINAL DISPOSITION: | JAIL IMPOSED (Months): | JAIL SUSPENDED (Months):

SENTENCE DESCRIPTION:

CHARGES:

CHARGE CODE	DESCRIPTION
16-003-0655 1	CRIMINAL SEXUAL CONDUCT W/MINOR 1ST

Description:

Description:

Individual Data Sheet
FOR: MIKELL, ALLISON DENISE

Record# 99364

Printed On: 10/6/2008 09:26 (Mon)

Last Name:	MIKELL				
First Name:	ALLISON	Middle: DENISE	Suffix:	Nick Name:	
Address:	1057 B ADAMS AVE				
City:	AIKEN	SC 29803	Sex: F	Race: W	
Date Of Birth:	9/23/1981	Age: 27	Height: 505	Weight: 290	
Phone:	803-652-2923	SSN: 256-39-8671	Eyes: BRO	Hair: BRO	
Place Of Birth:	AUGUSTA		Build: L	Complexion: OLIV	
Local Id:	7799		Ethnic: N		
FBI:		Residence Status: J	Glasses: N		
SBI:		SBI State:	Facial:		
SRS:			Hair Len: LON		
SID:		JJIS:	Dependant Count: 0		
Driver's Lic No:	011261662	SC			
Citizenship:	US	Marital Status:			

Associated Cases

INCIDENT#	OFFENSE		DATE REPORTED	DATE OCCURRED FROM / TO
00-042347	WEAPON LAW VIOLATIONS	Location: 401 GLOVER ST WARRENVILLE SC 29828	9/22/2000 9:49:51 PM	9/22/2000 9:15:00 PM
Involvement: Witness	Age At Time: 18			
Remarks:				
Names Tab Comments:				
01-009204	SIMPLE ASSAULT	Location: 201 HESTER LN GRANITEVILLE SC 29829	3/18/2001 11:25:27 PM	3/18/2001 11:15:00 PM 3/18/2001 11:15:00 PM
Involvement: Victim	Age At Time: 19			
Remarks:				
Names Tab Comments:				
02-020438	FAMILY OFFENSES, NONVIOLENT	Location: 415 GLOVER ST GLOVERVILLE SC 29851	5/31/2002 12:20:33 PM	5/31/2002 12:20:00 PM 5/31/2002 12:20:00 PM
Involvement: Suspect	Age At Time: 20			
Remarks:				
Names Tab Comments:				
03-009277	FAMILY OFFENSES, NONVIOLENT	Location: 110 MONROE ST WARRENVILLE SC 29851	3/11/2003 4:48:18 PM	3/11/2003 3:00:00 PM 3/11/2003 4:00:00 PM
Involvement: Suspect	Age At Time: 21			
Remarks:				
Names Tab Comments:				
03-013971	FAMILY OFFENSES, NONVIOLENT	Location: MONROE ST WARRENVILLE SC 29851	4/14/2003 4:53:01 PM	4/14/2003 5:00:00 PM 4/14/2003 5:20:00 PM
Involvement: Victim	Age At Time: 21			
Remarks:				
Names Tab Comments:				

Individual Data Sheet
FOR: MIKELL, ALLISON DENISE

Record# 99364

Printed On: 10/6/2008 09:26 (Mon)

03-021391 LARCENY (ALL OTHER) Location: 751 LEITNER ST GRANITEVILLE SC 29829
Involvement: Suspect Age At Time:21 6/2/2003 1:22:53 PM 6/10/2003 12:00:00 PM 6/17/2003 12:00:00 PM
Remarks:

Names Tab Comments:

03-041261 SIMPLE ASSAULT Location: 201 HESTER LN GRANITEVILLE SC 29829
Involvement: Victim Age At Time:22 9/27/2003 8:06:37 PM 9/27/2003 8:00:00 PM 9/27/2003 8:10:00 PM
Remarks:

Names Tab Comments:

03-004201 FAMILY OFFENSES, NONVIOLENT Location: 101 MILLER ST BEECH ISLAND SC 29842
Involvement: Suspect Age At Time:21 10/2/2003 8:44:51 AM 10/3/2003 7:30:00 AM 10/2/2003 7:46:00 AM
Remarks:

Names Tab Comments:

03-043170 SIMPLE ASSAULT Location: 201 HESTER LN GRANITEVILLE SC 29829
Involvement: Victim Age At Time:22 10/9/2003 7:38:46 PM 10/9/2003 7:45:00 PM 10/9/2003 7:56:00 PM
Remarks:

Names Tab Comments:

04-001922 MISSING PERSONS Location: 75 EDISTO LAKE RD WAGENER SC
Involvement: Victim Age At Time:22 2/19/2004 9:14:32 AM 2/10/2004 5:00:00 PM 2/10/2004 5:00:00 PM
Remarks:

Names Tab Comments:

04-023871 INTIMIDATION (SUB-CODE BOMB THI Location: 130 BONNIE BLUE RD AIKEN SC
Involvement: Victim Age At Time:22 5/13/2004 11:40:06 PM 5/13/2004 4:00:00 PM 5/13/2004 11:43:00 PM
Remarks:

Names Tab Comments:

04-028643 CIVIL MATTER Location: 415 GLOVER ST GLOVERVILLE SC 29851
Involvement: Suspect Age At Time:22 6/7/2004 2:37:07 PM 6/1/2004 8:00:00 AM 6/7/2004 2:40:00 PM
Remarks:

Names Tab Comments:

04-047959 ACCIDENT PRIVATE PROPERTY Location: 4390 JEFFERSON DAVIS HWY CLEARWATER SC 29822
Involvement: Suspect Age At Time:22 9/18/2004 1:53:42 AM 9/18/2004 2:00:00 AM 9/18/2004 2:00:00 AM
Remarks:

Names Tab Comments: DRIVER

05-024005 FAMILY OFFENSES, NONVIOLENT Location: 1057B ADAMS AVE AIKEN SC 29803
Involvement: Victim Age At Time:23 5/20/2005 12:46:54 AM 5/20/2005 12:40:00 AM 5/20/2005 12:50:00 AM
Remarks:

Names Tab Comments:

05-024687 FAMILY OFFENSES, NONVIOLENT Location: 1057B ADAMS AVE AIKEN SC 29803
Involvement: Victim Age At Time:23 5/23/2005 11:11:19 PM 5/23/2005 11:00:00 PM 5/23/2005 11:32:00 PM
Remarks:

Names Tab Comments:

05-033709 FORCIBLE FONDLING Location: 1057-B ADAMS AVE AIKEN SC 29803
Involvement: Other Involvement Age At Time:23 7/10/2005 10:31:35 PM 7/10/2005 12:00:00 PM 7/10/2005 7:30:00 PM
Remarks:

Names Tab Comments:

Individual Data Sheet
FOR: MIKELL, ALLISON DENISE

Record# 99364

Printed On: 10/6/2008 09:26 (Mon)

06-052714 FAMILY OFFENSES, NONVIOLENT Location: 406 GLOVER ST GLOVERVILLE SC 29851
Involvement: Suspect Age At Time:25 9/25/2006 6:34:51 PM 25/2006 6:30:00 PM 25/2006 6:38:00 PM
Remarks:

Names Tab Comments:

07-000378 SIMPLE ASSAULT Location: 406 GLOVER ST GLOVERVILLE SC 29851
Involvement: Suspect Age At Time:25 1/2/2007 10:34:05 PM 2/2007 10:30:00 PM 2/2007 10:37:00 PM
Remarks:

Names Tab Comments:

07-033712 CIVIL MATTER Location: 126 DOFF ST NEW ELLENTON SC 29809
Involvement: Suspect Age At Time:25 6/13/2007 9:25:04 AM 1/2007 8:00:00 AM 13/2007 9:00:00 AM
Remarks:

Names Tab Comments:

07-048085 LARCENY (THEFT FROM BUILDING) Location: 1082 ADAMS AVE NEW ELLENTON
Involvement: Suspect Age At Time:25 8/20/2007 2:49:54 PM 11/2007 12:00:00 PM 1/2007 12:00:00 PM
Remarks:

Names Tab Comments:

07-064123 ALL OTHER OFFENSES Location: 1057 B ADAMS AVE NEW ELLENTON SC 29809
Involvement: Victim Age At Time:26 11/7/2007 6:17:40 PM 0/15/2007 9:30:00 PM 5/2007 9:00:00 PM
Remarks:

Names Tab Comments:

08-012410 SIMPLE ASSAULT Location: 109 PARK AVE AIKEN SC 29801
Involvement: Witness Age At Time:26 3/10/2008 10:02:52 AM 0/2008 8:30:00 AM 10/2008 8:30:00 AM
Remarks:

Names Tab Comments:

08-041075 No Offense Recorded Location: 1055 ADAMS AVE AIKEN SC 29803
Involvement: Suspect Age At Time:26 7/28/2008 4:00:36 PM 26/2008 10:00:00 PM 28/2008 4:00:00 PM
Remarks:

Names Tab Comments:

08-048685 ACCIDENT PRIVATE PROPERTY Location: 2076 AUGUSTA RD GLOVERVILLE SC 29828
Involvement: Suspect Age At Time:26 9/1/2008 12:52:03 PM 1/2008 12:52:00 PM 1/2008 12:52:00 PM
Remarks:

Names Tab Comments:

Individual Data Sheet
FOR: MIKELL, ALLISON DENISE

Record# 99364

Printed On: 10/7/2008 09:50 (Tue)

Page: 1

Last Name:	MIKELL				
First Name:	ALLISON	Middle: DENISE	Suffix:	Nick Name:	
Address:	1057 B ADAMS AVE				
City:	AIKEN	SC 29803	Sex: F	Race: W	
Date Of Birth:	9/23/1981	Age: 27	Height: 505	Weight: 290	
Phone:	803-652-2923	SSN: 256-39-8671	Eyes: BRO	Hair: BRO	
Place Of Birth:	AUGUSTA		Build: L	Complexion: OLIV	
Local Id:	7799		Ethnic: N		
FBI:		Residence Status: J	Glasses: N		
SBI:		SBI State:	Facial:		
SRS:			Hair Len: LON		
SID:		JJIS:	Dependant Count: 0		
Driver's Lic No:	011261662	SC			
Citizenship:	US	Marital Status:			

Court Documents

DOCUMENT TYPE: Warrant
SERVE THIS PERSON?: YES
NAME TYPE: Defendant (DEF)

DOCUMENT NUMBER: H436757
COURT NUMBER:
STATUS: Cleared

ISSUED ON: 11/8/2007
EXPIRES ON:
SERVED ON: 11/23/2007
SERVED BY: AIKEN DEP PUB SAFETY

SERVED HOW:
SERVED TO:
RELATION:

PLACE SERVED:

BAIL: $0
COURT:
JUDGE: BEECH ISLAND
FINAL DISPOSITION: Guilty

SENTENCE DATE: 4/23/2008
FINAL DISPOSITION: Guilty
JAIL IMPOSED: 3 (Months)
JAIL SUSPENDED: 3 (Months)

SENTENCE DESCRIPTION:
GUILTY/90 DAYS SUSP UPON PROB 3 MO

CHARGES:

CHARGE CODE	DESCRIPTION
16-014-0060	FINANCIAL TRACS CARD FRAUD

Description:

DV

AGENCY I.D. SC0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

07 - 06A123 Z-5

INC. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Harassment	☑ YES ☐ NO	☐ YES ☒ NO	Hom	NA
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☒ INDIVIDUAL ☐ BUSINESS ☐ FINANCIAL INST. ☐ GOVERNMENT ☐ RELIGOUS ORG. ☐ SOCIETY/PUBLIC ☐ OTHER ☐ UNKNOWN ☐ POLICE OFF.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 1057-B Adams Ave., Aiken, SC. | ZIP CODE: 29803 | WEAPON TYPE: NA

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP DATE	DISP TIME	TIME ARRIVE	TIME DEPART	LOCATION #
10-15-07	2130		11-05-07	2100	110707	1830	1830	1906	30F22

COMPLAINANT NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J B O U	RACE	SEX	AGE	ETH.	DAY PHONE H B	NIGHT PHONE H B
Victims										

ADDRESS | CITY | STATE | ZIP CODE | LOCATION #

VICTIM 1

VICTIM NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J O U	RACE	SEX	AGE	ETH.
Mikell - Allison D.	Aq			J O U	W	F	26	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.
504	205	Blnd	Blu	09-23-81

ADDRESS	CITY	STATE	ZIP CODE	LOCATION #	DAY PHONE H B	NIGHT PHONE H B
1057-B Adams Ave.	Aiken	SC	29803	30P22	6480443	270-0310

☐ VISIBLE INJURY ☐ YES ☒ NO | COMPLAINT OF NON-VISIBLE INJURIES ☐ YES ☒ NO

VICTIM 1 USING ALCOHOL ☐ YES ☒ NO ☐ UNK. | DRUGS ☐ YES ☒ NO ☐ UNK. TYPE:

TWO MAN VEH. ☐ ONE MAN VEH. ☐ DETECTIVE/PLAINCT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ | *J – THIS JURISDICTION S-STATE O-OUT OF STATE U-UNKNOWN

SUBJECT 1

☒ SUBJECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	D.O.B.	HGT	WGT	HAIR	EYES
Whitman - Lisa	W	F	39	N	Oct 68	509	180	Brn	

FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION #
614 Forest Cir.	New Ellenton	SC	29809	30C23

SUBJECT 1: USING ALCOHOL: ☐ YES ☐ NO ☒ UNK. DRUGS: ☐ YES ☐ NO ☒ UNK. | ARRESTED NEAR OFFENSE SCENE ☐ YES ☒ NO TOTAL # ARRESTED 0 | DATE/TIME OF OFFENSE | DATE/TIME OF ARREST

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

R/O spoke with the victims, Mikell and Carlisle, by telephone. Both victims stated between the above dates/times, the subject, Whitman, has been following Mikell from her residence to her job on several occasions. Mikell stated she saw the subject in the vehicle parked on the roadside as she was driving to work and the subject followed her. Carlisle stated he was told by other family members that the subject has been observed in another vehicle parked on the roadside while he and Mikell

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

TYPE							TOTAL VALUE
	N/A						
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED	☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED	☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER	☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER
☒ YES ☐ NO	☒ YES ☐ NO			

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE – NO CUSTODY

REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Harding	110707	4100	[signature]	110807	3984

FOLLOW-UP INVESTIGATION ☐ YES ☒ NO | FOLLOW-UP OFFICER

ACSO Form AD1003 (04/19/07)

NOV 08 2007

48

AGENCY I.D. SC0020000

SUPPLEMENTAL INCIDENT REPORT 07-061123

INQ. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 2 OF ____ PAGES

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT ☒ VICTIM # 2 ☐ SUBJECT# ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ ____

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B	ETH
Carlisle, Gerald L.	OF			(J) O U	W	M	28	07/29/79	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.
509	170	Bld	Grn	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
1057-B Adams Ave.	Aiken	SC	29803	30800	H 270 0810 B	H — B

☒ VICTIM NO 2 : VISIBLE INJURY ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES ☒ NO ☐ YES | VICTIM USING ALCOHOL ☒ NO ☐ YES ☐ UNK DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT ☐ ALONE ☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ➡ TYPE: ☐ UNKNOWN

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT# ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ ____

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B	ETH
				* J O U					

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
					H B	H B

☐ VICTIM NO ____ : VISIBLE INJURY ☐ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES | VICTIM USING ALCOHOL ☐ NO ☐ YES ☐ UNK DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT ☐ ALONE ☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO ____: USING ALCOHOL: ☐ NO ☐ YES.
USING DRUGS: ☐ NO ☐ YES ➡ TYPE: ☐ UNKNOWN

NARRATIVE

attended family functions. Both victims stated at this time, there has not been any act of violence toward them or other family members, nor has any threats to M/Kell been made, nor has the subject made any contact. Both victim's stated, they suspect the subject is following them in reference to a car wreck that occured some time ago. Both victims stated, all they want at this time is to have their complaint documented for a possible restraining order. No further action by PD at this time.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH/GUN/ETC 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☒ SUSPECT ☐ VICTIM
TYPE: ☒ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS ☐ ARTICLE

VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.				
SERIAL AND/OR OWNER APPLIED NO.		STATE			
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR 85	MAKE Chev	TYPE PC	
MODEL Suburban	STYLE SUV	COLOR Green	BRAND NAME	CALIBER	
NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
MISCELLANEOUS					

PROPERTY EST.

TYPE							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☒ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE – NO CUSTODY

REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Harding	110707	4100	Sgt CL Cross	110807	3884

FOLLOW-UP INVESTIGATION ☐ YES ☒ NO OFFICER

ACSO Form AD1000 (03/27/07)

NOV 0 8 2007

AGENCY I.D. SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE INCIDENT REPORT

CASE NUMBER 07-00216688

NCIC INQ. ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Trespassing	☒ YES ☐ NO	☐ YES ☒ NO	Com	—
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☐ Individual ☒ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 231 Hudson Rd @ Whitman's Towing — Aiken, SC — ZIP CODE: 29801 — WEAPON TYPE: —

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
011407	2210	-	—	—	011407	2301	2305	2312	09M29

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Carlisle, Gerald	ST			☐ S O U	W	M	27	N	6493070 H	— H B

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
231 Hudson Rd	Aiken	SC	29801	09M29

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Whitman's Towing	ST			☐ S O U	—	—	—	N	6493070 H	— H B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
—	—	—	—	—

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
231 Hudson Rd	Aiken	SC	29801	09M29

COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☒

VISIBLE INJURY (VICT. 1) ☐ YES NO ☒ EXPLAIN —

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐

*J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
Unk									

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☐ UNK ☒ DRUGS: ☐ YES NO ☐ UNK ☒ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☒ TOTAL # ARRESTED 0

DATE/TIME OF OFFENSE: — DATE/TIME OF ARREST: —

CHARGE #1	CHARGE #2	CHARGE #3
—	—	—

NARRATIVE

RIO met with Gerald who states he was driving the wrecker for Whitmans and was dropping a veh off at location. Gerald states he heard the alarm on listed veh going off and a cell phone ringing. Gerald states he approached veh and observed the passenger's door open and a single key in the ignition. When the veh was initially towed to location it had no key with it. It was visible where unk subj had started veh and spun the rear tires in an attempt to get veh out of the impound yard. RIO found where the veh was initially towed over a week ago by Dep Hahn from a jump and run on Weaver St. RIO gave Gerald the key from the ignition. Area was searched, unable to locate who had been in the veh. No further.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY: —

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY: —

PROPERTY EST.

	TYPE (GROUP)							TOTAL VALUE
STOLEN	—							
DAMAGED								
BURNED								
RECOVERED								
SEIZED								

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES NO ☒ — SUBJECT LOCATED ☐ YES NO ☒ — ☐ ACTIVE ☒ ADM. CLOSED ☐ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
[signature]	011407	3019	[signature]	1-15-07	4117

FOLLOW-UP INVESTIGATION ☐ YES NO ☒ OFFICER

JAN 16 2007

50

AGENCY I.D.
SC0020000

SUPPLEMENTAL INCIDENT REPORT

2-7

07-00268

INC. | ENTD.

☑ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 2 of 2 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT * J S O U	RACE	SEX	AGE	D.O.B.	ETH

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H B	EVENING PHONE H B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASHMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT * J S O U	RACE	SEX	AGE	D.O.B.	ETH

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H B	EVENING PHONE H B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASHMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☑ SUSPECT ☐ VICTIM
TYPE: ☑ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO.: 1LNLM81W05Y707076
BOAT HULL NO. AND/OR REG. NO.: 105 PYB
SERIAL AND/OR OWNER APPLIED NO.:
STATE: SC

YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE
05	06	95	Linc	

MODEL	STYLE	COLOR	BRAND NAME	CALIBER
Town Car	4Dr	Rwrs		

NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE

MISCELLANEOUS:

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☐ NO
SUBJECT LOCATED ☐ YES ☐ NO
☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED
☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER
☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	011407	3019		1-15-07	4139

FOLLOW-UP INVESTIGATION ☐ YES NO ☑ OFFICER

JAN 16 2007

Z-2

AGENCY I.D. SCO 0020000

AIKEN COU. . SHERIFF'S OFFICE INCIDENT REPORT

CASE NUMBER: 07-000378

NCIC INQ. / ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Disturbance	☑ YES ☐ NO	☐ YES ☑ NO	Hom	0
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☑ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 406 Glover Street Warrenville SC — ZIP CODE: 29851 — WEAPON TYPE: N/A

INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
1-2-07	2230			1-2-07	2237	2250	2330	8M22

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): Same as victim — RELATIONSHIP TO SUBJECT #1 #2 #3 — RESIDENT • J S O U — RACE — SEX — AGE — ETH. — DAYTIME PHONE H S — EVENING PHONE H S

ADDRESS — CITY — STATE — ZIP CODE — LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): Carlisle, Gerald — RELATIONSHIP TO SUBJECT #1 AQ #2 #3 — RESIDENT ① S O U — RACE W — SEX M — AGE 27 — ETH. N — DAYTIME PHONE H S — EVENING PHONE H S

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
509	175	BRO	BRO	DOB- 7-19-79

ADDRESS: 406 Glover Street — CITY: Warrenville — STATE: SC — ZIP CODE: 29851 — LOCATION NO.: 8M22

VISIBLE INJURY (VICT. 1) ☑ YES ☐ NO — EXPLAIN – Scratches to chest — COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES ☑ NO

VICTIM (NO. 1) USING: ALCOHOL ☐ YES ☑ NO ☐ UNK. — DRUGS: ☐ YES ☑ NO ☐ UNK. — TYPE:

TWO-MAN VEH. ☐ — ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. ☐ OTHER ☐ — ALONE ☐ ASSISTED ☐

*J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☐ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE): McKell, Allison Denise — RACE W — SEX F — AGE 25 — ETH. N — DATE OF BIRTH 9-23-81 — HEIGHT 504 — WEIGHT 190 — HAIR Blm — EYES Blu

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS: 415 Glover Street — CITY: Warrenville — STATE: SC — ZIP CODE: 29851 — LOCATION NO.: 8M22

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES ☐ NO ☐ UNK. ☑ — DRUGS: ☐ YES ☐ NO ☐ UNK. ☑ TYPE: — ARRESTED NEAR OFFENSE SCENE ☐ YES ☑ NO — TOTAL # ARRESTED: 0 — DATE/TIME OF OFFENSE — DATE/TIME OF ARREST

CHARGE #1	CHARGE #2	CHARGE #3

NARRATIVE

R/o met with both Comp and vic at I/L who state they were having a verbal argument that became physical. Vic states sub pushed him and placed her hands around his neck. R/o observed redness and scratches to vics neck and chest area. Sub states vic pushed her into a door. R/o observed redness to subs chest and scratches on left arm. Both sub and vic stated they did not want to prosecute. R/o remained at residence while vic collected personal belongings and left. R/o advised vic to contact S.O. when he needs to return to residence to collect the rest of his personal items. R/o has nothing further.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY — JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

	TYPE (GROUP)						TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☐ NO — SUBJECT LOCATED ☑ YES ☐ NO — ☐ ACTIVE ☐ ADM. CLOSED ☑ UNFOUNDED — ☐ ARRESTED UNDER 18 ☑ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☑ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY.

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
P. Sharpton	1-2-07	533		10307	486

FOLLOW-UP INVESTIGATION ☐ YES ☐ NO — OFFICER

JAN 03 2007

52

Z-2

AGENCY I.D.
SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 06-05487

NCIC: INC. / ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. VANDALISM	☒ YES ☐ NO	☐ YES ☒ NO	HOM	0
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☒ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 410 GLOVER ST WARRENVILLE SC | ZIP CODE: 29851 | WEAPON TYPE: N/A

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
10-4-06	2020		10-4-06	2050	10-4-06	2043	2053	2130	8N22

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): SAME AS VIC | RELATIONSHIP TO SUBJECT #1 #2 #3 | RESIDENT (J S O U) | RACE | SEX | AGE | ETH. | DAYTIME PHONE H B | EVENING PHONE H B

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): PHILLIPS TIFFANY | RELATIONSHIP TO SUBJECT #1 AQ #2 #3 | RESIDENT (J S O U) | RACE: W | SEX: F | AGE: 31 | ETH.: N | DAYTIME PHONE: 803-370-1214 H B | EVENING PHONE: 803-373-7742 H B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
506	200	BRN	BRN	DOB- 11-13-75

ADDRESS: 410 GLOVER ST | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N22

VISIBLE INJURY (VICT. 1) ☐ YES NO ☒ EXPLAIN — | COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☒

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ | *J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☒ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
CARLILE GERALD LUKE JR	W	M	27	N	7-19-79	510	180	BRN	GRN

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS: 415 GLOVER ST | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N22

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE: | ARRESTED NEAR OFFENSE SCENE ☒ YES NO ☐ TOTAL # ARRESTED | DATE/TIME OF OFFENSE: 10-4-06 / 2020 | DATE/TIME OF ARREST: 10-4-06 / 2110

CHARGE #1 2195.2 DP UNDER $1000 MALICIOUS INJURY TO PERSONAL PROPERTY | **CHARGE #2** | **CHARGE #3**

NARRATIVE

R/O MET VIC AND SUB AT INCIDENT LOCATION. VIC STATES THAT ON DATE AND BETWEEN TIMES LISTED ABOVE THE SUB KICKED THE RIGHT REAR DOOR OF HER CAR CAUSING FIFTY DOLLARS DAMAGE. VIC WROTE A VOLUNTARY STATEMENT AND WANTS TO PROSECUTE. R/O SPOKE WITH SUB WHO STATES HE IS "BIPOLAR". SUB ALSO STATES HE GOT MAD AND KICKED HER CAR. R/O PLACED SUB UNDER ARREST AND TRANSPORTED HIM TO AIKEN COUNTY DETENTION CENTER.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

	TYPE (GROUP)						TOTAL VALUE
STOLEN							
DAMAGED	VEHICLE						50
BURNED	50						
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED	SUBJECT LOCATED	☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED	☐ ARRESTED UNDER 18 ☒ ARRESTED 18 AND OVER	☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER
☒ YES NO ☐	☒ YES NO ☐			

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
M. [illegible]	10-4-06	5060	LT. [illegible]	10-05-06	9966
J. BAKER	10-4-06	5373	FOLLOW-UP INVESTIGATION ☐ YES NO ☒	OFFICER	

OCT 05 2006

AGENCY I.D.
SC0020000

SUPPLEMENTAL INCIDENT REPORT

06-054870

INC. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 2 of 2 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE) | VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3 | RESIDENT J B O U | RACE | SEX | AGE | D.O.B. | ETH

HEIGHT | WEIGHT | HAIR | EYES | FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. | DAY PHONE H B | EVENING PHONE H B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
EXPLAIN:

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE) | VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3 | RESIDENT J B O U | RACE | SEX | AGE | D.O.B. | ETH

HEIGHT | WEIGHT | HAIR | EYES | FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. | DAY PHONE H B | EVENING PHONE H B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
EXPLAIN:

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☒ VICTIM
TYPE: ☒ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO.: 4T1BG12KXTU720701 | BOAT HULL NO. AND/OR REG. NO.
SERIAL AND/OR OWNER APPLIED NO.: DEALER PAPER TAG | STATE
YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR: 1996 | MAKE: TOYOTA | TYPE
MODEL: CAMRY | STYLE: 4S | COLOR: BLACK | BRAND NAME | CALIBER
MIC NO. | DENOMINATION | ISSUER | SECURITIES DATE
MISCELLANEOUS

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED: ☒ YES ☐ NO | SUBJECT LOCATED: ☒ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☒ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Mallory	10-4-06	5060		10/5/06	
J. Baker	10-4-06	5323	FOLLOW-UP INVESTIGATION ☐ YES ☒ NO OFFICER	OCT 05 2006	

54

AGENCY I.D.
SCO 0020000

AIKEN COU. . SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 06-052714

NCIC: INC. / ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. Domestic Dispute	☒ YES ☐ NO	☐ YES ☒ NO	Hom	0	☒ Individual
2.	☐ YES ☐ NO	☐ YES ☐ NO			☐ Business
3.	☐ YES ☐ NO	☐ YES ☐ NO			☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 406 Glover St. — Warrenville, SC — ZIP CODE: 29851 — WEAPON TYPE: None

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
9-25-06	1830		—	—	9-25-06	1838	1852	1900	8M24

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): Same as victim — RELATIONSHIP TO SUBJECT #1 #2 #3 — RESIDENT •J S O U — RACE — SEX — AGE — ETH. — DAYTIME PHONE H S — EVENING PHONE H S

ADDRESS — CITY — STATE — ZIP CODE — LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): Carlisle, Gerald Jr — RELATIONSHIP TO SUBJECT #1 65 #2 #3 — RESIDENT •J S O U — RACE W — SEX m — AGE 27 — ETH. N — DAYTIME PHONE 803 380 9141 (H) (S) — EVENING PHONE 2700310 H S

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
510	170	BRO	GRN	7-19-79

ADDRESS: 406 Glover St — CITY: Warrenville — STATE: SC — ZIP CODE: 29851 — LOCATION NO.: 8M24

VISIBLE INJURY (VICT. 1) ☐ YES NO ☒ EXPLAIN — COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☒

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPL.ASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐

•J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
Mikell, Allison	W	F	25	N	9-22-81	504	190	BRO	BLU

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:

ADDRESS: 406 Glover St — CITY: Warrenville — STATE: SC — ZIP CODE: 29851 — LOCATION NO.: 8M24

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☒ — TOTAL # ARRESTED: 0 — DATE/TIME OF OFFENSE — DATE/TIME OF ARREST

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

The victim (Carlisle) stated that he and the subject (Mikell) began arguing about house chores. The subject was mad at the victim because he would not help her with cleaning the house. Both parties state that the altercation was verbal only and that no physical contact took place. R/O has no further

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY — JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO — SUBJECT LOCATED ☒ YES ☐ NO — ☐ ACTIVE ☐ ADM. CLOSED ☒ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Anders	9-25-06	5073	SSG S Hunter	9/26/06	4627

FOLLOW-UP INVESTIGATION ☐ YES NO ☐ — OFFICER

SEP 2006

AGENCY I.D. SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE INCIDENT REPORT

CASE NUMBER: 06-006796

NCIC: INC. / ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Abandoned Vehicle	☒ YES ☐ NO	☐ YES ☒ NO	STR	0
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☐ Individual ☐ Business ☒ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): Ascauga Lake Rd and Whitehall Rd, N. Augusta SC — ZIP CODE: 29841 — WEAPON TYPE: NA

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
020606	1140		—	—	2606	1139	1139	1240	1E17

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (J S O U)	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Downs, J.B.	ST			J S O U	W	M	48	N	642 1763 H / B	— H / B

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
420 Hampton Ave.	Aiken	SC	29801	16Q31

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (J S O U)	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Soc / Pub				J S O U					H / B	H / B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.

VISIBLE INJURY (VICT. 1) ☐ YES NO ☒ EXPLAIN — COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☒

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPL. ASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐

J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
Carlisle, Gerald Leslie, JR	W	M	26	N	71979				

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
207 Jackson Rd. Lot 4	Jackson	SC	29831	29E10

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☐ UNK. ☒ DRUGS: ☐ YES NO ☐ UNK. ☒ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☒ TOTAL # ARRESTED: 0

DATE/TIME OF OFFENSE: DATE/TIME OF ARREST:

CHARGE #1	CHARGE #2	CHARGE #3

NARRATIVE

While on patrol, R/O observed listed vehicle (See Supp) that had been previously red-tagged on 02-01-06. R/O ran vehicle for status, which came back clear, and requested next on rotation. Vehicle towed by Custom Finish. Red-tag and tow sheet completed. R/O unable to contact Subj (Registered Owner). R/O has no further.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY:

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY:

PROPERTY EST.

	TYPE (GROUP)						TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES NO ☐ — SUBJECT LOCATED ☒ YES NO ☐ — ☐ ACTIVE ☐ ADM. CLOSED ☒ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Downs, J.B.	020606	4614	[illegible]	020606	[illegible]

FOLLOW-UP INVESTIGATION ☐ YES NO ☒ OFFICER

FEB 07 2006

AGENCY I.D. SCC020000

SUPPLEMENT. INCIDENT REPORT

06-006796

INC. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 2 of 2 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE) | VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3 | RESIDENT • J S O U | RACE | SEX | AGE | D.O.B. | ETH

HEIGHT | WEIGHT | HAIR | EYES | FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. | DAY PHONE H B | EVENING PHONE H B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE) | VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3 | RESIDENT • J S O U | RACE | SEX | AGE | D.O.B. | ETH

HEIGHT | WEIGHT | HAIR | EYES | FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. | DAY PHONE H B | EVENING PHONE H B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS	TYPE
☐ STOLEN	☒ VEHICLE
☐ RECOVERED	☐ GUN
☐ FOUND	☐ BOAT
☒ TOWED	☐ LICENSE PLATE
☐ SUSPECT	☐ SECURITIES/BONDS, STOCKS
☐ VICTIM	☐ ARTICLE

VIN AND/OR LICENSE NO.: 1YVGE22C5R5140283 | BOAT HULL NO. AND/OR REG. NO.

SERIAL AND/OR OWNER APPLIED NO.: 609 TMY | STATE: SC

YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR: 94 | MAKE: Mazda | TYPE

MODEL: 626 | STYLE: 4DR | COLOR: LT BLUE | BRAND NAME | CALIBER

NIC NO. | DENOMINATION | ISSUER | SECURITIES DATE

MISCELLANEOUS

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES NO ☐ | SUBJECT LOCATED ☐ YES NO ☐ | ☐ ACTIVE ☐ ADM. CLOSED ☒ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
DOWNS, J. B.	02 06 06	46614	Cleared	02 06 06	4Bn
			FOLLOW-UP INVESTIGATION ☐ YES NO ☒ OFFICER		

FEB 07 2006

AGENCY I.D. SC0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

08 - 041C, S

INQ. 05 | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1 Civil Matter	☒ YES ☐ NO	☐ YES ☒ NO	Hom	ø
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☒ INDIVIDUAL ☐ BUSINESS ☐ FINANCIAL INST. ☐ GOVERNMENT ☐ RELIGIOUS ORG. ☐ SOCIETY/PUBLIC ☐ OTHER ☐ UNKNOWN ☐ POLICE OFF.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 1055 Adams Ave - New Ellenton SC | ZIP CODE: 29803 | WEAPON TYPE: N/A

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP. DATE	DISP. TIME	TIME ARRIVE	TIME DEPART	LOCATION #
072608	1000		072808	1600	072808	1609	1630	1700	30 F 22

COMPLAINANT NAME (LAST, FIRST, MIDDLE): ( ), same as vic | RELATIONSHIP TO SUBJECT #1 #2 #3 | RESIDENT *J S O U | RACE | SEX | AGE | ETH. | DAY PHONE ( ) - H ( ) - B | NIGHT PHONE ( ) - H ( ) - B

ADDRESS | CITY | STATE | ZIP CODE | LOCATION # -

VICTIM 1

VICTIM NAME (LAST, FIRST, MIDDLE): (Gregory, Florence | VICTIM RELATIONSHIP TO SUBJECT #1 NF #2 #3 | RESIDENT *J S O U | RACE W | SEX F | AGE 27 | ETH. N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.
506	135	Blk	Blu	

ADDRESS: 1055 Adams Ave | CITY: N. Ellenton | STATE: SC | ZIP CODE: 29803 | LOCATION #: 30 F 22 | DAY PHONE: (682) 890-7 B | NIGHT PHONE: ( ) - H ( ) - B

☐ VISIBLE INJURY ☐ YES ☒ NO | COMPLAINT OF NON-VISIBLE INJURIES ☐ YES ☒ NO
VICTIM 1 USING ALCOHOL ☐ YES ☒ NO ☐ UNK. | DRUGS ☐ YES ☒ NO ☐ UNK. TYPE:
TWO MAN VEH. ☐ ONE MAN VEH. ☐ DETECTIVE/PLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ | ☐ *J – THIS JURISDICTION ☐ S-STATE ☐ O-OUT OF STATE ☐ U-UNKNOWN

SUBJECT 1

☒ SUBJECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): (Mikell, Allison | RACE W | SEX F | AGE 26 | ETH. N | D.O.B. 9-23-81 | HGT 504 | WGT 290 | HAIR Bro | EYES Bro

FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.

ADDRESS: 1057 B Adams Ave | CITY: Aiken | STATE: SC | ZIP CODE: 29803 | LOCATION #: 30 F 22

SUBJECT 1: USING ALCOHOL: ☐ YES ☒ NO ☐ UNK. DRUGS: ☐ YES ☒ NO ☐ UNK. | ARRESTED NEAR OFFENSE SCENE ☐ YES ☒ NO TOTAL # ARRESTED ø | DATE/TIME OF OFFENSE - - / : | DATE/TIME OF ARREST - - / :

CHARGE #1 | CHARGE #2 | CHARGE #3

NARRATIVE

R/o met with victim, Florence, at the I/L who advised that between the listed dates and times the toys that her children play with in the yard began to go missing. Victim stated that she had observed the neighbors children playing with the missing toys and taking them into their home. Victim stated that the Children's mother, Allison Mikell, had knowledge that toys were from her property but failed to have them returned. R/o made contact with Sub over telephone who made arrangements for Vic to sort through the toys at Sub's address and reclaim what was hers. Vic was able to reclaim several

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

							TOTAL VALUE
TYPE	Toys						$
STOLEN							$ Pending
DAMAGED	Pending						$
BURNED							$
RECOVERED							$
SEIZED							$

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE – NO CUSTODY

REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
P. Sharpton	072808	5303	LT [signature]	072908	505
	- -		FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

ACSO Form AD1003 (04/19/07)

JUL 29 2008

58

AGENCY I.D. SC0020000

SUPPLEMENTAL IDENT REPORT

08-041375

INQ. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 2 OF 2 PAGES

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT# ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ _____

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT *J S O U	RACE	SEX	AGE	D.O.B	ETH

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B

☐ VICTIM NO ____ : VISIBLE INJURY ☐ NO ☐ YES
EXPLAIN:

COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES

VICTIM USING ALCOHOL ☐ NO ☐ YES ☐ UNK
DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.

☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT ☐ ALONE
☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ➡ TYPE: ☐ UNKNOWN

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT# ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ _____

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT *J S O U	RACE	SEX	AGE	D.O.B	ETH

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B

☐ VICTIM NO ____ : VISIBLE INJURY ☐ NO ☐ YES
EXPLAIN:

COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES

VICTIM USING ALCOHOL ☐ NO ☐ YES ☐ UNK
DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.

☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT ☐ ALONE
☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO ____ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ➡ TYPE: ☐ UNKNOWN

NARRATIVE

pieces but not all the missing items. R/o observed the toys/dolls to be broken and have markings indicative of animal chewing. Victim was unable to estimate the value of the missing/broken toys at time of report and requested a report on file for civil purposes. Other residents at subs address stated the toys were collected because they thought they were trash. R/o has no further action. Residents of 1057 B Adams Ave were placed on trespass notice (verbally) from the I/L.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH/GUN/ETC 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM

TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS ☐ ARTICLE

VIN AND/OR LICENSE NO. | BOAT HULL NO. AND/OR REG. NO.

SERIAL AND/OR OWNER APPLIED NO. | STATE

YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR | MAKE | TYPE

MODEL | STYLE | COLOR | BRAND NAME | CALIBER

NIC NO. | DENOMINATION | ISSUER | SECURITIES DATE

MISCELLANEOUS

PROPERTY EST.

TYPE							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE – NO CUSTODY

REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
P. Shapton	07/28/08	5303	LT Abdullah	07/28/08	5315

FOLLOW-UP INVESTIGATION ☐ YES ☐ NO — OFFICER

JUL 29 2008

ACSO Form AD1000 (03/27/07)

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Law Enforcement Record Request

To: Aiken Public Safety
P.O. Box 1177
Aiken, South Carolina 29801
Criminal Records Division

From: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta SC 29841

The below captioned persons is/are being investigated by our Children's Protective Services Unit. We are required to check police records of our clients. Please submit a copy of record, if any, or indicate below if none is on file. Return this form to our agency. Thank you for your assistance.

Name: Gerald Carlisle Jr.
DOB: 07-19-1968
SSN: 251-41-4139

Name: Allison Mikell
DOB: 09/23/1981
SSN: 256-39-8671

Address: 1057B Adams Avenue Aiken SC 29802

Criminal Record on file:
YES:_____ **NO:**_____

Criminal Record on file:
YES:_____ **NO:**_____

Incident Reports: (please send all reports also)
YES:_____ **NO:**_____

Incident Reports: (please send all reports also)
YES:_____ **NO:**_____

Caseworker: Bashonna Coates
803-202-3527

Supervisor: Christine Wright
803-202-3537

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Law Enforcement Record Request

To: Aiken County Sheriff's Department
420 Hampton Avenue, NE
Aiken, SC 29801
Criminal Records Division

From: Aiken County Department of Social Services
North Augusta Branch
802 E. Martintown Road
North Augusta, SC 29841

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Caseworker: Bashonna Coates
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803-202-3537

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Law Enforcement Record Request

To: North Augusta Public Safety
P.O. Box 6400
North Augusta South Carolina 29841
Criminal Records Division

From: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta SC 29841

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MARK SANFORD
GOVERNOR

Law Enforcement Record Request

To: Aiken Public Safety
P.O. Box 1177
Aiken, South Carolina 29801
Criminal Records Division

From: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta SC 29841

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Name: Marie Scott
DOB: 01/20/1981
SSN: 250-49-0524

Name:
DOB:
SSN:

Address: 1057B Adams Avenue Aiken SC 29802

Criminal Record on file:
YES:_____ **NO:**_____

Criminal Record on file:
YES:_____ **NO:**_____

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Incident Reports: (please send all reports also)
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North Augusta South Carolina 29841
Criminal Records Division

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North Augusta Branch
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North Augusta SC 29841

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To: Aiken Public Safety
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DOB: 01/20/1981
SSN: 250-49-0524

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DOB:
SSN:

Address: 1057B Adams Avenue Aiken SC 29802

Criminal Record on file:
YES:_____ NO: X

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YES:_____ NO:_____

Incident Reports: (please send all reports also)
YES:_____ NO: X

Incident Reports: (please send all reports also)
YES:_____ NO:_____

Caseworker: Bashonna Coates
803-202-3527

Supervisor: Christine Wright
803-202-3537

DSS

Serving Children and Families

THLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Marie Scott, DOB January 21, 1951 SSN# 250-49-0524

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name:	_____	Name:	_____
DOB:	_____	DOB:	_____
SSN#	_____	SSN#	_____
Name:	_____	Name:	_____
DOB:	_____	DOB:	_____
SSN#	_____	SSN#	_____
Name:	_____	Name:	_____
DOB:	_____	DOB:	_____
SSN#	_____	SSN#	_____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coates
Case Manager

Marie Scott
Signature of Parent, Guardian, Trustee

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Law Enforcement Record Request

To: Aiken Public Safety
P.O. Box 1177
Aiken, South Carolina 29801
Criminal Records Division

From: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
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Name: Gerald Carlisle Jr.
DOB: 07-19-1989
SSN: 251-41-4139

Name: Allison Mikell
DOB: 09/23/1981
SSN: 256-39-8671

Address: 1057B Adams Avenue Aiken SC 29802

Criminal Record on file:
YES:_____ NO: X

Criminal Record on file:
YES: X NO:_____

Incident Reports: (please send all reports also)
YES:_____ NO: X

Incident Reports: (please send all reports also)
YES: X NO:_____

Caseworker: Bashonna Coates
803-202-3527

Supervisor: Christine Wright
803-202-3537

DSS

Serving Children and Families

ATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Gerald L Carlisle Jr, DOB 07-19-0879 SSN# 251-41-4139

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: Jason M Carlisle	Name: Tori G Carlisle
DOB: 3-10-98	DOB: 6-1200
SSN#	SSN#
Name: Jeremiah D Carlisle	Name: Katie D Carlisle
DOB: 4-15-06	DOB: 12-01-02
SSN#	SSN#
Name:	Name:
DOB:	DOB:
SSN#	SSN#

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coats
Case Manager

Gerald L Carlisle Jr
Signature of Parent, Guardian, Trustee

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Allison Mikell, DOB 9/23/81 SSN# 256-39-8671

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: Alexis Mikell
DOB: 4/23/99
SSN# _____

Name: Jaremiah Carlisle
DOB: 4/15/06
SSN# _____

Name: Brianna Mikell
DOB: 9/8/00
SSN# _____

Name: _____
DOB: _____
SSN# _____

Name: Adrianna Mikell
DOB: 3/17/02
SSN# _____

Name: _____
DOB: _____
SSN# _____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coates
Case Manager

Allison Mikell
Signature of Parent, Guardian, Trustee

"Dedicated to the Community"

City of Aiken

Department of Public Safety

Post Office Box 1177
Aiken, South Carolina 29802
(803) 642-7620

REQUEST FOR CRIMINAL RECORDS CHECK

10/1/2008
(Date of Request)

Requestor Organization: DSS- North Augusta **Phone Number:** _____

Name of Requestor: Bashonna Coates

Subject Name: Marie Scott **State DL#** _____

Social Security Number: 250-49-0524 **Date of Birth** 1/20/1981

Race: ☐ **B** ☐ **W** ☐ **Other** **Sex:** ☐ **Male** ☐ **Female**

****
**********DO NOT WRITE BELOW THIS LINE**********
****

X — The above named individual has no record of convictions with this Department.

_____ The above named individual has the following record of convictions with this Department.

_____

_____

_____

_____

Note: **Any criminal records indicated hereon reference cases adjudicated by the City of Aiken Municipal Court. To obtain a comprehensive criminal record, a request should be made through the South Carolina Law Enforcement Division. (SLED). 803-896-7000**

Certified as a true and correct copy of original records on file with the Aiken Department of Public Safety-Municipal Court.

_____

1 day of October, 2008

City of Aiken

Department of Public Safety

Post Office Box 1177
Aiken, South Carolina 29802
(803) 642-7620

"Dedicated to the Community"

REQUEST FOR CRIMINAL RECORDS CHECK

10/1/2008
(Date of Request)

Requestor Organization: DSS-North Augusta **Phone Number:** _____

Name of Requestor: Bashawa Coates

Subject Name: Gerald Carlisle Jr. **State DL#** _____

Social Security Number: 251-41-4139 **Date of Birth** 7/19/1979

Race: ☐ B ☐ W ☐ Other **Sex:** ☐ Male ☐ Female

****
**********DO NOT WRITE BELOW THIS LINE**********
****

X The above named individual has no record of convictions with this Department.

_____ The above named individual has the following record of convictions with this Department.

_____

_____

_____

_____

Note: **Any criminal records indicated hereon reference cases adjudicated by the City of Aiken Municipal Court. To obtain a comprehensive criminal record, a request should be made through the South Carolina Law Enforcement Division. (SLED). 803-896-7000**

Certified as a true and correct copy of original records on file with the Aiken Department of Public Safety-Municipal Court.

_____

1 day of October, 2008

City of Aiken

Department of Public Safety

Post Office Box 1177
Aiken, South Carolina 29802
(803) 642-7620

"Dedicated to the Community"

REQUEST FOR CRIMINAL RECORDS CHECK

10/1/2008
(Date of Request)

Requestor Organization: DSS-North Augusta **Phone Number:** _____

Name of Requestor: Bashonna Coates

Subject Name: Allison Mikell **State DL#** _____

Social Security Number: 256-39-8671 **Date of Birth** 9/23/1981

Race: ☐ B ☐ W ☐ Other **Sex:** ☐ Male ☐ Female

****
**********DO NOT WRITE BELOW THIS LINE**********
****

_____ The above named individual has no record of convictions with this Department.

X The above named individual has the following record of convictions with this Department.

See attached (one page)

Note: **Any criminal records indicated hereon reference cases adjudicated by the City of Aiken Municipal Court. To obtain a comprehensive criminal record, a request should be made through the South Carolina Law Enforcement Division. (SLED). 803-896-7000**

Certified as a true and correct copy of original records on file with the Aiken Department of Public Safety-Municipal Court.

[signature]

1 **day of** October, 2008

Aiken Municipal Court

PERSON OTHER CHARGES

NAME: Mikell, Allison Denise

CASE NUMBER	CASE STATUS	CHARGE	TOTAL AMOUNT	VIOLATION DATE	BALANCE DUE	DISPOSITION	DISPOSITION DATE
17979DG	Closed Case/ Finalized	No DL in Possession	$0.00	5/23/2005	$0.00	Guilty Forfeiture	6/1/2005
		Sentencing: $76.88 susp if not convicted any DL vio for 3yrs					
19970DG	Closed Case/ Finalized	Shoplifting 1st	$153.75	6/15/2005	$0.00	Guilty Forfeiture	8/5/2005
		Sentencing: 30 days or $153.75 due in full 9/2/05					
		Sentencing: Fine					
		Sentencing: and restituiton of $27.49 by 9/2/05					
19971DG	Closed Case/ Finalized	Providing False Info to PSO	$153.75	6/15/2005	$0.00	Guilty Bench Trial	8/5/2005
		Sentencing: 15 days or $153.75 due 9/2/05					
		Sentencing: Fine					
		Sentencing: GUILTY/BENCH TRIAL					
65162EF	Closed Case/ Finalized	Seat Belt Violation $25 NO COURT COST	$25.00	9/17/2007	$0.00	Guilty Forfeiture	10/25/2007
		Sentencing: BOND FORFEITURE					

Print Date: 10/1/2008
Print Time: 3:15:02PM
Requested By: Mhart

File: \\Aiksrv02\PCSS\JEMS Server 5\Reports\PERSON_CHARGES.RPT

74

Case# 05-33604 **AIKEN DEPARTMENT OF PUBLIC SAFETY - INCIDENT REPORT** AGENCY ID - SC0020100

Report Date: 6/15/2005 ☐ InqNCIC ☐ EntNCIC Officer ID: 459 RAHNER, SEAN

RELEASED

Incident Type(s):

SHOPLIFTING - IBR# 23C	☑ Complete	☐ ForcedEntry	PremiseType: 08 -	UnitsEntered: 0
false information	☑ Complete	☐ ForcedEntry	PremiseType: 08 -	UnitsEntered: 0

Incident Location:

Location: 2035 WHISKEY RD SE, Wal-Mart	Details: Wal-Mart	Zip: 29803-	Quadrant:
Address: 2035 WHISKEY RD SE	RU Type:	RU Alone:	RU Juris:

Incident Times:	Inc. Date In:	Inc. Time In:	Inc. Date Out	Inc. Time Out:	Disp. Date:	Disp. Time:	Arrive Time:	Depart Time:
	6/15/2005	17:40			6/15/2005	17:42	17:45	19:30

Incident Identities (Persons or Businesses):

COMPLAINANT # 01 TIMOTHY LAWRENCE -

SSN#: CONFIDENTIAL
DL#:
2035 WHISKEY RD SE - , AIKEN, SC 29803
BLACK, MALE, 5 FT., 11 IN., 170 LBS., NON-HISPANIC

☐ Visible Injury ☐ Unseen Injury Alcohol: NO Drugs: NO Jurisdiction: CITY OF AIKEN
Explain: DrugType:

Day Ph (803) 819-3792 Night Ph: Cell: Pager:

308E MARTINTOWN RD APT E-9 NAUGUSTA,SC 29841
CEE-VICTIM WAS EMPLOYEE

DOB: 6/1/1972 AgeRange:

☐ Suspect ☐ Runaway ☐ Wanted ☐ Warrant
☐ Arrest ☐ Jail ☐ Summons

SUBJECT # 01 ALLISON DENISE MIKELL -

SSN#: CONFIDENTIAL
SC DL#: 011261662
1057 ADAMS AVE APT B - , AIKEN, SC 29803
WHITE, FEMALE, 5 FT., 4 IN., 190 LBS., NON-HISPANIC

☐ Visible Injury ☐ Unseen Injury Alcohol: UNKN Drugs: UNKNO Jurisdiction: STATE OF SC
Explain: DrugType:

Day Ph (803) 652-7824 Night Ph: Cell: Pager:

AQ - VICTIM WAS ACQUAINTANCE

DOB: 9/23/1981 AgeRange: 20 TO 30 YOA

☑ Suspect ☐ Runaway ☐ Wanted ☐ Warrant
☑ Arrest ☑ Jail ☑ Summons

SUBJECT # 02 MISTY DAWN GEORGE -

SSN#: CONFIDENTIAL
SC DL#: 011286841
2471 ANDREW CIR - , AIKEN, SC 29801
WHITE, FEMALE, 5 FT., 6 IN., 180 LBS., NON-HISPANIC

☐ Visible Injury ☐ Unseen Injury Alcohol: UNKN Drugs: UNKNO Jurisdiction: OUTSIDE SC
Explain: DrugType:

Day Ph (803) 221-5716 Night Ph: Cell: Pager:

AQ - VICTIM WAS ACQUAINTANCE

DOB: 8/17/1976 AgeRange: 20 TO 30 YOA

☑ Suspect ☐ Runaway ☐ Wanted ☐ Warrant
☑ Arrest ☑ Jail ☑ Summons

VICTIM # 01 - WAL-MART

SSN#: CONFIDENTIAL
DL#:
2035 WHISKEY ROAD SE - , AIKEN, SC 29803
, , FT., 0 IN., 0 LBS.,

☐ Visible Injury ☐ Unseen Injury Alcohol: Drugs: Jurisdiction: CITY OF AIKEN
Explain: DrugType:

Day Ph (803) 648-9197 Night Ph: Cell: Pager:

DOB: AgeRange:

☐ Suspect ☐ Runaway ☐ Wanted ☐ Warrant
☐ Arrest ☐ Jail ☐ Summons

Reporting Officer Narratives:

On the above date and time R/o and PSO Nesmith responded to Wal-Mart in reference to two shoplifting suspects that were in custody of Wal-Mart loss prevention officers. R/O met with the complainant who stated that he and other loss prevention officers observed the subjects take cameras, clothes, computer accessories, and jewelry in the amount of $558.07 and place the items in bags without paying for them. Subject 1 initially provided R/O with a last name of Whittle. The subject stated that she had a driver's license, but that all she had in her possession was an expired ID card. Dispatch advised that no valid license could be found with the name that subject 1 provided. R/O discovered a SC driver's license in the possession of subject 1 that had the last name of Mikell. A records check with the new information revealed a valid driver's license and a warrant for the subject from Maryland. Both subjects were charged with shoplifting and subject 1 was also charged with providing false information to a police officer. Both subjects were placed in handcuffs (double-locked), searched by PSO Nesmith, and then placed in R/O patrol car. Both subjects were transported to ADPS for booking and then transported to ACDC to await bond court.

Incident Property:

Type: CLOTHES/FURS	Status: STOLEN	Value: $288
Type: COMPUTER HARDWARE/SOFTWARE	Status: STOLEN	Value: $162

Incident Drugs:

Approved By: 195 Date: 16/2005 5:24:10 AM

Case# 05-33604

AIKEN DEPARTMENT OF PUBLIC SAFETY - INCIDENT REPORT

AGENCY ID - SC0020100

Report Date: 6/15/2005 ☐ InqNCIC ☐ EntNCIC Officer ID: 459 RAHNER, SEAN

RELEASED

Type: JEWELRY/PRECIOUS METALS	Status: STOLEN	Value:	$24
Type: OTHER	Status: STOLEN	Value:	$5

Vehicle / Gun / Securities Information Area:

Report Summary

☑ Arrest Near Scene	# Arrested: 2	Date/Time Arrest:	6/15/2005 17:42	Date/Time Offense:	6/15/2005 17:40
☑ Subject Identified	☑ Subject Located	Theft Jurisdiction:	Aiken City PD	Recovery Jurisdiction:	Aiken City PD
Case Status: Arrested Over 18	☐ Follow Up Invest.	Follow Up Date:		Case Number:	05-33604
Ex Clear Reason:	Follow Up Officer:				

Case# 08-19144

AIKEN DEPARTMENT OF PUBLIC SAFETY - INCIDENT REPORT

AGENCY ID - SC0020100

Report Date: 11/23/2007 ☑ InqNCIC ☐ EntNCIC Officer ID: 440 NESMITH, SANDRA LYNN

RELEASED

Incident Type(s):

CIVIL COMPLAINT	☐ Complete	☐ ForcedEntry	PremiseType: 13 -	UnitsEntered: 0
WARRANT SERVICE	☑ Complete	☐ ForcedEntry	PremiseType: 13 -	UnitsEntered: 0

Incident Location:

Location: CHESTERFIELD ST NE & BARNWELL AV NE, AIKEN, SC Details: AIKEN, SC Zip 29801- Quadrant:

Address: CHESTERFIELD ST NE & BARNWELL AV NE RU Type: RU Alone: RU Juris:

Incident Times:	Inc. Date In:	Inc. Time In:	Inc. Date Out	Inc. Time Out:	Disp. Date:	Disp. Time:	Arrive Time:	Depart Time:
	11/23/2007	13:15			11/23/2007	13:25	13:30	14:10

Incident Identities (Persons or Businesses):

COMP. & VICTIM # 01 SYBLE SKIPPER CARLISLE -

SSN#: CONFIDENTIAL 1057 ADAMS AVE -, AIKEN, SC 29803

SC DL#: 004745149 WHITE, FEMALE, 6 FT., 2 IN., 263 LBS., NON-HISPANIC

AQ - VICTIM WAS ACQUAINTANCE

☐ Visible Injury ☐ Unseen Injury Alcohol: NO Drugs: NO Jurisdiction: STATE OF SC DOB: 6/11/1951 AgeRange: 56

Explain: DrugType:

☐ Suspect ☐ Runaway ☐ Wanted ☐ Warrant ☐ Arrest ☐ Jail ☐ Summons

Day Ph Night Ph: Cell: Pager:

COMPLAINANT # 02 ALLISON DENISE MIKELL -

SSN#: CONFIDENTIAL 1057 ADAMS AVE APT B - , AIKEN, SC 29803

SC DL#: 011261662 WHITE, FEMALE, 5 FT., 4 IN., 190 LBS., NON-HISPANIC

AQ - VICTIM WAS ACQUAINTANCE

☐ Visible Injury ☐ Unseen Injury Alcohol: NO Drugs: NO Jurisdiction: STATE OF SC DOB: 9/23/1981 AgeRange: 26

Explain: DrugType:

☐ Suspect ☐ Runaway ☐ Wanted ☐ Warrant ☐ Arrest ☐ Jail ☐ Summons

Day Ph (803) 652-7824 Night Ph: Cell: Pager:

SUBJECT # 01 LISA H WHITMAN -

SSN#: CONFIDENTIAL 1111 PARK AV SE - , AIKEN, SC 29801

DL#: WHITE, FEMALE, 5 FT., 6 IN., 150 LBS., NON-HISPANIC

☐ Visible Injury ☐ Unseen Injury Alcohol: NO Drugs: NO Jurisdiction: CITY OF AIKEN DOB: 9/27/1968 AgeRange: 39

Explain: DrugType:

☐ Suspect ☐ Runaway ☐ Wanted ☐ Warrant ☐ Arrest ☐ Jail ☐ Summons

Day Ph (803) 648-7291 Night Ph: Cell: Pager:

Reporting Officer Narratives:

This reporting officer met with the complainant/victim (Carlisle) and complainant #2 (Mikell) in reference to a subject following them. Carlisle said she noticed the subject (Whitman) following them while they were traveling on Laurens Street. Carlisle said they pulled into the parking lot of Maxwell Law Firm and the subject stopped in the parking lot of SCE&G. The subject left prior to the officer's arrival. The officer spoke with the subject via telephone and she stated she had been driving in that area, but was looking for a repo vehicle. While speaking with Carlisle and Mikell, ADPS Dispatch advised the Aiken County Sheriff's Office had an active arrest warrant for Mikell. PSO Hadden took Mikell into custody (handcuffs were double-locked and checked for proper fit). PSO Hadden then transported Mikell to ACDC.

Incident Property: **Incident Drugs:**

Vehicle / Gun / Securities Information Area:

Report Summary

☑ Arrest Near Scene # Arrested: 1 Date/Time Arrest: 11/23/2007 13:35 Date/Time Offense:

☑ Subject Identified ☑ Subject Located Theft Jurisdiction: Recovery Jurisdiction:

Case Status: Exceptionally Cleared Over 18 ☐ Follow Up Invest. Follow Up Date: Case Number:

Ex Clear Reason: No Prosecution Follow Up Officer: 08-19144

AGENCY I.D.
SCO 0020000

AIKEN COU. Y SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 05-033709

NCIC: INC. / ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Sexual Assault	X YES ☐ NO	☐ YES X NO	Hom	0
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: X Individual; ☐ Business; ☐ Financial Inst.; ☐ Government; ☐ Relig. Orgn.; ☐ Soc./Public; ☐ Other; ☐ Unknown; ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 1057B Adams Ave., Aiken SC

ZIP CODE: 29803

WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
070905	1200		071005	1930	71005	2240	2255	2330	30F22

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J S O U	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Guyton, Sharon	ST			J S O U	B	F	44	N	2023542	——

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
802 E. Martintown Rd.	N. Augusta	SC	29841	7I1

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J S O U	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
PROTECTED				J S O U						

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.

VISIBLE INJURY (VICT. 1) ☐ YES X NO EXPLAIN — COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES X NO

VICTIM (NO. 1) USING: ALCOHOL ☐ YES X NO UNK. ☐ DRUGS: ☐ YES X NO UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASHT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ *J — This Jurisdiction S — State O — Out of State U — Unknown

SUBJECT NO. 1

X SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
Carlisle, Gerald Leslie	W	M	25	N	71979	510	160	BRN	BRN

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1057B Adams Ave.	Aiken	SC	29803	30F22

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES ☐ NO ☐ UNK. X DRUGS: ☐ YES ☐ NO ☐ UNK. X TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES X NO TOTAL # ARRESTED 0

DATE/TIME OF OFFENSE: DATE/TIME OF ARREST:

NARRATIVE

CHARGE #1	CHARGE #2	CHARGE #3

R/O met/spoke with Comp who stated that Victim (See Supp) had been brought to Aiken E.R. by Victim's Mother. Comp stated that she had been unable to make personal cntact due to Mother departing E.R. with Victim prior to DSS and ACSO arrival. R/O met/spoke with Witness (E.R. Physician) who stated that Victim and Mother had made allegations of fondling, touching, and digital insertation of Victim by listed Subj. Witness stated that he advised Mother that DSS and ACSO had been advised and would arrive shortly. Witness stated that Mother and Victim

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY:

JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY:

PROPERTY EST.

	TYPE (GROUP)							TOTAL VALUE
STOLEN								
DAMAGED								
BURNED								
RECOVERED								
SEIZED								

ADMINISTRATIVE

SUBJECT IDENTIFIED: X YES ☐ NO — SUBJECT LOCATED: X YES ☐ NO — X ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Downs, JB	71005	4614	SSGT. Looney	7/11/05	4522

FOLLOW-UP INVESTIGATION X YES ☐ NO — OFFICER

JUL 11 2005

Juv.

AGENCY I.D. SC0020000

SUPPLEMENT . . . INCIDENT REPORT

05-033709

INQ. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 2 of 2 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ Mother

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
Mikell, Allison Denise	CS			(I) O U	W	F	23	92381	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
504	190	BLN	BLU	SC DL# 01126166 62

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
1057B Adams Ave	Aiken	SC	29803	30F22	(803) 2702966 (H) (B)	(H) (B)

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ Witness

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
Kogel, Robert "Dr."	OK			(I) O U	W	M	46	12358	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
510	160	BRN	BRN	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
AIKEN E.R.	Aiken	SC	29801	16P30	6415100 (H) (B)	(H) (B)

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

departed E.R. shortly afterwards and that Witness had not conducted any physical examination of Victim prior to their departure. Cpl stated that DSS would be making inquiries concerning situatim tomorrow morning. Ptl spoke to Sargent and will attempt well-being check of Victim. Ptl has no further.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM
TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO. | BOAT HULL NO. AND/OR REG. NO.
SERIAL AND/OR OWNER APPLIED NO. | STATE
YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR | MAKE | TYPE
MODEL | STYLE | COLOR | BRAND NAME | CALIBER
NIC NO. | DENOMINATION | ISSUER | SECURITIES DATE
MISCELLANEOUS

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO — SUBJECT LOCATED ☒ YES ☐ NO
☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED
☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER
☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
DOWDS - TB	7 10 05	4614	SSGT. LOONEY	7/11/05	4522
			FOLLOW-UP INVESTIGATION ☒ YES ☐ NO — OFFICER	JUL 11 2005	

AGENCY I.D.
SC0020000

SUPPLEMENTARY REPORT

Case Number: 05-033709

NCIC: Inq. Ent.

☐ Original Report ☒ Supplemental Report ☐ Follow-up ☐ Additional Victims ☐ Additional Offender ☐ Additional Stolen Property ☐ Additional Recovered

Incident Type: Sexual Assault **Date:** 71105 **Time:** 0030

Victims Name: Protected **Subject's Name:** Carlisle, Gerald L.

☐ Warrant was obtained by Deputy	Date:	Judge:
☐ No suspects leads or clues have been developed	Date:	
☐ Contacted victim by telephone	Date:	Time:
☐ Contacted victim in person	Date:	Time:
☐ Case was turned over to CID	Date	Invest:

Narrative: R/o met/spoke with Victim and Victim's Mother. Victim's Mother stated that she believed that Witness had "given her permission" to leave E.R. Mother stated that she believed Victim had been lying about incident in order to get attention. R/o observed Victim who appeared healthy. Mother stated that she had observed no physical signs that would indicate assault of any kind. R/o advised Mother to contact DSS immediately the next day. R/o has no further.

Subject Identified ☒ Yes ☐ No | Subject Located ☒ Yes ☐ No | ☒ Active ☐ Arrested Over 18 | ☐ Adm. Close ☐ Arrested Under 18 | ☐ Unfounded ☐ Ex-Clear Under 18 | ☐ ExClear Over18

Reason for Ex-Clear ☐ 1. Offender Death ☐ 2. No Prosecution ☐ 3. Extradition Denied ☐ 4. Victim Declines Coop. ☐ 5. Juvenile No custody

Reporting Officer	Date:	Unit#	Approving Officer	Date	Unit#	Follow-up Invest.
Downs, J.B.	71105	4614	SGT. LOOMEY	7/11/05	4522	☒ Yes ☐ No

JUL 11 2005

AGENCY I.D. SC0020000

SUPPLEMENT... INCIDENT REPORT

PROTECTED / JUVENILE

05-033709

INC. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 1 of 1 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☒ VICTIM # 1 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
MiKell, Alexis D.	AQ			JOU	W	F	6	42399	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
306	35	BLN	BRN	Gloverville Elem. - 1ST Grade JUVENILE

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B
1057B Adams Ave.	Aiken	SC	29803	30F22		

☒ VICTIM NO. 1 VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES | VICTIM USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
				JOU					

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B

☐ VICTIM NO. ____ VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM
TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.	
SERIAL AND/OR OWNER APPLIED NO.		STATE

YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE

MODEL	STYLE	COLOR	BRAND NAME	CALIBER

NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE

MISCELLANEOUS

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED: ☒ YES ☐ NO | SUBJECT LOCATED: ☒ YES ☐ NO | ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
DOWNS, J B	071005	4614	SGT. LOONEY	7/11/05	4582
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

Rec. JUL 11 2005

CLF

AGENCY I.D.
SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 05027847

NCIC: INQ. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Disturbance	☒ YES ☐ NO	☐ YES ☒ NO	ham	0
2. Assault	☒ YES ☐ NO	☐ YES ☒ NO	ham	0
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☒ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 1057 B - Adams Avenue, New Ellenton | ZIP CODE: 29809 | WEAPON TYPE: hand

INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
06-09-05	1830			06-19-05	1837	1857	1935	30F22

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): Same as victim | RELATIONSHIP TO SUBJECT #1 #2 #3 | RESIDENT * J S O U | RACE | SEX | AGE | ETH. | DAYTIME PHONE H B | EVENING PHONE H B

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): Key, James Ryan | RELATIONSHIP TO SUBJECT #1 FR #2 #3 | RESIDENT * O S O U | RACE W | SEX m | AGE 32 | ETH. N | DAYTIME PHONE H B | EVENING PHONE H B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
504	205	brn	brn	04-05-73

ADDRESS: 1057 B - Adams Avenue | CITY: New Ellenton | STATE: SC | ZIP CODE: 29809 | LOCATION NO.: 30F22

VISIBLE INJURY (VICT. 1) ☒ YES ☐ NO ☐ EXPLAIN — Cut under left eye | COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES ☒ NO

VICTIM (NO. 1) USING: ALCOHOL ☐ YES ☒ NO ☐ UNK. ☐ | DRUGS: ☐ YES ☒ NO ☐ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ | ONE-MAN VEH. ☐ | DETECTIVE/PLAINCLOTHES ☐ | OTHER ☐ | ALONE ☐ | ASSISTED ☐ | * J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE): Carlisle, Gerald Leslie | RACE W | SEX m | AGE 26 | ETH. N | DATE OF BIRTH 07-19-79 | HEIGHT 5'0 | WEIGHT 160 | HAIR brn | EYES brn

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS: 1057 B - Adams Avenue | CITY: New Ellenton | STATE: SC | ZIP CODE: 29809 | LOCATION NO.: 30F22

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES ☒ NO ☐ UNK. ☐ | DRUGS: ☐ YES ☒ NO ☐ UNK. ☐ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES ☒ NO | TOTAL # ARRESTED | DATE/TIME OF OFFENSE | DATE/TIME OF ARREST

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

Victim (Key) stated that the suspect (Carlisle) became angry after key exchanged words with the suspects father and began to swing at him. Key stated that he then began to defend himself by striking Carlisle. Carlisle also threw a screwdriver against the home in frustration and it bounced back and struck victim #2 (George) in the hand. Victims declined prosecution. R/O advised victims who are the suspects room-mate to consider leaving for the night.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

	TYPE (GROUP)						TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☒ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Tim Randall	06-09-05	462	[illegible]	JUN 10 2005	445

FOLLOW-UP INVESTIGATION ☐ YES ☒ NO OFFICER

AGENCY I.D. SC0020000

SUPPLEMENT - INCIDENT REPORT

05027847

INC. | ENTD.

☒ ORIGINAL REPORT ☐ MODIFIES ORIGINAL ☐ SUPPLEMENTAL REPORT ☐ CASE STATUS CHANGE ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL STOLEN PROPERTY ☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 of 2 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☒ VICTIM # 2 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
George, Misty	FR			OSOU	W	F	29	08-17-74	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
505	210lbs	brn		

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B
1057-B Adams Ave.	Newberry	SC	29810	30FR		

☒ VICTIM NO. 2: VISIBLE INJURY: ☐ NO ☒ YES EXPLAIN: cut on right hand

COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES

VICTIM USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK.

☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES

USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
				OSOU					

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN:

COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES

VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.

☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES

USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

R/o obtained a statement from both victims regarding their refusal to prosecute the suspect

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM

TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.	
SERIAL AND/OR OWNER APPLIED NO.	STATE	
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR / MAKE / TYPE
MODEL / STYLE / COLOR / BRAND NAME / CALIBER		
MIC NO. / DENOMINATION / ISSUER / SECURITIES DATE		
MISCELLANEOUS		

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☐ NO | SUBJECT LOCATED ☐ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☒ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
[signature]	06-09-05	472	CLOWNEY	06/10/05	495
			FOLLOW-UP INVESTIGATION ☐ YES ☒ NO OFFICER		

JUN 10 2005

B

AGENCY I.D.
SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 05-023982

NCIC: INO. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. DOMESTIC DISPUTE	☑ YES ☐ NO	☐ YES ☑ NO	HOM	—	☑ Individual
2.	☐ YES ☐ NO	☐ YES ☐ NO			☐ Business, ☐ Financial Inst., ☐ Government, ☐ Relig. Orgn., ☐ Soc./Public, ☐ Other, ☐ Unknown, ☐ Police Off.
3.	☐ YES ☐ NO	☐ YES ☐ NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 1057 B Adams Ave Aiken, SC — ZIP CODE: 29803 — WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
051905	2158		051905	2158	051905	2158	2217	2338	30 F 22

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (S O U)	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Carlisle, Gerald L., Jr.				S O U	W	M	25	N	652 7824 H / B	— H / B

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1057 B Adams Ave	Aiken	SC	29803	30 F 22

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (S O U)	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Whittle, Denise	BG			S O U	W	F	23	N	6527824 H / B	— H / B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.
504	215	BLO	GRN	DOB:

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1057 B Adams Ave	Aiken	SC	29803	30 F 22

VISIBLE INJURY (VICT. 1) ☐ YES NO ☑ EXPLAIN — COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☑

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☐ UNK ☑ DRUGS: ☐ YES NO ☐ UNK ☑ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPL ASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ — J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☑ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
Carlisle, Gerald L., Jr.	W	M	25	N	07 19 79	510	160	BRO	BRO

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1057 B Adams Ave	Aiken	SC	29803	30 F 22

SUBJECT (NO. 1) USING: ALCOHOL ☐ YES NO ☑ UNK ☐ DRUGS: ☐ YES NO ☐ UNK ☑ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☑ TOTAL # ARRESTED —

DATE/TIME OF OFFENSE: DATE/TIME OF ARREST:

CHARGE #1	CHARGE #2	CHARGE #3

NARRATIVE

B/O met with comp who states that he was involved in a verbal argument with vict over a phone call from a female. Vict came out of the bathroom with a knife in her hand and a white towell over her arm. Comp took the knife and towel and observed no physical injury to vict. Vict stated she was leaving and exitted the residence with her three daughters and left on foot. B/O spoke with vict who stated she was tired of the way comp treated her and simply wanted to leave. There were no threats for vict to harm herself and no evidence of vict being injured in any way. Vict stated she was ok, but was not returning home on this date. B/O observed no violation of law. B/O has nothing further.

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY: | JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY:

PROPERTY EST.

	TYPE (GROUP)						TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☑ YES ☐ NO | SUBJECT LOCATED ☑ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☑ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
GRNichols	05/19/05	4695	[signature]	5-20-05	4460

FOLLOW-UP INVESTIGATION ☐ YES NO ☑ DESIGNEE

MAY 20 2005

84

JUVENILE

AGENCY I.D. SC0020000

SUPPLEMENTAL INCIDENT REPORT

05-023982

INC. | ENTD.

☐ ORIGINAL REPORT ☒ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY

PAGE 1 of 2 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ CHILD

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
Mitchell - ALEXIS				Yes No U	W	F	6	04/23/99	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
406	065	Ble	Blu	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
1057B ADAMS AV	Aiken	SC	29803	30F22	292-4634 H/B	SAME H/B

JUVENILE

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ CHILD

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
Mitchell - BRIANNA				Yes No U	W	F	4	05/06/00	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
309	035	Ble	Blu	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
1057B ADAMS Av.	Aiken	SC	29803	30F22	292-4634 H/B	SAME H/B

JUVENILE

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM
TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.				
SERIAL AND/OR OWNER APPLIED NO.	STATE				
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE	
MODEL	STYLE	COLOR	BRAND NAME	CALIBER	
NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
MISCELLANEOUS					

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☐ NO — SUBJECT LOCATED ☐ YES ☐ NO — ☐ ACTIVE ☐ ADM. CLOSED ☒ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
T. MacLaughlin	05-20-05	5199	LT MP	5-20-05	566
G. Nichols	05-20-05	4685	FOLLOW-UP INVESTIGATION ☐ YES NO ☒ OFFICER	MAY 20	2005

FYI TIM

JUVENILE

AGENCY I.D. SC0020000

SUPPLEMENTAL INCIDENT REPORT

05-023982

INC. | ENTD.

☐ ORIGINAL REPORT ☒ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY PAGE 2 of 2 PAGES.
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ CHILD

NAME (LAST, FIRST, MIDDLE): Mikell - ADRIANNA
VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3
RESIDENT: ☐ JSOU
RACE: W SEX: F AGE: 3 D.O.B.: 031702 ETH: N
HEIGHT: 206 WEIGHT: 025 HAIR: BLK EYES: BRO
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
ADDRESS: 1057B ADAMS AV CITY: Aiken STATE: SC ZIP CODE: 29803 LOCATION NO.: 30 F22
DAY PHONE: 292-4634 H ☐ B ☐ EVENING PHONE: SAME H ☐ B ☐
☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ ____

NAME (LAST, FIRST, MIDDLE)
VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3
RESIDENT: ☐ JSOU
RACE SEX AGE D.O.B. ETH
HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
ADDRESS CITY STATE ZIP CODE LOCATION NO.
DAY PHONE H ☐ B ☐ EVENING PHONE H ☐ B ☐
☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY
JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM
TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO. | BOAT HULL NO. AND/OR REG. NO.
SERIAL AND/OR OWNER APPLIED NO. | STATE
YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR | MAKE | TYPE
MODEL | STYLE | COLOR | BRAND NAME | CALIBER
NIC NO. | DENOMINATION | ISSUER | SECURITIES DATE
MISCELLANEOUS

PROPERTY EST.

	TYPE (GROUP)						TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES NO ☐ | SUBJECT LOCATED ☐ YES NO ☐ | ☐ ACTIVE ☐ ADM. CLOSED ☒ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
T MacLaughlin	05-20-05	5199		5-20-05	4695
G Nichols	05-20-05	4695	FOLLOW-UP INVESTIGATION ☐ YES NO ☐ OFFICER		

FYI: SUV

MAY 2 0 2005

86

Z-5

AGENCY I.D.
SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 05-024005

NCIC: ING. ☐ ENTD. ☐

EVENT

	INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1.	Domestic Argument	☒ YES ☐ NO	☐ YES ☒ NO	Home	20	☒ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.
2.		☐ YES ☐ NO	☐ YES ☐ NO			
3.		☐ YES ☐ NO	☐ YES ☐ NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 1057B ADAMS Av. Aiken SC — ZIP CODE: 29803 — WEAPON TYPE: None

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
05-20-05	0040		05-20-05	0090	052005	0048	0106	0135	30F22

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): SAME AS — RELATIONSHIP TO SUBJECT #1 #2 #3 — RESIDENT *J S O U — RACE — SEX — AGE — ETH. — DAYTIME PHONE H S — EVENING PHONE H S

ADDRESS: VICTIM — CITY — STATE — ZIP CODE — LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): Mikell - Allison D. — RELATIONSHIP TO SUBJECT #1 CS #2 #3 — RESIDENT *D S O U — RACE W — SEX F — AGE 23 — ETH. N — DAYTIME PHONE 292-4634 H S — EVENING PHONE SAME H S

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
504	190	Ble	Blu	

ADDRESS: 1057B ADAMS Av. — CITY: Aiken — STATE: SC — ZIP CODE: 29803 — LOCATION NO.: 30F22

VISIBLE INJURY (VICT. 1) ☐ YES NO ☒ EXPLAIN — COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☒

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASH/T. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ *J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): CARLISE - GERALD L. JR. — RACE W — SEX M — AGE 25 — ETH. N — DATE OF BIRTH 07-19-79 — HEIGHT 510 — WEIGHT 160 — HAIR Blo — EYES Blu

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS: 1057B ADAMS Av. — CITY: Aiken — STATE: SC — ZIP CODE: 29803 — LOCATION NO.: 30F22

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☒ UNK. ☐ DRUGS: ☐ YES NO ☒ UNK. ☐ TYPE: — ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☒ — TOTAL # ARRESTED 00 — DATE/TIME OF OFFENSE — DATE/TIME OF ARREST

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

R/D MET WITH THE VICTIM AT THE ABOVE LOCATION IN REFERENCE TO A DOMESTIC ARGUMENT. THE VICTIM STATED THAT SHE AND THE SUSPECT HAD A VERBAL ARGUMENT WITH NO PHYSICAL ALTERCATION. R/D FOUND NO VIOLATION OF S.C. LAW.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY — JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO — SUBJECT LOCATED ☒ YES ☐ NO — ☐ ACTIVE ☐ ADM. CLOSED ☒ UNFOUNDED — ☐ ARRESTED UNDER 16 ☐ ARRESTED 16 AND OVER — ☐ EX-CLEAR UNDER 16 ☐ EX-CLEAR 16 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
T. MacLaughlin	05-20-05	5199	SSGT - Looney	5/20/05	4527

FOLLOW-UP INVESTIGATION ☐ YES NO ☒ — OFFICER — MAY 20 2005

11862

AGENCY I.D.
SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 05-024687

NCIC: INQ. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. Domestic Argument	☑ YES ☐ NO	☐ YES ☑ NO	Hom	2	☑ Individual
2.	☐ YES ☐ NO	☐ YES ☐ NO			☐ Business
3.	☐ YES ☐ NO	☐ YES ☐ NO			☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 1057B ADAMS Av. Aiken SC — ZIP CODE: 29803 — WEAPON TYPE: None

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
05-24-05	2300		05-24-05	2332	052405	2313	2332	0015	30F22

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Carlisle - Sybil	PA			DSOU	W	F	53	N	652-0992 H / S	SAME H / S

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1057 ADAMS Av.	Aiken	SC	29803	30F22

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Mikell - Allison D.	CS			DSOU	W	F	23	N	H / S	H / S

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
504	190	Bro	Blu	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1057B ADAMS Av.	Aiken	SC	29803	30F22

VISIBLE INJURY (VICT. 1) ☐ YES ☑ NO — EXPLAIN — COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES ☑ NO

VICTIM (NO. 1) USING: ALCOHOL ☐ YES ☑ NO UNK. ☐ DRUGS: ☐ YES ☑ NO UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ — *J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☑ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
Carlisle-Gerald L. JR.	W	M	25	N	07-19-79	510	160	Bro	Bro

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1057B ADAMS Av.	Aiken	SC	29803	30F22

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES ☑ NO UNK. ☐ DRUGS: ☐ YES ☑ NO UNK. ☐ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES ☑ NO — TOTAL # ARRESTED: 0

DATE/TIME OF OFFENSE: — DATE/TIME OF ARREST:

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

R/D MET WITH THE VICTIM AT THE ABOVE LOCATION in Reference To A Domestic ARGUMENT. THE VICTIM STATED THAT THE SUSPECT WAS IRate Because SHE GOT A EYE BROW Pecing. THE VICTIM BEGAN THROWING THings AND HitTing WALLS AND THE Door with His head. R/D SPOKE WITH THE SUSPECT WHO STATED He WAS JUST TRYING TO GET THE VICTIMS ATTENTION. R/D DID NOT OBSERVE ANY INJURIES. THE VICTIM STATED THAT THE SUSP DID NOT Hit or THREATEN HER. R/D found no violation of LAW.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY: — JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY:

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☑ YES ☐ NO — SUBJECT LOCATED ☑ YES ☐ NO — ☐ ACTIVE ☐ ADM. CLOSED ☑ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
T. MacLAUGHLIN	05-24-05	5199	[signature]	5-24-05	4446

FOLLOW-UP INVESTIGATION ☐ YES ☑ NO — OFFICER

MAY 24 2005

88

Juvenile

ASE NUMBER: 05-024687 NCIC

SUPPLEMENTAL INCIDENT REPORT

AGENCY I.D.
SCO 0020000

INQ. ENTD.

☐ ORIGINAL REPORT ☑ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 1 of 2 PAGES

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☒ SUMMONS CHILD

NAME (LAST, FIRST, MIDDLE): Mikell Alexis | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT: Sou | RACE: W | SEX: F | AGE: 6 | D.O.B.: 4 23 99 | ETH: N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
406	065	BLK	BRO	

ADDRESS: 1057B ADAMS AV | CITY: Aiken | STATE: SC | ZIP CODE: 29803 | LOCATION NO.: 30F22 | DAY PHONE: 652-7824 B | EVENING PHONE: SAME H B

☐ VICTIM NO. ___ VISIBLE INJURY: ☐ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☒ SUMMONS CHILD

NAME (LAST, FIRST, MIDDLE): Mikell - Brianna | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT: Sou | RACE: W | SEX: F | AGE: 4 | D.O.B.: 09 08 00 | ETH: N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
309	035	BLK	BRO	

ADDRESS: 1057B ADAMS AV. | CITY: Aiken | STATE: SC | ZIP CODE: 29803 | LOCATION NO.: 30F22 | DAY PHONE: 652-7824 B | EVENING PHONE: SAME H B

☐ VICTIM NO. ___ VISIBLE INJURY: ☐ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☒ SUMMONS CHILD

NAME (LAST, FIRST, MIDDLE): Mikell ADRIANNA | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT: Sou | RACE: W | SEX: F | AGE: 3 | D.O.B.: 3-17-02 | ETH: N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
206	025	BLK	BRO	

ADDRESS: 1057B ADAMS Av. | CITY: Aiken | STATE: SC | ZIP CODE: 29803 | LOCATION NO.: 30F22 | DAY PHONE: 652-7824 B | EVENING PHONE: SAME H B

☐ VICTIM NO. ___ VISIBLE INJURY: ☐ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☒ SUMMONS CHILD

NAME (LAST, FIRST, MIDDLE): Carlisle - Tori | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT: Sou | RACE: W | SEX: F | AGE: 5 | D.O.B.: 6 17 99 | ETH: N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
403	040	RED	BRO	

ADDRESS: 1057B ADAMS AV | CITY: Aiken | STATE: SC | ZIP CODE: 29803 | LOCATION NO.: 30F22 | DAY PHONE: 652-7824 B | EVENING PHONE: SAME H B

☐ VICTIM NO. ___ VISIBLE INJURY: ☐ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☒ SUMMONS CHILD

NAME (LAST, FIRST, MIDDLE): Carlisle - Kalie | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT: Sou | RACE: W | SEX: F | AGE: 3 | D.O.B.: 6 1 02 | ETH: N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
309	025		BRO	

ADDRESS: 1057B ADAMS Av. | CITY: Aiken | STATE: SC | ZIP CODE: 29803 | LOCATION NO.: 30F22 | DAY PHONE: 652-7824 B | EVENING PHONE: SAME H B

☐ VICTIM NO. ___ VISIBLE INJURY: ☐ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

ADMINISTRATIVE

SUBJECT IDENTIFIED ☑ YES ☐ NO | SUBJECT LOCATED ☑ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☑ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
T. MacLaughlin	05-24-05	5199		5-24-05	4466

FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER

MAY 24 2005

Juvenile

CASE NUMBER 05-024687 NCIC

SUPPLEMENTAL INCIDENT REPORT

AGENCY I.D.
SCO 0020000

INQ. ENTD.

☐ ORIGINAL REPORT ☒ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 of 2 PAGES

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☒ SUMMONS COMCD

NAME (LAST, FIRST, MIDDLE): Carlisle — Jason | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT *JSOU | RACE W | SEX M | AGE 17 | D.O.B. 3-7-97 | ETH N

HEIGHT 4'10" | WEIGHT 85 | HAIR Red | EYES Brn | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS 1057B ADAMS AV | CITY Aiken | STATE SC | ZIP CODE 29803 | LOCATION NO. 30F22 | DAY PHONE H B 652-7824 | EVENING PHONE H Same B

☐ VICTIM NO. __ VISIBLE INJURY: ☐ NO ☐ YES | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASM ☐ ALONE
EXPLAIN: | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ _____

NAME (LAST, FIRST, MIDDLE) | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT *JSOU | RACE | SEX | AGE | D.O.B. | ETH

HEIGHT | WEIGHT | HAIR | EYES | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. | DAY PHONE H B | EVENING PHONE H B

☐ VICTIM NO. __ VISIBLE INJURY: ☐ NO ☐ YES | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASM ☐ ALONE
EXPLAIN: | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ _____

NAME (LAST, FIRST, MIDDLE) | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT *JSOU | RACE | SEX | AGE | D.O.B. | ETH

HEIGHT | WEIGHT | HAIR | EYES | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. | DAY PHONE H B | EVENING PHONE H B

☐ VICTIM NO. __ VISIBLE INJURY: ☐ NO ☐ YES | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASM ☐ ALONE
EXPLAIN: | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ _____

NAME (LAST, FIRST, MIDDLE) | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT *JSOU | RACE | SEX | AGE | D.O.B. | ETH

HEIGHT | WEIGHT | HAIR | EYES | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO. | DAY PHONE H B | EVENING PHONE H B

☐ VICTIM NO. __ VISIBLE INJURY: ☐ NO ☐ YES | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASM ☐ ALONE
EXPLAIN: | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☐ NO | SUBJECT LOCATED ☐ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
T. MacLaughlin	05-24-05	5199	[signature]	5-24-05	644

FOLLOW-UP INVESTIGATION ☐ YES ☒ NO OFFICER

MAY 24 2005

90

2 - 2

AGENCY I.D.
SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 05-023123

NCIC: INQ. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. THREATS	☑ YES ☐ NO	☐ YES ☑ NO	HOM	00
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☑ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 410 GLOVER ST. WARRENVILLE, S.C. | ZIP CODE: 29851 | WEAPON TYPE:

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
051405	2040				051405	2115	2126	2145	8 N 22

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): S.A.V. | RELATIONSHIP TO SUBJECT #1 #2 #3 | RESIDENT • J S O U | RACE | SEX | AGE | ETH. | DAYTIME PHONE H B | EVENING PHONE H B

ADDRESS | CITY | STATE | ZIP CODE | LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): PHILLIPS, TIFFANY R. | RELATIONSHIP TO SUBJECT #1: AQ #2 #3 | RESIDENT Q S O U | RACE: W | SEX: F | AGE: 29 | ETH.: N | DAYTIME PHONE H: 593-7742 B | EVENING PHONE H B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
500	205	BLN	BLU	DOB: 11-13-75

ADDRESS: 410 GLOVER ST | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8 N 22

VISIBLE INJURY (VICT. 1) ☐ YES NO ☑ EXPLAIN — | COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☑

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☑ UNK ☐ DRUGS: ☐ YES NO ☑ UNK ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ | • J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☑ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE): CARLISLE, GEROLD LESLIE (JERRY) | RACE: W | SEX: M | AGE | ETH.: N | DATE OF BIRTH: 071978 | HEIGHT: 509 | WEIGHT: 148 | HAIR: BRO | EYES: BLU

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: SSN: 251-41-4123 SCDL: D7640209 HOME # 642-4345 CELL 443-8345

ADDRESS: 1057 B ADAMS AVE | CITY: NEW ELLENTON | STATE: SC | ZIP CODE: 29809 | LOCATION NO.: 30 F 22

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☐ UNK ☑ DRUGS: ☐ YES NO ☐ UNK ☑ TYPE: | ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☑ TOTAL # ARRESTED | DATE/TIME OF OFFENSE | DATE/TIME OF ARREST

CHARGE #1	CHARGE #2	CHARGE #3

NARRATIVE

R/D RESPONDED TO 410 GLOVER ST. IN REFERENCE TO THREATS. R/D MET WITH THE VICT. (PHILLIPS) WHO STATED THAT SHE RECEIVED A PHONE CALL FROM THE SUSP. (CARLISLE). VICT. STATES SUSP. TOLD HER THAT HE WAS ENROUTE TO HER RESIDENCE AND WAS GOING TO KILL EVERYONE THERE. VICT. STATES THE SUSP. TOLD HER HE HAS A GUN. R/D ADVISED VICT. OF S.C. LAW IN REFERENCE TO THREATS. VICT. STATES THAT SHE WANTS INCIDENT DOCUMENTED ONLY. R/D HAS NOTHING FURTHER.

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☑ YES ☐ NO | SUBJECT LOCATED ☑ YES ☐ NO | ☐ ACTIVE ☑ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☑ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
T. K. ANGLIN	051405	4870	LT [signature]	5-15-05	416
			FOLLOW-UP INVESTIGATION ☐ YES NO ☑ OFFICER	MAY 15 2005	

AGENCY I.D.
SCO 0020000

AIKEN COU...Y SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 07-033712

NCIC: INQ. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. CIVIL MATTER	☑ YES ☐ NO	☐ YES ☑ NO	HOM	0	☑ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.
2.	☐ YES ☐ NO	☐ YES ☐ NO			
3.	☐ YES ☐ NO	☐ YES ☐ NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 126 DOFF ST. NEW ELLENTON, SC — ZIP CODE: 29809 — WEAPON TYPE: —

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
061807	0800		061307	0900	061307	0926	0949	1000	30521

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE): SAME AS VICTIM — RELATIONSHIP TO SUBJECT #1 #2 #3 — RESIDENT: JSOU — RACE — SEX — AGE — ETH. — DAYTIME PHONE H B — EVENING PHONE H B

ADDRESS — CITY — STATE — ZIP CODE — LOCATION NO.

VICTIM NO. 1

VICTIM'S NAME (LAST, FIRST, MIDDLE): GORDON, SARAH — RELATIONSHIP TO SUBJECT #1 DR #2 #3 — RESIDENT: JSOU — RACE B — SEX F — AGE 51 — ETH. N — DAYTIME PHONE 6527605 H B — EVENING PHONE — H B

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
511	256	BLK	BRO	DOB 01/08/56

ADDRESS: 174 DOFF ST. — CITY: NEW ELLENTON — STATE: SC — ZIP CODE: 29809 — LOCATION NO.: 30521

VISIBLE INJURY (VICT. 1) ☐ YES NO ☐ EXPLAIN — COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO ☐

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO ☑ UNK ☐ DRUGS: ☐ YES NO ☑ UNK ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ — *J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☑ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
MIKELL, ALLISON	W	F	00	N					

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS: 1057 B ADAMS RD — CITY: AIKEN — STATE: SC — ZIP CODE: 29803 — LOCATION NO.: 16222

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☐ UNK ☑ DRUGS: ☐ YES NO ☐ UNK ☑ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES NO ☑ TOTAL # ARRESTED 0 — DATE/TIME OF OFFENSE — DATE/TIME OF ARREST

NARRATIVE

CHARGE #1	CHARGE #2	CHARGE #3

R/O MET W/ THE VICTIM (GORDON) WHO STATED THAT THE SUBJECT (MIKELL) HAS A JOINT AT THE I/L WAS IN THE PROCESS OF BEING EVICTED. THE SUBJECT MOVED OUT OF THE RESIDENCE PRIOR TO THE EVICTION HEARING, HOWEVER IN THE PROCESS OF MOVING OUT, SHE CAUSED DAMAGE TO SEVERAL AREAS OF THE RESIDENCE. R/O OBSERVED SEVERAL BASEBOARDS IN THE BEDROOMS TO BE BROKEN - ALSO SEVERAL OPEN BAGS OF TRASH WERE PILED IN THE PANTRY. THERE WERE SEVERAL SMALL HOLES IN THE INTERIOR WALLS ALSO. THE VICTIM STATED THERE WAS NO DAMAGE PRIOR TO THE SUBJECTS MOVING IN. R/O COMPLETED REPORT FOR DOCUMENTATION PURPOSES. R/O HAS NO FURTHER.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY — JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

							TOTAL VALUE
TYPE (GROUP)							
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☑ YES ☐ NO — SUBJECT LOCATED ☑ YES ☐ NO — ☐ ACTIVE ☑ ADM. CLOSED ☐ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
D.M. JOHNSON	061307	511	SSG SHIVER	6-13-07	4620

FOLLOW-UP INVESTIGATION ☐ YES NO ☐ — OFFICER

JUN 14 2007

92

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Law Enforcement Record Request

To: Aiken County Sheriff's Department
420 Hampton Avenue, NE
Aiken, SC 29801
Criminal Records Division

From: Aiken County Department of Social Services
North Augusta Branch
802 E. Martintown Road
North Augusta, SC 29841

The below captioned persons is/are being investigated by our Children's Protective Services Unit. We are required to check police records of our clients. Please submit a copy of record, if any, or indicate below if none is on file. Return this form to our agency. Thank you for your assistance.

Name: Marie Scott
DOB: 01/20/1981
SSN: 250-49-0524

Address: 1057B Adams Avenue Aiken SC 29802

Criminal Record on file:
YES:_____ NO: ✓

Incident Reports: (please send all reports also)
YES: ✓ NO:_____

Name: Record is limited to ACSO only ✓
DOB: Record_____ No record_____
SSN: Checked By SW Date 10-2-08

Criminal Record on file:
YES:_____ NO:_____

Incident Reports: (please send all reports also)
YES:_____ NO:_____

RECEIVED
SEP 30 2008
ACSO - Records

Aiken County Sheriff's Office
-- Records Section --
420 Hampton Avenue, NE
Aiken, SC 29801

Caseworker: Bashonna Coates
803-202-3527

Supervisor: Christine Wright
803-202-3537

Individual Data Sheet
FOR: SCOTT, DONNA MARIE

Record# 43238

Printed On: 10/02/2008 10:54 (Thu)

Last Name:	SCOTT				
First Name:	DONNA	Middle: MARIE		Suffix:	Nick Name:
Address:	105B ADAMS AVE				
City:	AIKEN	SC	29803	Sex: F	Race: W
Date Of Birth:	01/20/1981	Age: 27		Height: 411	Weight: 170
Phone:	803-341-4386	SSN: 250-49-0524		Eyes: HAZ	Hair: BRO
Place Of Birth:				Build:	Complexion:
Local Id:				Ethnic: N	
FBI:		Residence Status: J		Glasses:	
SBI:		SBI State:		Facial:	
SRS:				Hair Len:	
SID:		JJIS:		Dependant Count: 0	
Driver's Lic No:					
Citizenship:		Marital Status:			

Associated Cases

INCIDENT#	OFFENSE		DATE REPORTED	DATE OCCURRED FROM / TO
00-015205	No Offense Recorded	Location: 307 HOLSENBACK ST. GRANITEVILLE SC 29829		
Involvement: C/V	Age At Time:19		04/06/2000 22:10	04/06/2000 19:30 to
Remarks:				
Names Tab Comments:				
04-004132	FAMILY OFFENSES, NONVIOLENT	Location: 321 CUMBEE TRAIL RD RIDGE SPRING 29129		
Involvement: Suspect	Age At Time:23		01/27/2004 21:21	01/27/2004 16:10 to 01/27/2004 21:30
Remarks:				
Names Tab Comments:				
04-005690	TELEPHONE CALLS, OBSCENE, HAR	Location: 321 CUMBEE TR		
Involvement: Suspect	Age At Time:23		02/04/2004 19:31	02/04/2004 19:30 to 02/04/2004 19:30
Remarks:				
Names Tab Comments:				
04-026107	TELEPHONE CALLS, OBSCENE, HAR	Location: 415 GLOVER ST GLOVERVILLE SC 29851		
Involvement: Suspect	Age At Time:23		05/25/2004 19:14	05/25/2004 19:00 to 05/25/2004 19:16
Remarks:				
Names Tab Comments:				
04-026474	ALL OTHER OFFENSES	Location: 415 GLOVER ST GLOVERVILLE SC 29851		
Involvement: Suspect	Age At Time:23		05/27/2004 16:32	05/27/2004 08:00 to 05/27/2004 16:00
Remarks:				
Names Tab Comments:				

Individual Data Sheet
FOR: SCOTT, DONNA MARIE

Record# 43238

Printed On: 10/02/2008 10:54 (Thu) Page: 2

04-043780 WELL BEING CHECK Location: 101 KALMIA APARTMENTS AIKEN
Involvement: Suspect Age At Time:23 08/24/2004 21:51 08/12/2004 15:00 to 08/24/2004 23:17
Remarks:

Names Tab Comments:

05-005112 FORCIBLE FONDLING Location: PROJECT RD GLOVERVILLE
Involvement: Complainant Age At Time:24 02/02/2005 19:18 01/28/2005 00:01 to 02/02/2005 19:22
Remarks:

Names Tab Comments:

05-013407 SIMPLE ASSAULT Location: CONDOR CT LANGLEY SC 29831
Involvement: Other Involvement Age At Time:24 03/22/2005 21:48 03/22/2005 21:48 to 03/22/2005 21:48
Remarks:

Names Tab Comments: VICTIM'S MOTHER

06-064103 SIMPLE ASSAULT Location: 202 DURDEN RD GLOVERVILLE SC 29828
Involvement: Complainant Age At Time:25 11/17/2006 18:03 11/17/2006 17:45 to 11/17/2006 18:00
Remarks:

Names Tab Comments:

07-063109 FORCIBLE FONDLING Location: 321 CUMBEE TRAIL RD MONETTA SC 29105
Involvement: Other Involvement Age At Time:26 11/02/2007 16:46 10/01/2007 to 10/28/2007 23:59
Remarks:

Names Tab Comments:

08-001701 WELL BEING CHECK Location: 202 DURDEN RD GLOVERVILLE SC 29828
Involvement: Suspect Age At Time:26 01/10/2008 11:05 01/10/2008 11:05 to 01/10/2008 11:05
Remarks:

Names Tab Comments:

98-015975 No Offense Recorded Location:
Involvement: Victim Age At Time:UNKNOWN to
Remarks:

Names Tab Comments:

Aliases

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	RACE	SEX	DATE INTO HISTORY
SCOTT	MARIE		01/20/1981	W	F	05/16/2007
SCOTT WHITE	DONNA		01/20/1981	W	F	05/16/2007
WHITE	MARIE		01/20/1981		F	05/16/2007
WHITE	DONNA	SCOTT WHITE	01/20/1981	W	F	01/28/2005

AGENCY I.D. SC0020000

AIKEN COUNTY S[illegible]IFF'S OFFICE INCIDENT [illegible]PORT

08 - 00 1701

INC.	ENTD.

EVENT

	INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1.	WELL BEING CHECK	☒ YES ☐ NO	☐ YES ☒ NO	HOM	0
2.		☐ YES ☐ NO	☐ YES ☐ NO		
3.		☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☒ INDIVIDUAL ☐ BUSINESS ☐ FINANCIAL INST. ☐ GOVERNMENT ☐ RELIGIOUS ORG. ☐ SOCIETY/PUBLIC ☐ OTHER ☐ UNKNOWN ☐ POLICE OFF.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 202 DURDEN RD WARRENVILLE, SC — ZIP CODE: 29851 — WEAPON TYPE: N/A

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP DATE	DISP TIME	TIME ARRIVE	TIME DEPART	LOCATION #
01-10-08	11:19		- -	:	1-10 08	1179	11.28	1340	8-N-21

COMPLAINANT NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (S O U)	RACE	SEX	AGE	ETH.	DAY PHONE	NIGHT PHONE
( ). (DSS) MIMS, TAMALA	ST			S	B	F	23	N	202 3524 (H) ( ) - (B)	( ) - (H) ( ) - (B)

ADDRESS	CITY	STATE	ZIP CODE	LOCATION #
882 EAST MARTINTOWN RD	NORTH AUGUSTA	SC	29842	1 G-13

VICTIM 1

VICTIM NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT (S O U)	RACE	SEX	AGE	ETH.
( ). WHITE, KATELYNE				S	W	F	7	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.
405	35	BLK	HAZ	DOB: 9-13-00

ADDRESS	CITY	STATE	ZIP CODE	LOCATION #	DAY PHONE	NIGHT PHONE
202 DURDEN RD	WARRENVILLE	SC	29851	8 N 21	202 3524 (H) ( ) - (B)	( ) - (H) ( ) - (B)

☒ VISIBLE INJURY ☐ YES ☒ NO — COMPLAINT OF NON-VISIBLE INJURIES ☐ YES ☒ NO

VICTIM I USING ALCOHOL ☐ YES ☒ NO ☐ UNK. — DRUGS ☐ YES ☐ NO ☒ UNK. TYPE:

TWO MAN VEH. ☐ ONE MAN VEH. ☐ DETECTIVE/PLAINCT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ — ☐ J - THIS JURISDICTION ☐ S-STATE ☐ O-OUT OF STATE ☐ U-UNKNOWN

SUBJECT 1

☒ SUBJECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	D.O.B.	HGT	WGT	HAIR	EYES
( ). WHITE DONNA	W	F	26	N	12081	411	153	BRN	BRN

FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION #
202 DURDEN RD	WARRENVILLE	SC	29851	8-N-21

SUBJECT 1: USING ALCOHOL: ☐ YES ☒ NO ☐ UNK. — DRUGS: ☐ YES ☐ NO ☒ UNK. — ARRESTED NEAR OFFENSE SCENE ☐ YES ☒ NO — TOTAL # ARRESTED: 0 — DATE/TIME OF OFFENSE: - - / : — DATE/TIME OF ARREST: - - / :

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

Arrow down at end of line. Do NOT press return. R/O RESPONDED TO H/C WITH DSS TO CONDUCT A WELL BEING CHECK ON LISTED VICTIMS. R/O MADE CONTACT WITH SUBJECTS AND LISTED VICTIMS. R/O CONDUCTED A SEARCH OF RESIDENCE AND DISCOVERED THE RESIDENCE TO HAVE NO POWER AND HOUSE WAS UNSANITARY. R/O OBSERVED HOLES IN BEDROOM FLOOR. R/O OBSERVED LISTED VICTIMS 1-8 TO BE UNBATHED WITH DIRTY CLOTHES. R/O CONTACTED LT. PADGETT WHO HAD INV. BLEVINS TO RESPOND. INV BLEVINS ARRIVED IN SCENE AT 1310 HRS. R/O TURNED SCENE AND CASE OVER TO INV. BLEVINS.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

TYPE							TOTAL VALUE
STOLEN							$
DAMAGED							$
BURNED							$
RECOVERED					JAN 11 2008		$
SEIZED							$

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☐ NO — SUBJECT LOCATED ☐ YES ☐ NO — ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE – NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
B. GEISLER	1-10-08	5540	C	1-10-08	4460
	- -		FOLLOW-UP INVESTIGATION ☒ YES ☐ NO — OFFICER		

ACSO Form AD1003 (04/19/07)

Z-2

CASE NUMBER: 08-001701 | NCIC | INQ. | ENTD.

SUPPLEMENTAL INCIDENT REPORT

AGENCY I.D.
SCO 0020000

☐ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 of 3 PAGES

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☒ VICTIM # 2 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): WHITE, MEGAN
VICTIM RELATIONSHIP TO SUBJECT: CH
RESIDENT: OU | RACE: W | SEX: F | AGE: 6 | D.O.B.: 8-15-01 | ETH: N
HEIGHT: 304 | WEIGHT: 35 | HAIR: BRN | EYES: BRN | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: DOE
ADDRESS: 202 DURDEN RD | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N21 | DAY PHONE: (H) (B) 202-3524 | EVENING PHONE: (H) (B)
☒ VICTIM NO. 2 VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ DRUGS: ☐ NO ☐ YES TYPE: UNK ☒ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____ USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.

☐ COMPLAINANT ☒ VICTIM # 3 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): WHITE, BRIAN
VICTIM RELATIONSHIP TO SUBJECT: BR
RESIDENT: OU | RACE: W | SEX: M | AGE: 4 | D.O.B.: 8-11-03 | ETH: N
HEIGHT: 210 | WEIGHT: 20 | HAIR: BRN | EYES: HAZ | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:
ADDRESS: 202 DURDEN RD | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N21 | DAY PHONE: (H) (B) 202-3524 | EVENING PHONE: (H) (B)
☒ VICTIM NO. 3 VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ DRUGS: ☐ NO ☐ YES TYPE: UNK ☒ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____ USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.

☐ COMPLAINANT ☒ VICTIM # 4 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): MICHAEL, JAMES JR
VICTIM RELATIONSHIP TO SUBJECT: BR
RESIDENT: OU | RACE: W | SEX: M | AGE: 3 | D.O.B.: 8-7-04 | ETH: N
HEIGHT: 210 | WEIGHT: 20 | HAIR: BRN | EYES: HAZ | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:
ADDRESS: 202 DURDEN RD | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N21 | DAY PHONE: (H) (B) 202 3524 | EVENING PHONE: (H) (B)
☒ VICTIM NO. 4 VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ DRUGS: ☐ NO ☐ YES TYPE: UNK ☒ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____ USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.

☐ COMPLAINANT ☒ VICTIM # 5 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): MIKell JASON
VICTIM RELATIONSHIP TO SUBJECT: BR
RESIDENT: OU | RACE: W | SEX: M | AGE: 1 | D.O.B.: 8-27-06 | ETH: N
HEIGHT: 18in | WEIGHT: 15 | HAIR: BLN | EYES: BRN | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:
ADDRESS: 202 DURDEN RD | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N21 | DAY PHONE: (H) (B) 202 3524 | EVENING PHONE: (H) (B)
☒ VICTIM NO. 5 VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ DRUGS: ☐ NO ☐ YES TYPE: UNK ☒ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____ USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.

☐ COMPLAINANT ☒ VICTIM # 6 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): MIKell KRISTOPHER
VICTIM RELATIONSHIP TO SUBJECT: BR
RESIDENT: OU | RACE: W | SEX: M | AGE: 3 MHS | D.O.B.: 10/3/07 | ETH: N
HEIGHT: 16in | WEIGHT: 8 | HAIR: BRN | EYES: BRN | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: JAN 1 1 2008
ADDRESS: 202 DURDEN RD | CITY: WARRENVILLE | STATE: SC | ZIP CODE: 29851 | LOCATION NO.: 8N21 | DAY PHONE: (H) (B) 202 3524 | EVENING PHONE: (H) (B)
☒ VICTIM NO. 6 VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ DRUGS: ☐ NO ☐ YES TYPE: UNK ☒ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____ USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE – NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
B. GEISLER	1-16-08	5340		1-10-08	446

FOLLOW-UP INVESTIGATION ☒ YES ☐ NO OFFICER

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER: 08-00170 | NCIC | INQ. | ENTD.

AGENCY I.D.
SCO 0020000

ORIGINAL REPORT ☒ | SUPPLEMENTAL REPORT ☐ | ADDITIONAL VICTIMS ☐ | ADDITIONAL STOLEN PROPERTY ☐ | PAGE 3 of 3 PAGES
MODIFIES ORIGINAL ☐ | CASE STATUS CHANGE ☐ | ADDITIONAL OFFENDERS ☐ | ADDITIONAL RECOVERED PROPERTY ☐

VICT./SUBJ. I.D. OVERFLOW

COMPLAINANT ☐ | VICTIM # ☐ | SUBJECT # 2 ☒ | RUNAWAY ☐ | WANTED ☐ | WARRANT ☐ | ARREST ☐ | JAIL ☐ | SUMMONS ☐

NAME (LAST, FIRST, MIDDLE): Scott Sarah | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT: JSOU | RACE: W | SEX: F | AGE: 19 | D.O.B.: 6-3-88 | ETH: N

HEIGHT: 504 | WEIGHT: 124 | HAIR: Dro | EYES: Dro | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:

ADDRESS: 202 Durden rd | CITY: Gloxville | STATE: SC | ZIP CODE: 29828 | LOCATION NO.: 8N21 | DAY PHONE H/B: — | EVENING PHONE H/B: —

☐ VICTIM NO. __ VISIBLE INJURY: ☐ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☒ SUBJECT NO. 2 | USING ALCOHOL: ☒ NO ☐ YES | USING DRUGS: ☒ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

COMPLAINANT ☐ | VICTIM # 7 ☒ | SUBJECT # ☐ | RUNAWAY ☐ | WANTED ☐ | WARRANT ☐ | ARREST ☐ | JAIL ☐ | SUMMONS ☐

NAME (LAST, FIRST, MIDDLE): Card Dustin | VICTIM RELATIONSHIP TO SUBJECT: PA | RESIDENT: JSOU | RACE: W | SEX: M | AGE: 2 | D.O.B.: 6-20-05 | ETH: N

HEIGHT: 300 | WEIGHT: 040 | HAIR: Brn | EYES: Brn | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:

ADDRESS: 202 Durden rd | CITY: Gloxville | STATE: SC | ZIP CODE: 29828 | LOCATION NO.: 8N21 | DAY PHONE H/B: — | EVENING PHONE H/B: —

☒ VICTIM NO. 7 VISIBLE INJURY: ☒ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ | USING ALCOHOL: ☐ NO ☐ YES | USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

COMPLAINANT ☐ | VICTIM # 8 ☒ | SUBJECT # ☐ | RUNAWAY ☐ | WANTED ☐ | WARRANT ☐ | ARREST ☐ | JAIL ☐ | SUMMONS ☐

NAME (LAST, FIRST, MIDDLE): Card Ethan | VICTIM RELATIONSHIP TO SUBJECT: PA | RESIDENT: JSOU | RACE: W | SEX: M | AGE: 1 | D.O.B.: 6-18-06 | ETH: N

HEIGHT: 300 | WEIGHT: 040 | HAIR: Brn | EYES: Brn | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:

ADDRESS: 202 Durden rd | CITY: Gloxville | STATE: SC | ZIP CODE: 29828 | LOCATION NO.: 8N21 | DAY PHONE H/B: — | EVENING PHONE H/B: —

☒ VICTIM NO. 8 VISIBLE INJURY: ☒ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ | USING ALCOHOL: ☐ NO ☐ YES | USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

COMPLAINANT ☐ | VICTIM # ☐ | SUBJECT # ☐ | RUNAWAY ☐ | WANTED ☐ | WARRANT ☐ | ARREST ☐ | JAIL ☐ | SUMMONS ☐

NAME (LAST, FIRST, MIDDLE): | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT: JSOU | RACE: | SEX: | AGE: | D.O.B.: | ETH:

HEIGHT: | WEIGHT: | HAIR: | EYES: | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:

ADDRESS: | CITY: | STATE: | ZIP CODE: | LOCATION NO.: | DAY PHONE H/B: | EVENING PHONE H/B:

☐ VICTIM NO. ___ VISIBLE INJURY: ☐ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ | USING ALCOHOL: ☐ NO ☐ YES | USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

COMPLAINANT ☐ | VICTIM # ☐ | SUBJECT # ☐ | RUNAWAY ☐ | WANTED ☐ | WARRANT ☐ | ARREST ☐ | JAIL ☐ | SUMMONS ☐

NAME (LAST, FIRST, MIDDLE): | VICTIM RELATIONSHIP TO SUBJECT: | RESIDENT: JSOU | RACE: | SEX: | AGE: | D.O.B.: | ETH:

HEIGHT: | WEIGHT: | HAIR: | EYES: | FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: JAN 11 2008

ADDRESS: | CITY: | STATE: | ZIP CODE: | LOCATION NO.: | DAY PHONE H/B: | EVENING PHONE H/B:

☐ VICTIM NO. ___ VISIBLE INJURY: ☐ NO ☐ YES | EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES UNK. ☐ | DRUGS: ☐ NO ☐ YES TYPE: UNK ☐ | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASH ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ___ | USING ALCOHOL: ☐ NO ☐ YES | USING DRUGS: ☐ NO ☐ YES ⇨ TYPE: ☐ UNK.

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
D. GEISLER	1-10-08	5540		1-10-08	5460

FOLLOW-UP INVESTIGATION ☒ YES ☐ NO

98

AGENCY I.D. SC0020000

AIKEN COUNTY SHERIFF'S OFFICE INCIDENT REPORT

07 - 063 09

INQ. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Sexual Assault	☒ YES ☐ NO	☐ YES ☒ NO	Hom	0
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☒ INDIVIDUAL ☐ BUSINESS ☐ FINANCIAL INST. ☐ GOVERNMENT ☐ RELIGIOUS ORG. ☐ SOCIETY/PUBLIC ☐ OTHER ☐ UNKNOWN ☐ POLICE OFF.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 321 Cumbee Trail Rd Monetta SC | ZIP CODE: 29105 | WEAPON TYPE: —

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP DATE	DISP TIME	TIME ARRIVE	TIME DEPART	LOCATION #
10-01-07	00:00	-	10-28-07	23:59	Ongoing	10:50	17:01	17:35	BN 19

COMPLAINANT NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J S O U	RACE	SEX	AGE	ETH.	DAY PHONE	NIGHT PHONE
( ) Scott, Johnny, W.	GP			J S O U	W	M	51	N	( ) - H ( ) - B	( ) - H ( ) - B

ADDRESS	CITY	STATE	ZIP CODE	LOCATION #
202 Burden Rd	Gloverville	SC	29828	BN 19

VICTIM 1

VICTIM NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J S O U	RACE	SEX	AGE	ETH.
( ) * Confidential *				J S O U				

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.
-				

ADDRESS	CITY	STATE	ZIP CODE	LOCATION #	DAY PHONE	NIGHT PHONE
				- -	( ) - H ( ) - B	( ) - H ( ) - B

☐ VISIBLE INJURY ☐ YES ☐ NO | COMPLAINT OF NON-VISIBLE INJURIES ☐ YES ☐ NO

VICTIM 1 USING ALCOHOL ☐ YES ☐ NO ☐ UNK. | DRUGS ☐ YES ☐ NO ☐ UNK. TYPE:

TWO MAN VEH. ☐ ONE MAN VEH. ☐ DETECTIVE/PLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ | ☐ J - THIS JURISDICTION ☐ S-STATE ☐ O-OUT OF STATE ☐ U-UNKNOWN

SUBJECT 1

☒ SUBJECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	D.O.B.	HGT	WGT	HAIR	EYES
( ) White, Addison E	W	M	30	N	24 77	502	225	Bro	Bro

FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION #
321 Cumbee Trail	Monetta	SC	29105	IF J 40

SUBJECT 1: USING ALCOHOL: ☐ YES ☒ NO ☐ UNK. DRUGS: ☐ YES ☐ NO ☒ UNK. | ARRESTED NEAR OFFENSE SCENE ☐ YES ☒ NO TOTAL # ARRESTED 0 | DATE/TIME OF OFFENSE - - / : | DATE/TIME OF ARREST - - / :

NARRATIVE

CHARGE #1	CHARGE #2	CHARGE #3

Arrow down at end of line. Do NOT press return. I/O met with complainant who is the grandparent of victim 1 who states victim has made several sexual moves towards siblings. Mr. Scott states he pinched the breast of a sibling, and stands behind them while trying to pull down their pants. The mother listed was at the hospital with another child and I/O was unable to obtain detailed information about this incident. Mr. Scott believes this occures while victim is visiting subject 1 and subject 2 and he just imiates what he sees. I/O was unable to get any further information on subject 2. I/O contacted SSGT. Chavous, Mr. Scott stated the child was not going to subject 1 & 2 residence for a while and listed mother would contact ACSO when she returns home. No further.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY:

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY:

PROPERTY EST.

TYPE							TOTAL VALUE
STOLEN							$
DAMAGED							$
BURNED							$
RECOVERED							$
SEIZED							$

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☒ YES ☐ NO | ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE – NO CUSTODY

REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
W. Tucker	11-02-07	5334	[illegible]	11-03-07	[illegible]
	- -		FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

ACSO Form AD1003 (04/19/07)

NOV - 5 2007

AGENCY I.D. SC0020000

SUPPLEMENTAL INCIDENT REPORT

07 - 063 09

INQ. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 OF 2 PAGES

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☒ SUBJECT# 2 ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ _____

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B	ETH
Diana	OR			(1) OU	W	F			N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B
321 Cumbee Trail	Moncks	SC	29105	11 J46		

☐ VICTIM NO ____ : VISIBLE INJURY ☐ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES
VICTIM USING ALCOHOL ☐ NO ☐ YES ☐ UNK — DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT ☐ ALONE ☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO ____ : USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ➡ TYPE: ☐ UNKNOWN

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT# ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ MOM

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B	ETH
White, Donna Marie				(1) S OU	W	F	26	01 2081	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.
500	160	BRO	HZL	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B
202 Darden Rd	Gaverville	SC	29828	E N 19		

☐ VICTIM NO ____ : VISIBLE INJURY ☐ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES
VICTIM USING ALCOHOL ☐ NO ☐ YES ☐ UNK — DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT ☐ ALONE ☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO ____ : USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ➡ TYPE: ☐ UNKNOWN

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH/GUN/ETC 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM
TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS ☐ ARTICLE

VIN AND/OR LICENSE NO. | BOAT HULL NO. AND/OR REG. NO.
SERIAL AND/OR OWNER APPLIED NO. | STATE
YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR | MAKE | TYPE
MODEL | STYLE | COLOR | BRAND NAME | CALIBER
NIC NO. | DENOMINATION | ISSUER | RECURITIES DATE
MISCELLANEOUS

PROPERTY EST.

TYPE							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☐ NO | SUBJECT LOCATED ☐ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE – NO CUSTODY

REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
W. Tickle	11 02 07	5554	[illegible]	11/02/07	480
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

ACSO Form AD1000 (03/27/07)

NOV - 5 2007

100 * Continental

AGENCY I.D. SC0020000

SUPPLEMENTAL DENT REPORT

07 - 063 0 9

INC. | ENTD.

☐ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY

PAGE 1 OF 1 PAGES

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT ☒ VICTIM # 1 ☐ SUBJECT# ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ JUV.

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B	ETH
White, Brian, Dalton Pinkney				OJSOU	W	M	4	08 11 03	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.
300	50	Blo	Blue	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B
202 Durden Rd	Glovervi lle	SC	29825	BN19		

☐ VICTIM NO 1 : VISIBLE INJURY ☐ NO ☐ YES EXPLAIN:

COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES

VICTIM USING ALCOHOL ☐ NO ☐ YES ☐ UNK DRUGS ☐ NO ☐ YES TYPE: ☐ UNK.

☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT ☐ ALONE ☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ➡ TYPE: ☐ UNKNOWN

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT# ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ _____

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B	ETH
				OJSOU					

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B

☐ VICTIM NO ____ : VISIBLE INJURY ☐ NO ☐ YES EXPLAIN:

COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES

VICTIM USING ALCOHOL ☐ NO ☐ YES ☐ UNK DRUGS ☐ NO ☐ YES TYPE: ☐ UNK.

☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT ☐ ALONE ☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES ➡ TYPE: ☐ UNKNOWN

NARRATIVE

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH/GUN/ETC 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM

TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS ☐ ARTICLE

VIN AND/OR LICENSE NO. | BOAT HULL NO. AND/OR REG. NO.

SERIAL AND/OR OWNER APPLIED NO. | STATE

YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR | MAKE | TYPE

MODEL | STYLE | COLOR | BRAND NAME | CALIBER

NIC NO. | DENOMINATION | ISSUER | SECURITIES DATE

MISCELLANEOUS

PROPERTY EST.

TYPE							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☐ YES ☐ NO | SUBJECT LOCATED ☐ YES ☐ NO | ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE – NO CUSTODY

REPORTING OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
N. Tucker	11 02 07	5334	Osmond	11/07/07	448
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

NOV - 5 2007

ACSO Form AD1000 (03/27/07)

2-2

AGENCY I.D.
SCO 0020000

AIKEN COUNTY SHERIFF'S OFFICE
INCIDENT REPORT

JUVENILE

CASE NUMBER: 06-064103

NCIC: INC. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. Disturbance	X YES ☐ NO	☐ YES X NO	Hm	0	☐ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.
2.	☐ YES ☐ NO	☐ YES ☐ NO			
3.	☐ YES ☐ NO	☐ YES ☐ NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): 207 Durden Road Glaverville, SC | ZIP CODE: 29828 | WEAPON TYPE: Plastic Bottle

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
11-17-06	1715		11-17-06	1800	11-17-06	1804	1814	1913	8N-21

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Scott-Marie	AQ			(S) O U	W	F	25	N	H B	292-6857 H B

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
221 Durden Road	Glaverville	SC	29828	8N-21

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Mikell Jr- James	ST			(S) O U	W	M	2	N	H B	292-6857 H B

HEIGHT	WEIGHT	HAIR	EYES	** FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
200	030	Blk	Haz	DOB 08-07-04

JUVENILE

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
221 Durden Road	Glaverville	SC	29828	8N-21

VISIBLE INJURY (VICT. 1) ☐ YES NO X EXPLAIN — | COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES NO X

VICTIM (NO. 1) USING: ALCOHOL ☐ YES NO X UNK. ☐ DRUGS: ☐ YES NO X UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPLASMT. ☐ OTHER ☐ ALONE ☐ ASSISTED ☐ | * J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

X SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
* Juvenile *									

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES NO ☐ UNK. ☐ DRUGS: ☐ YES NO ☐ UNK. ☐ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES NO X | TOTAL # ARRESTED 0

DATE/TIME OF OFFENSE | DATE/TIME OF ARREST

NARRATIVE

CHARGE #1 | CHARGE #2 | CHARGE #3

RIO met with complainant #1 who stated subject and subj came into yard at incident location. She stated the subject was yelling and calling names to victim #2 and complainant #1. Complainant #1 stated the subject threw a plastic drink bottle about half full at victim #2 hitting her in the leg. Complainant #1 stated the subject picked the bottle back up and threw it again hitting victim #1 in the face. Complainant #1 stated her son (victim #1) has asthma and his asthma started acting up. She stated victim #1 did not need medical attention and RIO observed no signs of physical violence to victim #1 or #2. Victim #2 advised RIO that after subject threw the bottle at her the subject spit in her face. A

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.

	TYPE (GROUP)							TOTAL VALUE
STOLEN								
DAMAGED								
BURNED								
RECOVERED								
SEIZED								

ADMINISTRATIVE

SUBJECT IDENTIFIED X YES ☐ NO | SUBJECT LOCATED ☐ YES X NO | X ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
KR Blackwell	11-17-06	5604	Sgt C Chavis	111806	5604

FOLLOW-UP INVESTIGATION X YES ☐ NO | OFFICER

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2-2

AGENCY I.D.
SC0020000

SUPPLEMENTAL INCIDENT REPORT

JUVENILE

06-064103

INC. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 2 of 2 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☒ VICTIM # 2 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): Scott - Kimberly
VICTIM RELATIONSHIP TO SUBJECT: #1 AQ #2 #3
RESIDENT: ☒ D O U | RACE: W | SEX: F | AGE: 13 | D.O.B.: 1-3-93 | ETH: N
HEIGHT: 504 | WEIGHT: 110 | HAIR: Brn | EYES: Blu | FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.: JUVENILE
ADDRESS: 202 Arden Road | CITY: Gloverville | STATE: SC | ZIP CODE: 29828 | LOCATION NO.: 8M21 | DAY PHONE: H B | EVENING PHONE: 594-9759 H B
☒ VICTIM NO. 2 VISIBLE INJURY: ☒ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES | VICTIM USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☒ COMPLAINANT 2 ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE): Scott Sr - Johnny
VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3
RESIDENT: ☒ D O U | RACE: W | SEX: M | AGE: 50 | D.O.B.: 11-28-55 | ETH: N
HEIGHT: 507 | WEIGHT: 170 | HAIR: Blk | EYES: Blu | FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:
ADDRESS: 202 Arden Road | CITY: Gloverville | STATE: SC | ZIP CODE: 29828 | LOCATION NO.: 8M21 | DAY PHONE: 202-0869 H | EVENING PHONE: 594-9759 H B
☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN: | COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES | VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. | ☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED
☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

Written Statement was obtained from complainant #1 and victim #2. Victim's paperwork for both victims were completed. Complainant #1 wished to pursue charges and complainant #2 (victim #2 father) wished to pursue charges. PIO attempted to make contact with subject with negative results. PIO has no further.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY | JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM
TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO. | BOAT HULL NO. AND/OR REG. NO.
SERIAL AND/OR OWNER APPLIED NO. | STATE
YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR | MAKE | TYPE
MODEL | STYLE | COLOR | BRAND NAME | CALIBER
MFG NO. | DENOMINATION | ISSUER | SECURITIES DATE
MISCELLANEOUS

PROPERTY EST.

							TOTAL VALUE
TYPE (GROUP)							
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☐ YES ☒ NO | ☐ ACTIVE ☐ ADMI CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH 2. ☐ NO PROSECUTION 3. ☐ EXTRADITION DENIED 4. ☐ VICTIM DECLINES COOPERATION 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
R.P. Blackwell	11-17-06	5604	Sgt C Clavas	111806	5584

FOLLOW-UP INVESTIGATION ☒ YES ☐ NO | OFFICER

JW

NOV 20 2006

* Juve... *

2-2

AGENCY I.D.
SC0020000

SUPPLEMENTAL INCIDENT REPORT

JUVENILE 06-064103

INC.	ENTD.

☐ ORIGINAL REPORT ☒ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 1 of 1 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☒ SUBJECT # 1 ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
Royse, Alisha				J B O U	B	F	13	2-11-93	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
505	115	BLK	BRO	JUVENILE

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B
28 Hubert Street	Greenville	SC	29608	8N21		

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLAINCT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☒ SUBJECT NO. 1: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☒ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
				J B O U					

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLAINCT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS	TYPE
☐ STOLEN	☐ VEHICLE
☐ RECOVERED	☐ GUN
☐ FOUND	☐ BOAT
☐ TOWED	☐ LICENSE PLATE
☐ SUSPECT	☐ SECURITIES/BONDS, STOCKS
☐ VICTIM	☐ ARTICLE

VIN AND/OR LICENSE NO. | BOAT HULL NO. AND/OR REG. NO.
SERIAL AND/OR OWNER APPLIED NO. | STATE
YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR | MAKE | TYPE
MODEL | STYLE | COLOR | BRAND NAME | CALIBER
MIC NO. | DENOMINATION | ISSUER | SECURITIES DATE
MISCELLANEOUS

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☐ YES ☒ NO | ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
KR Blacknell	11-17-06	5604	Sgt C. Chavas	11/18/06	5984

FOLLOW-UP INVESTIGATION ☒ YES ☐ NO — OFFICER

JUV

NOV 20 2006

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AGENCY I.D.
SCO 0020000

AIKEN COU... SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 05-013407

NCIC: INC. | ENTD.

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM
1. Assault	☒ YES ☐ NO	☐ YES ☒ NO	Hom	0	☒ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Organ. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.
2.	☐ YES ☐ NO	☐ YES ☐ NO			
3.	☐ YES ☐ NO	☐ YES ☐ NO			

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): (unk) Condor Cr. — Langley SC — ZIP CODE: 29854 — WEAPON TYPE: Hand

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
unk	unk		unk	unk	032205	2151	2205	2230	8M20

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
Scott, Johnny JR	AQ			GSOU	W	M	22	N	5949288	

ADDRESS: 81 Fillyaw Acres Ln. — CITY: Langley — STATE: SC — ZIP CODE: — LOCATION NO.:

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
White, Kathleen	AQ			OSOU	W	F	4	N	unk	

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
300	60	Brn		

ADDRESS: (unk) Condor Cr. — CITY: Langley — STATE: SC — ZIP CODE: 29854 — LOCATION NO.: 8M20

VISIBLE INJURY (VICT. 1) ☒ YES ☐ NO ☐ EXPLAIN — Cut on head — COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES ☒ NO

VICTIM (NO. 1) USING: ALCOHOL ☐ YES ☒ NO ☐ UNK. ☐ — DRUGS: ☐ YES ☒ NO ☐ UNK. ☐ — TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/SPL. ASMT. ☐ OTHER ☐ — ALONE ☐ ASSISTED ☐

*J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
Brown, Daniel	W	M	17		unk	506	130	Blo	

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:

ADDRESS: unk — CITY: — STATE: — ZIP CODE: — LOCATION NO.:

SUBJECT (NO. 1) USING: ALCOHOL ☐ YES ☐ NO ☐ UNK. ☒ — DRUGS: ☐ YES ☐ NO ☐ UNK. ☒ TYPE: — ARRESTED NEAR OFFENSE SCENE ☐ YES ☒ NO — TOTAL # ARRESTED 0 — DATE/TIME OF OFFENSE: — DATE/TIME OF ARREST:

CHARGE #1	CHARGE #2	CHARGE #3

NARRATIVE

RIO met with comp and vict at Aiken E.A. Comp stated he was babysitting vict for vict mother. Comp stated he observed that vict had apparently been to the doctor and had staples put in her head for a large cut. Comp stated he asked vict how she got the cut and vict held up her fist and stated that subj had hit her in the head. Comp stated he then took vict to the EA to be checked out. RIO has no further.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY:

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY:

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO — SUBJECT LOCATED ☐ YES ☒ NO — ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Benfield	032205	4995	356 A. Wild	032305	5995

FOLLOW-UP INVESTIGATION ☒ YES ☐ NO — OFFICER

MAR 24 2005

A

AGENCY I.D.
SC0020000

SUPPLEMENTAL INCIDENT REPORT

05-013402

INC. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 2 of 2 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☒ Mother

NAME (LAST, FIRST, MIDDLE): Scott, Dana Marie
VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3
RESIDENT: ☐ S ☐ O ☐ U
RACE: W
SEX: F
AGE: 24
D.O.B.: 01/21/81
ETH: N

HEIGHT: 501
WEIGHT: 180
HAIR: Brn
EYES:
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:

ADDRESS: VA 19
CITY:
STATE:
ZIP CODE:
LOCATION NO.:
DAY PHONE: H Unk B
EVENING PHONE: H B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES
EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK.
DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLAINMT. ☐ ALONE
☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐ ____

NAME (LAST, FIRST, MIDDLE):
VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3
RESIDENT: ☐ S ☐ O ☐ U
RACE:
SEX:
AGE:
D.O.B.:
ETH:

HEIGHT:
WEIGHT:
HAIR:
EYES:
FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.:

ADDRESS:
CITY:
STATE:
ZIP CODE:
LOCATION NO.:
DAY PHONE: H B
EVENING PHONE: H B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES
EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK.
DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLAINMT. ☐ ALONE
☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY:
JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY:

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM
TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO.:
BOAT HULL NO. AND/OR REG. NO.:
SERIAL AND/OR OWNER APPLIED NO.:
STATE:
YEAR OF REGISTRATION:
YEAR OF EXPIRATION:
YEAR:
MAKE:
TYPE:
MODEL:
STYLE:
COLOR:
BRAND NAME:
CALIBER:
NIC NO.:
DENOMINATION:
ISSUER:
SECURITIES DATE:
MISCELLANEOUS:

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED: ☒ YES ☐ NO
SUBJECT LOCATED: ☐ YES ☒ NO
☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED
☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER
☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
Benfield	032205	4991	536 Abitheul	032305	5095
			FOLLOW-UP INVESTIGATION ☐ YES ☐ NO OFFICER		

JV

MAR 24 2005

MAR 24 2005

106

AGENCY I.D.
SCO 0020000

AIKEN COU. . SHERIFF'S OFFICE
INCIDENT REPORT

CASE NUMBER: 05-005112

NCIC: INC. | ENTD.

JUVENILE

EVENT

INCIDENT TYPE	COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED
1. Sexual Assault	☒ YES ☐ NO	☐ YES ☒ NO	Hom	0
2.	☐ YES ☐ NO	☐ YES ☐ NO		
3.	☐ YES ☐ NO	☐ YES ☐ NO		

TYPE VICTIM: ☒ Individual ☐ Business ☐ Financial Inst. ☐ Government ☐ Relig. Orgn. ☐ Soc./Public ☐ Other ☐ Unknown ☐ Police Off.

INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER): Beckham Road — Langley — SC — ZIP CODE: 29834 — WEAPON TYPE: NONE

INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK: DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.
012805	0001		020205	1922	020205	1922	1922	2002	8N21

VICTIM NO. 1

COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J S O U	RACE	SEX	AGE	ETH.	DAYTIME PHONE H / B	EVENING PHONE H / B
Mabell Allison Denise	FR			J	W	F	24	N	652 7824	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
1057B Adams Avenue	Aiken	SC	29801	30F22

VICTIM'S NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J S O U	RACE	SEX	AGE	ETH.	DAYTIME PHONE H / B	EVENING PHONE H / B
Confidential										

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.

VISIBLE INJURY (VICT. 1) ☐ YES ☐ NO ☐ EXPLAIN —

COMPLAINT OF ANY NON-VISIBLE INJURIES: ☐ YES ☐ NO ☐

VICTIM (NO. 1) USING: ALCOHOL ☐ YES ☐ NO ☐ UNK. ☐ DRUGS: ☐ YES ☐ NO ☐ UNK. ☐ TYPE:

TWO-MAN VEH. ☐ ONE-MAN VEH. ☐ DETECTIVE/PLAINCLOTHES ☐ OTHER ☐ ALONE ☐ ASSISTED ☐

*J — This Jurisdiction. S — State. O — Out of State. U — Unknown

SUBJECT NO. 1

☒ SUSPECT ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS

NAME, (LAST, FIRST, MIDDLE)	RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
Laird Daniel Lee	W	M	17	N	022387	506	150	BLD	GRN

FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.
Beckham Road	Langley	SC	29834	8N21

SUBJECT (NO. 1) USING: ALCOHOL: ☐ YES ☐ NO ☐ UNK. ☒ DRUGS: ☐ YES ☐ NO ☐ UNK. ☒ TYPE:

ARRESTED NEAR OFFENSE SCENE ☐ YES ☐ NO ☒ TOTAL # ARRESTED 0

DATE/TIME OF OFFENSE: DATE/TIME OF ARREST:

CHARGE #1	CHARGE #2	CHARGE #3

NARRATIVE

R/O spoke with complainant who stated that the subject who is a registered sex offender has been touching the victim and molesting her. Complainant stated that the victim always acts scared when she is around the subject and that the victim stated to the complainant that about a week ago the subject stuck his hands down her pants. That is all the information the complainant could provide R/O with as far as if this has been the only contact the subject has had with the victim. The victim is staying with the complainant at this time due to her mothers trailer being burnt down. Complainant 2 who is the mother of the victim advised R/O of the same thing as Complainant 1.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY:

JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY:

PROPERTY EST.

	TYPE (GROUP)							TOTAL VALUE
STOLEN								
DAMAGED								
BURNED								
RECOVERED								
SEIZED								

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO — SUBJECT LOCATED ☐ YES ☒ NO — ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
R.J. Griffin	02-02-05	5348	[signature]	2-2-05	481

FOLLOW-UP INVESTIGATION ☒ YES ☐ NO — OFFICER

JUV. FEB - 3 2005

2-2

AGENCY I.D. SC0020000

SUPPLEMENTAL INCIDENT REPORT

JUVENILE

05-005112

INQ. | ENTD.

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY
PAGE 2 of 2 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☒ COMPLAINANT 2 ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
Scott Donna Marie				OSOU	W	F	24	012081	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
411	123	BRO	HAZ	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
415 Glover St.	Walterville	SC	29851	8 N22	3414386 H / B	H / B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT: #1	#2	#3	RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
				OSOU					

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE
					H / B	H / B

☐ VICTIM NO. ____: VISIBLE INJURY: ☐ NO ☐ YES — EXPLAIN:
COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES
VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK.
☐ TWO-MAN VEHICLE ☐ DETECTIVE/SPLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____: USING ALCOHOL: ☐ NO ☐ YES
USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

but could not provide R/O with anymore information either on if this has been the only contact the subject has had with the victims. Both complainants stated that the subject is living on Beckham Road in a grey trailer in Burdons trailer park, could not provide R/O with any numerics. R/O has no further.

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS	TYPE
☐ STOLEN	☐ VEHICLE
☐ RECOVERED	☐ GUN
☐ FOUND	☐ BOAT
☐ TOWED	☐ LICENSE PLATE
☐ SUSPECT	☐ SECURITIES/BONDS, STOCKS
☐ VICTIM	☐ ARTICLE

VIN AND/OR LICENSE NO. | BOAT HULL NO. AND/OR REG. NO.
SERIAL AND/OR OWNER APPLIED NO. | STATE
YEAR OF REGISTRATION | YEAR OF EXPIRATION | YEAR | MAKE | TYPE
MODEL | STYLE | COLOR | BRAND NAME | CALIBER
NIC NO. | DENOMINATION | ISSUER | SECURITIES DATE
MISCELLANEOUS

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO | SUBJECT LOCATED ☐ YES ☒ NO | ☒ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED | ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER | ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
R.J. Griffin	02-02-05	538	BARNEY	2-2-05	404

FOLLOW-UP INVESTIGATION ☐ YES ☒ NO — OFFICER

INV.

FEB - 3 2005

108

Juvenile

2-2

AGENCY I.D. SC0020000

SUPPLEMENTAL INCIDENT REPORT

05-005112

INQ. | ENTD.

☐ ORIGINAL REPORT ☐ MODIFIES ORIGINAL ☒ SUPPLEMENTAL REPORT ☐ CASE STATUS CHANGE ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL STOLEN PROPERTY ☐ ADDITIONAL RECOVERED PROPERTY

JUVENILE

PAGE 1 of 1 PAGES.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☒ VICTIM # 1 ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J S O U	RACE	SEX	AGE	D.O.B.	ETH
White Katlyn Marie	RU				W	F	4	091300	N

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.
400	32	BRO	HAZ	

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B
1057B Adams Avenue	Aiken	SC	29801	30F22	6527824	

☒ VICTIM NO. 1 : VISIBLE INJURY: ☒ NO ☐ YES — EXPLAIN: — COMPLAINT OF NON-VISIBLE INJURIES: ☒ NO ☐ YES — VICTIM USING ALCOHOL: ☒ NO ☐ YES ☐ UNK. — DRUGS: ☒ NO ☐ YES TYPE: ☐ UNK. — ☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____ : USING ALCOHOL: ☐ NO ☐ YES — USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

VICT./SUBJ. I.D. OVERFLOW

☐ COMPLAINANT ☐ VICTIM # ☐ SUBJECT # ☐ RUNAWAY ☐ WANTED ☐ WARRANT ☐ ARREST ☐ JAIL ☐ SUMMONS ☐

NAME (LAST, FIRST, MIDDLE)	VICTIM RELATIONSHIP TO SUBJECT #1	#2	#3	RESIDENT J S O U	RACE	SEX	AGE	D.O.B.	ETH

HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS	CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE H / B	EVENING PHONE H / B

☐ VICTIM NO. ____ : VISIBLE INJURY: ☐ NO ☐ YES — EXPLAIN: — COMPLAINT OF NON-VISIBLE INJURIES: ☐ NO ☐ YES — VICTIM USING ALCOHOL: ☐ NO ☐ YES ☐ UNK. — DRUGS: ☐ NO ☐ YES TYPE: ☐ UNK. — ☐ TWO-MAN VEHICLE ☐ DETECTIVE/PLASMT. ☐ ALONE ☐ ONE-MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. ____ : USING ALCOHOL: ☐ NO ☐ YES — USING DRUGS: ☐ NO ☐ YES → TYPE: ☐ UNK.

NARRATIVE

JURISDICATION OF THEFT LAW ENFORCEMENT AGENCY

JURISDICATION OF RECOVERY LAW ENFORCEMENT AGENCY

VEH. / GUN / ETC. 1

STATUS: ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM

TYPE: ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS, STOCKS ☐ ARTICLE

VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.	
SERIAL AND/OR OWNER APPLIED NO.	STATE	
YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR / MAKE / TYPE
MODEL	STYLE	COLOR / BRAND NAME / CALIBER
MIC NO.	DENOMINATION	ISSUER / SECURITIES DATE
MISCELLANEOUS		

PROPERTY EST.

TYPE (GROUP)							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO — SUBJECT LOCATED ☐ YES ☒ NO — ☐ ACTIVE ☐ ADM. CLOSED ☐ UNFOUNDED — ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER — ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. ☐ OFFENDER DEATH. 2. ☐ NO PROSECUTION. 3. ☐ EXTRADITION DENIED. 4. ☐ VICTIM DECLINES COOPERATION. 5. ☐ JUVENILE - NO CUSTODY

REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
R.J. Griffin	02-02-05	5348	GAMMY	2-2-05	1134

FOLLOW-UP INVESTIGATION ☒ YES ☐ NO — OFFICER

ITU.

FEB - 3 2005

SOUTH CAROLINA
DEPARTMENT OF SOCIAL SERVICES
CHILD WELFARE SERVICES FACE SHEET

Date Case Opened for Service 08/25/2008

PARENT/CAREGIVER

NAME & RELATIONSHIP TO CHILDREN	DATE OF BIRTH	SOCIAL SECURITY NUMBER	EMPLOYER/ INCOME AMT	ON AFDC?	INSURANCE/ MEDICAID #
Allison Mikell	09/23/1981	256-39-8671			
Marie Scott	01/20/1981	250-49-0524			
Gerald Carlisle	07/19/1979	251-41-4139			

CHILDREN

FULL NAME	Alexis Mikell	Brianna Mikell	Adrianna Mikell	Jeremiah Carlisle
AKA NAME				
DATE OF BIRTH	04/23/1999	09/18/2000	03/17/2002	04/15/2006
SOCIAL SECURITY NUMBER	657-05-8840	657-09-2349	656-12-5657	658-22-2470
MEDICAID NO.				
IV-E STATUS & DATE				
AWARD NUMBER				
INCOME & SOURCE	Greendale Elem	Greendale Elem	Greendale Elem	Not Enrolled

ADDRESSES

DATE: 08/25/2008	DATE: 08/25/2008	DATE:	DATE:
NAME: Allison Mikell	NAME: Gerald Carlisle	NAME:	NAME:
ADDRESS: 1057 B Adams Avenue Aiken SC 29803	ADDRESS: 1057 A Adams Avenue Aiken SC 29803	ADDRESS:	ADDRESS:
TELEPHONE: 803-652-2923	TELEPHONE:	TELEPHONE:	TELEPHONE:
DIRECTIONS: 803-270-0310 (cell)	DIRECTIONS:	DIRECTIONS:	DIRECTIONS:

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Allison Mikell, DOB 9/23/81 SSN# 256-39-8671

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: Alexis Mikell
DOB: 4/23/99
SSN# _____

Name: Jeremiah Carlisle
DOB: 4/15/06
SSN# _____

Name: Brianna Mikell
DOB: 9/8/00
SSN# _____

Name: _____
DOB: _____
SSN# _____

Name: Adrianna Mikell
DOB: 3/17/02
SSN# _____

Name: _____
DOB: _____
SSN# _____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coates
Case Manager

Allison Mikell
Signature of Parent, Guardian, Trustee

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Marie Scott, DOB January 2, 1981 SSN# 250-49-0524

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name:	_____	Name:	_____
DOB:	_____	DOB:	_____
SSN#	_____	SSN#	_____
Name:	_____	Name:	_____
DOB:	_____	DOB:	_____
SSN#	_____	SSN#	_____
Name:	_____	Name:	_____
DOB:	_____	DOB:	_____
SSN#	_____	SSN#	_____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coates
Case Manager

Marie Scott
Signature of Parent, Guardian, Trustee

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Gerald L Carlisle Jr, DOB 07-19-08 SSN# 251-41-4139

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name:	Jason M Carlisle	Name:	Tori G Carlisle
DOB:	3-10-98	DOB:	6-1200
SSN#		SSN#	
Name:	Jeremiah D Carlisle	Name:	Kalie Katie D Carlisle
DOB:	4-15-06	DOB:	12-01-02
SSN#		SSN#	
Name:		Name:	
DOB:		DOB:	
SSN#		SSN#	

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coats
Case Manager

Gerald L Carlisle Jr
Signature of Parent, Guardian, Trustee

South Carolina Department of Social Services

SAFETY PLAN

Name: Allison Mikell Case Number: 0000119517

DSS has identified the following concerns as placing your child or children at serious risk of harm. The undersigned have developed this plan for the purpose of preventing removal of the child to foster care or as a plan to control safety concerns during the investigation. The parents' agreement to this plan is not an admission that they have abused or neglected the child.

If YES is checked, DSS has determined that if the preventive services are not provided or are not effective, foster care will be the plan for the child.	☐ Yes ☒ No
Safety Concern: Physical Neglect / Sexual Abuse Concern	
Preventive Service: (Include specific action, who will be responsible and who will monitor). Due to allegations of sexual abuse in a previous case, ms. Allison Mikell agree to ~~allow~~ ensure that minor children Alexis, Brianna, Adrianna Mikell will not have	
Safety Concern: any contact with Gerald Carlisle and that Jeremiah	
Preventive Service: (Include specific action, who will be responsible and who will monitor) Carlisle will only have supervised contact with Gerald ~~Jeremiah~~ Carlisle. Mr. Gerald Carlisle understands	
Safety Concern: the provisions of the Safety plan. Any violation of	
Preventive Service: (Include specific action, who will be responsible and who will monitor) this Safety plan may result minor children entering foster care.	

By signing this Safety Plan, the parents and the protector understand and agree that the protector will be responsible for the safety of the child(ren) during the investigation. This agreement will expire in 90 days from date of signature. The parents and protector have the right to and agree to contact the caseworker if they no longer wish to carry out any part of the agreement, have questions, or want to bring something to the worker's attention. If the report is unfounded, the Safety Plan will end automatically on the date of case decision.

[signature]		Rashonna Coates	9/30/08
Protector's Signature/Relationship to Child	Date	Worker's Signature	Date
Gerald L Carlisle Sr	9/30/08	Allison Mikell	9/30/08
Parent's Signature	Date	Parent's Signature	Date

☐ Parent(s)/Caregiver refused to sign
Note: Failure to comply with the Safety Plan may result in court intervention to assure the child's safety.

South Carolina Department of Social Services
AFFIDAVIT FOR ALTERNATIVE PLACEMENT

The following information must be completed in order for you to be considered by the Department of social Services as a possible placement for the following children:

1. _____ 2. _____

3. _____ 4. _____

I, _____ do hereby affirm that the following information is accurate and true. I understand that this information will be checked against law enforcement records and the S.C. Central Registry of Child Abuse and Neglect for accuracy. I give permission for the law enforcement agencies in the jurisdiction(s) in which I have lived for the past five years to check their records and provide information to DSS for the purpose of verifying information on this affidavit. I further understand that should a child be placed in my home and records reveal negative information, this child could be removed from my home.

1. Have you or anyone residing in your home ever been arrested, charged, or convicted of a crime?
   Yes
   No

2. Have you or anyone residing in your home ever been reported or investigated for child abuse or neglect? If yes describe the incident and outcome of the investigation. Give date and location.
   Yes
   No

3. Please list all of the states and counties that you have lived in, including South Carolina counties during the past five years:
1)_____ 2)_____
3)_____ 4)_____
5)_____ 6)_____

4. Provide the following information on you and all adults residing in the home:

Name	Address	Date of Birth	SS Number	Rave	Sex

Signature of Head of House:	Date:
Signature of Other Adult:	Date:

To be completed by DSS authorized personnel:
Did the Law Enforcement and Central Registry records checks confirm the information provided above? Yes or No
If No, explain:

Signature of DSS Personnel:	Date:

South Carolina Department of Social Services
AFFIDAVIT FOR ALTERNATIVE PLACEMENT

The following information must be completed in order for you to be considered by the Department of social Services as a possible placement for the following children:

1. _____ 2. _____

3. _____ 4. _____

I, _____do hereby affirm that the following information is accurate and true. I understand that this information will be checked against law enforcement records and the S.C. Central Registry of Child Abuse and Neglect for accuracy. I give permission for the law enforcement agencies in the jurisdiction(s) in which I have lived for the past five years to check their records and provide information to DSS for the purpose of verifying information on this affidavit. I further understand that should a child be placed in my home and records reveal negative information, this child could be removed from my home.

1. Have you or anyone residing in your home ever been arrested, charged, or convicted of a crime?
   Yes
   No

2. Have you or anyone residing in your home ever been reported or investigated for child abuse or neglect? If yes describe the incident and outcome of the investigation. Give date and location.
   Yes
   No

3. Please list all of the states and counties that you have lived in, including South Carolina counties during the past five years:
1)_____ 2)_____
3)_____ 4)_____
5)_____ 6)_____

4. Provide the following information on you and all adults residing in the home:

Name	Address	Date of Birth	SS Number	Rave	Sex

Signature of Head of House:	Date:
Signature of Other Adult:	Date:

To be completed by DSS authorized personnel:
Did the Law Enforcement and Central Registry records checks confirm the information provided above? Yes or No
If No, explain:

Signature of DSS Personnel:	Date:

HRI580-R01 | South Carolina Department of Social Services | 08/25/2008 16:01

Intake Summary

Intake ID: 0001246854 **Intake Name: Mikell, Allison**

Section (A) - Intake Decision

Intake Date: 08/25/2008 **Intake Time:** 02:30PM **Intake Worker:** Evans, Jeffery
Intake Decision: Accepted/Approved **Intake Reason:** CPS Investigative Assessment
Reason Text:

Assigned Supervisor: Timmerman, Esther **Case ID:** 0000119517 **Case Name:** Mikell, Allison
Collateral Contact:
Referred to Law Enforcement: No **Supervisor Signature:**

8-25-08 @ 3:02pm 12-24

Section (B) - Address

Type: Household Address
Address: 1057B Adams Ave
Aiken, SC 29801

Directions to Address

652-2923-20-0310

Telephone Numbers

Section (C) - Persons Involved

Person ID	Last Name, First	DOB/AGE	Sex	Relationship	Caregiver	Role	Race	Language
0000290889	Carlisle, Gerald	07/19/1979	Male	Parent's Paramour		Alleged Perpetrator	White	English
0000440278	Mikell, Allison	09/23/1981	Female	Birth Parent	Head of Household	Alleged Perpetrator	White	English
0000440280	Mikell, Alexis	04/23/1999	Female	Reference Person		Alleged Victim	White	English
0001117336	Mikell, Adrianna	03/17/2002	Female	Birth Sibling		Alleged Victim	White	English
0001363291	Carlisle, Jeremiah	04/15/2006	Male	Half Sibling		Alleged Victim	White	English
0001456144	Mikell, Brianna	09/08/2000	Female	Birth Sibling		Alleged Victim	White	English

Section (D) - Allegation

Client Abuse/Neglect Issues Related to this Intake

Physical Neglect

Incident Address: **Incident Date:** **Incident Time:**

Incident Phone:

Allegations/Concerns
Reportedly, there are bond restrictions preventing Gerald Carlisle from having contact with minor children and only having supervised contact with his own child. Reportedly, Gerald has several charges of CSC first with minor. Reportedly, he is residing in the home with Allison Mikell and her children(one of which is his).

Section (E) - Children's School Information

Last Name, First MI	School ID	Grade	School Name	Address	Telephone

Section (F) - Victims Unique Attributes

Person ID	Last Name, First	Sex	In Imminent Danger	Need Medical Treatment	Need Medical Evaluation
0000440280	Mikell, Alexis	Female	Unknown	Unknown	Unknown
0001117336	Mikell, Adrianna	Female	Unknown	Unknown	Unknown
0001363291	Carlisle, Jeremiah	Male	Unknown	Unknown	Unknown
0001456144	Mikell, Brianna	Female	Unknown	Unknown	Unknown

Section (G) - Alleged Perpetrators Unique Attributes

Person ID	Last Name, First	Sex	Degree of Danger to Workers

0000290889	Carlisle, Gerald	Male	Low Degree of Danger
0000290889	Mikell, Allison	Female	Low Degree of Danger

Section (H) - Report Risk Factors

Client Characteristics
four children(age 9 to 3)

Environmental Factors
Gerald residing in home in violation of bond

Caretaker Characteristics
unknown to reporter

Social/Economic Factors
unknown to reporter, open FS Lisa Williamson

Facility Operating Practices
NA

Additional Risk Factors
open FS Lisa Williamson, excensive CPS hx, last treatment closed 6/4/08 founded PN

Section (I) - Risk Tag Information

Child Protective Services

Overall Rating: Low
Seriousness: Low
Age: Low
Frequency: Low
Accessibility of Alleged Perpetrator: Low

Section (J) - Screening Information

Was the alleged perpetrator a caretaker of the child or acting in Loco Parentis as defined by Section 20-7-490(5)? Yes
If No, is the person responsible negligent in protecting the child?
Is there a specific allegation of abuse/neglect that meets the legal definition? Yes

Section (K) - Services History

Section (K-1) - Intake History

Intake ID	Program	Date	Worker	Intake Name	Decision	Risk Rating
0001246854	Child Protective Services	08/25/2008	Evans, Jeffery	Mikell, Allison	Accepted/Approved	Low
0001213566	Child Protective Services	09/24/2007	Evans, Jeffery	Mikell, Allison	Accepted/Approved	Low
0001198094	Child Protective Services	04/17/2007	Evans, Jeffery	Mikell, Allison	Accepted/Approved	Low
0001151693	Child Protective Services	12/01/2005	Timmerman, Esther	Mikell, Allison	Accepted/Approved	Low
0001138035	Child Protective Services	07/10/2005	Guyton, Sharon	Mikell, Allison	Accepted/Approved	High
0001064023	Child Protective Services	05/20/2003	Timmerman, Esther	Mikell, Allison	Accepted/Approved	Low
0000160854	Child Protective Services	06/14/2000	Bryan, Gayle	Mikell, Allison	Accepted/Approved	High
0000104754	Child Protective Services	03/02/1999	Bryan, Gayle	Carlisle, Heather	Accepted/Approved	Low

Section (K-2) - Case History

Case ID: 0000119517 **Case Name:** Mikell, Allison **Status:** Open

Service ID	Status	Involvement	Worker	Service Type	Latest Action
0001326542	Open	Gerald Carlisle	Natrice Brightlhop	Child Protective Services Assessment	
0001286180	Closed	Gerald Carlisle	Tamisha Wiggins	Child Protective Services Treatment	Staffing With Supervisor
0001278576	Closed	Gerald Carlisle	Bashonna Coates	Child Protective Services Assessment	Staffing With Supervisor (Case Decision)
0001257057	Closed	Allison Mikell	Natrice Brightlhop	Child Protective Services Assessment	Staffing With Supervisor (Case Decision)
0001194431	Closed	Allison Mikell	Geraldine Cummings	Child Protective Services Assessment	Paperwork
0001176832	Closed	Allison Mikell	Michelle Prince	Child Protective Services Assessment	Paperwork
0001079883	Closed	Allison Mikell	Michelle Prince	Child Protective Services Assessment	Paperwork
0000281810	Closed	Alexis Mikell	Tara Ford	Child Protective Services Assessment	Supervisory Review

Case ID: 0000082[illegible] Case Name: Carlisle, Heather Status: Closed

Service ID	Status	Recipient	Worker	Service Type	Latest Action
0000222983	Closed	Gerald Carlisle	Amy Kosh	Child Protective Services Assessment	

HOSU H EHOLD SUMMARY - PAGE 1 092608 16:02
PROSPECTIVE BASHONNA C
CASE NAME: MIKELL, ALLISON D CASE NUMBER: 01154640

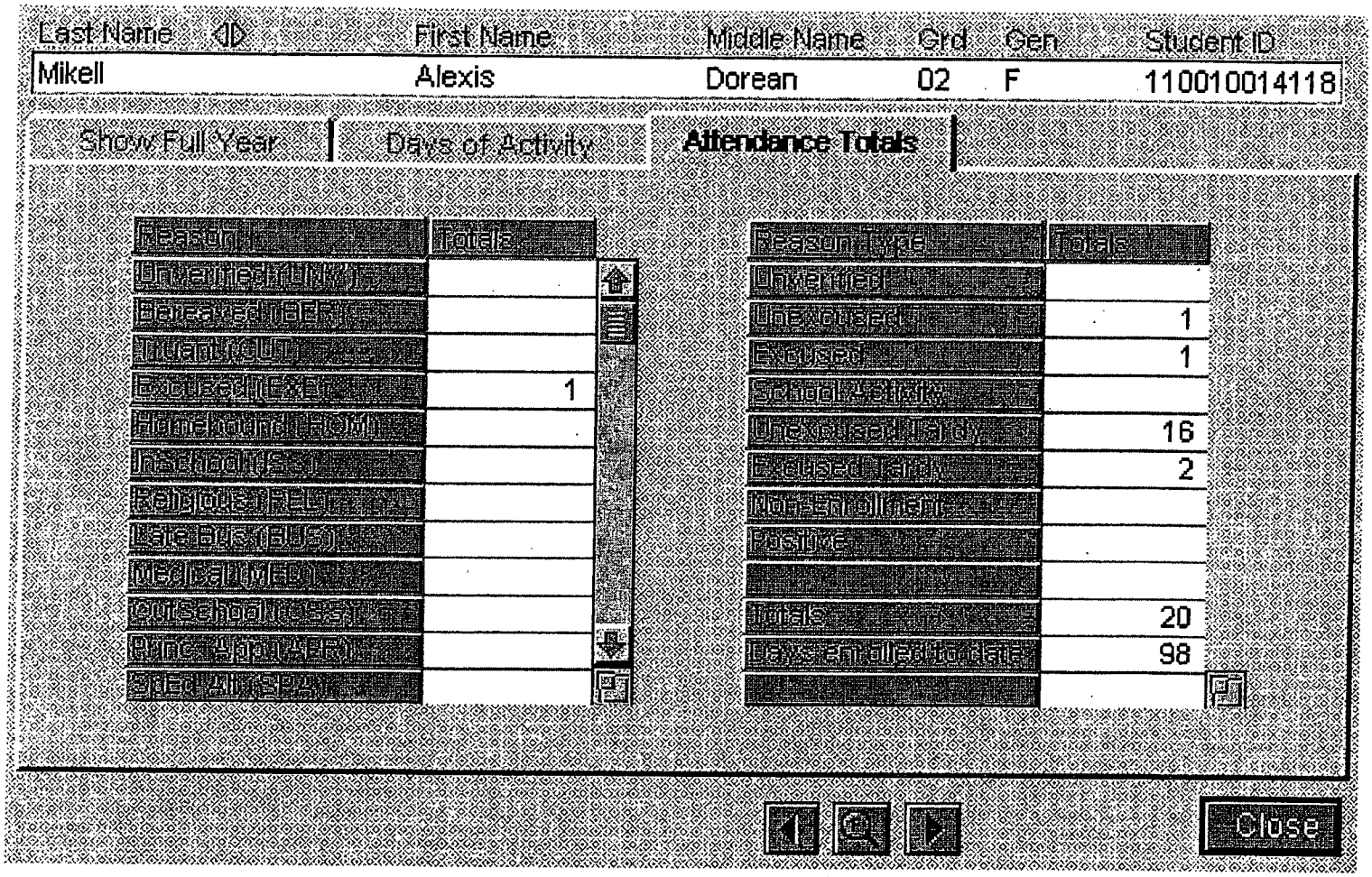
RESIDENCE: C/O:
1057 B ADAMS AVENUE AIKEN SC 803 6522923
29803

HOUSEHOLD MEMBERS	SSN	RL	DOB	AGE	CLIENT ID
MIKELL, ALLISON D	~~256 39 8671~~	PI	~~09231981~~	27	1343793
CARLISLE, GERALD L	~~251 41 4139~~	NR	~~07191979~~	29	2236875
MIKELL, ALEXIS D	657 05 8840	CH	04231999	9	1748871
MIKELL, BRIANNA J	657 09 2349	CH	09082000	8	1802110
MIKELL, ADRIANNA D	656 12 5657	CH	03172002	6	1961184
CARLISLE, JEREMIAH D	658 22 2470	CH	04152006	2	2403071

UNEARNED INCOME	AMOUNT	RECEIVED BY
SSI INCOME	637.00	MIKELL, ALEXIS D
SSI INCOME	637.00	MIKELL, BRIANNA J

NEXT-->

Mikell, Alexis D. Daily Attendance
Tue, Jan 29, 2008 11:50 AM Page: 1



Mikell, Adrianna D. Daily Attendance
Tue, Jan 29, 2008 11:51 AM Page: 1

Last Name	First Name	Middle Name	Grd	Gen	Student ID
Mikell	Adrianna	Darlene	00	F	110010025260

Show Full Year | Days of Activity | **Attendance Totals**

Reason	Totals
Unverified (UNV)	
Bereaved (BER)	
Truant (CUT)	
Excused (EXC)	
Homebound (HOM)	
Inschool (ISS)	
Religious (REL)	
Late Bus (BUS)	
Med. Emerg.	
Out School (OSS)	
Pre-Sch. (PRE)	
Sped Hosp (SPH)	

Reason Type	Totals
Unverified	
Unexcused	1
Excused	
School Activity	
Unexcused Tardy	14
Excused Tardy	1
Nonenrollment	
Positive	
Totals	16
Days enrolled to date	98

Close

Mikell, Brianna J. Daily Attendance
Tue, Jan 29, 2008 11:51 AM Page: 1

Last Name	First Name	Middle Name	Grd	Gen	Student ID
Mikell	Brianna	Jasmine	00	F	110010021557

Show Full Year | Days of Activity | **Attendance Totals**

Reason	Totals
Unverified(UNV)	
Bereaved(BEP)	
Dismissal(SUS)	
Excused(EXE)	
Homebound(HOM)	
In School(ISS)	
Religious(RELI)	
Care/Custody(CUST)	
Medical(MED)	
Out of School(OSS)	
Prior Approval(PRI)	
SPED Attend(SPA)	

Reason Type	Totals
Unverified	
Unexcused	2
Excused	
School Activity	
Unexcused Tardy	14
Excused Tardy	
Non-Enrollment	
Positive	
Totals	16
Days Enrolled to date	98

Close

Mikell, Brianna J. ***Daily Attendance***
Wed, Sep 26, 2007 01:36 PM Page: 1

Last Name	First Name	Middle Name	Grd	Gen	Student ID
Mikell	Brianna	Jasmine	00	F	110010021557

Show Full Year | Days of Activity **Attendance Totals** |

Reason	Totals
Unverified (UNV)	
Bereaved (BER)	
Truant (CUT)	
Excused (EXE)	
Homebound (HOM)	
InSchool (ISS)	
Religious (REL)	
Late Bus (BUS)	
Medical (MED)	
OutSchool (OSS)	
Prine 498 (4PR)	
SpEd 4k (SP4)	

Reason Type	Totals
Unverified	
Unexcused	1
Excused	
School Activity	
Unexcused Tardy	7
Excused Tardy	
Non-Enrollment	
Positive	
Totals	8
Days enrolled to date	27

Close

Mikell, Brianna J. ***Daily Attendance***
Wed, Sep 26, 2007 01:36 PM Page: 1

Last Name	First Name	Middle Name	Grd	Gen	Student ID
Mikell	Brianna	Jasmine	00	F	110010021557

Show Full Year | Days of Activity | Attendance Totals

Date	Mon	Tue	Wed	Thr	Fri	Date	Mon	Tue	Wed	Thr	Fri
08/06/07	N/E	N/E	N/E	N/E	N/E	08/13/07	N/E	N/E	N/E	N/E	N/E
08/20/07			UTD	UTD	UTD	08/27/07		UTD	UTD		UTD
09/03/07	HOL					09/10/07		UTD			UNX
09/17/07						09/24/07					
10/01/07						10/08/07					
10/15/07						10/22/07					SDD
10/29/07	SDD					11/05/07					
11/12/07						11/19/07			HOL	HOL	HOL
11/26/07						12/03/07					
12/10/07						12/17/07			VAC	VAC	VAC
12/24/07	VAC	VAC	VAC	VAC	VAC	12/31/07	VAC	VAC	VAC		
01/07/08						01/14/08					SDD

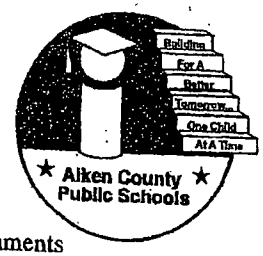
Close

Greendale Elementary
505 South Boundary Avenue
New Ellenton, SC 29809

110010014118 Mikell, Alexis D.

Grade Level
02

First Quarter Interim 08/20/07 09/21/07



		Int1 Grd	Int2 Grd	Int3 Grd	Int4 Grd	TOT ABS	TOT TDY
Advisor/Advisee	Walden						8
Reading	Walden	85					8
Handwriting	Walden	S					8
Spelling	Walden	S					8
Mathematics	Walden	99					8
Science	Walden	S					8
Social Studies	Walden	S					8
Health	Walden	S					8
Phy Edu	Kassel						8
Art	Boone						8
General Music	Lee						8

Grading Comments

Conduct is A
Accommodations Made

Grading Scale:
A=93-100
B=85-92
C=77-84
D=70-76
F=0-69

S=Satisfactory
N=Needs Improvement
U=Unsatisfactory

Allison Mikell
RE: Alexis D. Mikell
1057 B Adams Avenue
New Ellenton, SC 29809

CONSOLIDATED SCHOOL DISTRICT OF AIKEN COUNTY

STUDENT PROGRESS REPORT

Mikell, Alexis D. ***Daily Attendance***
Wed, Sep 26, 2007 01:37 PM ***Page: 1***

Last Name	First Name	Middle Name	Grd	Gen	Student ID
Mikell	Alexis	Dorean	02	F	110010014118

Show Full Year | Days of Activity | **Attendance Totals**

Reason	Totals
Unverified (UNV)	
Bereaved (BER)	
Truant (TRU)	
Excused (EXE)	
Homebound (HOM)	
InSchool (ISS)	
Religious (REL)	
Late Bus (BUS)	
Medical (MED)	
OutSchool (OSS)	
Prior Apr (APR)	
SpEd Alt (SPA)	

Reason Type	Totals
Unverified	
Unexcused	
Excused	
School Activity	
Unexcused Tardy	8
Excused Tardy	
Non Enrollment	
Positive	
Totals	8
Days enrolled to date	27

Close

Mikell, Alexis D. ***Daily Attendance***
Wed, Sep 26, 2007 01:36 PM ***Page: 1***

Last Name	First Name	Middle Name	Grd	Gen	Student ID
Mikell	Alexis	Dorean	02	F	110010014118

Show Full Year | Days of Activity | Attendance Totals |

Date	Mon	Tue	Wed	Thr	Fri	Date	Mon	Tue	Wed	Thr	Fri
08/06/07	N/E	N/E	N/E	N/E	N/E	08/13/07	N/E	N/E	N/E	N/E	N/E
08/20/07			UTD	UTD	UTD	08/27/07		UTD	UTD		UTD
09/03/07	HOL					09/10/07		UTD		UTD	
09/17/07						09/24/07					
10/01/07						10/08/07					
10/15/07						10/22/07					SDD
10/29/07	SDD					11/05/07					
11/12/07						11/19/07			HOL	HOL	HOL
11/26/07						12/03/07					
12/10/07						12/17/07			VAC	VAC	VAC
12/24/07	VAC	VAC	VAC	VAC	VAC	12/31/07	VAC	VAC	VAC		
01/07/08						01/14/08					SDD

Close

Mikell, Adrianna D. ***Daily Attendance***
Wed, Sep 26, 2007 01:36 PM Page: 1

Last Name	First Name	Middle Name	Grd	Gen	Student ID
Mikell	Adrianna	Darlene	00	F	110010025260

Show Full Year | Days of Activity **Attendance Totals** |

Reason	Totals
Unverified (UNV)	
Bereaved (BER)	
Truant (CUT)	
Excused (EXE)	
Homebound (HOM)	
InSchool (ISS)	
Religious (REL)	
Late Bus (BUS)	
Medical (MED)	
OutSchool (OSS)	
Princ. App (APPR)	
SpEd Aft (SPA)	

Reason Type	Totals
Unverified	
Unexcused	
Excused	
School Activity	
Unexcused Tardy	7
Excused Tardy	1
Non-Enrollment	
Positive	
Totals	8
Days enrolled to date	27

Close

Mikell, Adrianna D. ***Daily Attendance***
Wed, Sep 26, 2007 01:36 PM Page: 1

Last Name	First Name	Middle Name	Grd	Gen	Student ID
Mikell	Adrianna	Darlene	00	F	110010025260

Show Full Year | Days of Activity | Attendance Totals |

Date	Mon	Tue	Wed	Thr	Fri	Date	Mon	Tue	Wed	Thr	Fri
08/06/07	N/E	N/E	N/E	N/E	N/E	08/13/07	N/E	N/E	N/E	N/E	N/E
08/20/07			UTD	UTD	UTD	08/27/07		UTD	UTD		UTD
09/03/07	HOL					09/10/07		UTD			
09/17/07			TDY			09/24/07					
10/01/07						10/08/07					
10/15/07						10/22/07					SDD
10/29/07	SDD					11/05/07					
11/12/07						11/19/07			HOL	HOL	HOL
11/26/07						12/03/07					
12/10/07						12/17/07			VAC	VAC	VAC
12/24/07	VAC	VAC	VAC	VAC	VAC	12/31/07	VAC	VAC	VAC		
01/07/08						01/14/08					SDD

Close

For Testing Purposes Only

SC Department of Social Services
Child and Family Assessment Plan

In-Home Treatment

Section I: Comprehensive Family Centered Risk Assessment and Case Planning

Harm or Risk that caused removal:

☐ **N/A**

Problem/Conditions that caused the harm

Physical Neglect

Reason Child/ren cannot be protected in the home:

☐ **N/A**

FAMILY'S STORY: Describe the status of the family and any background information that you think is pertinent. Describe the family's understanding of the issues and your assessment of their present motivation to change.

During the review process, the family generally describes how they have progressed. If the family is not involved, the child generally describes how he/she has progressed; the casemanager also describes how he or she views the family's progress.

Case indicated on 11/8/07 for physical neglect.

Ms. Mikell's home was observed unclean with debris and clothing scattered around the home. Ms. Mikell allowed her minor children to wear clothing that were to big and falling off of them to school. Ms. Mikell also allowed her children to were clothing that were not appropriate for the weather.

For Testing Purposes Only

Part B.

B. CAREGIVER ASSESSMENT (TO BE COMPLETED FOR EVERY CAREGIVER)

CAREGIVERS HISTORY OF CA/N AS A CHILD	Name of Parent/ Caregiver: Allison Mikell

Include Narrative Information Compiled from Family and Other Sources:

Low/Moderately Low Risk	☐ Caregiver remembers one or two incidents of harsh punishment although did not perceive it as abuse. ☐ Caregiver recalls some abusive discipline. ☐ Caregiver's siblings were abused, but caregiver was not. ☐ Caregiver was victim of abuse and received support and protection from other family members.
Moderate Risk	☐ Caregiver has repeated incidents of abuse or neglect as a child/youth. ➢ Caregiver reports basic needs frequently not met. ☐ Caregiver received harsh physical punishment on an intermittent basis resulting in frequent injuries. ☐ Caregiver has no sense of belonging to or attachment to a family. ☐ Caregiver experienced a lack of consistent parenting by a loving caregiver. ☐ Caregiver has a history of hostile and verbally assault relationship with own parents.
Moderately High/ High Risk	☐ Caregiver has history of chronic/severe abuse as a child/youth. ☐ Caregiver reports being a victim of severe neglect that resulted in physical problems. ☐ Caregiver was victim of assaults resulting in fractured bones, physical disability, or emotional trauma. ☐ Caregiver was victim of sexual abuse and received no support, protection or affirmation from family. ☐ Caregiver recalls repeated beatings and/or physical attacks. ☐ Caregiver reports severe emotional rejection, scapegoat and humiliation by own parents. ☐ Caregiver was deprived of food, clothing, rest or medical care as a form of punishment. ☐ Caregiver comes from a culture where physical punishment of child/youth is accepted.
Protective Behaviors To Mitigate Risk Identified Above	☐ Caregiver's acknowledgement of how they were parented has resulted in taking specific steps not to repeat these patterns (can describe them).

For Testing Purposes Only

SAFETY THREAT/RISK/ AREA IDENTIFIED IN THE ASSESSMENT: CAREGIVER'S HISTORY OF CA/N AS A CHILD		
Behavioral Change/Enhanced Protective Capacity Required to address the Safety Threats/Risks identified:		
Services/Supports necessary to achieve behavioral change:	**Person Responsible:**	**Planned Date of Review of Service(s) with Family:**
1. Ms. Mikell will ensure that the inside and outside home is kept free of debris and clutter.	**Allison Mikell**	**3 months - 3/1/08**
2. Ms. Mikell will ensure that her children are dressed appropriately for the weather and are provided with clean clothing to wear.	**Allison Mikell**	**3 months - 3/1/08**
3. Ms. Mikell will ensure that the medical, educational, and physical needs of her children are met at all times.	**Allison Mikell**	**3 months - 3/1/08**
4.		
5.		
Date of Progress Review:		
Results of Progress Review: ☐ Behavioral Change Achieved ☐ Family continues to make progress – services to continue ☐ Current services are not effective – modify plan (explain) ☐ Caregiver refuses to participate in services		
Plan Modification (as required):		

Services/Action Steps:	**Person Responsible:**	**Planned Date of Review:**
1.		
2.		
3.		
4.		

Caregiver's Initials AM

Casemanager's Initials

Supervisor's Initials

For Testing Purposes Only

Section II. NOTICES and SIGNATURES

NOTICE: Objections to any part of the Case Plan or the process used to develop the plan may be discussed with the caseworker at any time. If there is a court hearing on the plan and you still have objections or concerns about the plan, you must raise them during the hearing. If you do not, you cannot raise them again in court.

I understand the plan.
I understand the explanations of the rights and responsibilities.
I understand the notices regarding objections to the plans.
I understand the notice regarding potential termination of parental rights.

By my signature, I hereby affirm that I was involved in the development of the Case Plan.

Anderson Mitchell Date 11/18/08
Mother's or Father's Signature

Date
Mother's or Father's Signature

Service Coordinator's/Caseworker's signature 12-8-08 Date

Supervisor's Signature Date

South Carolina Department of Social Services

SAFETY PLAN

Name: Allison Mikell Case Number: 119519

DSS has identified the following concerns as placing your child or children at serious risk of harm. The undersigned have developed this plan for the purpose of preventing removal of the child to foster care or as a plan to control safety concerns during the investigation. The parties enter into this agreement voluntarily. The parents' agreement to this plan is not an admission that they have abused or neglected the child.

If YES is checked, DSS has determined that if the preventive services are not provided or are not effective, foster care will be the plan for the child.	☐ Yes ☐ No
Safety Concern:	
Preventive Service: (Include specific action, who will be responsible and who will monitor) Ms. Mikell agrees to ensure that her children are provided with a living environment free of clutter and debris.	
Safety Concern: Ms. Mikell will ensure that the minor	
Preventive Service: (Include specific action, who will be responsible and who will monitor) children Alexis, Brianna, Adrianna, and Jeremiah are properly dressed and provided with clean clothing at all	
Safety Concern: times. Violation of this plan will result	
Preventive Service: (Include specific action, who will be responsible and who will monitor) in the agency seeking alternate placement for the minor children.	

By signing this Safety Plan, the parents and the protector understand and agree that the protector will be responsible for the safety of the child(ren) during the investigation. This agreement will expire in 90 days from date of signature. The parents and protector have the right to and agree to contact the caseworker if they no longer wish to carry out any part of the agreement, have questions, or want to bring something to the worker's attention. If the report is unfounded, the Safety Plan will end automatically on the date of case decision.

Protector's Signature/Relationship to Child — Date

Allison Mikell 12/10/07

Parent's Signature — Date

Worker's Signature — 12·10·07 Date

Parent's Signature — Date

☐ Parent(s)/Caregiver refused to sign

Note: Failure to comply with the Safety Plan may result in court intervention to assure the child's safety.

South Carolina Department of Social Services

SAFETY PLAN

Name: Allison mikell Case Number: 11987

DSS has identified the following concerns as placing your child or children at serious risk of harm. The undersigned have developed this plan for the purpose of preventing removal of the child to foster care or as a plan to control safety concerns during the investigation. The parties enter into this agreement voluntarily. The parents' agreement to this plan is not an admission that they have abused or neglected the child.

If YES is checked, DSS has determined that if the preventive services are not provided or are not effective, foster care will be the plan for the child.	☐ Yes ☐ No
Safety Concern: S. Abuse / Phy Neglect	
Preventive Service: (Include specific action, who will be responsible and who will monitor) Ms. Mikell understands that all contact b/t Mr. Carlisle and the minor children Alexis, Brianna, Adrianna, and Jeremiah will be	
Safety Concern: supervised by third party at all times (are as	
Preventive Service: (Include specific action, who will be responsible and who will monitor) stated on bond stipulations.) Ms. Mikell understands that DSS is implementing treatment	
plan to ensure safety of the minor children.	
Safety Concern: Violation of this safety plan will result in	
Preventive Service: (Include specific action, who will be responsible and who will monitor) agency seeking alternate placement for the minor children. Ms. Mikell agrees to cooperate with agency to ensure safety of the children	

By signing this Safety Plan, the parents and the protector understand and agree that the protector will be responsible for the safety of the child(ren) during the investigation. This agreement will expire in 90 days from date of signature. The parents and protector have the right to and agree to contact the caseworker if they no longer wish to carry out any part of the agreement, have questions, or want to bring something to the worker's attention. If the report is unfounded, the Safety Plan will end automatically on the date of case decision.

Protector's Signature/Relationship to Child — Date

Worker's Signature 12.10.07 — Date

Parent's Signature Allison Mikell 12/10/07 — Date

Parent's Signature — Date

☐ Parent(s)/Caregiver refused to sign

Note: Failure to comply with the Safety Plan may result in court intervention to assure the child's safety.

Aiken County Detention Center

Display Inmate Detail

Search Again

Filenumber: 9072

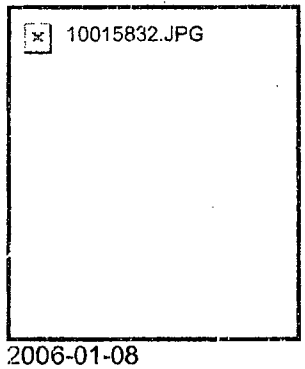
CARLISLE JR, GERALD LESLIE

Home address/phone:	1057 B ADAMS AVE AIKEN SC 29803 803-380-4141
Work address/phone:	
Birthdate/place:	1979-07-19 AIKEN,SC
SSN:	251414139
Citizenship:	US
Occupation:	MECH
Drivers License:	SC007640209 Type: D
Bio:	Race: W Sex: M Build: M Height: 5-9 Weight: 170 Hair: BRO MED Eyes: BRO Skin: FAR Glasses: Yes Marital Status: S Moustache: Yes Beard: Yes Features: SCAR ON RIGHT ELBOW Dangerous: No
Next of Kin:	ALLISON MIKELL Relation: FRIEND 415 GLOVER ST Phone: 803-380-4141 WARRENVILLESC 29851-
Employer:	SIMONS SMALL ENGINE REPAI Phone: 803- - AIKEN SC

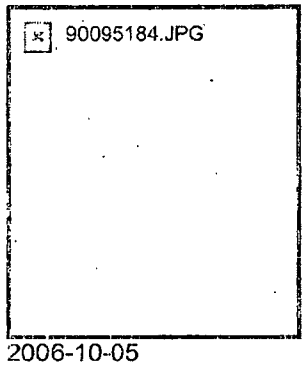
Arrests:

Arrest#	Agency	Status	Book Date	Arrest Date	Offense	Released
2007002149	ACSO	OPEN	2007-11-20	2007-11-20		
2006100052	ACSO	CLOSED	2006-10-04	2006-10-04	MIPP	2006-10-05
2006010110	JKPD	CLOSED	2006-01-07	2006-01-07	DISORDERLY CONDUCT	2006-01-08

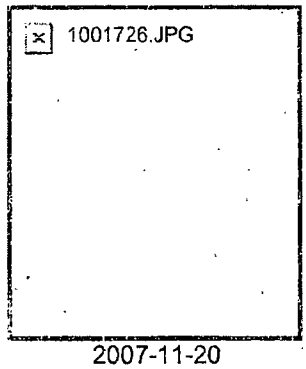
Photos:



2006-01-08



2006-10-05



2007-11-20

Click image for full-size photo.

Medical College of Georgia
and Children's Medical Center

EMERGENCY AND EXPRESS CARE SERVICES RECORD

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS D
ACCT#: 002164849-9275 RACE: W F
10/02/99 S
001-12-5255

Time MD in room: 2130

Transport by: ☐ Ambulance ☑ Walk-in ☐ Private auto ☐ Information from ambulance personnel reviewed ☐ EMS direction provided ☐ Triage note reviewed

CC/HOPI | LEVEL 1,2,3 1-3 ELEMENTS | LEVEL 4 4+ ELEMENTS OR 3 CHRONIC OR INACTIVE | LEVEL 5 4+ ELEMENTS OR 3 CHRONIC OR INACTIVE
Symptom/location · Severity · Modifying factors · Context/mechanism injury · Quality · Duration · Timing · Associated Signs/Sxs

9mo WFE fever 100.7 - around 1 AD all day. Could not hold head up earlier today - Vomited up to 10x today - last time 1 hour ago. Feeding well but will not take pedialyte mom added sugar water. Wound ent wet dispense. Started for bronchialitis since 9/13/99 No sick contacts. Mild runny nose 2wks - improving. One episode of diarrhea in ED.

PMH: DM HTN CAD CVA CA RAD
no hospitalizations & surgeries
Dilated 5th 11th

MEDICATIONS: Tylenol, Cefaclor

FAMILY/SOCIAL HX
DM ✓ HTN ✓
CAD ___ CVA ___
CA ✓ RAD ✓
SIDS ___ Other ___
Occupation ___
Tobacco ___ Lives w/ ___
EtOH ___ Substance abuse ___
Grade in school ___ ☐ Day care no

LMP ___ G ___ P ___ ☐ Old chart reviewed
MD/Clinic Dr Bland - Aiken
Allergies: ___ ☐ NKDA
Immunizations: UTD Last tetanus: ___

ROS

☐ Unable to fully assess due to ☐ altered loc ☐ other
POSITIVES CIRCLED
☑ = All Normal
☐ = Not done if no items circled

ENT	BT Hoarse	Nosebleeds Hearing Loss	(Rhinorrhea) Drooling
CV	CP Palp	Rapid HR Slow HR	LE edema Orthopnea
RESP	SOB Pleuritic CP	Prod cough Hemoptysis PND	DOE Wheeze
GI	Nausea Pain	(Vomiting) Constipation	Diarrhea Melena
	Poor Feeding	Hematemesis	
GU	Pain on urination Frequency		Hematuria Discharge
MSK	Myalgia Inflammation	Arthralgia	Heat
SKIN	(Rash) Dryness	Bruise	Swelling
NEURO	HA Weak	Dizzy △ Speech	△ LOC Numbness
PSYCH	△ MS Depressed	SI Confused	HI Unresponsive Hostile
	Vis/aud hallucinations		
HEME	Bleeding	Bruising	Petechiae
	↑ Nodes		
ALL	Seasonal Symptoms	Rhinorrhea	Atopic Derm
REPRO	Dyspareunia	Vag DC	Irregular menses
	Erectile Dysfunction		Penile DC

EXAM Line through item or blank box = not performed | Level 2,3: 2 to 4 categories | Level 4: 5 to 7 categories | Level 5: 8 or more categories

GENERAL
- ☑ ☐ HR 140 RR 36 T 37 BP 104/65
- ☐ ☐ Vital signs per nurses notes
- ☑ ☐ Well-developed/nourished
- ☑ ☐ No acute pain/distress
- ☑ ☐ Non-toxic
- ☑ ☐ Well-hydrated

RESP
- ☑ ☐ No respiratory effort
- ☑ ☐ No rales, ronchi, wheezes, stridor
- ☑ ☐ Symmetric breath sounds
- ☐ ☐ No retractions
- ☐ Pulse oximetry done ☐ Interpreted by attending

EXT
- ☑ ☐ Good muscle tone
- ☐ ☐ No joint/bony tenderness
- ☐ ☐ Compartments soft
- ☐ ☐ Full range of motion Active Passive

EYES
- ☑ ☐ PERRL
- ☑ ☐ EOMI
- ☐ ☐ Fundi/Discs normal
- ☑ ☐ Conjunctivae/lids normal
- ☑ ☐ Sclera non-icteric

CHEST
- ☐ ☐ No masses/tenderness
- ☐ ☐ No discharge
- ☐ ☐ No sub-Q air or crepitus

SKIN (Rash present in chest and back)
- ☐ ☑ No rash
- ☐ ☐ No petechiae/purpura

ENT
- ☐ ☐ TMs normal, no gus
- ☐ ☐ No rhinorrhea mild yellow nasal discharge
- ☑ ☐ Pharynx without erythema/exudates
- ☑ ☐ No dental trauma

ABD
- ☑ ☐ No masses/tenderness/hernia
- ☑ ☐ No organomegaly
- ☑ ☐ Non-distended
- ☑ ☐ Normal bowel sounds
- ☐ ☐ Rectal exam nl

BACK
- ☐ ☐ No C-spine tenderness
- ☐ ☐ No T-L-S spine tenderness
- ☐ ☐ FROM

NECK
- ☑ ☐ Neck supple
- ☑ ☐ No meningismus
- ☐ ☐ FROM
- ☐ ☐ No C-spine tenderness

GU
- ☑ ☐ External genitalia normal
- ☐ ☐ No masses/tenderness/discharge

NEURO
- ☐ ☐ Appropriate for age
- ☐ ☐ Normal motor function
- ☐ ☐ Normal sensory function
- ☐ ☐ Gait normal
- ☐ ☐ CN II-XII grossly intact

CV
- ☑ ☐ RRR
- ☑ ☐ No murmurs or gallops
- ☑ ☐ No edema
- ☑ ☐ Good perfusion
- ☑ ☐ Pulses normal/symmetric

LYMPH
- ☑ ☐ No neck adenopathy
- ☑ ☐ No axillary adenopathy
- ☑ ☐ No inguinal adenopathy

PSYCH
- ☐ ☐ Alert/oriented appropriate for age
- ☐ ☐ No abnormalities of mood/affect
- ☐ ☐ No homicidal/suicidal ideation

Page 1 of 2

Additional PE: ___

☐ See attached injury diagram

MC 457 / 8839 Rev. 8-98

EDHP

Medical College of Georgia
and Children's Medical Center

EMERGENCY AND EXPRESS CARE SERVICES RECORD

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS D
ACCT#: 002164849-9275 RACE: W F
10/02/99 S
001-12-5255
ADDRESSOGRAPH

LABS

__Seg __B __L __Mo

Ca
Mg
Phos

ALT
AST
T Bili
D Bili

☐ ABG ☐ VBG pH / pCO2 / pO2 / HCO3 / CO

CSF: WBC / RBC / prt / glc / gram stain

Cardiac: CPK___ MB___
Troponin I___

UA LE / Bld / Small Blood / Prt / Ket / glc / 1.002 Sg

Micro: _____ WBC_____ RBC 0-1 Squam

Other: _____ HCG_____

☐ Labs reviewed/interpreted by Attending

EKG

☐ 12 lead ☐ Rhythm Strip
Rate: PR QRS Axis QTc
Rhythm:

☐ Interpreted by Attending

RADIOLOGY

☐ Interpreted by Attending

PROCEDURES

☐ Attending present for/supervised procedure:

☐ Critical care time _____

ED COURSE

2130 - Examined
no change over ED course
→ discharge

ATTENDING

History as documented above by junior physician and reviewed with patient and junior physician. Pertinent findings: D/D began today → learned Dx in ED. Vomit x 10 days, all family = marked last wk.

My exam confirms: Alert / NAD. Well appd. TM's nl. Abd soft / NT. Liquid stool in diaper

I confirm junior physician's assessment and diagnosis as: _____

c/w viral GE

I agree with plan of care as follows: Supportive Pedialyte F/U PMD 2 days

Attending signature: Jamie Wilde MD ☐ Full H/P
(See above documentation for further details) ☐ Attending note dictated

Primary Diagnosis: Gastroenteritis

Secondary Diagnosis: _____

Secondary Diagnosis: _____

DISPOSITION

☒ Discharge ☐ Admit ☐ AMA ☐ Transfer ☐ Death ☐ LWOBS

Condition: ☒ Stable ☐ Improved ☐ Deteriorated in ED

PLAN

☐ Discharge instruction sheet provided to pt/family

Pedialyte for 24° - Stop milk feeding until watery resolves.

Jamie Wagner SMS
MD/DO Signature

White - Medical Records
Yellow - Emergency Department
Pink - Referral

MC 457 / 8539 Rev. 8-99

EDHP

3

Medical College of Georgia
Emergency and Express Care Services

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS D
ACCT#: 002164849-9275 RACE W F
10/02/99 S
001-12-5255
ADDRESSOGRAPH

TRIAGE AND ORDERS

POV: Mother

Patient Name:	Room#	TIMES	Triage	2045	Room	RN	2130	Discharge	2230
Makell, Alexis	EM	TIME	B.P.	H.R.	R.R.	TEMP.	O2SAT	SIGNATURE	
		2051	109/45	140	30	37.5			

Date of Visit: 10/2/99 D.O.B. 4/23/99
Age 5m Sex F Wt 4.8kg L.M.P.

Chief Complaint: EVG

Triage Assessment: Is here by bracket for Broncho
Evaluation has dem (100-4-100.7)
stuffy nose + 2d Eating fine, playful
will BOSCTA Rep Dehydration
Please, such appointa
Tmp: Tylenol at 1930
Service/Physician Notified

Allergies: NKDA
Tetanus Immunizations UTD UTD

Medications: Ceftaclor See list
1)
2)
3)

Medical History: 0
1)
2)
3)

EMD Brand Triage Nurse

AIRWAY & C-SPINE	BREATHING	CIRCULATION
☐ Oxygen:	☐ Med Neb	Intravenous Orders
L/Minute		☐ Heplock
By:		☐ (1)
☐ Suction equipment	☐ ETCO2	☐ (2)
☐ NG Tube	☐ Pulse Oximeter	☐ Cardiac Monitor
☐ NP Airway	☐ Spot ☐ Cont.	☐ EKG
☐ Intubation:	Peak Flows:	☐ B.P. Monitor
Route	☐ Pre ☐ Post	☐ Cardiac Pacing
Size	☐ ABG (Room Air)	Lines:
☐ C-Collar Application	☐ Ventilator:	☐ Central
☐ Broselow Tape	Rate FiO2	☐ Arterial
☐	TV Peep	☐ BLS
☐	☐	☐ ACLS

X-RAY		
C-SPINE	☐ Chest-Portable	☐ Pelvis
☐ Cross-table Lat.	☐ Chest-P.A. & Lateral	☐ Hip R L
☐ Complete Series	☐	☐ Acute ABD
☐ Flexion-Extension	☐	☐ KUB
☐	☐	☐

IMAGING STUDY	Time CT/US Notified
☐ C.T. Scan Site	
Contrast or Noncontrast, with nurse or without nurse	
☐ C.T. Sedation, Agent:	
☐ Ultrasound:	

BATCH ORDERS

☐ CPC Protocol
(CBC, SMA10, CK [CKMB], PT, PTT, EKG, portable CXR)
☐ Trauma Profile
(CBC, Lytes, Glucose, U/A, *HCG, T&S) *Female

CONSULTATION-NOTIFICATIONS

Service or Specialty	Called	Response	Arrived

Disposition Condition	Prescribed Medications
	0
Admit/Transfer/Discharge Location:	
Type Instruction Sheet	May return to work/school on:

ORDERS

Time	Nurse	
		☐ CBC
		☐ SMA7 ☐ SMA10 ☐ SMA18
		☐ Amylase ☐ Lipase
		☐ Blood Culture 1 2
		☐ Drug Level ☐ ASA ☐ Acetaminophen ☐
		☐ Type and Screen / Cross units
		☐ HCG Qualitative ☐ Quantitative
2145		☑ Urinalysis ☑ C/S ☑ Cath hold urine Sees 2230
		☐ G.C./Chlamydia Culture Send urine Sees 2230
		☐ Throat Culture for Strep. SAN 2230
		☐
		☐
		☐
		☐

MEDICATION-PROCEDURES

☐ Accuchek
☐ Foley Catheter ☐ I/O Cath
☐ Hemocue
☐ Suture Set/Tray ☐ Pelvic Set-up
☐ Tetanus: TT or DT or Td 2150 ea
2145 ☑ Urine Dipstick ☐ Urine HCG 2230 1.005
bld sm
3+ le 5

Impressions:
Gastroenteritis

Attending: ☐ Dictation
Resident: Jennifer Wagner SMS ☐ Dictation

White Copy: Medical Records - Yellow Copy: Emergency Department - Pink Copy: Referral

HC 4(8)80-2001 Rev. 1/97

EDTRIAGE

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS D MOM
ACCT#: 0021648499275 RACE: W F
10/02/99 S

Emergency Services Record No. 4

EXTENDED OBSERVATION SHEET

Date 10/2/99

Time	T	P	R	B/P	Intake	Output	Observation and Medications
0210							Suo NF carried by mom to Exam 4. C/o fever. Pt in acute distress - Bfluegrau
2150							I/O cath via st. tech using sp. tube X 1 attempt 3 difficulty. Received 30cc urine (clear, yellow, 3 ctes noted) Pt tol procedure well. Urine dip: sm bld, trace, SG 1.005, 0 WBC. Urine to lab for UA, cx. MD aware of urine dip results — called Pt
2230							w/ at home discharge instructions to mother. mother agreed to follow DC instructions. Rep eyes unremarkable. Pt out of ED via carried by mother —

White - Medical Records Canary - Emergency Department Pink - Referral

EDREC

MC 468/8640 12/98

Medical College of Georgia
Emergency and Express Care Services
Tel. 706-721-4951

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS
ACCT#: 002164849-9254 RACE: W F
09/11/99 S
001-12-5255
...RAPH

Patient Discharge Summary and Instructions

Be sure that you have read and understand all instructions before signing below. These instructions should be followed closely as the best possible safeguard against complications. When you visit your regular or follow-up physician, please bring along this sheet and any prescribed medications.

Diagnosis: Viral URI Seen by Dr. Ehrt / Wells

X-rays were taken: ☒ No ☐ Yes ☐ Ultrasound ☐ CT Scan

X-rays do not always show injury or disease and fractures may not be revealed on the initial x-rays. Additional x-rays may be required if the problem persists or worsens. X-rays are initially interpreted by the physician in the emergency department. A radiologist will make a final reading by the following day. You will be contacted if the final reading indicates any change in your treatment.

☐ Tetanus immunization up to date ☐ diph. Tet. / Tet. Tox. given today

☐ Return to the Emergency Department in _____ days for follow-up care.

☐ Return to the Emergency Department in _____ days if problem persists.

☒ Call: ☒ your private physician, Dr. Bland

☐ the Margaret Weston Clinic in Clearwater, S.C. at 803-593-9283

☐ University Hospital _____ Clinic at 722-9011 ext. _____

☐ the MCG _____ Clinic at 721-_____ in _____ days for an appointment in _____ days (or sooner if your condition worsens).

☐ Your appointment has been made for you: ☐ You will be contacted by the clinic:

_____ Clinic Date: _____ Time: _____

☐ Other scheduled or pending studies: _____

Prescriptions given: ☒ No ~~[illegible]~~ ~~Advil~~ _____

_____

☐ Follow the instruction sheet(s) you have been given for _____

Other Medications / Instructions / Work Restrictions: Continue fluids, antitussive +/or, saltwater drops for nose

① Wash hands frequently to prevent spread of virus, avoid school contact until symptoms free

② Returns if T fever >101 [illegible], vomiting >2 days or child looks worse

③ See Dr. Bland for recheck next week

Work /School Excuse given: ☐ No ☒ Yes, may return: _____

The examination and treatment which you have received is intended to deal with the present problem on an emergency basis only. It is by no means intended to be a complete diagnosis or complete medical care. It should not be considered as a substitute for the continuing care of a personal physician or regular clinic.
I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

X Willow Mikell
(Signature of Patient or Responsible Person and Relationship)

Colleene PCA
(Signature of Nursing Personnel and / or Physician)

9/11/99
(Date / Time)

MC 817 / 20936 8-97

DCINSTR

[redacted]

Medical College of Georgia
and Children's Medical Center

EMERGENCY AND EXPRESS CARE SERVICES RECORD

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS
ACCT#: 002164849-9254 RACE: W F S
09/11/99
001-12-5255

ADDRESSOGRAPH

Time MD in room:_____

Transport by: ☐ Ambulance ☐ Walk-in ☐ Private auto ☐ Information from ambulance personnel reviewed ☐ EMS directive provided ☐ Triage note reviewed

LEVEL 1,2,3 1-3 ELEMENTS LEVEL 4 4+ ELEMENTS OR 3 CHRONIC OR INACTIVE LEVEL 5 4+ ELEMENTS OR 3 CHRONIC OR INACTIVE

HOPI — Symptom/location - Severity - Modifying factors - Context/mechanism injury - Quality - Duration - Timing - Associated Signs/sxs

5mo old w/ hx has intermittent cough x 2wks, runny nose x 2wks. Mom using nasal suctioning q 5 min. Appetite + fluids fine. ⊖ V, F, D Mom wants medicine to make her better. Mom states pt "has gas" - relieved with mylicon

PMH DM HTN CAD CVA CA RAD

Ø

LMP_____ G___ P___ ☐ Old chart reviewed
MD/Clinic: Bland
Allergies: NKDA
Immunizations: UTD Last tetanus:_____

MEDICATIONS

Ø

FAMILY/SOCIAL HX

DM_____ HTN_____
CAD_____ CVA_____
CA_____ RAD_____
SZS_____ Other_____
Occupation_____
Tobacco_____ Lives w/ mother
EtOH_____ Substance abuse_____
Grade in school_____ ☐ Day care

ROS

☐ Unable to fully assess due to ☐ altered loc ☐ other
POSITIVES CIRCLED
N = All Normal
N = Not done if no items circled

Fever Chills High BP Wt. Loss

Redness Discharge Itching Pain Blurred Δ Vision

ENT: ST Hoarse Nosebleeds Hearing Loss Rhinorrhea Drooling

CV: CP Palp Rapid HR Slow HR LE edema Orthopnea

RESP: SOB Pleuritic CP Fever Cough Hemoptysis PND DOE Wheeze

GI: Nausea Pain Vomiting Constipation Diarrhea Melena Poor Feeding Hematemesis

GU: Pain on urination Frequency Hematuria Discharge

M/SK: Myalgia Inflammation Arthralgia Heat

SKIN: Rash Dryness Bruise Swelling

NEURO: HA Weak Dizzy Δ Speech Δ LOC Numbness

PSYCH: Δ MS SI HI Unresponsive Depressed Confused Hostile Vis/aud hallucinations

HEME: Bleeding Bruising Petechiae ↑ Nodes

ALL: Seasonal Symptoms Rhinorrhea Atopic Derm

GENIT: Dysparenuia Vag DC Irregular menses Erectile Dysfunction Penile DC

PE/AM Line through items or blank box = not performed — Level 2,3: 2 to 4 categories — Level 4: 5 to 7 categories — Level 5: 8 or more categories

GENERAL
ni abnl HR 123 RR 24 T 36 BP 54/45
- Vital signs per nurses notes
- Well-developed/nourished
- No acute pain/distress
- Non-toxic
- Well-hydrated

O2 sat 99% Playing but Parent consoled

RESP
ni abnl
- Normal respiratory effort
- No rales, ronchi, wheezes, stridor
- Symmetric breath sounds
- No retractions
- Pulse oximetry done ☐ Interpreted by attending

99%

EXT
ni abnl
- Good muscle tone
- No joint/bony tenderness
- Compartments soft
- Full range of motion Active Passive

EYES
ni abnl
- PERRL
- EOMI
- Fundi/Discs normal
- Conjunctivae/lids normal
- Sclera non-icteric

CHEST
ni abnl
- No masses/tenderness
- No discharge
- No sub-Q air or crepitus

SKIN
ni abnl
- No rash
- No petechiae/purpura

ENT
ni abnl
- TMs normal, no pus
- No rhinorrhea
- Pharynx without erythema/exudates
- No dental trauma

ABD
ni abnl
- No masses/tenderness/hernia
- No organomegaly
- Non-distended
- Normal bowel sounds
- Rectal exam nl

BACK
ni abnl
- No C-spine tenderness
- No T-L-S spine tenderness
- FROM

NECK
ni abnl
- Neck supple
- No meningismus
- FROM
- No C-spine tenderness

Fontanelles soft

GU
ni abnl
- External genitalia normal
- No masses/tenderness/discharge

NEURO
ni abnl
- Appropriate for age
- Normal motor function
- Normal sensory function
- Gait normal
- CN II-XII grossly intact

CVP
ni abnl
- RRR
- No murmurs or gallops
- No edema
- Good perfusion
- Pulses normal/symmetric

LYMPH
ni abnl
- No neck adenopathy
- No axillary adenopathy
- No inguinal adenopathy

PSYCH
ni abnl
- Alert/oriented appropriate for age
- No abnormalities of mood/affect
- No homicidal/suicidal ideation

Additional PE:_____

☐ *See attached injury diagram*

MC 447 / 8826 Rev. 8-98

EDHP

Medical College of Georgia
and Children's Medical Center

EMERGENCY AND EXPRESS CARE SERVICES RECORD

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS
ACCT#: 002164849-9254 RACE: W F
09/11/99 S
001-12-5255

ADDRESSOGRAPH

LABS

__Seg __B __L __Mo

Ca Mg Phos ALT AST T Bili D Bili

☐ ABG ☐ VBG pH/ pCO2/ pO2/ HCO3/ CO/

CSF: WBC/ RBC/ pr/ glc/ gram stain

Cardiac: CPK___ MB___ Troponin I ___

UA LE/ Nit/ Blood/ Pro/ Ket/ glc/ SG/

Micro:_____ WBC_____ RBC_____ Squam

Other:_____ HCG_____

☐ Labs reviewed/interpreted by Attending

EKG

☐ 12 lead ☐ Rhythm Strip
Rate: PR QRS Axis QTc
Rhythm:

☐ Interpreted by Attending

RADIOLOGY

☐ Interpreted by Attending

PROCEDURES

☐ Attending present for/supervised procedure:

☐ Critical care time _____

ED COURSE

Exam → Dx

ATTENDING

History as documented above by junior physician and reviewed with patient and junior physician. Pertinent findings:
URI sx x 5 days. No fever. Feeding well.

My exam confirms: Alert/NAD. Not ill appearing. TM nearly flaccid, air fluid level. Clear lungs, RRR, abd soft/NT. Nl gestalt, mild congestion.

I confirm junior physician's assessment and diagnosis as:

URI

I agree with plan of care as follows: Supportive

Attending signature: Jim Mikell MD ☐ Full H/P
(See above documentation for further details) ☐ Attending note dictated

Primary Diagnosis: viral URI
Secondary Diagnosis:

Secondary Diagnosis:
Secondary Diagnosis:

DISPOSITION

☒ Discharge ☐ Admit ☐ AMA ☐ Transfer ☐ Death ☐ LWOBS

Condition: ☒ Stable ☐ Improved ☐ Deteriorated in ED

PLAN ☐ Discharge instruction sheet provided to pt/family

F/u Dr. Bland

MD/DO Signature

White - Medical Records
Yellow - Emergency Department
Pink - Referral

EDHP

MC 467 / 6839 Rev. 6-99

3

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS
ACCT#: 002164849-9254 RACE: W F
09/11/99 S
001-12-5255

ADDRESSOGRAPH

Medical College of Georgia
Emergency and Express Care Services

TRIAGE AND ORDERS

Patient Name:	Room#	TIMES	Triage	1530	Room	1435	MD		Discharge	1735
		TIME	B.P.	H.R.	R.R.	TEMP.	O2SAT	SIGNATURE		
Mikell, Alexis	ED-5	1530	54/45	123	24	38.2	99%	SBurgess EMT		
Date of Visit: 9-11-99 D.O.B. 4-23-99										
Age 5mo Sex F Wt 4.8kg M.P.										

Chief Complaint: Cold Sx. x 1 wk, cough x 1 wk, Lungs clear BBS.

Triage Assessment: Temp 98-100 at home. Appears good. Fatigue and decr. PO x 1 wk. No projectile vomiting, chest congest. x 1 wk. Temp via tympanic. No retractions. BBS CTA

Service/Physician PES Notified

Allergies: NKDA

Tetanus Immunizations ☐ UTD ☒ UTD

Medications: None ☐ See list

Medical History: Cold Sx. x 1 wk.

PMD Dr. Bland Triage Nurse

AIRWAY & C-SPINE	BREATHING	CIRCULATION
☐ Oxygen:	☐ Med Neb	Intravenous Orders
L/Minute		☐ Heplock
By:		☐ (1)
☐ Suction equipment	☐ ETCO2	☐ (2)
☐ NG Tube	☐ Pulse Oximeter	☐ Cardiac Monitor
☐ NP Airway	☐ Spot ☐ Cont.	☐ EKG
☐ Intubation:	Peak Flows:	☐ B.P. Monitor
Route	☐ Pre ☐ Post	☐ Cardiac Pacing
Size	☐ ABG (Room Air)	Lines:
☐ C-Collar Application	☐ Ventilator:	☐ Central
☐ Broselow Tape	Rate FiO2	☐ Arterial
☐	TV Peep	☐ BLS
☐	☐	☐ ACLS

X-RAY		
C-SPINE	☐ Chest-Portable	☐ Pelvis
☐ Cross-table Lat.	☐ Chest-R.A. & Lateral	☐ Hip R L
☐ Complete Series	☐	☐ Acute ABD
☐ Flexion-Extension	☐	☐ KUB
☐	☐	☐

IMAGING STUDY	Time CT/US Notified
☐ C.T. Scan Site	
Contrast or Noncontrast, with nurse or without nurse	
☐ C.T. Sedation, Agent:	
☐ Ultrasound:	

BATCH ORDERS

☐ CPC Protocol
(CBC, SMA10, CK [CKMB], PT, PTT, EKG, portable CXR)

☐ Trauma Profile
(CBC, Lytes, Glucose, U/A, *HCG, T&S) *Female

CONSULTATION-NOTIFICATIONS

Service or Specialty	Called	Response	Arrived

Disposition Condition	Prescribed Medications
Stable	Tylenol
Admit/Transfer/Discharge Location: Home	
Type Instruction Sheet: general	May return to work/school on:

ORDERS

Time		Time	Nurse
	☐ CBC		
	☐ SMA7 ☐ SMA10 ☐ SMA18		
	☐ Amylase ☐ Lipase		
	☐ Blood Culture x 1 2		
	☐ Drug Level ☐ ASA ☐ Acetaminophen ☐		
	☐ Type and Screen / Cross units		
	☐ HCG Qualitative ☐ Quantitative		
	☐ Urinalysis ☐ C/S ☐ Cath		
	☐ G.C./Chlamydia Culture		
	☐ Throat Culture for Strep		
	☐		
	☐		
	☐		
	☐		

MEDICATION-PROCEDURES

☐ Accuchek
☐ Foley Catheter ☐ I/O Cath
☐ Hemocue
☐ Suture Set Tray ☐ Pelvic Set-up
☐ Tetanus: TT or DT or Td
☐ Urine Dipstick ☐ Urine HCG

Impressions:

viral URI

Jennifer Williams MD (W)

Attending: ☐ Dictation
Resident: ☐ Dictation

White Copy: Medical Records - Yellow Copy: Emergency Department - Pink Copy: Referral

EDTRIAGE

[redacted]

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS MOM
ACCT#: 002164848-9254 RACE: W F
09/11/99 S

Emergency Services Record No. 4

EXTENDED OBSERVATION SHEET

Date _____

Time	T	P	R	B/P	Intake	Output	Observation and Medications
1635							Pt awake, alert, appropriate. Respirations unlabored, NAD. Awaiting MD JBJ
1735							Pt. seen by MD. Pt d/c'd to home. F/u instructions given. Mother verbalized understanding. Ambulated to exit. Escorted by RN JBJ

White - Medical Records Canary - Emergency Department Pink - Referral

MC 468 / 8640 12/98

Medical College of Georgia
Emergency and Express Care Services
Tel. 706-721-4951

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS
ACCT#: 002164849-9216 RACE: W F
08/04/99 S
001-12-5255

Patient Discharge Summary and Instructions

Be sure that you have read and understand all instructions before signing below. These instructions should be followed closely as the best possible safeguard against complications. When you visit your regular or follow-up physician, please bring along this sheet and any prescribed medications.

Diagnosis: COLIC Seen by Dr. BELL | HOLLAND

X-rays were taken: ☐ No ☐ Yes ☐ Ultrasound ☐ CT Scan

X-rays do not always show injury or disease and fractures may not be revealed on the initial x-rays. Additional x-rays may be required if the problem persists or worsens. X-rays are initially interpreted by the physician in the emergency department. A radiologist will make a final reading by the following day. You will be contacted if the final reading indicates any change in your treatment.

☐ Tetanus immunization up to date ☐ diph. Tet. / Tet. Tox. given today

☐ Return to the Emergency Department in _____ days for follow-up care.

☐ Return to the Emergency Department in _____ days if problem persists.

☒ Call: ☒ your private physician, Dr. BLAND - SEE DR. BLAND TOMORROW MORNING FOR WEIGHT CHECK
☐ the Margaret Weston Clinic in Clearwater, S.C. at 803-593-9283
☐ University Hospital _____ Clinic at 722-9011 ext. _____
☐ the MCG _____ Clinic at 721-_____ in _____ days for an appointment in _____ days (or sooner if your condition worsens).

☐ Your appointment has been made for you: _____ Clinic Date: _____ Time: _____ ☐ You will be contacted by the clinic:

☐ Other scheduled or pending studies: _____

Prescriptions given: ☒ No ☐ Yes _____

☐ Follow the instruction sheet(s) you have been given for _____

Other Medications / Instructions / Work Restrictions:

(1) BABY TO FEED FREQUENTLY. MAY GIVE SUPPLEMENTAL FORMULA IF BABY FEEDING LESS THAN USUAL
(2) RETURN FOR FEVER, INCREASED IRRITABILITY, NO URINE OUTPUT FOR 8 HOURS, OR FAILURE TO IMPROVE.

Work /School Excuse given: ☒ No ☐ Yes, may return: _____

The examination and treatment which you have received is intended to deal with the present problem on an emergency basis only. It is by no means intended to be a complete diagnosis or complete medical care. It should not be considered as a substitute for the continuing care of a personal physician or regular clinic.
I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

Allison Mikell
(Signature of Patient or Responsible Person and Relationship)

(Signature of Nursing Personnel and / or Physician)

8/4/99
(Date / Time)

MC 617 / 20936 5-97

DCINSTR

MEDICAL COLLEGE OF GEORGIA
CHILDREN'S MEDICAL CENTER

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS MOM
ACCT#: 002164849-9218 RACE: W F
03/04/99 S

EMERGENCY & EXPRESS CARE SERVICES HISTORY AND PHYSICAL

HISTORY

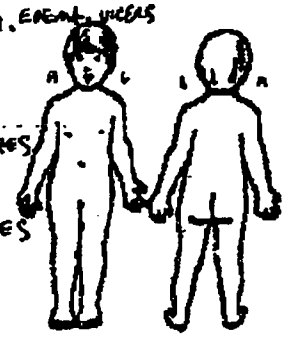
Chief Complaint: CRANKY, IRRITABLE, CRYING
History of Present Illness:

4 MO ♀ T 5 DAYS H/O IRRITABILITY. CRYING - IRRECONSOLABLE. WAS PREVIOUSLY SLEEPING THROUGH NIGHT. NOW JUST TAKING NAPS. SLEPT BETTER IN THE CAR. FEEDING WELL - ON DEMAND BREAST FEEDING, UNKNOWN TIME. NL BM'S & DIARRHEA, GOOD UOP. SUBJECTIVE FEVER - RUMORED TO CAR BECOME HOT. HX 2 "DOUBLE EAR INFECTIONS" - LAST ~ 1 MO AGO. WAS IRRITABLE & EAR INFECTIONS. MOM NOTED PM (B) EAR 2 DAYS AGO (B) CONGESTION - INTERMITTENT. (-)SOB. (-)N/V

☐ All other systems have been reviewed and are negative.
Medical and Surgical History: BIRTH WT 5 lb 12 oz
NL VAG DELIVERY, D/C'D DAY
OTHERS NON-CONTR
Private MD or Clinic: BLAND - ALLEN
Medications: NONE
Allergies: NKDA
Immunization Status: UTD
Family History:
☑ Non contributory
Social History: (+) SMOKERS IN ENVIRONMENT.
☑ Non contributory

PHYSICAL EXAMINATION

Vital Signs: 38° Temp 123 HR 42 RR 103/62 BP 4.02 kg Wt.
General: WDWN, NAD, NON-TOXIC
Skin: WARM, DRY, INTACT
HEENT: TMs & ERYTHEMA EYES: PUPILS ROUND - & ABRASIONS NOSE: & R/O THROAT: & ERYTHEMA, EXUDATE, LESIONS



Chest and Lungs: CTA (B) & CRACKLES/WHEEZES
Heart: RRR
Abdomen: SOFT/NT/& MASSES
GU: & RASH/DISCHARGE
Ext: WARM, & CYANOSIS
Neuro: INTERACTIVE, GOOD STATE VARIATION

DIAGNOSTICS AND PROCEDURES

Laboratory:
X-Rays:
Procedure Notes: Fluorescein applied to eyes, (-) corneal abrasion

Emergency Department Course: (include times)
Baby brought in for T 5 days

Attending's Medical Decision Making:
3 mo ♀ T 5 days irritability, cries x 5 days. Afeb in ED. Tm's bilateral erythema. Otherwise well appearing. Baby consolable & PO. HEENT: Rhinorrhea, congestion, TMs erythematous bilaterally, otherwise benign. Lungs: CTA (B) no wheezes, rales, rhonchi. Heart: RRR, no murmurs, rubs, gallops. Abd: soft, NT, ND, no HSM. Skin: no rashes. Neuro: alert, active, responsive. Exhibits appropriate stranger anxiety. Fussiness peaks at 3 months of age. Likely viral illness. Discussed with mom. Will d/c home.

Clinical Impression: Fussy

Plan: BREAST FEED FREQUENTLY, MAY SUPPLEMENT WITH BOTTLE. RTC PCP BLAND IN AM FOR WEIGHT CHECK

Resident/Student Signature: BJ Hall MD
☑ I have reviewed the above History & Physical, and examined the Patient and discussed the care and disposition of the patient with the junior physician

Attending Signature: [signature] 20 to 5lbs. Wt at @ 5 lb B.W. ~ 10 lb. Pt is 3 mo 12 days old. Supplemental formula

SOAP

White - Medical Records
Yellow - Emergency Dept.
Pink - Referral

5

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS
ACCT#: 002164849-9216 RACE: W F S
08/04/99
001-12-5255

Medical College of Georgia
Emergency and Express Care Services

TRIAGE AND ORDERS

ADDRESSOGRAPH

Patient Name: Mikell, Alexis	Room: 22	TIMES	Triage	1635	Room	109 MD		Discharge	1815
		TIME	B.P.	H.R.	R.R.	TEMP.	O2/BAT	SIGNATURE	
Date of Visit: 8/4/99 D.O.B. 4/23/99		1635	102/62	123	42	38.0	-		
Age 3m Sex F Wt 4.03kg L.M.P.									

Chief Complaint: "Cranky"

Allergies: NKDA

Tetanus Immunizations ☐ UTD ☒ UTD

Triage Assessment: Mom stated "cranky" x 5 days. Mom noticed "pulling" ear yesterday. Denies fever. Alert, active, playful. Pt. mother is a Nurse. Pt. not sick. Four BBS CTA. Respirations unlabored.

Medications: 0 ☐ See list

Medical History: Birth wt. 5lbs 10oz normal vaginal delivery

Service/Physician Notified

PMD Bond-Aiken Triage Nurse Alicia Saladin

AIRWAY & C-SPINE	BREATHING	CIRCULATION
☐ Oxygen:	☐ Med Neb	Intravenous Orders
L/Minute		☐ Heplock
By:		☐ (1)
☐ Suction equipment	☐ ETCO2	☐ (2)
☐ NG Tube	☐ Pulse Oximeter	☐ Cardiac Monitor
☐ NP Airway	☐ Spot ☐ Cont.	☐ EKG
☐ Intubation:	Peak Flows:	☐ B.P. Monitor
Route	☐ Pre ☐ Post	☐ Cardiac Pacing
Size	☐ ABG (Room Air)	Lines:
☐ C-Collar Application	☐ Ventilator:	☐ Central
☐ Broselow Tape	Rate FiO2	☐ Arterial
☐	TV Peep	☐ SLS
☐	☐	☐ ACLS

X-RAY		
C-SPINE	☐ Chest-Portable	☐ Pelvis
☐ Cross-table Lat.	☐ Chest-P.A. & Lateral	☐ Hip R L
☐ Complete Series	☐	☐ Acute ABD
☐ Flexion-Extension	☐	☐ KUB
☐	☐	☐

IMAGING STUDY	Time CT/US Notified
☐ C.T. Scan Site	
Contrast or Noncontrast, with nurse or without nurse	
☐ C.T. Sedation, Agent:	
☐ Ultrasound:	

BATCH ORDERS

☐ CPC Protocol
(CBC, SMA10, CK (CKMB), PT, PTT, EKG, portable CXR)
☐ Trauma Profile
(CBC, Lytes, Glucose, U/A, *HCG, T&S) *Female

CONSULTATION-NOTIFICATIONS

Service or Specialty	Called	Response	Arrived

Disposition Condition	Prescribed Medications
Admit/Transfer/Discharge Location:	
Type Instruction Sheet:	May return to work/school on:

ORDERS

Time		Time	Nurse
	☐ CBC		
	☐ SMA7 ☐ SMA10 ☐ SMA18		
	☐ Amylase ☐ Lipase		
	☐ Blood Culture x 1 2		
	☐ Drug Level ☐ ASA ☐ Acetaminophen ☐		
	☐ Type and Screen / Cross units		
	☐ HCG Qualitative ☐ Quantitative		
	☐ Urinalysis ☐ C/S ☐ Cath		
	☐ G.C./Chlamydia Culture		
	☐ Throat Culture for Strep.		
	☐		
	☐		
	☐		
	☐		

MEDICATION-PROCEDURES

☐ Accuchek
☐ Foley Catheter ☐ I/O Cath
☐ Hemocue
☐ Suture Set Tray ☐ Pelvic Set-up
☐ Tetanus: TT or DT or Td
☐ Urine Dipstick ☐ Urine HCG

Impressions:

Colic

Attending: ☐ Dictation
Resident: ☐ Dictation

Bw-4/95-0-2301

White Copy: Medical Records - Yellow Copy: Emergency Department - Pink Copy: Referral

EDTRIAGE

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS MOM
ACCT#: 002164849-9216 RACE: W F
08/04/99 S

Emergency Services Record No. 4

EXTENDED OBSERVATION SHEET

Date _____

Time	T	P	R	B/P	Intake	Output	Observation and Medications
1700							3 w old WF w/ [illegible] Mod Dehydration 4. D. [illegible]
1815							Mother discharge instructions & mother, mother verbalized understanding of instructions. Pt awake, alert, sucking pacifier, vital signs WNL. Pt out of ED with mother [illegible]

MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINIC

White - Medical Record Department Pink - Referral

EDREC

MC 468 / 6640 12/98

Medical College of Georgia Hospital and Clinics

04/23/99 W/F 001 12 5255
MIKELL, ALEXIS
002164849

FACULTY OUTPATIENT NOTE

Clinic: ENT ☐ New Patient ☐ Established Patient ☐ Consultation

Date/Time: 6/23/99 **Referring MD:** _____ **UPIN#:** _____

Chief Complaint: Otitis media

History:
☐ *Was obtained by me as follows:*
☐ *I have discussed the present illness, past medical and surgical histories, social and family histories and review of systems with the patient as recorded in the resident's note of* _____ *with the following addendum:*

2 month old white female in previous good health, now with history of ear infections and possible perforation.

Physical Examination:
☐ *Was performed by me with the following findings:*
☐ *My physical evaluation confirms the resident's exam as outlined in the note of* _____ *with the following addendum:*

Right TM: erythematous, no obvious perforation seen, but purulent drainage in the ear canal. Left drum is dull and red. The rest of the exam is unremarkable.

Impression:
Acute otitis media with possible rupture.

Plan:
Stop drops. Continue Augmentin.

Return to Clinic:
Two weeks if not improved.

Total time spent w/ patient: _____ or N/A
Total time spent in consultation/study review/counseling: _____ or N/A

Alan J. Johnson, MD
Faculty Name Printed

Faculty Signature

MC 606 / 6832 11/98

Medical College of Georgia Hospital and Clinics

Alexis Mikell
001125255

ADDRESSOGRAPH

FACULTY OUTPATIENT NOTE

Clinic: ENT CLINIC ☐ New Patient ☐ Established Patient ☐ Consultation

Date/Time: 6/23/99 **Referring MD:** _____ **UPIN#:** _____

Chief Complaint: Otitis media

History:
☐ *Was obtained by me as follows:*
☐ *I have discussed the present illness, past medical and surgical histories, social and family histories and review of systems with the patient as recorded in the resident's note of* _____ *with the following addendum:*

Two month old white female referred from the ER for otitis media.

Physical Examination:
☐ *Was performed by me with the following findings:*
☐ *My physical evaluation confirms the resident's exam as outlined in the note of* _____ *with the following addendum:*

Right ear is erythematous with purulence. No perforation seen. Left is dull and red.

Impression:
Acute otitis media

Plan:
Continue Augmentin
Stop drops

Return to Clinic:
Two weeks

Total time spent w/ patient: _____ **or N/A**
Total time spent in consultation/study review/counseling: _____ **or N/A**

Alan Johnson, MD
Faculty Name Printed

Faculty Signature

MC 806 / 8832 11/98

Medical College of Georgia
Emergency and Express Care Services
Tel. 706-721-4951

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS
ACCT#: 002164849-9172 RACE: W F
06/21/99 S
001-12-5255

Patient Discharge Summary and Instructions

Be sure that you have read and understand all instructions before signing below. These instructions should be followed closely as the best possible safeguard against complications. When you visit your regular or follow-up physician, please bring along this sheet and any prescribed medications.

Diagnosis: (R) ear infection with perforated eardrum Seen by Dr. Bell / Kelley

X-rays were taken: ☒ No ☐ Yes ☐ Ultrasound ☐ CT Scan

X-rays do not always show injury or disease and fractures may not be revealed on the initial x-rays. Additional x-rays may be required if the problem persists or worsens. X-rays are initially interpreted by the physician in the emergency department. A radiologist will make a final reading by the following day. You will be contacted if the final reading indicates any change in your treatment.

☐ Tetanus immunization up to date ☐ diph. Tet. / Tet. Tox. given today

☐ Return to the Emergency Department in _____ days for follow-up care.

☐ Return to the Emergency Department in _____ days if problem persists.

☑ Call: ☐ your private physician, Dr. Bland - to have appointment tomorrow

☐ the Margaret Weston Clinic in Clearwater, S.C. at 803-593-9283

☐ University Hospital _____ Clinic at 722-9011 ext. _____

☑ the MCG ENT Clinic at 721-3505 in 1 days for an appointment in 1-2 days (or sooner if your condition worsens).

☐ Your appointment has been made for you: ☐ You will be contacted by the clinic:

Clinic Date: _____ Time: _____

☒ Other scheduled or pending studies: Blood Culture

Prescriptions given: ☐ No ☑ Yes Augmentin, Ciprofloxacin

☐ Follow the instruction sheet(s) you have been given for _____

Other Medications / Instructions / Work Restrictions: Call or return to E.R. if Alexis has fever > 100.5°, inconsolable crying, sleeping more than usual and difficult to wake up, or stops feeding. She needs to have follow-up appointments as stated above. Stop Amoxil + give Augmentin

Work /School Excuse given: ☐ No ☐ Yes, may return: _____

The examination and treatment which you have received is intended to deal with the present problem on an emergency basis only. It is by no means intended to be a complete diagnosis or complete medical care. It should not be considered as a substitute for the continuing care of a personal physician or regular clinic.
I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

X Dellwon Mitchell
(Signature of Patient or Responsible Person and Relationship)

Nicole Scalise RN
(Signature of Nursing Personnel and / or Physician)

6/20/99 0115
(Date / Time)

MC 817 / 20035 8-97

DCIN8TR

MEDICAL COLLEGE OF GEORGIA
CHILDREN'S MEDICAL CENTER

DOB: 04/23/99 MRN 001-12-5266
MIKELL, ALEXIS MOM
ACCT#: 002164849-9172 RACE: W F
06/21/99 S

EMERGENCY & EXPRESS CARE SERVICES HISTORY AND PHYSICAL

HISTORY

Chief Complaint:

History of Present Illness:

Almost 2 mo ♀ symptoms which began 5 days ago - told by 1st MD that she had OM - gave Amox. ① Fever draining yellowish material after this - taken to ER (UH) - gave "shot" of antibiotic; She was also vomiting then (~4 days ago). ② ear continued to drain all weekend but still no fever: Today she has been very fussy, acting as if in pain, not sleeping, Breastfeeding well (Infact more often today), Mom thought she might have blood in stool today

☐ All other systems have been reviewed and are negative.

Medical and Surgical History: Full-term NSVD, home ♀ mom, weighed 5 lbs 11 oz

Private MD or Clinic: Bland (Aiken)

Medications: Amoxil, Gave "red medicine" for 3 days for constipation by 1st MD.

Allergies: NKDA

Immunization Status: UTD (Hep)

Family History: Immune prob

☐ Non contributory

Social History: Lives ♀ mom, dad + roommate 1st baby

☐ Non contributory

PHYSICAL EXAMINATION

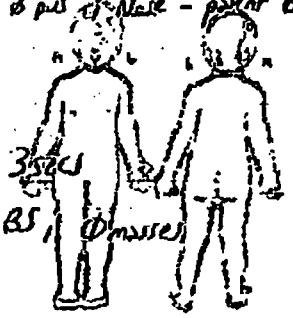
Vital Signs: Temp 37.2 HR 138 RR 32
BP Wt. 4.3 kg

General: Sleeping, awakens to exam and cries appropriately for age

Skin: ② eyelid erythematous

HEENT: NCAT, AFOSF; (+) RRL (B) Ears - ② TM ♀ thick yellow D/C throughout canal; ② TM diffic. to visualize but ② pus ⊕ Nose - patent bilat mouth - throat sl. erythem.

Chest and Lungs: CTA (B)



Heart: RRR S ⓜ; cr < 3 sec

Abdomen: Soft, nt, nd, good BS, ⊖ masses

GU: Nml ♀ gen.

Ext: Warm + pink

Neuro: Nonfocal; good eye contact; MAE,

DIAGNOSTICS AND PROCEDURES

Laboratory: ~~RPT~~ ~~UA~~ ~~SOC~~. ~~97.3~~

X-Rays:

Procedure Notes:

Resident/Student Signature: M Kelley MD

☑ I have reviewed the above History & Physical, and examined the Patient and discussed the care and disposition of the patient with the junior physician

Attending Signature:

EDAP

Emergency Department Course: (include times)

Attending's Medical Decision Making:

2 mo ♀ ♀ no allergies ② x 5 days. ② no fever. ② fussy & irritable. ② ear drainage. ② antibiotic. ② Amox. ② Constipation. ② Lab: WBC, Hct, Plt, Diff, UA, Urine Culture, Blood Culture ② Xray: CXR, KUB ② Meds: Tylenol ② Consult: ENT

Clinical Impression: (B)OM ♀ perf. TM

Plan: Admit to Augmentin
Contact ENT Resp
for Dr. Bland tomorrow, Peds ENT in 1-2 days

Vitals: ok, Heart: RRR, CR
Abd: NT, ND, ⊕ BS
Neuro: Nonfocal. Baby active ⊕ ENT
Well A to Augmentin
+ Tylenol prn
MD 2a

White - Medical Records
Yellow - Emergency Dept.
Pink - Referral

3

Medical College of Georgia
MCG Emergency and Express Care Services

DOB: 04/23/99
MIKELL, ALEXIS
ACCT#: 002164849-9172 RACE: W F S
06/21/99
MRN 001-12-5255
001-12-5255
ADDRESSOGRAPH

TRIAGE AND ORDERS

Patient Name:	Rooms	TIMES	Triage	2245	Room	2300	MD		Discharge	0115
Mikell, Alexis	Ex/Agm 17	TIME	B.P.	H.R.	R.R.	TEMP.	O2/SAT		SIGNATURE	
Date of Visit: 6-21-99 D.O.B. 4-23-99		2245	0080 94/45	138 123	32	37.2				
Age 2mos Sex F Wt. 4.3 kg L.M.P. n/a										

Chief Complaint: yellow drainage from R ear, mom concerned that

Triage Assessment: R OM, more fussy than usual, crying, sad, last wk dx with URI, pulling on ear, face sat at MH, sm amt yellow d/c, sleepy, @ peace, child feeding well, dx with diapers, moist mucous membranes

Service/Physician Notified MH

Allergies: NKDA

Tetanus UTD
Immunizations UTD

Medications: Amoxil, Motrin ☐ See list

Medical History: ear infections

Dr.

PMD Blow D Triage Nurse

AIRWAY & C-SPINE	BREATHING	CIRCULATION
☐ Oxygen:	☐ Med Neb	Intravenous Orders
L/Minute		☐ Heplock
By:		☐ (1)
☐ Suction equipment	☐ ETCO2	☐ (2)
☐ NG Tube	☐ Pulse Oximeter	☐ Cardiac Monitor
☐ NP Airway	☐ Spot ☐ Cont.	☐ EKG
☐ Intubation:	Peak Flows:	☐ B.P. Monitor
Route	☐ Pre ☐ Post	☐ Cardiac Pacing
Size	☐ ABG (Room Air)	Lines:
☐ C-Collar Application	☐ Ventilator:	☐ Central
☐ Broselow Tape	Rate	☐ Arterial
☐	TV PEEP	☐ BLS
☐	☐	☐ ACLS

X-RAY		
C-SPINE	☐ Chest-Portable	☐ Pelvis
☐ Cross-table Lat.	☐ Chest-P.A. & Lateral	☐ Hip R L
☐ Complete Series	☐	☐ Acute ABD
☐ Flexion-Extension	☐	☐ KUB
☐	☐	☐

IMAGING STUDY	Time CT/US Notified
☐ C.T. Scan Site	
Contrast or Noncontrast, with nurse or without nurse	
☐ C.T. Sedation; Agent:	
☐ Ultrasound:	

BATCH ORDERS

☐ CPC Protocol
(CBC, SMA10, CK (CKMB), PT, PTT, EKG, portable CXR)

☐ Trauma Profile
(CBC, Lytes, Glucose, U/A, *HCG,T&S) *Female

CONSULTATION-NOTIFICATIONS

Service or Specialty	Called	Response	Arrived

Disposition Condition	Prescribed Medications
Admit/Transfer/Discharge Location:	

Type Instruction Sheet:

May return to work/school on:

ORDERS

Time		Time	Nurse
2300	☐ CBC ☐ SMA7 ☐ SMA10 ☐ SMA18	0000	MC
	☐ Amylase ☐ Lipase		
	☐ Blood Culture x 1 2	0000	MC
	☐ Drug Level ☐ ASA ☐ Acetaminophen ☐		
	☐ Type and Screen / Cross units		
	☐ HCG Qualitative ☐ Quantitative		
	☐ Urinalysis ☐ C/S ☐ Cath		
	☐ G.C./Chlamydia Culture		
	☐ Throat Culture for Strep.		
	☐		
	☐		
	☐		
	☐		

MEDICATION-PROCEDURES

☐ Accuchek
☐ Foley Catheter ☐ I/O Cath
☐ Hemoccult
☐ Suture Set Tray ☐ Pelvic Set-up
☐ Tetanus: TT or DT or Td
☐ Urine Dipstick ☐ Urine HCG

0100 d/c home

Impressions:

R OM ± perf TM

Attending: ☐ Dictation
Resident: MS Kelley MD ☐ Dictation

MC 488/60-2391
Rev. 1/97

White Copy: Medical Records - Yellow Copy: Emergency Department - Pink Copy: Referral

EDTRIAGE

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS MOM
ACCT#: 002164849-9172 RACE: W F
06/21/99 S

Emergency Services Record No. 4

EXTENDED OBSERVATION SHEET

Date

Time	T	P	R	B/P	Intake	Output	Observation and Medications
2300							2mg Ativan given to mom 4. D. Hamm
0000							Pt c/o 2/6 gallbladder pain. PAC. Pt's diff. labs obtained & flushed c 3cc NS Dr. Hamm Pt. tol. crackers & juice. Ativan given to mom 4. Hamm
0115							D/C from ED. Pt & Pt's diff. Dr. Hamm noted. D/C'd at bedside c Dr. Hamm including medication follow up and S/S to return. Mom verbalized understanding & copy of D/C Pt. Ambulated out. Cradle door in arms of mom. Nicole Mikell

TIDAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS

White - Medical Department Pink - Referral

EDREC

MC 488 / 8648 12/98

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SC Department of Social Services

Child and Family Assessment Service Plan

Family/Case Name: Allison Mikell

Transfer Staffing Type & Date: dd/mm/yyyy

- ☐ Investigation to Treatment Date: 11 / 08 / 07
- ☐ Investigation to Out of Home Date: ____/____/____
- ☐ Treatment to Out of Home Date: ____/____/____
- ☐ County to Managed Treatment Services (MTS) Date: ____/____/____
- ☐ County to Adoptions: Date: ____/____/____
- ☐ MTS to County Date: ____/____/____
- ☐ Adoptions to County: Date ____/____/____

Case Transfer: Name and Date of Transfer

Worker: Bashonna Coates Date 11 / 08 / 07

Worker: Date ____/____/____

Worker: Date ____/____/____

Worker: Date ____/____/____

In consultation with supervisor, consider any barriers to communication known at intake, such as limited English proficiency or speech or hearing impairment.

Accommodations Assessments are conducted throughout the life of the case

Date completed: ____/____/____ Re-evaluation Date: ____/____/____

Name of family member(s) needing accommodations: If no accommodations are needed state "none." none

- ☐ Sensory Impaired Accommodations Needed:
- ☐ Limited English Proficiency (LEP) - Language Preference:
- ☐ Interpreter and/or Translator Name:

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Section I: Initial Safety and Risk Assessment, Safety Planning

PART I: SAFETY ASSESSMENT

INSTRUCTIONS:

A Safety Assessment must be completed at critical points in the life of a case to consider if there is a change. Although only one safety assessment form needs to be completed for the family at a given milestone, you must consider the safety and vulnerability of each child living in the home throughout the life of the case. Check below when the Safety Assessment is being completed.

- ☒ New report 9.24.07
- ☒ At case decision 11.8.07
- ☐ At Six Months review
- ☐ Any major change
- ☐ When considering unsupervised visits with the parents
- ☐ At decision to return child home
- ☐ Every month after child returned home until case closure.
- ☐ Prior to supervisory approval to close a case.
- ☐ Anytime circumstances suggest the child's safety may be in danger in the family home or in an out of home situation.

A) Child Safety Assessment

Directions: The threats listed below are behaviors or conditions associated with a child being in present danger and/or impending danger.

Present Danger (Safety): Presence of a threatening family condition, situation or behavior which is active now and could result in serious harm to the child. Control is the essential factor.

Impending Danger (Risk) : The presence of a threatening family condition, situation or behavior which is not active now, but could become active at any time, and could result in serious harm to the child.

Identify the presence or absence of each threat by checking either "Yes" or "No" if the threat applies to any child in the household.

Next you will complete the assessment for the protective capacity of the adults in the home, and afterwards make a Safety Decision based on the findings.

For the in-home child with safety threats to control, complete the Safety Plan. If no Safety Factor is present, complete the Safety Decision and check "SAFE

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CONSIDER THE FOLLOWING AREAS IN THE ASSESSMENT

1. **Circumstances:** What is the extent of the maltreatment?
   Physical Neglect
2. **Nature:** What surrounding circumstances accompany the maltreatment?
   children are unkempt + wear dirty clothes + shoes that dont fit
3. **Child Functioning:** How does the child function on a daily basis? Include pervasive behaviors, feelings, intellect, physical capacity and temperament.
   Alexis is not talkative @ all Adrianna + Brianna are shy
4. **Parenting – Discipline:** What are the disciplinary approaches used by the parent and under what circumstances? Chores (dishes, fold clothes)
5. **Parenting – General:** What are the overall, typical, pervasive parenting practices used by the parent? (Do not include discipline.)
6. **Adult Functioning:** How does the adult function with respect to daily life management and general adaptation? What mental health functioning and/or substance use is apparent on a daily basis?
   No substance abuse

Threats: Yes indicates the presence of a threat and No indicates the absence of a threat. A child is safe when there are no threats of danger or there is a non-maltreating parent or other adults residing in the home who can/will protect the child. When a safety threat is identified, describe how it is manifested behaviorally.

1. Yes ☒ No ☐ Caregiver leaves child alone and child is not competent to care for self, or caregiver leaves vulnerable child with persons unwilling or unable to provide adequate care.
   Unsure - Alexis appears to be underweight
2. Yes ☒ No ☐ Child is fearful of caregiver or other family members or other people living in or having access to the home.
   Unsure - Alexis is scared to talk about anything happening @ home.
3. Yes ☐ No ☒ The behavior of a child living in the home threatens immediate harm to himself or to others and the caregiver can not control the behavior.
4. Yes ☐ No ☒ Caregiver is verbally hostile when talking to or about the child and/or the caregiver has extremely unrealistic expectations for the child's behavior.
5. Yes ☐ No ☒ Caregiver's behavior is violent or out-of-control.
6. Yes ☐ No ☒ Violence among adults living in or having access to the home interferes with the necessary supervision or care and/or the physical safety of the child.
7. Yes ☐ No ☒ Caregiver has caused serious harm to the child or has made a believable threat to cause serious harm to the child (Include unborn child).
8. Yes ☐ No ☒ Caregiver's explanation for the child's injury or physical condition is inconsistent with the observed or diagnosed injury or condition.

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9. Yes ☐ No ☒ Caregiver refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts can not be ascertained.

10. Yes ☐ No ☒ Caregiver has not, can not or will not protect the child from serious harm, including harm from other persons living in or having access to the home.

11. Yes ☒ No ☐ Caregiver is unwilling or unable to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care and the lack of these threatens the child.

school has had to assist w/ clothing & shoes on numerous occasions.

12. Yes ☐ No ☒ Caregiver, paramour or other person living in or having access to the home previously harmed or endangered a child and circumstances indicate the person is a present danger to the child.

13. Yes ☐ No ☒ Child sexual abuse is suspected and circumstances suggest that sexual abuse is an immediate concern.

14. Yes ☒ No ☐ Physical conditions in the home are hazardous and immediately threaten the child's safety. (For example: Exposed electrical wires, broken floors, etc.)

home was not clean, especially on first visit

15. Yes ☐ No ☒ Drug and/or alcohol use by caregiver or others living in or having access to the home places the child in immediate danger (Include unborn child).

16. Yes ☐ No ☒ The caregivers or other person living in the home are involved in criminal activity and that activity endangers the child.

17. Yes ☐ No ☒ The physical, mental health or mental limitations of caregiver or other person living in or having access to the home places the child in immediate danger.

18. Yes ☐ No ☒ Other (Specify – Example: Abuse of companion animals which is linked to child abuse):

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B) Safety Influence Summary: Answer the following based on the safety influences identified and proceed as instructed.

1. One or more safety influences are identified. ☒ Yes ☐ No
2. If *No* to the above, proceed to (E) Safety Assessment Conclusion, then to Part IV: Case Decision.
3. If *Yes* to the above, proceed to C and D below to assess child vulnerability and protective capacity of adults.

C) Child Vulnerability (Please ensure that every child in the family is assessed)

Identify how the child's age, physical, intellectual and social development, emotional/behavioral functioning, role in the family and ability to protect him or herself contribute to or decrease the likelihood of serious harm.

children are ages 8, 7, 5, and 1. Likelihood of serious harm is high towards contribution of protecting themselves. Emotional functioning is unstable.

D) Assessing Protective Capacity of Adults *(Do not consider anyone who uses illegal substances or who is addicted to legal substance)*

If safety threats are identified, the protective capacities of adults in the household must be assessed before making the decision that a child is unsafe. Below is a list of possible protective capacities. It is not intended to be an all-inconclusive list. Identify which protective capacities are present within the family. They can be displayed by any caretaker.

Possible Protective Capacities (check all that apply):

- ☐ Parent/caretaker can defer his/her own needs in order to meet the child's needs;
- ☐ Parent/caretaker displays a desire and capability to prevent future harm to a child;
- ☐ Parent/caretaker accepts and demonstrates the responsibility and skills to nurture and provide for the basic needs of the child;
- ☐ Parent/caretaker has the motivation and physical ability to intervene and chooses to intervene to protect the child from others;
- ☐ Parent/caretaker demonstrates ability and motivation to control negative impulses and unsafe behavior (the worker needs to explain specifically the behavior of the caretaker, consider patterns of behavior. It also requires that information is gathered from other individuals/sources.);
- ☐ One or both parents/caretakers demonstrate healthy attachment to the child;
- ☐ At least one parent/caretaker perceives the child in predominantly positive or realistic terms;
- ☐ Parent/caretaker is facilitating CPS access to the child;
- ☐ Parent/caretaker is receptive to intervention;
- ☐ Parent/caretaker can readily identify actions necessary to protect the child from serious harm;
- ☐ Parent/caretaker demonstrates readiness to change in areas related to child safety;
- ☐ Extended family members or social supports are readily accessible, capable and can perform a protective role;
- ☐ Parent/caretaker has resources necessary to assure the child's safety;
- ☐ Parent/caretaker has skills necessary to meet the child's safety needs and chooses to do so;
- ☐ Other. Please explain: _____

Protective Capacity Evaluation of Non-Maltreating Caregiver: Indicate below whether or not the non-maltreating parent or other adults residing in the home can/will protect the child or if the maltreating parent will leave the residence.

☐ Can and Will Protect ☐ Cannot/Will Not Protect ☐ Capacity to Protect Uncertain

If the conclusion is that a caregiver can and will protect a child subject to present or foreseeable danger, state the basis for the judgment. Provide sufficient justification to confirm the capacity and willingness of the caregiver to protect.

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☐ Maltreating Parent voluntarily agrees to live away from home or has been removed by legal means.

If your conclusion is that the maltreating parent will live away from the home, provide information that supports this fact and demonstrates the non-maltreating parent's commitment to this plan.

E) Safety Assessment Conclusion

Indicate whether a child is safe by checking the conclusion that accurately reflects this assessment.

☒ The Child(ren) is/are safe.: ☐ There are no safety threats present.

OR

☒ There are sufficient caregiver protective capacities to assure that safety threats are controlled.

☐ The Child(ren) is/are not safe.: ☐ There are safety threats present.

AND

☐ Caregiver protective capacities are insufficient to assure that safety threats are controlled.

If you determine that a child(ren) is unsafe, an in-home or out-of-home safety plan must be developed. Consider whether in-home safety services can control for safety before considering out-of-home placement. Safety Services are short term services that will have an immediate impact with respect to controlling safety threats; not to be confused with Treatment Services that are designed to change behavior that led to the child being unsafe. Following are questions that can assist in determining whether an in-home safety plan is appropriate. Justify answers to each of the questions.

1. Are parent(s) residing in the home?

2. Is the home calm/consistent enough to allow for safety services to come into the home?

3. Are parents willing to allow and/or participate with an in-home plan?

4. Can an in-home plan be put into place without the need for evaluations?

5. Are services/resources available to participate with an in-home safety plan?

(If no to any of the above, an in-home safety plan would not be appropriate for the family.)

F) Alternative Caregiver Site Visit n/a

If an alternative caregiver is deemed necessary, a site / home visit must be made to assure that the home is safe for the child. Document here the findings of the site visit to an alternative caregiver. Site visit must be completed within 24 hours of the agency agreeing to an alternative caregiver arrangement.

The Affidavit of Alternative Caregiver should have been completed and notarized and the background checks completed to document no C/AN history or criminal history that impacts on protection of the child.

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Date visit completed: n/a

Household Address:

Directions to home:

List name and address of all individuals routinely part of the household:

Name	DOB	SS Number

IF NO, DO NOT PLACE WITH THIS CAREGIVER. IF NO OTHER VIABLE CAREGIVER, CHILD MUST COME INTO FOSTER CARE.

SLED Check:
Date:
Results:

Sex Offender Check:
Date:
Results:

1. **Yes** **No** Are all adult members of household employed?
If yes, does that employment affect their ability to care for the child?

2. Are other services needed to support the placement? If yes, what are the services and what is the plan to provide or refer? (Day Care, transportation, medical treatment, mental health treatment, etc.)

_____

3. **Yes** **No** Are members of household in good health, free of communicable diseases? If no, what is the risk to any child placed with them? _____

4. **Yes** **No** Are members of the household supportive of the arrangement?
If no, what are the concerns? _____

5. **Yes** **No** Will the presence of these children force major changes in the day to day lives of anyone in the household?
If yes, what is the impact and can it be managed? _____

6. **Yes** **No** Do the adults in the household understand their responsibility to care for the child and adhere to the Safety Plan? **(Must co-sign safety plan)**

Describe the housing situation to include, but not limited to, condition of the house, adequacy of space, sleeping arrangements, child care arrangements, presence of obvious safety hazards, presence of firearms and how managed, any community issues that impact on child safety.

7. **Yes** **No** DSS supports this placement arrangement.
If no, what is the plan? _____

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PART II: SAFETY PLAN

no Safety plan

Safety Plan Details

1. Describe in detail the safety action or service selected to control the safety threat.

2. Identify the start date, frequency and level of effort for the safety action or service.

3. Identify the person(s) responsible for performing the safety action or service. Describe how the person was confirmed to be suitable to participate in the safety plan.

4. Describe the method for monitoring the safety action or service.

1. Describe in detail the safety action or service selected to control the safety threat.

2. Identify the start date, frequency and level of effort for the safety action or service.

3. Identify the person(s) responsible for performing the safety action or service. Describe how the person was confirmed to be suitable to participate in the safety plan.

4. Describe the method for monitoring the safety action or service.

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PART III: CONCLUSION OF THE SAFETY ASSESSMENT

INSTRUCTIONS:

(Must assess for every child in the family)

Record the initial family assessment process, identifying dates, times, sources of information, other important specifics and general information which are deemed important. **Summarize information under each question based on information gathered in the investigative assessment and make case decision.**

Summary of the Safety Threats:

1. **Maltreatment:** What is the extent of the maltreatment?

Physical neglect

2. **Nature:** What surrounding circumstances accompany the maltreatment?

children are unkempt + wear dirty clothes to school and clothes that do not fit. Alexis are malnurised (appear to me)

3. **Child Functioning:** How does the child function on a daily basis? Include pervasive behaviors, feelings, intellect, physical capacity and temperament.

children are shy and timid, especially Alexis.

4. **Parenting – Discipline:** What are the disciplinary approaches used by the parent and under what circumstances? chores (dishes and fold clothes)

5. **Parenting – General:** What are the overall, typical, pervasive parenting practices used by the parent? (Do not include discipline.) mom works from two until 10:00 or 11:00pm.

6. **Adult Functioning:** How does the adult function with respect to daily life management and general adaptation? What mental health functioning and/or substance use is apparent on a daily basis?

no substance use

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PART IV: INDICATED or UNFOUNDED

(See Human Services Policy and Procedures Manual Chapter, Chapter 7, Section 719)

☒ Indicated: (If indicated but now open for services, explain):

☐ Unfounded:

- ☐ Category I
- ☐ Category II
- ☐ Category III

Signature: Bashonna Coates

Assessment Worker: Bashonna Coates **Date:** 11/8/07

South Carolina Department of Social Services

HRI590-R01 **Intake Summary w/Supplemental Person** **09/24/2007 09:56**

with Supplemental Person Report

Intake ID: 0001213566 **Intake Name: Mikell, Allison**

Section (A) - Intake Decision

Intake Date: 09/24/2007 **Intake Time:** 09:15AM **Intake Worker:**
Intake Decision: Accepted/Approved **Intake Reason:**
Reason Text: 12/24 @ 9:50am

Assigned Supervisor: Powell, Laurie **Name:**
Collateral Contact:
Referred to Law Enforcement: No

Principal @ Greendale Reporter

Section (B) - Address

Type: Household Address
Address: 1057B Adams Ave
Aiken, SC 29803

Directions to Address

Telephone Numbers

Type: Cell Phone
Number: 803-270-0310

Section (C) - Persons Involved

Person ID	Last Name, First	DOB/AGE	Sex	Relationship	Caregiver	Rol
0000440278	Mikell, Allison	09/23/1981	Female	Birth Parent	Head of Household	Alle
0001251960	Carlisle, Gerald	7/9/19	Male	Parent's Paramour		Alle
0000440280	Mikell, Alexis	04/23/1999	Female	Reference Person		Alle
0001117335	Mikell, Brianna	09/08/2000	Female	Birth Sibling		Alle
0001117336	Mikell, Adrianna	03/17/2002	Female	Birth Sibling		Alle
0001363291	Carlisle, Jeremiah	04/15/2006	Male	Half Sibling		Alle

Section (D) - Allegation

Client Abuse/Neglect Issues Related to this Intake

Physical Neglect

Incident Address: **Incident Date:** **Inci**

Incident Phone:

Allegations/Concerns

Reportedly, Adrianna has a burn on her thumb that is red and blistered from getting burned while her sister Alexis was playin g with a cigarette and lighter. Reportedly, Brianna has stitches in her hand (unknown from what). Reportedly, the children are unkempt and wear clothes that are dirty and shoes that do not fit(last today and this is ongoing).

Section (E) - Children's School Information

Last Name, First MI	School ID	Grade	School Name	Address

Section (F) - Victims Unique Attributes

Person ID	Last Name, First	Sex	In Imminent Danger	Need Medical Treatment	Need Medical Evaluation
0000440280	Mikell, Alexis	Female	Unknown	Unknown	Unknown
0001117335	Mikell, Brianna	Female	Unknown	Unknown	Unknown
0001117336	Mikell, Adrianna	Female	Unknown	Unknown	Unknown
0001363291	Carlisle, Jeremiah	Male	Unknown	Unknown	Unknown

Section (G) - Alleged Perpetrators Unique Attributes

Person ID	Last Name, First	Sex	Degree of Danger to V
0000440278	Mikell, Allison	Female	Low Degree of Danger
0000440278	Carlisle, Gerald	Male	Unknown

Section (H) - Report Risk Factors

Client Characteristics
Four children, age 9, 7, 5 and 1. Brianna and Adrianna in 5k, Brianna has speech issues is being referred for special ed

Environmental Factors
unknown to reporter

Caretaker Characteristics
Mother not employed, unknown about father

Social/Economic Factors
open FS and FI(andy Edwards and Jackie Harrison.

Facility Operating Practices

Additional Risk Factors
extensive prior CPS(last closed investigation 6/1/07) Natrice Brighthop worker, open FS and FI (andy Edwards and Jackie Harrison.

Section (I) - Risk Tag Information

Child Protective Services

Overall Rating: Low
Seriousness Low children unkept
Age Medium
Frequency Low
Accessibility of Alleged Perpetrator Low

Section (J) - Screening Information

Was the alleged perpetrator a caretaker of the child or acting in Loco Parentis as defined by Section 20-7-490(5)? **Yes**
If No, is the person responsible negligent in protecting the child?
Is there a specific allegation of abuse/neglect that meets the legal definition? **Yes**

Section (K) - Services History

Section (K-1) - Intake History

Intake ID	Program	Date	Worker	Intake Name	D
0001213566	Child Protective Services	09/24/2007	Evans, Jeffery	Mikell, Allison	A
0001198094	Child Protective Services	04/17/2007	Evans, Jeffery	Mikell, Allison	A
0001151693	Child Protective Services	12/01/2005	Timmerman, Esther	Mikell, Allison	A
0001138035	Child Protective Services	07/10/2005	Guyton, Sharon	Mikell, Allison	A
0001064023	Child Protective Services	05/20/2003	Timmerman, Esther	Mikell, Allison	A
0000160854	Child Protective Services	06/14/2000	Bryan, Gayle	Mikell, Allison	A

Section (K-2) - Case History

Case ID: 0000119517 **Case Name:** Mikell, Allison **Status:** Open

Service ID	Status	Recipient	Worker	Service Type	Latest Action
0001278576	Open	Allison Mikell	Bashonna Coates	Child Protective Services Assessment	
0001257057	Closed	Allison Mikell	Natrice Brighthop	Child Protective Services Assessment	Staffing With Supervisor (Case Decision)
0001194431	Closed	Allison Mikell	Geraldine Cummings	Child Protective Services Assessment	Paperwork
0001176832	Closed	Allison Mikell	Michelle Prince	Child Protective Services Assessment	Paperwork
0001079883	Closed	Allison Mikell	Michelle Prince	Child Protective Services Assessment	Paperwork
0000281810	Closed	Alexis Mikell	Tara Ford	Child Protective Services Assessment	Supervisory Review

Section (L) - Person Report

Person ID: 0000440278
Person Name: Mikell, Allison
Role: Alleged Perpetrator
Relationship: Birth Parent
DOB/Age: 09/23/1981
Sex: Female
SSN: 256-39-8671
Military Branch:
Primary Race: White
Primary Language: English
Household Address: 406 Glover Street

Warrenville, SC 29851
Telephone Number: 803-594-0055

Person ID: 0001251960
Person Name: Carlisle, Gerald
Role: Alleged Perpetrator
Relationship: Parent's Paramour
DOB/Age:
Sex: Male
SSN: --
Military Branch:
Primary Race: White
Primary Language: English
Household Address: 1057-B Adams Ave.

Aiken, SC 29803

Person ID: 0000440280
Person Name: Mikell, Alexis
Role: Alleged Victim
Relationship: Reference Person
DOB/Age: 04/23/1999
Sex: Female
SSN: 657-05-8840
Military Branch:
Primary Race: White
Primary Language: English
Household Address: 406 Glover Street

Warrenville, SC 29851
Telephone Number: 803-594-0055

Abuse/Neglect:

Physical Neglect

Person ID: 0001117335
Person Name: Mikell, Brianna
Role: Alleged Victim
Relationship: Birth Sibling
DOB/Age: 09/08/2000
Sex: Female
SSN: 657-09-2349
Military Branch:
Primary Race: White
Primary Language: English
Household Address: 406 Glover Street

Warrenville, SC 29851

Abuse/Neglect:
Physical Neglect

Person ID: 0001117336
Person Name: Mikell, Adrianna
Role: Alleged Victim
Relationship: Birth Sibling
DOB/Age: 03/17/2002
Sex: Female
SSN: 656-12-5657
Military Branch:
Primary Race: White
Primary Language: English
Household Address: 406 Glover Street

Warrenville, SC 29851

Abuse/Neglect:
Physical Neglect

Person ID: 0001363291
Person Name: Carlisle, Jeremiah
Role: Alleged Victim
Relationship: Half Sibling
DOB/Age: 04/15/2006
Sex: Male
SSN: --
Military Branch:
Primary Race: White
Primary Language: English
Household Address: 406 Glover Street

Warrenville, SC 29851

Abuse/Neglect:
Physical Neglect

South Carolina Department of Social Services

INDICATED CHILD PROTECTIVE SERVICES INVESTIGATIONS NOT BEING BROUGHT BEFORE FAMILY COURT AND NOTICE OF YOUR RIGHT TO APPEAL THE DEPARTMENT'S FINDINGS

Date: November 8, 2007

To: Allison Mikell

Address: 1057 B Adams Avenue
Aiken, SC 29803

Reference: Adrianna, Brianna & Alexis Mikell, & Jeremiah Carlisle

With this notice you have received a DSS Determination Fact Sheet that contains specific information about the South Carolina Department of Social Services' child protective services investigation involving you. The investigation has been completed and the case has been indicated for the abuse and/or neglect of the child or children named on the fact sheet. This means that the department has determined that more likely than not you caused harm to a child, allowed a child to be harmed or caused a child to be placed at significant risk of harm. While your name will not be entered on the Central Registry of Child Abuse and Neglect, the department's internal case files and data system will contain a record of the investigation and the case decision.

DSS must bring to Family Court cases in which custody of a child is in question or cases in which a Central Registry entry is sought. DSS has discretion to decide when safety of a child or risk to a child requires the delivery of in-home treatment services and Family Court oversight is necessary. Based on the current case situation, it is the decision of the department at this time not to take your case to Family Court. However, should there be a change in circumstances, the department may petition Family Court for oversight which would terminate the administrative appeals process.

Because this case is not being brought before Family Court at this time, an appeals process is provided for you to challenge this finding. If you wish to appeal, you **must** notify the Department of Social Services in writing within 30 days of receiving the enclosed notice.

If you do not give the Department of Social Services notice of your intent to appeal within the 30-day period, you lose your right to challenge the case finding and it will become final.

If you have any questions, contact the county caseworker or supervisor identified below during normal working hours.

Barbara Cortes
Caseworker

Carol A Davis B
Supervisor

803-202-3527
Telephone

Address to send request for Appeals: South Carolina Department of Social Services
Office of Administrative Appeals
P.O. Box 1520
Columbia, South Carolina 29202

DSS Form 30200 (JUL 03) Edition of JAN 03 is obsolete.

South Carolina Department of Social Services

DETERMINATION FACT SHEET

Case Name: Allison Mikell Case Number: 0000119517

Address: 1057 B Adams Avenue

Aiken, SC 29803

As of November 8, 2007 (Case Determination Date), it is the decision of the department that the investigation/assessment initiated on September 24, 2007 (Intake Date) has been Indicated (Case Determination) for the following forms of maltreatment: Substantial Risk of Physical Neglect (Maltreatment) as supported by the facts and observations recorded below and in the county investigative/assessment file.

Facts/Observations	Supporting Documentation/Evidence
1. On 09/24/2007, Mr. Gerald Carlisle denied allegations that	Statements from Gerald Carlisle.
minor children wear dirty clothes to school.	
2. On 09/24/2007, the home was observed to be unclean with a lot	CM observations
of debris on the floor and clothes scattered around the home.	
3. On 10/04/2007, Ms. Allison Mikell denied allegations that	Statements from Allison Mikell
minor children wear dirty clothes to school.	
4. On 10/04/2007, the home was observed to be cleaner but there	CM observations
was still a lot of trash observed outside by the porch.	
5. On 11/05/2007, minor children were observed wearing clothes	CM observations
that did not fit. Adrianna Mikell pants were to big & were falling	

For indicated investigations/assessments, check all that apply:

- ☑ You have been identified as the person responsible for harm to a child. (See attached DSS Form Ltr. 3040 or 30200.)
- ☐ A child with whom you are involved has been identified as being abused and/or neglected by state statute. You have **not** been identified as being responsible for the maltreatment. This information is being provided to you solely because of your legal relationship to the child.
- ☐ A child for whom you are the caretaker has been determined to be abused and/or neglected.
  - ☐ **Day Care Facility:** The matter will be referred to your employer and the DSS Division of Child Day Care Licensing and Regulatory Services for action. (See attached DSS Ltr. 3061.)
  - ☐ **Foster Homes, Group Homes and Residential Facilities:** See the attached letter for additional information regarding appeal of this decision. (See attached DSS Ltr. 3061.)
- ☐ A child has been determined to have been harmed while at your child care facility. The DSS Division of Child Day Care Licensing and Regulatory Services will contact you regarding a corrective action plan and/or any other actions needed to insure the safety of children.

For unfounded investigations/assessments:

- ☐ See attached DSS Form 3065.

Bashonna Coates 11/08/2007
Worker's Signature Date

Carrie Davis 11/08/2007
Supervisor's Signature Date

DSS Form 3070 (JAN 03) Edition of JUL 98 is obsolete.

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
SUPPLEMENTAL DETERMINATION FACT SHEET

CASE NAME:	CASE NUMBER:
Allison Mikell	0000119517

FACTS	SUPPORTING DOCUMENTATION/OBSERVATIONS
off of her. Alexis Mikell was not wearing weather appropriate	
clothing. Alexis was observed to be wearing flip flpos, shorts, a	
T-shirt and a sweater.	
6. On 11/05/2007, CM spoke with collaterals who stated that they	Statements from Professional Collaterals.
have concerns about the well being of the minor children regarding	
neglect.	

South Carolina Department of Social Services

HRC110-R01 **CPS Case Determination** **11/08/2007**

Caseworker:

Case ID:	0000119517	**Case Name:**	Mikell, Allison
Case Findings:	Founded	**Case Determination Date:**	11/08/2007
Intake ID:	0001213566		
Intake Name:	Mikell, Allison		
Intake Type:	Child Protective Services		
Intake Reason:	CPS Investigative Assessment	**Intake Received Date:**	09/24/2007
Intake Decision:	Accepted/Approved	**Intake Decision Date:**	09/24/2007
Intake Worker:	EVANS, JEFFERY		
Service ID:	0001278576	**Service Open Date:**	09/24/2007
Service Type:	Child Protective Services Assessment	**Service Close Date:**	11/08/2007

Extension Granted: No

Investigation Type:	Family Home		
Living Arrangements:	Unmarried Couple		
Feedback Requested:	Yes	**Feedback Date:**	11/08/2007

Statement of Facts

All minor children were consistent with adrianna being burned on the hand by brianna and to the stitches on the foot coming from the birth day party. There are still concerns with staff at Greendale Elem and from CM regarding physical neglect and failure to thrive. CM observed minor children coming to school with unappr. weather clothing and clothes that do not fit.

Documentation of Facts

Statements from school staff. Cm observations of home and minor children.

Circumstances

176

Financial Problems
Inadeq./Unsafe Housing/Trans. Family/Homeless

Services Planned
DSS Case Counseling
Psychological Testing/Evaluation
Play Therapy
DSS Case Management/Monitoring

Person Information

Person ID:	0000290889
Name:	Carlisle, Gerald
Role:	Perpetrator

Disabilities

Disability	Diagnosis Date	Comment

Characteristics

Person Information

Person ID:	0000440280
Name:	Mikell, Alexis
Role:	Victim

Disabilities

Disability	Diagnosis Date	Comment

Characteristics
Other

Maltreatments and Findings

177

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MICKELL, ALEXIS D
MRN:	001241327
Birthdate:	4/23/1999
Account Number:	0023054982319
Visit Date:	11/15/2002
Discharge date:	11/16/2002
Patient Type:	Emergency
Location:	Ped Emer Servic

RADIOLOGY

Exam Description	Exam Date/Time	Ordering Provider	Accession Number
Xray Chest 1V AP 71010.	11/15/2002 11:54:31 PM		07-302-534878

RADRPT

ELECTRONICALLY VERIFIED BY ALEX DALEY, MD ON 2002/11/19 14:30

PORTABLE CHEST 1 VIEW 2002/11/15 23:54

CLINICAL HISTORY:
3-year-old white female with fever, cough, and rhinorrhea

FRONTAL CHEST, 11/15/2002:
The lungs, heart, mediastinum, and bones are clear.

IMPRESSION:
Normal chest.

MORE DOD 80

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, ALEXIS D F
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002164849 7256 P
LOCATION: PGEN
* 001-12-5255 *

Date: 9-13-07 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: MED CK Immunization status:
Current Meds: Drug Allergies:
Subjective Information:
Boy dad [illegible] for 2 days. Family has [illegible]
Exp with Barnwell Mental health + Concerta
Seen mid Oct by Child Lic Social Worker
Misses Sent home. Mrs trouble & sleep
2nd grader

MADS from Aiken Barnwell Adderall 10 mg also has Strattera Tried Daytrana

Objective Information: HEIGHT: ( ) WEIGHT: 17.9 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 36.9 A-O-R PULSE: 89 RESP: BP: 110/53

PAIN SCALE:	PAINSCORE:	LOCATION:	MD NOTIFIED:	INIT:

	NML/ABN/N.E.	NML/ABN/N.E. ATTENDING PE
GEN APPEARANCE	☐ ☐ ☐	☐ ☐ ☐ Active
SKIN	☐ ☐ ☐	☐ ☐ ☐
HEAD/NECK	☐ ☐ ☐	☐ ☐ ☐
EYES	☐ ☐ ☐	☐ ☐ ☐
EARS	☐ ☐ ☐	☐ ☐ ☐
NOSE/OP/MOUTH	☐ ☐ ☐	☐ ☐ ☐
CHEST/LUNGS	☐ ☐ ☐	☐ ☐ ☐
CARDIOVASCULAR	☐ ☐ ☐	☐ ☐ ☐
ABDOMEN	☐ ☐ ☐	☐ ☐ ☐
LYMPHATICS	☐ ☐ ☐	☐ ☐ ☐
NEUROLOGIC	☐ ☐ ☐	☐ ☐ ☐
MUSCULOSKELETAL	☐ ☐ ☐	☐ ☐ ☐
GENITAL/ANUS	☐ ☐ ☐	☐ ☐ ☐

ASSESSMENT:

ATTENDING HISTORY:

PLAN:

A/P: Behavioral problems, sleep
ADHD
Adderall XR 25 mg
Follow up @ Aiken Barnwell
1 refill

FOLLOW UP: PRN RMD

TIME SPENT :

EXAMINER _____ ATTENDING D MDMS

PS 1115A 6/02

PROGNOT

70

Claiborne
Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, ALEXIS O F
DOB: 04/23/99 EMRN: 001125256
ACCT #: 002164849 7155 S
06/04/07 LOCATION: PGEN
* 001-12-5255 *

Date: 6/4/07 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: ADD Immunization status: UTD
Current Meds: Adderall - ADD & Trazadone Drug Allergies: NKDA
Subjective Information: 8 y/o WF t head ADD presents to clinic c rash on legs, neck since (pruritic) that started Friday, started L legs, spread to face + neck on Sat. Sunday, face started to swell & Alexis had Tmax to 101.5°F + c/o headache + had poor appetite. Redness @ thighs resolved to bruising c/a to lotion. @ new contact c potential allergens such as pets, lotion, soaps, detergents, perfumes. @ exposure to wild areas. @ sick contacts @ @ Family chills/sweating. @ N/V/D @ 1 episode of vomiting (unwitnessed) prpt. Yesterday. @ SOB, DOE. (+) Hx of Varicella, MMR. Does c/o sore throat

Objective Information: HEIGHT: ( ) WEIGHT: 160.8 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 36.9 (A) PULSE: RESP: BP:
PAIN SCALE: PAINSCORE: 0 LOCATION: MD NOTIFIED: INIT:

	NML/ABN/N.E.			NML/ABN/N.E.	ATTENDING PE
GEN APPEARANCE	☐	☑	☐ ill appearing, quiet	☑ ☐ ☐	WNL
SKIN	☐	☑	☐ rash (macular papular erythematous lesions c/w ... on cheeks, neck, trunk, legs)	☐ ☒ ☐	palpable rash on cheeks & neck, dried crusted lesions on legs
HEAD/NECK	☐	☑	☐ ...	☐ ☐ ☐	
EYES	☑	☐	☐ PERRL	☑ ☐ ☐	
EARS	☑	☐	☐ nl TM (B)	☑ ☐ ☐	TMs nl
NOSE/OP/MOUTH	☑	☐	☐ @ cuts/lesions in mouth	☐ ☒ ☐	nasal crusted D/C
CHEST/LUNGS	☑	☐	☐ CTA (B)	☑ ☐ ☐	clear
CARDIOVASCULAR	☑	☐	☐ RRR	☑ ☐ ☐	RR 5 on
ABDOMEN	☑	☐	☐ soft, non-tender	☑ ☐ ☐	soft
LYMPHATICS	☑	☐	☐ No LAD	☑ ☐ ☐	
NEUROLOGIC	☑	☐	☐ grossly (B)	☑ ☐ ☐	
MUSCULOSKELETAL	☑	☐	☐ ROM full	☐ ☐ ☐	
GENITAL/ANUS	☑	☐	☐ nl, no rash evident on genitalia	☐ ☐ ☐	

ASSESSMENT:

PLAN: (1) rapid strep
(2) Benadryl 12.5 mg/5 mL (1½ tsp (7.5 mL) PO)

ATTENDING HISTORY: 8 y/o female c hx of rash on face starting 3d ago. Mom states rash is pruritic & had fever x1, c/o sore throat & HA. Mom states pt's face is swollen.

A/P: Urticaria
PO Strep - Rapid - if Rapid - Send C&S
Rest Benadryl - prn
1½ tsp q6h

FOLLOW UP: Call Mom, 903-270-0310 c Rapid Strep results

EXAMINER Nikki Wagner, JMS

TIME SPENT:

ATTENDING JM Claiborne

PS 1115A 6/02

PROGNOT

MEDICAL COLLEGE OF GEORGIA
HOSPITAL AND CLINICS
Pediatric Practice Site

MIKELL, ALEXIS D F
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002164849 7155 S
06/04/07 LOCATION: PGEN
*** 001-12-5255 ***

PEDIATRIC FOLLOW-UP OF PREVIOUS VISIT

Date: 6/4/07 **Patient's Phone Number:** 803-380-4141

History/Diagnosis (Required for reimbursement): _____

Attending Physician: Claiborne **Fellow or Resident:** _____

Parent/Responsible Party Name: _____ **Date of Previous Visit:** _____

Normal Studies:

Laboratory : ~~Strep Antig~~ error TJ

Radiology : _____

Other : _____

Abnormal Studies:

Laboratory : Strep Antig - weak positive for Group A Streptococcus

Radiology : _____

Other : _____

Action Taken:

___ None

___ Parent/person responsible for child notified of results: **Date** _____ **Time** _____

___ Attempt(s) to notify: **Data** **Time** **Comments**

1. _____
2. _____

Recommendations/Instructions: _____

_____

___ Parent/Person responsible for child verbalized understanding of instructions

6/5/07 **Additional Comments:** ~~Prescription created in to Kroger, Whiskey~~ Rd, Aiken (803 642-5371) Amoxil 400/5 10ml BID x 10 d. Strressed 10 d. Compliance c mom

Physician Signature (fellow or resident)

MClaiborne

Attending Physician

PS 2561 7/98

PROGNOT

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, ALEXIS D
MRN:	001125255
Birthdate:	4/23/1999
Account Number:	0021648497155
Visit Date:	6/4/2007
Discharge date:	6/4/2007
Patient Type:	Outpatient
Location:	General-Peds

MICROBIOLOGY

PROCEDURE: Group A Streptococcus Culture
SOURCE: Throat Swab COLLECTED: 06/04/2007 16:30
BODY SITE: STARTED: 06/04/2007 17:03
FREE TEXT SOURCE: ACCESSION: 07-155-002085

*** FINAL REPORT ***

Final Report
Verified:06/08/2007 10:20
2+ Streptococcus species beta-hemolytic presumptive group A

PROCEDURE: Group A Streptococcal Antigen
SOURCE: Throat Swab COLLECTED: 06/04/2007 16:30
BODY SITE: STARTED: 06/04/2007 18:56
FREE TEXT SOURCE: ACCESSION: 07-155-002229

*** AMENDED REPORT ***

Corrected Final Report
Verified:06/05/2007 12:58
POSITIVE for group A streptococcal antigen (weakly positive)

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Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, ALEXIS D F
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002164849 6213 P
LOCATION: PGEN
* 001-12-5255 *

Date: 8/1/06 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: med check Immunization status:
Current Meds: Adderall XR 30 mg Trazodone 50mg Drug Allergies:
Subjective Information: Δ to Adderall 20 XL 1 month ago. Seems to have worse behavior, more hyperactivity since beginning new med. Time out doesn't seem to be working. Teacher noted worsening behavior towards the end of the year. Decline since school let out ↑ non oppositional behaviors and disrespect for authority/lying, other people's property per parents.

Objective Information: HEIGHT: ( ) WEIGHT: 14.9 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 36.1 C A-O-R PULSE: 108 RESP: BP: 96/63

PAIN SCALE:	PAINSCORE: NML/ABN/N.E	LOCATION:	MD NOTIFIED: NML/ABN/N.E	INIT: ATTENDING PE
GEN APPEARANCE	☐ ☐ ☐	Quiet, Alert, Awake	☐ ☑ ☐	Small, thin, quiet
SKIN	☑ ☐ ☐		☐ ☐ ☐	M. pale + dark circles under eyes
HEAD/NECK	☑ ☐ ☐		☑ ☐ ☐	
EYES	☑ ☐ ☐		☑ ☐ ☐	
EARS	☑ ☐ ☐		☐ ☐ ☑	
NOSE/OP/MOUTH	☑ ☐ ☐		☐ ☐ ☑	
CHEST/LUNGS	☑ ☐ ☐		☐ ☐ ☑	
CARDIOVASCULAR	☑ ☐ ☐		☐ ☐ ☑	
ABDOMEN	☑ ☐ ☐		☐ ☐ ☑	
LYMPHATICS	☐ ☐ ☑		☐ ☐ ☑	
NEUROLOGIC	☐ ☐ ☐	Responds to requests	☐ ☐ ☑	
MUSCULOSKELETAL	☐ ☐ ☑		☐ ☐ ☑	
GENITAL/ANUS	☐ ☐ ☑		☐ ☐ ☑	

ASSESSMENT: 7 yo ♀ hx of ADHD
↑ No improvement since change in medications one month ago.

ATTENDING HISTORY: Pt. presents for f/u of ADHD. Now on Adderall XR 20mg qd during ♀ Trazodone for sleep. Behavior has worsened during past few weeks.

PLAN: (1) Continue Adderall XR 20 mg
(2) Schedule f/u ♀ Barnwell Mental Health Clinic (Aiken)

A/P: (1) ADHD
(2) Behavior problems.
Plan: Since no immediate child psych consultation is available, parents were encouraged to seek further help from Aiken-Barnwell Mental Hlth. Clinic

FOLLOW UP:

TIME SPENT: 20 min

EXAMINER J. Calloway JMS ATTENDING C. Fowler, MD

PROGNOT

PB 1115A 6/02

Medical College of Georgia
Hospitals and Clinics

MIKELL, ALEXIS D F
DOB: 04/23/89 EMRN: 001125255
ACCT #: 002164849 6205 P
LOCATION: CASU
* 001-12-5255 *

DISCHARGE ORDER / Instruction Summary

Admission Date: 7/24/06 Discharge Date: 7/24/06 Time: _____
Attending Physician: Dr. Austin MCG Referring MD: _____
Community Referring MD: Name: _____ Phone/Fax: _____
Address _____

Record all diagnoses/conditions/comorbidities impacting care.
Principal Diagnosis: 1. (L) ear FB
Other Diagnosis:
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Record all operations and procedures during this stay.
Principal Procedure: 1. removal of (L) ear
Other Procedures/Operations: FB
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Discharge Medications & Dosages:

1. _____ Daily 2x day 3x day 4x day As Needed
2. _____ Daily 2x day 3x day 4x day As Needed
3. _____ Daily 2x day 3x day 4x day As Needed
4. _____ Daily 2x day 3x day 4x day As Needed
5. _____ Daily 2x day 3x day 4x day As Needed
6. _____ Daily 2x day 3x day 4x day As Needed
7. _____ Daily 2x day 3x day 4x day As Needed
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Instructions to Patient at Time of Discharge:
Diet: Regular - as tolerated
Physical Activity: ad lib
Patient Teaching (Treatments/Needs): Call 706-721-4400 if you have fever 101.5 F, persistent drainage or other concerns. No additional F/U is necessary

Follow-up Care: ☐ Clinic _____ Ph. # 721-4400 ☐ Dr. _____ Date/Time _____
☐ Clinic _____ Ph. # _____ ☐ Dr. _____ Date/Time _____
☐ Referring Physician Office Care: _____
☐ Other Agency/Facility: _____

Physician's Signature: _____ Date: 7/24/06
Discharge summary dictated: ☐ Yes ☐ No Date: _____ MIN#: 2600
Nurse Reviewer: _____ Date: _____

The above has been explained to me and I have had an opportunity to ask questions.
☐ Patient/ ☑ Parent ☐ Guardian's signature: X Allison Mikell Date: _____

THIS CERTIFIES THAT I HAVE BEEN RELEASED BY THE STAFF OF THE MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS AND THAT I AM TAKING ALL OF MY PERSONAL BELONGINGS (VALUABLES AND CLOTHING) WITH ME.

DATE: _____ SIGNED: X Allison Mikell WITNESS _____

White - Medical Record
Canary - Patient Copy
Pink - Department COD:
Photocopy - Community Referring Physician(s)

MC 484 / 8826 Rev. 6/03

ORDDC

Medical College of Georgia Hospital and Clinics

MIKELL, ALEXIS O EMRN: 001125255
DOB: 04/23/99 P
ACCT #: 002164849 0202
07/21/08 LOCATION: BENT
* 001-12-5255 *

STAFF NOTES

Date/Time	
	Otolaryngology Pre Op Note
	Pre Op Diagnosis Foreign Body Left ear
	Procedure Exam under Anesthesia, Foreign body removal
	Surgeon Austin
	Labs NP
	Dwight 1720
	Otolaryngology Brief Op Note
	Pre Op Diagnosis (L) ear FB
	Post Op Diagnosis same
	Procedure removal of (L) ear FB
	Surgeon Austin
	Res Surg Webb
	Anesthesia general
	EBL 0
	Fluid 0
	Specimen (L) ear FB
	Complications 0
	Findings pearl in (L) ear
	7/21/08.

MC 70 / 6775 8/98

PROGNOT

MIKELL, ALEXIS D
DOB: 04/23/99 EMRN: 001125255 F
ACCT #: 002164849 6202 P
07/21/06 LOCATION: SENT
* 001-12-5255 *

PRE-OP ASSESSMEN

CLINIC: OTOLARYNGOLGY

H & P ☐ PERMIT ☐

OR DATE ☐ _____ MED RECORD ☐

ACCT NUMBER ☐ _____ MR SIGN OFF ☐

TYPE OF ADMISSION

ASU ☒ 23:59 ☐ ADOS ☐

VITAL SIGNS

Right Arm
B/P 101/53 TEMP 95.7 Tymp C/F P 93 R _____

HT 107.5 cm WT 34.8 LBS/KG 15.9

VS TAKEN BY: AHCA

LABS/TESTS ORDERED:

CBC ☐	UA ☐	PLATELETS ☐
T&S ☐	T&C ☐	CMB ☐
B-HCG ☐	PT/PTT ☐	BMP ☐
CXR ☐	EKG ☐	CT ☐

OTHER ☐ _____

PREOP

Medical College of Georgia
Medical Center

MIKELL, ALEXIS D
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002164849 8205 P
LOCATION: CASU
* 001-12-5255 *

AMBULATORY SURGERY PRE-OP NURSING NOTE

Date: 7-24-06 Time: 0935 Physician/procedure: Anesth - Removal foreign body ear

VS: T 35.4 P 86 R 16 BP 99/60 02 sat 100% Pain — Wt 15.9 kg

(Circle correct responses as applicable for all areas below):

Mental Status: (Alert) (Responsive) Confused Not responsive Apprehensive

Responsible Adult Present: (Yes) No Name of who may receive information?: mom + Dad

Change in health status since pre-op assessment: Yes (No) Comments: _____

Skin Integrity Intact: Yes (No) (describe PRN): Rash Sores (Bruises) Decubitus Other: _____

(legs) Scrapes + cuts

Assistive Devices (glasses/dentures/ostomy/tubes/02/etc- list): Ø

Medications Taken before Arrival: Yes (No) Comments: _____

NPO: N/A After Midnight Comments: last intake - 2100; apple juice 0840

Allergies: (NKDA) Yes (list) _____

☐ Allergy Alert on Chart

Labs done on arrival: CBC HCG PT/PTT T&S T&C UA Chem Other: _____

IV Fluids: 500 1000 Solution: _____ Gauge: _____ Skin Wheal with Lidocaine 0.5% _____

Site: Left Right Arm Hand Started by: _____

Medications	Time	Route	Signature
Versed 7 mg	1032	po	D Hopper
Tylenol 320 mg	1032	po	
Oxycodone 1.5 mg	1032	po	

To holding/OR via: Wheelchair (Stretcher) Crib Carried

Time to holding/OR: _____ Signature: D Hopper

PB 3408 8/03

PREOP

Date/Time	Notes
7/24/20 1032	Pt + parents made aware of need for ortho Safety & privacy. D Dyer RN

PEDIATRIC (under 18) PREANESTHETIC SURVEY

VCU Medical Center

INTERVIEW DATE	BIRTH DATE	ISOLATION PATIENT?
07/21/2006	04/23/1999	No
EMRN (MEDICAL RECORD #)	HEIGHT	EXPECTED TYPE OF VISIT
001125255	107.5 cm (42.32 in)	Outpatient
LAST NAME	WEIGHT	PATIENT AGE
MIKELL	15.9 kg (34.98 lb)	7 yrs
FIRST NAME	MRN (EPIC)	PLANNED PROCEDURE/SURGERY
ALEXIS		EUA; Removal of Forei
GENDER	ACCOUNT (VISIT #)	SURGERY DATE
Female		07/24/2006

ANESTH

ANESTH

ANESTH

Surgical Information

Planned Procedure/Surgery	EUA; Removal of Foreign Body Left Ear
Surgeon(s)	Austin, Mitchell MD
Surgery Date	07/24/2006

PEDS MEDICATIONS / ALLERGIES

MEDICATION LIST in Physician H&P reviewed and verified with patient/family?	Yes. See H&P.
Current Medications?	Yes. Medications: (Adderall, Trazadone)
Herbal and Over the Counter Medications?	No
How does your child best take meds?	Liquids
DRUG ALLERGIES	TYPE OF REACTION
None known	
FOOD ALLERGIES	TYPE OF REACTION
None known	
LATEX ALLERGIES	TYPE OF REACTION
None known	

PEDS HEALTH HISTORY

Previous Surgeries	No
During the past 3 weeks have you had?	None of the above
HISTORY in Physician H & P reviewed and verified with patient/family?	Yes. See H&P.
Respiratory (asthma)	No
Cardiovascular/ Hypertension/ DVT	No
Gastrointestinal	No
Neurological/ CVA/ Stroke	No
Endocrine/ Diabetes	No
Musculoskeletal/ Arthritis/ Gout	No
Liver Disease	No
Renal	No
Cancer	No
Hematologic	No
Glaucoma	No
Other medical problems	foreign body left ear for 1.5 months
Psychological Disorder/ Emotional	ADD / ADHD (ADHD)
Family History Unknown	No

Anesthesia History & Alerts

Prior GA, Spinal, or other Anesthetic	No
Anesthesia Alerts: Have you or a blood relative ever had a problem with anesthesia?	Yes • Prepubertal POV Risk Factors [Age 5 or greater]

Physical Exam

Dental	All Natural [Fair] Caps Missing (one)

Vital Signs

PreOp Temperature	35.4 °C
Temp. Source	tympanic
PreOp Pulse	93 /min
PreOp BP	101/53
BP Source	Right arm
Height	107.5 cm (42.32 in)
Weight	15.9 kg (34.98 lb)

Anesthesia Plan

LAB TESTS ORDERED / COMMENTS

Signatures

Evaluator	Boyd, Barbara RN <esig>

7/24/06

H&P as above

Anes plan D/W Family

8903

ANES. EVALUATOR IN SIGNATURE	ANES. EVALUATOR #2 SIGNATURE	ANES. EVALUATOR #3 SIGNATURE	

FS 3195-1 (Rev.3/01) printed by Boyd, Barbara RN

P (116099, 1) | C (194748, 2) | 07/21/2006 01:36:11 PM

ERIOPERATIVE REPORT

Site: CMC

atient Name:	MIKELL, ALEXIS	Medical Record:	001125255		
ase #:	152348	Account #:	0021648496205	Sex:	F
R.#:	OR1	Case Classification:	ELEC	Age:	7Y

Date:	07/24/2008	Location: HOLDING AREA	I.D. Bracelet: Y	Patient Status:	OUTPATIENT
Type:	GENERAL	Service: OTOLARYNGOLOGY	Via: STRETCHER		
Status:	Time: 08:40	Date: 07/24/2008	Wt: 15.90 Kg	Blood Bank:	N/A

RUG Allergies	FOOD Allergies	CONTACT Allergies
KDA	NO KNOWN FOOD ALLERGY	NO KNOWN CONTACT ALLERGIES

Place on Arrival: SEE ANESTHESIA RECORD
OM: WNL

Accompanying Persons: PARENT
Verification of Procedure / Time Out: YES @ 1052

reop Skin Condition
mp: NORMAL Moisture: NORMAL Color: NORMAL

reoperative Comments: parents included in pre-op assessment/understood. Pre op per Natalie Horseman R.N.

reoperative Assessment: ENCOURAGE VERBALIZATION REGARDING PROCEDURE
reoperative Assessment: REMAIN WITH PATIENT DURING INDUCTION
reoperative Assessment: CONVEY CARING AND SUPPORTIVE ATTITUDE
reoperative Assessment: COMMUNICATE PATIENTS CONCERNS TO OTHER HEALTH CARE PROFESSIONALS
reoperative Assessment: OTHER
reoperative Assessment Completed by: SHELLY HIGHSMITH

ate and Time of Time Out Procedure 7/24/08 @ 1052
urgical Team participating in Time Out Procedure ATTENDING SURGEON/PHYSICIAN
ATTENDING ANESTHESIOLOGIST
CIRCULATING NURSE
RESIDENT SURGEON
ANESTHESIA RESIDENT OR CRNA
SCRUB TECHNICIAN
he following were confirmed during the time out: CORRECT PATIENT POSITION
CORRECT PATIENT USING FULL NAME AND DATE OF BIRTH
CORRECT SIDE/SITE MARKED PRE-OP
AGREEMENT ON PROCEDURE TO BE PERFORMED
AVAILABILITY OF CORRECT IMPLANTS/SPECIAL EQUIPMENT NOT APPLICABLE FOR THIS PROC

perature Control Aids
/ARM BLANKETS
/ARM SOLUTIONS
OOM TEMP ADJUSTED

emperature Comments: Patient's temperature monitored by anesthesia

rep Site: N/A
resence of Skin Lesion: N/A
Postop Prep Site Clear: N/A

air Removal Method: N/A

osition	Positioning Aide(s)	Other Position(s)	Other Positioning Aide(s)
UPINE	BLANKET		
UPINE	SAFETY STRAP		
UPINE	SHOULDER ROLL		

ositioning Comments: Patient in supine position on padded surgical bed with correct anatomical alignment and without undue stress or pressure.

lectroSurgical Comments: N/A

PERIOP

In Room:	Time Out Room:		
	10:51	11:00	
	Stop	Procedure	Procedure Surgeon
0:53	10:58	REMOVAL FOREIGN BODY	MITCHELL AUSTIN

Wound Classification: CLEAN-CONTAMINATED

ERIOPERATIVE REPORT

Site: CMC

atient Name: MIKELL, ALEXIS
ase #: 152348
.R.#: OR1

Medical Record: 001125255
Account #: 0021848496205
Case Classification: ELEC

Sex: F
Age: 7 Y

	Role
TS, TAMMARA	RESIDENT SURG
ATHERRED, TED	ATT ANESTHESIA
/EAVER, WESLEY	CRNA
IGHSMITH, SHELLY	CIRCULATOR RN
ORSEMAN, NATALIE	CIRCULATOR RN
HEPPARD, SHELLEY	SCRUB

ledication	Route	Time	Ordered By	Given By	Dosage	Comment
EPARIN LOCK FLUSH 10UNI	IRRIGATION	IntOp				W/RENOGRAFFIN 50/50
IATRIZOATE (RENOGRAFIN) 6	IRRIGATION	IntOp				W/HEPARIN 50/50
ALINE IRRIGATION 1000ML P	IRRIGATION	IntOp			1 BOTTLE	

Ime	Culture Type	Description	Source

ressing Comments: n/a

mmobilization Comments: n/a

ostop Wound Classification: CLEAN-CONTAMINATED

nt	Time
E	:

top Skin Condition
emp: NORMAL Moisture: NORMAL Color: NORMAL

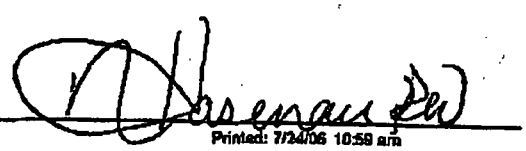
ostop Transport to
EDIATRIC PACU

Via
STRETCHER

ccompanied By : ANESTHESIOLOGIST
CRNA
RESIDENT SURGEON
RN

afety Precautions: SIDE RAILS UP

lan of Care: PATIENT EXPRESSES UNDERSTANDING OF SURGICAL AND/OR DIAGNOSTIC PROCEDURES
lan of Care: PATIENT EXPRESSES UNDERSTANDING OF CURRENT EVENTS
lan of Care: EFFECTIVE COMMUNICATION LINES WILL BE ESTABLISHED WITH THE PATIENT, FAMILY AND/OR SIGNIFICANT OT
lan of Care: PATIENT ANXIETY WILL BE DECREASED BY ENCOURAGEMENT TO EXPRESS FEARS AND CONCERNS
lan of Care: PATIENT WILL BE OBSERVED FOR IDENTIFICATION OF INDIVIDUAL NEEDS
lan of Care: PATIENT SAFETY WILL BE ENSURED THROUGH ASSESSMENT, OBSERVATION, AND IMPLEMENTATION OF SAFET
lan of Care: PATIENT ALLERGIES WILL BE IDENTIFIED, COMMUNICATED, AND DOCUMENTED
lan of Care: PATIENT WILL HAVE CONTINUOUS ASSESSMENT OF HIS/HER INTRAVENOUS THERAPY
lan of Care: PATIENT'S FAMILY/SIGNIFICANT OTHER ARE ENCOURAGED TO PARTICIPATE IN THE PATIENT'S CARE



MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, ALEXIS D
MRN:	001125255
Birthdate:	4/23/1999
Account Number:	0021648496205
Visit Date:	7/24/2006
Discharge date:	7/24/2006
Patient Type:	ASU
Location:	CMC Ambul Surg

Operative/Anesthesia

OPERATIVE NOTE
Medical College of Georgia
Hospital & Clinics

OPERATIVE REPORT

Name of Patient: MIKELL, ALEXIS D
Medical Record #: 001125255
Date of Surgery: 07/24/2006

PREOPERATIVE DIAGNOSIS:
Left ear foreign body.

POSTOPERATIVE DIAGNOSIS:
Left ear foreign body.

PROCEDURES PERFORMED:
Examination under anesthesia.

RESIDENT SURGEON:
Tammara Watts, M.D.

TEACHING (ATTENDING) SURGEONS(S):
Mitchell B. Austin, M.D.

TYPE OF ANESTHESIA:
General anesthesia.

ESTIMATED BLOOD LOSS:
0 cc.

INTRAVENOUS FLUIDS:
None.

SPECIMENS:
Left ear foreign body, sent to pathology.

COMPLICATIONS:
None.

INDICATION FOR PROCEDURE:

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, ALEXIS D
MRN:	001125255
Birthdate:	4/23/1999
Account Number:	0021648496205
Visit Date:	7/24/2006
Discharge date:	7/24/2006
Patient Type:	ASU
Location:	CMC Ambul Surg

OPERATIVE/ANESTHESIA

Alexis Mikell is a 7-year-old girl found to have a left ear foreign body requiring microscopic removal in the operating room.

DESCRIPTION OF PROCEDURE:
After the risks and benefits of the procedure (i.e., bleeding, infection; trauma to the external auditory canal; traumatic rupture of the tympanic membrane; hearing loss; and the need for additional procedure), Alexis Mikell was taken to the operating room and laid in the supine position. The patient underwent uneventful induction of anesthesia at which point the operating microscope was brought to the left-hand side of the patient. A speculum was introduced into the external auditory canal revealing the presence of a foreign body. This was removed with a pick. The ear was reinspected to insure that no trauma had been sustained to the external auditory canal or the tympanic membrane. Both structures were noted to be intact. There was no bleeding. The operating microscope

was withdrawn, and care at this point was turned over to the anesthesia team. Alexis Mikell returned to the postoperative care unit in stable condition.

Dr. Austin was present for the entire procedure.

Dictated by:_____
TAMMARA WATTS, M.D.

Reviewed by:_____
MITCHELL B. AUSTIN, M.D.
Associate Professor
Department of Pediatric Otolaryngology (ENT)
Attending Surgeon

DN: 20615 SUFX: 6205 DT: TW/32 D: 08/10/2006 T: 08/11/2006 J: 24902 V: 07/24/2006 S: 350

"This MTE Document has been reviewed by the attending physician and transmitted back to Health Information Management Services"

MIKELL, ALEXIS D
DOB: 04/23/93 EMRN: 001125255 F
ACCT #: 002164849 8205 P
LOCATION: CASU
* 001-12-5255 *

MCG Health, Inc.

PROCEDURE NOTE

Clinical Service: Peds ENT (IP) OP ER (circle one) Date of Procedure: 7 (MO) 24 (DAY) 06 (YR)

Location: OR / ASU / CMC OR / CMC PR / Clinic / Nursing Unit / Other _____ ICD - 9 Code(s):

Diagnosis(es): Left ear FB

Co-Morbidities: _____

Indications for Procedure: _____

Procedure(s): removal of FB (L) ear — CPT Code(s): 69205

Description of Procedure(s) See dictation

Procedure Medications: _____
Anesthesia: gas
EBL: 0
IVF: 2
Tissue: 2 FB
Complications: 0

Implants, Drains and Stents: _____
Unplanned return to OR Yes ☐ No ☒ Wound Classification: I☐ II☐ III☐ IV☐

☒ I was present for the entire procedure.

☐ I was present for the key parts of the procedure, which consisted of: _____

☐ I was supervising overlapping cases. The attending surgeon available as my backup was: _____

Resident Surgeon(s): Weiss

Attending Surgeon
Signature: [signature]
DR #: Bell
Date: 7/24/06

APPROV PP N REV.

Additional Procedure Team Members Present (list): _____

White copy - Medical Records
Yellow & Pink copies - Billing Office

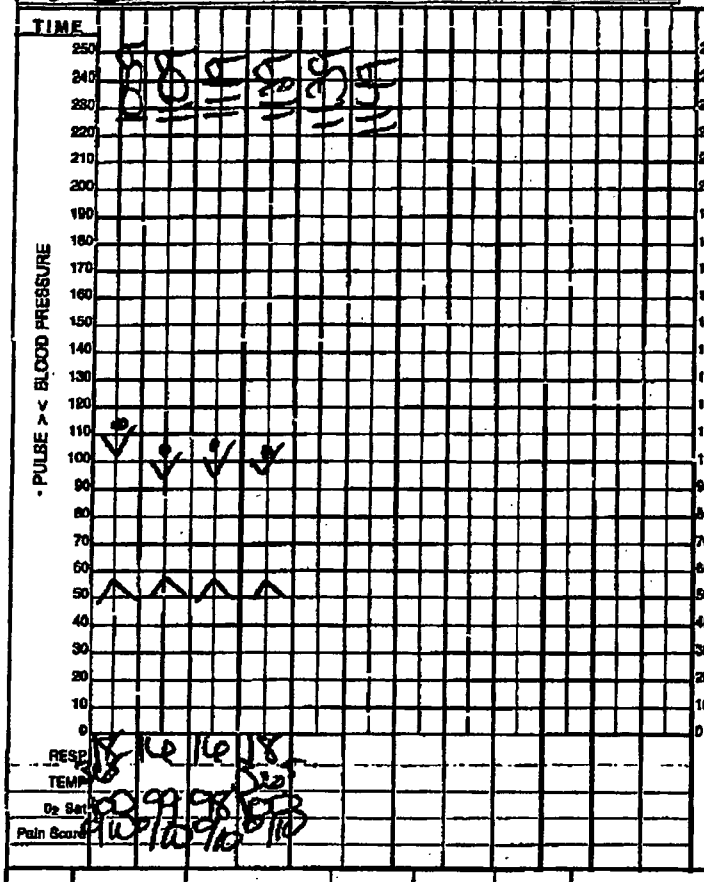
HI 812 / 11254 Rev. 6/05

OPREPRT

Medical College of Georgia
Children's Medical Center
Post-Anesthesia Care Unit Nurse's Record

Date: [illegible] Time In: [illegible] Time Out: [illegible]
Emergency: ☐ Yes ☑ No
Anesthesia: ☑ General ☐ Epidural ☐ IV Sedation ☐ Other: _____
Report received from: [illegible]
Procedure: [illegible]
Anesthesiologist: [illegible]
Surgeon: [illegible]

MIKELL, ALEXIS D
DOB: 04/23/89 EMRN: 001125255
ACCT #: 002164849 6205 F
LOCATION: CASU
* 001-12-5255 *



Allergies: [illegible]
WT: 15.9 kg O2 on arrival: Room air

Vital Signs	Pre-OP
Blood Pressure	99/60
Heart R & R	86
Respirations	16
Temperature	35
O2 Sat	100%

POST ANESTHESIA RECOVERY SCORE	IN	MINUTES 15	30	60	90	OUT
ACTIVITY: Able to move 4 extremities voluntarily or on command = 2; Able to move 2 extremities voluntarily or on command = 1; Able to move 0 extremities voluntarily or on command = 0	0	0	2			2
RESPIRATION: Able to deep breathe & cough freely = 2; Dyspnea or limited breathing = 1; Apnea = 0	2	2	2			2
CIRCULATION: BP ±20% of preanesthetic level = 2; BP ±20%-50% of preanesthetic level = 1; BP ±50% of preanesthetic level = 0	2	2	2			2
CONSCIOUSNESS: Fully awake = 2; Arousable on calling = 1; Not responding = 0	0	0	2			2
O2 Sat: O2 Sat >92% = 2; O2 Sat 90-92% = 1; O2 Sat <90% = 0	2	2	2			2
TOTALS	6	6	10			10

Time	Indication	Medication	Dosage	Route	Nurse	Response to Medication

EQUIPMENT USED	ALARM LIMITS SET	TIME ON	TIME OFF
NIBP		1059	
Pulse Oximeter	Low Sat. %	1059	
Cardiac Monitor	H L	1059	
Oxygen		059	1105
PCA or Epidural Pump			
Warm Blanket		☑ Yes ☐ No	
O2 setup, ambu, mask & suction @ bedside		☑ Yes ☐ No	
Bed locked/Siderails up X 2		☐ Yes ☐ No	
Family/other @ bedside		☑ Yes ☐ No	

updated PACU Nurses

Initials	Signature Title
MD	[illegible]

PS 3102 6/05

PACU

Medical College of Georgia
Children's Medical Center

MIKEUL, ALEXIS D
DOB: 04/23/99 EMRN: 001125255
ACCT #: 003164849 5205 P
LOCATION: CASU
* 001-12-5255 *

ADMISSION ASSESSMENT

Date: 7/12/06

RESPIRATORY:
Airway Support: ☐ Chin-lift ☐ Mandibular Thrust ☑ Unassisted
Artificial Airway: ☑ Oral ☐ Nasal ☐ OETT ☐ NETT ☐ Trach ☑ None
Size _____ Position _____ In _____ Out _____
O_2 Support: ☐ Face Tent ☑ Nasal Cannula ☑ Free flow ☐ Other
Respirations: ☑ Spontaneous ☑ Regular ☐ Irregular ☐ Deep ☑ Shallow ☑ Unlabored ☐ Labored
Breath Sounds: ☑ Clear ☑ Bilateral ☐ Diminished ☐ Other
Chest Expansion: ☑ Symmetrical ☐ Asymetrical
Cough: ☐ None ☐ Productive ☐ Non-productive

NEUROLOGICAL: Brisk + equal response
LOC: ☐ Awake ☐ Arousable ☐ Unresponsive ☐ Oriented x 3 ☐ Confused
Pupils: ☐ Reactive ☐ Non-reactive _____ mm ☑ Assessment not indicated
Reflexes Present: ☐ Gag ☐ Cough ☐ Swallow ☑ Assessment not indicated
Hand Grips: ☐ Strong ☐ Equal ☐ Weak ☑ Assessment not indicated
Facial Expression: ☐ Symmetrical ☐ Asymetrical ☑ Assessment not indicated
Extremity Movement: ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☑ Assessment not indicated
Extremity Sensation: ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☑ Assessment not indicated

CARDIOVASCULAR:
Capillary Refill: ☑ < 3 secs ☐ > 3 secs ☐ Assessment not indicated
Edema: ☑ Absent ☐ 1+ ☐ 2+ ☐ 3+ Location: _____ ☐ Assessment not indicated
Peripheral Pulses: ☑ Full ☐ Weak ☐ Thready ☐ Bounding ☐ Assessment not indicated

GI/GU:
Abdomen:
☑ Soft ☐ Firm
☐ Distended ☑ Non-distended
☐ Tender
☐ Nausea ☐ Mild ☐ Severe ☑ None
Vomiting ☐ Yes ☑ No

Bowel Sounds:
☑ Present ☐ Absent ☐ Assessment not indicated

Urine:
☐ Clear ☐ Cloudy ☐ Yellow ☐ Bloody
☐ Assessment non indicated for procedure
Voiding: ☐ Yes ☐ No
☐ Spontaneously ☐ Catheter
Does not void

Bladder:
☑ Non-distended ☐ Distended ☐ Assessment not indicated

INTEGUMENTARY:
Skin: ☑ Warm ☐ Cool ☐ Dry ☐ Clammy ☐ Diaphoretic
☑ Pink ☐ Pale ☐ Jaundiced ☐ Cyanotic ☐ Mottled
☐ Rash ☐ Other: _____

	INTAKE		OUTPUT	X-RAYS LABS, PROCEDURES	TIME	REVIEWED BY
PO Fluid		Voided				
IV Fluid	N/A	Urinary Catheter				
		Emesis				
		Gastric Suction			N/A	
Blood Given		Chest Drainage				
		Wound Drainage				
TOTAL		TOTAL				

TIME	DRESSINGS/DRAINS/SITE	CONDITION	DRAINAGE (amount and type)	ICE PACK
1851	N/A	N/A	N/A	

TIME	IV/CENTRAL LINES/SITE	CONDITION	FLUIDS	D/C TIME
1851	N/A	N/A	N/A	

Initials	Signature/Title	Initials	Signature/Title
PB	Melissa Lightsey RN		

PB 3302 6/03

PACU

Medical College of Georgia
Children's Medical Center

MIKELL, ALEXIS D
DOB: 04/23/99 FIN#: 001125255
ACCT #: 002164849 6205 P
LOCATION: CASU
* 001-12-5255 *

F

Date: 7/24/06

TIME	NURSES NOTES

Signature:

DISCHARGE EVALUATION

RESPIRATORY: WNL
O_2 Sat:
Oxygen: ☐ Yes ☑ No
Mode: Room air FiO2/1 p.m. 21
Respirations: ☑ Regular ☐ Irregular
☐ Deep ☐ Shallow ☑ Unlabored ☐ Labored

GI/GU:
Abdomen: ☐ Soft ☐ Firm ☐ Distended ☑ Non-distended ☐ Tender
☐ Nausea ☐ Mild ☐ Severe ☑ None
Bowel Sounds: ☑ Present ☐ Absent ☐ Assessment not indicated
Urine: ☐ Clear ☐ Cloudy NG Tube: ☐ Yes ☑ No
☐ Yellow ☐ Bloody ☑ None
Voiding: ☐ Spontaneously ☐ Catheter
Bladder: ☐ Non-distended ☐ Distended ☐ Assessment not indicated

NEUROLOGICAL
LOC: ☑ Awake ☐ Arousable ☐ Unresponsive
☑ Oriented x 3 ☐ Confused
Pupils: ☐ Reactive ☐ Non-reactive ___ mm ☑ Assessment not indicated
Extremity Movement:
☑ RUE ☑ LUE ☑ RLE ☑ LLE ☐ Assessment not indicated
Extremity Sensation:
☑ RUE ☑ LUE ☑ RLE ☑ LLE ☐ Assessment not indicated
Pain Score: 0/10 Site: N/A

INTEGUMENTARY:
Skin: ☐ Warm ☐ Cool ☑ Dry ☐ Clammy ☐ Diaphoretic
☑ Pink ☐ Pale ☐ Jaundiced ☐ Cyanotic ☐ Mottled
☐ Rash ☐ Other
Dressing: ☐ Dry ☐ Intact ☑ None
Location:

CARDIOVASCULAR:
IV Fluids: Type LTC
Capillary Refill: ☑ < 3 secs ☐ > 3 secs ☐ Assessment not indicated
Edema: ☑ Absent ☐ 1+ ☐ 2+ ☐ 3+ ☐ Assessment not indicated
Location:
Peripheral Pulses:
☑ Full ☐ Weak ☐ Thready ☐ Bounding ☐ Assessment not indicated

DISCHARGED TO: ☑ Phase II
Transport by: ☐ Wheelchair ☑ Stretcher ☐ Crib ☐ Parents arms
☐ 5C ☐ 4C ☐ 3E ☐ PICU ☐ Other:
Per order of Dr. [illegible]
Transport Monitors: ☑ None
☐ EKG ☐ NIBP ☐ Oximetry ☐ Other:

ON ARRIVAL TO FLOOR/UNIT Time: 1130 Patient Transfer: ☐ Self ☑ With Assist
☐ Siderails up ☑ Bed locked ☑ Bed low ☑ Nurse at bedside ☐ Chair ☐ Parents arms

Joe Phaseli Short.

Assessment VS on arrival: BP: Temp.: Pulse: R: Other:
In-room patient monitors: ☐ Pulse oximeter ☐ NIBP ☐ Heart rate/R

Report to / by: Melissa Lyons Time: 1130

Medical College of Georgia
Medical Center

MIKELL, ALEXIS D
DOB: 04/23/89 EMRN: 001125255 F
ACCT #: 002184848 6205 P
LOCATION: CASU
* 001-12-5255 *

AMBULATORY SURGERY POST-OP NURSING NOTE

Date: 7/24/08 Arrival Time: 1130 Via (circle): Wheelchair Stretcher Crib (Carried)

Anesthesia (circle): (General) Spinal Epidural Sedation Local

IV (circle): Yes (No) Site: Edema (circle): Yes (No) Redness (circle): Yes (No)

Solution: Amount left to count: Discontinued at:

Signature:

Dressing/Band-Aide (circle): Yes (No) Site:

Drainage (circle): (None) Scant Moderate Large Color (circle): Serous Serosanguinous

Drains (circle): Yes (No) Type:

Wound (circle): (N/A) Edges approximated Nausea (circle): Yes No

Alerted & oriented (circle): (Yes) No Drowsy Skin (circle): (Warm) (Dry) Cool Clammy

Pain Level: Scale 1-10 0/10 Faces 1-5 0

Family present (circle): (Yes) No Status (circle): (Up in chair) Bed Stretcher Crib (Held)

Medications: **Allergies:** NKDA

Medication	Time	Route	Pain Level (scale)	Signature

Vital Signs

Time	Temp	Pulse	Respiration	Blood Pressure	Pain Level (scale)	O2 sat (PRN)
1159	36.5	99	18	99/56	0/10	100%

PS 3407 9/09

POSTOP

Date/Time	Notes
7/24/09	PT awake, alert, oriented.
	VSS. DC criteria met. — Ibuprofen

Intake		Output	
N/A		N/A	
Oral	Sprite 30	Emesis	0
IV		Urine	
Other		Other	
Total	30	Total	

At discharge (circle): Alert and oriented: (Yes) No Nausea: Yes (No) Tolerating Fluids: (Yes) No N/A
Voiding: Yes No (N/A) Ambulatory: Yes No (N/A) Wound: Edges approximated (N/A) Dressing: Yes (No)
Drainage: Yes (No) Scant Moderate Large Color: Serous Serosanguinous Pain level 0/10 (>4 MD notified)

Vital signs consistent with pre-op levels (circle): (Yes) No Discharged (circle): Wheelchair Ambulatory Arms Wagon
Instructions given, understands, verbalized, instructions sheet signed (circle): (Yes) No

Discharged to (circle): (Home) Other: Alison + Dad

Via (circle): (Car) Other:_____ Escorted by ASU staff (circle): Yes (No)

Signature: [signature] Time: 1140

200

MIKELL, ALEXIS
001125255
Foreign body L

SP-05-0000294
07/24/06

Inc.
atomic Pathology

PATHOLOGY SPECIMEN SUBMISSION

INCOMPLETE FORMS ARE SUBJECT TO REJECTION
PLEASE PRINT INFORMATION MUST BE LEGIBLE

MIKELL, ALEXIS D F I
DOB: 04/23/99 EMRN: 001125256
ACCT #: 002164849 6205 P
LOCATION: CASU

*** 001-12-5255 ***

Date/Time	Location of Service: (ASU, ER, OR, CMC, Clinic, Out-Patient, Floor #)
24 7-26-06	CMC OR
Attending during procedure	**Service/pager#**
Austin	Peds ENT 1278

Time Specimen Submitted To Laboratory: (Place Time Clock Stamp Here)

Pre/Post Operative Diagnosis:	Procedure
foreign body left ear	Removal foreign body left ear

Pertinent Clinical History (Use only approved abbreviations)

7yr old c foreign body left ear

Physician's Signature and PPG#/Medical ID

Specimens submitted
Actual Container Count: 1

Name of Referring MD and Service/Pager #
☐ Attending ☐ Resident

A. Foreign body left ear	☐ FS	G.	☐ FS
B.	☐ FS	H.	☐ FS
C.	☐ FS	I.	☐ FS
D.	☐ FS	J.	☐ FS
E.	☐ FS	K.	☐ FS
F.	☐ FS	L.	☐ FS

WERE ANY SAMPLES ON THE ABOVE SPECIMEN(S) SENT FOR STUDIES OTHER THAN ROUTINE HISTOLOGY? ☐ YES ☐ NO
IF TISSUE WAS TOTALLY SUBMITTED FOR SPECIAL STUDIES, ENTER "T" IN THE BOX LABELED "T".

FOR ADDITIONAL SPECIMENS, CONTINUE ON SECOND SHEET.
CHANGE "A" TO "M" (ETC) AND IDENTIFY AS PAGE X OF Y.

CHECK ALL THAT APPLY	T	SPECIFY SPECIMEN(S) LETTER
☐ CYTOLOGY		
☐ ELECTRON MICROSCOPY		
☐ IMMUNOFLOURESCENCE		
☐ CYTOGENETICS		
☐ DRUG RESISTANCE		
☐ MICROBIOLOGY		
☐ OTHER-PLEASE SPECIFY		

LABORATORY NOTES:

HI 75/8842 505

PATH

WHITE COPY TO PATHOLOGY THEN TO HIMS
PINK COPY TO CHART
YELLOW COPY TO PATHOLOGY

GENERAL INSTRUCTIONS: Use this form for Surgical Pathology specimens, body fluids and exfoliative cytology as well as ancillary studies (cytogenetics, flow cytometry) when submitted along with tissue or cytology collected during the same procedure.

REQUIRED ELEMENTS: The form must be completed in its entirety - if there is no "referring MD" this may be left blank.

SPECIMENS SUBMITTED: Each specimen must be submitted in separate container, listed with a specific letter designation and labeled accordingly. Identify by organ and/or anatomic location. Use only MCGHI approved abbreviations. List tissue/cytology specimens first followed by specimens for ancillary studies.

ACTUAL CONTAINER COUNT: The total number of containers submitted to Pathology.

CYTOLOGY: This form may be used for fluids and exfoliative cytology only. *FNA specimens should be submitted with a CYTOLOGY REQUEST FORM.* Indicate at bottom left which specimens are submitted for cytology. Contact the Cytology Laboratory with questions: 1-2638.

ANCILLARY STUDIES: These specimens require special handling and should be processed immediately by the receiving laboratory. Contact Surgical Pathology 1-2771, the specific laboratory (see below), or the AP resident on-call for instructions. Specimens submitted directly to a specific laboratory should be 1) designated under "Specimens Submitted" with the tissue source followed by "Sent to _____ (name of laboratory) and 2) indicated in the bottom left section of the form with a "T" in the middle column.

CYTOGENETICS: Call Cytogenetics 1-4708 or AP Resident on-call for all specimens. Media should be stored frozen and thawed prior to use. Tissue in cytogenetics media should be submitted to the laboratory IMMEDIATELY or briefly stored refrigerated. Contact cytogenetics for media.

FLOW CYTOMETRY: Media should be stored refrigerated and material placed in Flow media should be maintained at room temperature. Contact Hematology (1-2660) or the CP Resident on-call to ensure proper handling.

ELECTRON MICROSCOPY: Electron Microscopy fixative (glutaraldehyde) requires refrigeration and may be obtained from the lab. Please call the Electron Microscopy Lab (1-4943) if you need to submit a specimen directly for Electron Microscopy.

IMMUNOFLOURENCE: Tissue should be submitted in Zeus fixative. Please call the laboratory (1-3250) to obtain fixative or if you need to submit a specimen directly for IF.

MICROBIOLOGY: Specimens for Microbiology should be submitted directly to the Microbiology Laboratory with the appropriate requisition.

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, ALEXIS D
MRN:	001125255
Birthdate:	4/23/1999
Account Number:	0021648496205
Visit Date:	7/24/2006
Discharge date:	7/24/2006
Patient Type:	ASU
Location:	CMC Ambul Surg

Final Pathology Diagnosis Report

Accession Number	Senior Pathologist:	Collected Date/Time:	7/24/2006 3:12:00 PM
SP-06-0006284:	Biddinger MD , Paul	Received Date/Time:	7/24/2006 3:12:00 PM
		Verified Date/Time:	7/26/2006 5:51:15 PM

Final Pathologic Diagnosis

FOREIGN BODY LEFT EAR (REMOVAL):
- **PLASTIC BEAD (GROSS EXAMINATION ONLY).**

I attest I have personally reviewed the specimen/slides and agree with the above findings.

Paul Biddinger MD
Electronic Signature
Verified: 26-JUL-2006 17:51
PB /BS

Resident: Jeremy S Miller MD

Clinical History

7-year-old with foreign body left ear.

Gross Anatomic Description

(Dictated by Dr. Miller on 7/24/06; Reviewed by Dr. Biddinger)
Specimen received in one container.
Specimen: Designated "foreign body left ear" is received in formalin labeled with the patient's name. Specimen consists of a spherical plastic bead with a silver surface which measures 0.4 cm in diameter.
Gross examination only.

JSM/BS

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, ALEXIS D
MRN:	001125255
Birthdate:	4/23/1999
Account Number:	0021648496205
Visit Date:	7/24/2006
Discharge date:	7/24/2006
Patient Type:	ASU
Location:	CMC Ambul Surg

Cytopathologic Final Report

Accession Number:	Senior Pathologist:	Collected Date/Time:	7/24/2006 3:12:00 PM
SP-06-0006284	Biddinger MD , Paul	Received Date/Time:	7/24/2006 3:12:00 PM
		Verified Date/Time:	7/26/2006 5:51:15 PM

Pre/Post-operative Diagnosis

Foreign body left ear.

MIKELL, ALEXIS D F
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002164849 6202 P
LOCATION: SENT

MCG Health, Inc.

Ambulatory Care Services
Outpatient Staff Notes

001.12.5255

Date: 2 / 21 / 06 (MM / DD / YY) Practice Site: SENT

Attending Physician: Akerlin Referring Physician

Temp: BP R L: Pulse: Resp: Weight:

Pain Assessment and Reassessment

Assessment							Reassessment			
Date	Time	Pain Scale	Pain Score	Location	Intervention	Initials	Time	Pain Score	Reassessment	Initials
			8			M.A.H				

Pain Scale Legend		Interventions Legend				Reassessment Legend	
NRS	NR	Medication	A	Physician notified	G	Asleep	AA
FLACC	FL	Repositioning	B	Prescription Given	H	Resting quietly	BB
FACES	FA	Back Rub	C	Redirection	I	Verbalized decreased pain	CC
NIPS	NI	Heat	D	Relaxation Techniques	J	Other	DD
QPS	QP	Cold	E	Other	K	Pt left before reassessed	EE
		Verbal/ Written Instructions	F			Other: Explain what was done	

Chief Complaint:

Signature and Title/Initials:

Physician Note:

Fx Op
See H+P

POOR QUALITY ORIGINAL

Attending Signature:

03/02/04

PROGNOT

MIKELL, ALEXIS D F
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002164849 6193 P
LOCATION: SENT
001.12.5255

MCG Health, Inc.

Ambulatory Care Services
Outpatient Staff Notes

Date: 2 / 11 / 04 (MM / DD / YY) Practice Site: Sent

Attending Physician: Austin Referring Physician

Temp: BP R L: Pulse: Resp: Weight:

Pain Assessment and Reassessment

Assessment							Reassessment			
Date	Time	Pain Scale	Pain Score	Location	Intervention	Initials	Time	Pain Score	Reassessment	Initials
			0			M.A.H				

Pain Scale Legend		Interventions Legend				Reassessment Legend	
NRS	NR	Medication	A	Physician notified	G	Asleep	AA
FLACC	FL	Repositioning	B	Prescription Given	H	Resting quietly	BB
FACES	FA	Back Rub	C	Redirection	I	Verbalized decreased pain	CC
NIPS	NI	Heat	D	Relaxation Techniques	J	Other	DD
OPS	OP	Cold	E	Other	K	Pt left before reassessed	EE
		Verbal/ Written instructions	F			Other: Explain what was done	

Chief Complaint: 7/8 in left ear, Pt has no Pain

Signature and Title/Initials:

Physician Note:

POOR QUALITY ORIGINAL

Attending Signature:

03/02/04

PROGNOT

MRN: 001125255 Facility: CMC

200
76

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, ALEXIS D F
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002184849 6192 P
LOCATION: PGEN
* 001-12-5255 *

Date: 7/10/06 Appointment Time: Check-in Time: Assigned Attending:

Reason for Appointment: med ck Immunization status:

Current Meds: Adderall trazodone 1½ yrs eardrops Drug Allergies: NKDA

Subjective Information:

9 yo white female - ADHD since 1½ prior to interview - stays @ home w/ mom as primary caretaker - poor concentration, can't sit still, "taking people's stuff" plays outside swimming or inside + colors - mom thinks Adderall not working as well as the pills - switched from Concerta to Adderall 1 year ago - mom smokes but not in home

FH: ADHD/AOD last dental apt 7/14

Objective Information: HEIGHT: (<5%) WEIGHT: 15.2 (<5%) HEAD CIRCUMFERENCE: ( )
TEMP: 36.1 A-O-R PULSE: 100 RESP: BP: 101/58

PAIN SCALE:	PAINSCORE: NML/ABN/N.E.			LOCATION:	MD NOTIFIED: NML/ABN/N.E.			INIT: ATTENDING PE
GEN APPEARANCE	☒	☐	☐	small for age	☐	☑	☐	fidgety, does not stay still, climbing on furniture, walk etc.
SKIN	☒	☐	☐	some scratches on legs from bugs	☑	☐	☐	
HEAD/NECK	☒	☐	☐		☑	☐	☐	
EYES	☒	☐	☐	PERRLA	☑	☐	☐	
EARS	☐	☒	☐	(L) ear foreign body	☐	☑	☐	foreign body (L) ear (likely a bead) coated in ear wax
NOSE/OP/MOUTH	☒	☐	☐		☑	☐	☐	
CHEST/LUNGS	☒	☐	☐	clear to auscultation B	☑	☐	☐	
CARDIOVASCULAR	☒	☐	☐	RRR, strong B/L brach pulses	☑	☐	☐	
ABDOMEN	☒	☐	☐	no hepatosplenomegaly	☑	☐	☐	
LYMPHATICS	☒	☐	☐	post/post cervical lymphadenopathy	☑	☐	☐	
NEUROLOGIC	☐	☐	☐		☑	☐	☐	
MUSCULOSKELETAL	☐	☐	☐		☑	☐	☐	
GENITAL/ANUS	☐	☐	☐		☐	☐	☑	

Assessment:
F/u for ADHD + foreign body in (L) ear

Plan:
Change to Adderall XR 20 mg q day
refer to ENT to remove foreign body in ear 931.0

Follow up: 1 month

Examiner Katie Hoag, JMS

Ipersonally discussed + managed decisions
Attending History: agree w/ JMS above & plan
9 yo girl w/ female c ADHD
- still c/o headaches/nausea & hyperactivity on current dose of Adderall. Also had foreign body A/P: in left ear x >1 wk
- ENT referral for FB removal
- Trial of Adderall XR 20 q AM
- F/u in 1 mo PRN

Time spent: 15-20 minutes

Attending [redacted] MD

PS 1115A 6/02

PROGNOT

9052

MIKELL, ALEXIS D F
DOB: 04/23/89 EMRN: 001125255
ACCT #: 002164849 8192 P
LOCATION: PGEN
* 001-12-5255 *

MCG Health, Inc.
CONSULTATION OR SERVICE REQUEST

Attending MD: R. SHEKHAWAT	PPG# / MIN: 20017	Pager Number: 1730
Unit / Location Code:	Ordering Service:	

☐ ORDER TAKEN OFF Name: _____ Date: _____ Time: _____

Appointment (Day/Date/Time) ALL FIELDS ABOVE MUST BE COMPLETED (Printed)

CLERICAL

☐ CONSULT (MD to MD) OR ☐ SERVICE REQUEST

☑ Routine ☐ Emergent ☐ Urgent ☐ Routine ☐ Emergent ☐ Urgent

TO: PEDS ENT (PHYSICIAN) TO: _____ (SERVICE)

FROM: R. SHEKHAWAT 20017 (ATTENDING PHYSICIAN (PRINT) / PPG #) FROM: _____ (PHYSICIAN (PRINT))

Rshekhawat MD (ATTENDING PHYSICIAN SIGNATURE) _____ (PHYSICIAN SIGNATURE)

MANAGED CARE AUTHORIZATION NUMBER _____ NUMBER OF APPROVED VISITS _____

REASON FOR CONSULT OR REQUEST 7 yr WF c foreign body in left ear (looks like a bead) for ~~three~~ about a month. Please help remove the foreign body

OUTPATIENT ADDRESS & DAYTIME PHONE

STREET _____ PHONE (____) _____

CITY _____ STATE _____ ZIP _____

OUTPATIENT APPOINTMENT July 11 2006 (DATE) 1:15pm (TIME) 4Flook.

REPORT

☐ PATIENT SEEN DATE _____ TIME _____
☐ PATIENT DID NOT KEEP APPOINTMENT
☐ APPOINTMENT RESCHEDULED _____ (DATE) _____ (TIME)
☐ CONSULT OR SERVICE REQUEST NOT APPROVED EXPLAIN: _____
REPORT _____

PROVIDER SIGNATURE

CONSULTATION OR SERVICE REQUEST

CONSULT

208
74

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, ALEXIS D F
DOB: 04/23/98 EMRN: 001125255
ACCT #: 002164849 6157 P
06/06/06 LOCATION: PGEN
* 001-12-5255 *

Date: 6/6/06 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: med ck Immunization status: UTD per shot record
Current Meds: Trazodone, Adderall Drug Allergies: NKDA
Subjective Information: 7 yo girl Hx of ADHD, Pt. wishes to transfer care from Aiken-Barnwell mental health to MCG. Pt was diagnosed in 2005 after poor school performance and "mischievous" behavior. Dad says she is small, but no other health problems. Dad says she has always been pale & bruised easily

Objective Information: HEIGHT: ( ) WEIGHT: 18.8 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 37.1 ADR PULSE: 87 RESP: BP: 104/61
PAIN SCALE: PAINSCORE: LOCATION: MD NOTIFIED: INIT:

	NML/ABN/N.E.	ATTENDING PE
GEN APPEARANCE	NML	thin & pale — ABN — small, pale, wt < 5% tile
SKIN	ABN — several bruises	ABN — multiple bruises, mostly on ant. legs
HEAD/NECK	NML	NML
EYES	NML	NML — sl. dark circles
EARS	ABN — (R) tm thick cerumen partially occluding	ABN — FB (L) ear canal & mild otitis externa
NOSE/OP/MOUTH	NML	NML
CHEST/LUNGS	NML	NML
CARDIOVASCULAR	NML	NML
ABDOMEN	NML	NML
LYMPHATICS	NML	NML
NEUROLOGIC	NML	NML
MUSCULOSKELETAL	NML	NML
GENITAL/ANUS	N.E.	N.E. — deferred to brief inspection

ASSESSMENT: 1) Hx of ADHD
2) <5% wt
3) foreign body in (L) ear

PLAN: 1) Vanderbilt given to dad
2) f/u in 1 month for comp
3) irrigate ears if fails consult ENT
4) Refilled Adderall 10mg morning dose Trazodone 50mg qhs

ATTENDING HISTORY: Pt. presents for FU of ADHD and medication refills. Medications originally prescribed by Barnwell, Sr. mental health clinic. Takes Adderall & Trazodone. Poor appetite. Always been small for age. Immunizations ? up-to-date. ? Family social problems

A/P: (1) ADHD
(2) Small stature
(3) Foreign body, (L) ear
Plan: (1) Refill current meds (Adderall 10mg bid, Trazodone 50mg hs)
(2) Cerumen ear drops
(3) RHA to be scheduled.

FOLLOW UP: One month
TIME SPENT: 30 min
EXAMINER [signature] ATTENDING [signature] Linder, MD

PS 1115A 6/02

PROGNOT

MCG Health, Inc.
Emergency Services Discharge Summary
Phone: (706)721-4951

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is: Scabies

- The examination, diagnosis, and treatment you have received today a emergency basis only. It is not a substitute for the continuing care of a per
- X-rays do not always show injury or disease. Fractures may not be reveal if your condition persists or worsens. X-Rays are initially read by the Em will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several d need additional treatment. You will need to follow up other pending test r

CALL RIGHT AWAY FOR A FOLLOV

The care of your problem is not yet complete. You must make arrangements (sooner if your condition worsens). Please bring along this sheet and any p

- [x] Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you, or you may use the resource list provided you.
- [ ] Call Community Mental Health at (706)771-4800.
- [ ] Contact your county health department.
- [ ] Call Primary Care Associates (706) 860-4004
- [ ] Call MCG Employee Health at 721-3418.
- [ ] Call Pediatric Primary Care Associates (706)312-5437.

- [ ] Retu
  - [ ] i _____
  - [ ] in _____ days for suture removal.
- [ ] Return to the MCG _____ Clinic.
  - [ ] Call the Clinic at (706)721-_____ If you don't hear from the clinic in 3-4 days.
- [ ] An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____

Additional Instructions: Start using prescribed medication tonight. Do not scratch. Use over the counter benadryl for itching.

Prescriptions Given: [x] Yes [ ] No **Work Excuse Given:** [ ] Yes [x] No

PREPRINTED INSTRUCTIONS

[ ] Adult [ ] Peds	[ ] Abdominal & Pelvic Pain	[ ] DUB	[ ] Nausea & Vomiting	[ ] Skin & Soft Tissue Infections
	[ ] Arthralgias & Myalgias	[ ] Eye Problems	[ ] Noncardiac Chest Pain	[ ] STD's & PID
	[ ] Asthma	[ ] Fever	[ ] Otitis Media & Externa	[ ] Strains & Sprains
	[ ] Back & Neck Pain	[ ] Fractures & Dislocations	[ ] Pharyngitis & Tonsilitis	[ ] Syncope
	[ ] Bronchitis & Bronchiolitis	[ ] Gastritis & PUD	[ ] Pneumonia	[ ] Toothache
	[ ] Constipation	[ ] Gastroenteritis	[ ] Pregnancy Complications	[ ] URI & Viral Syndromes
	[ ] Contusion & Crush Injury	[ ] Head Injury	[ ] Rash	[ ] UTI & Pyelonephritis
	[ ] Dehydration	[ ] Headache	[ ] Rectal & Anal Disorders	[ ] Vulvovaginitis
	[ ] Diarrhea	[ ] Hypertension	[ ] Seizures [ ] Febrile Seizures	[ ] Wound Care
	[ ] Dizziness & Vertigo	[ ] Kidney Stones	[ ] Sinusitis	[ ] _____

I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: Allison Nuell Date: 9-21-08 Time: 2010

Signature of Nurse/Physician: _____

Certified Mail Provides:
- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:
- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an Inquiry.
PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

DCSUM

HI 617 / 2008 205

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
General Evaluation

MIKELL, ALEXIS D
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002164849 5264 S
05/21/08 LOCATION: PEME
* 001-12-5255 *

Chief Complaint: Rash

Confirm and check at least 4 elements are present in HPI
Location
Severity 0 1 2 3 4 5 6 7 8 9 10
Timing
Duration
Quality
Context
Modifying Factors
Associated signs or symptoms

History of Present Illness:
6yo g ♀ rash. 5 days ago. Could not stay in school today. Two youngest sister start itching, itching did not stop it from playing. Have 2 dogs and 2 cats.

Four items must be completed

Physician / PA time noted on triage form

PMH: ☒ Triage note reviewed Old chart reviewed/ ☐ Yes ☐ No
☐ Tetanus UTD LMP:_____
RAD DM HTN CAD CVA CA SZ HIV None Mark at least one
Other: ADHD

Surgery: 0

Medications: ☐ See triage note
Adderall, Trizedol

Allergies: ☒ NKDA

Family History Mark at least one
RAD DM HTN CAD CVA CA SZ None

Social History
Occupation: School 1st grade
☐ Tobacco____ppd ☐ EtOH_____
☐ Substance abuse with_____
Lives with_____
Day/Elder Care ☐ Yes ☐ No
Two items must be marked

ROS ☐ Unable to fully assess due to: ☐ Altered LOC ☐ Age ☐ Other:_____
☒ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg
Write in other positive / negative review

Gen: Fatigue, Weight loss / Gain, Fever / Chills
Eye: Vision change, Photophobia
ENT: Sore throat, Voice change, Rhinorrhea / Epistaxis, Hearing change, Tinnitis / Otalgia
CV: Chest pain / Angina, Palpitations / Edema, Orthostasis / Syncope
Resp: Dyspnea / Cough, Hemoptysis, Wheeze
GI: Nausea / Vomiting, Diarrhea / Melena, Hematemesis, Hematochezia, Abdominal pain, Constipation
Musc/Skel: Myalgia / Arthralgia, Back pain
Skin / Heme: Rash / Pruritis, Bruising / Bleeding, Laceration / Abrasion
Neuro: Headache / Confusion, Dizzy / Weakness, Numbness / Tingling
Psych: Depressed / Anxious, Suicidal / Homicidal
Allergic/Immune: Seasonal Allergy, Eczema/Hives
GU/GYN: Dysuria/ Frequency, Incontinence, Discharge, Menorrhagia, Metrorrhagia, Hematuria, Pregnancy

10 Systems Marked

PHYSICAL EXAM ☒ VS reviewed _____BP _____HR _____RR _____T _____O_2 Sat

Gen ☐☐ Well-nourished, ☐☐ Non-toxic, ☐☐ Good state variation, ☐☐ No distress, ☐☐ Awake / alert
Eyes ☐☐ PERRL, ☐☐ EOMI, ☐☐ Sharp discs, ☐☐ Normal conjunctivae, ☐☐ Sclerae anicteric
ENT ☐☐ TMs normal, ☐☐ No rhinorrhea, ☐☐ Normal oropharynx
Neck ☐☐ Supple, Good ROM, ☐☐ No midline tenderness
Lymph Nodes ☐☐ Non-tender, ☐☐ Not enlarged
Back ☐☐ T, L, & S spine non tender
CV ☐☐ RRR, ☐☐ No murmur, ☐☐ Good perfusion / pulses, ☐☐ No edema
Resp ☐☐ Non-labored, ☐☐ Lungs CTA
Chest ☐☐ Chest wall non-tender
Abd ☐☐ Non-distended and soft, ☐☐ Non-tender, ☐☐ Normal bowel sounds, ☐☐ No mass / organomegaly, ☐☐ Rectal occult blood negative
GU ☐☐ Normal external genitalia, ☐☐ No abnormal discharge, ☐☐ No cervical lesions, ☐☐ No cervical motion tenderness, ☐☐ No adnexal mass / tenderness, ☐☐ No CVA tenderness, ☐☐ No bladder tenderness
Ext ☐☐ Normal muscle tone, ☐☐ Full range of motion, ☐☐ Non-tender
Skin ☐☐ No rash, ☐☐ No petechiae/purpura
Neuro / Psych ☐☐ CN II-XII intact, ☐☐ Normal motor function, ☐☐ Normal sensation, ☐☐ Normal reflexes, ☐☐ Normal gait, ☒☐ Oriented x_____, ☒☐ Normal mood, ☒☐ Normal judgement

Details of pertinent physical findings:
No photophobia., Neuro exam unremarkable. Crusted papule located arm bilaterally., abdomen, leg. Lungs sound clear, Lymph node non tender, not enlarged

8 Systems Marked

LABS

S ___ B ___ L ___ M ___ E ___

☐ABG ☐VBG pH ___ pCO_2 ___

☐CBG pO_2 ___ HCO_3 ___

UA: Glu: ___ Bili ___ Ket ___ SG ___ Bld ___
pH ___ Prt ___ Urobil ___ Nit ___ Leuk ___

Micro: WBC ___ RBC ___ Squam ___ Bact ___
Other:

PT ___ PTT ___ INR ___ CPK ___ MB ___ Troponin ___
Mg ___ Ca ___ Phos ___ Amylase ___ Lipase ___ Myoglobin ___
ALT ___ AST ___ GTT ___ D Bili ___ T Bili ___ AlkPhos ___

Wet Prep:

BHCG: Pos Neg
Rapid strep screen: Pos Neg

GXs sent:
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound
☐ All labs reviewed and interpreted see lab report forms

EKG ☐ See EKG

PROCEDURE

Performed by Physicim/PA
☐ Laceration Repair
Length:
☐ Simple ☐ Layered
☐ Intubation
☐ Lumbar Puncture
☐ Central Venous Access
☐ ABG Drawn
☐ Arterial Line
☐ IV Placement
☐ Phlebotomy
☐ CPR
☐ Foley Catheter
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Fracture Reduction
☐ Splint Applied / Examined
☐ Physician/PA Microscopy
☐ Incision and Debridment
☐ Chest Tube Placement
☐ Other ___
☐ Other ___
☐ No Procedures performed by Physician or PA

Procedure Narrative:

X - RAY RESULTS

MIKELL, ALEXIS D F
DOB: 04/23/89 EMRN: 001125255
ACCT #: 002164849 5284 S
09/21/09 LOCATION: PEME
* 001-12-5255 *

☐ None ordered

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

Must list at least two.

ED COURSE AND DECISION MAKING

Repeat Exam ☐ Yes ☐ No Time: ___

☒ Case discussed with Dr. Fly

☐ Service consulted: ___ time: ___
☐ Service consulted: ___ time: ___

DIAGNOSIS

1. Scabies
2.
3.

PLAN ☐ Discharge Home ☐ EDOU
☒ See Discharge Instructions Sheet

PRESCRIPTIONS

permethrin

☐ Admitted to: ___
☐ Transfer to: ___

PA/Resident Signature & Print Jay Chase PA-S

Care turned over to Dr. at

ATTENDING DOCUMENTATION

Pt examined, discussed c PA. Agree c documented H/P, ED Course, Diag + Plan.

☐ Patient Education Performed Regarding Condition and Recommendations
☐ Case discussed with Dr: ___
☐ I was present for the key portion of the procedures documented.
Attending critical care time ___ and summary: ___

Attending Faculty Signature & Print MD

Care turned over to Dr. at Fly

EDH2

MRN: 001125255
212

Facility: CMC

MIKELL, ALEXIS D
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002164849 6284 S
09/21/05 LOCATION: PEME
* 001-12-5255 *

MCG Health, Inc.
Emergency and Express Care Services

☐ I ☐ II ☐ III ☐ IV ☐ ED ☒ Exp

TRIAGE AND ORDERS

Arrival time _____ Triage time 1745

Times: Room 1840 Dr. P.A. 1850 Disch./Admit 2040

Room	Name	Date
E-5	Mikell, Alexis	9/21/05

Chief Complaint: Rash x 3 days

Medical Assessment:
Itching - all over body
? Scabies or flea bites

Prior treatment: (0)

PMD: MCG Triage Signature: [signature]

Pain Scale Faces (3-10 yrs.) Observational Scale (0-3 yrs.)

Age	DOB	Sex	Mode of Arrival
6	4/23/99	F	Private

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	1745	35.5	114/67	98	24		Wt/Actual (kg) 15.2
							LMP

ALLERGIES: ☒ NKDA

Medications: ☐ See attached list
Advil, Tylenol

Additional History or Pertinent Information:
ADHD

☐ Immunizations UTD ☐ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? ☐ Yes ☒ No (If yes see attached explanation)
Social Services Notified? ☐ Yes ☒ No

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders	Time Ordered	Start time/ Initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☐ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HGB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 _____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ Initials
IV Fluids:		

Bed Request Diagnosis: Service:

Attending:
Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU
Time ordered: Time Bed Obtained:
☐ Admit / ☒ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other
Disch. by ☐ Wheelchair / ☒ Ambulatory / ☐ EMS / ☐ Other
Room #: Condition: ☒ Good / ☐ Fair / ☐ Critical / ☐ Deceased
ED Resident/PA: Triage Resident:
Attending: QA W d.

HI 72 / 266822 2/05

EDTRIAGE

MCG Health, Inc.
Emergency and Express Care Services

MIKELL, ALEXIS D
DOB: 04/23/99 EMRN: 001125255
ACCT #: 002164849 5264 S
09/21/05 LOCATION: PEME
* 001-12-5255 *

OBSERVATION FORM

Date _____ Page # _____

Time	T	P	R	B/P	Pain	Intake	Output	Observations and Medications
1840								PT. IN RM 2 GRAD. AB X3 NAD,
								W/O. M. Fig EMT I
2040								D/C PT TO HOM EXPLAINED D/C
								ORDER TO (M) PT. CARE TURNED
								OVER TO MOTHER NO QUESTIONS
								NO CHANGES WITH PT.
								M. Fig EMT I

Primary Nurse: M. Figueroa Time: 1840 Signature: M. Fig EMT I Initials: MF

Report to: _____ Time: _____ Signature: _____ Initials: _____

Report to: _____ Time: _____ Signature: _____ Initials: _____

MI 71285419 7/05

EDREC

MRN: 001125255

Facility: CMC

214
00/12
74

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, ALEXIS F
DOB 04/23/99 MRN 001 - 12 - 5255
ACCT # 002164849 3203 S
07/22/04 LOCATION PGEN
* 001-12-5255 *

Date 7/22/04 Appointment Time Check-in Time Assigned Attending

Reason for Appointment: Swollen Gland

Immunization status UTD per mom

Current Meds: 0

Drug Allergies 0

Subjective Information: Mother states she was to 5th grade, no ~~bloated~~ ~~stools~~ ~~found~~ ~~abd~~. ~~was~~ ~~noted~~ @ ~~lunch~~. Has had wrong chart

Social - 2 sisters 1 bro - Grandfather.
Pmhx - Shots at N. Augusta Shots - UTD per mother, No Blood in past.
PSH ~~or~~ ~~baby~~ ~~w~~ ~~hospital~~;

Objective Information: HEIGHT ( ) WEIGHT 40.9 ( ) HEAD CIRCUMFERENCE ( )
TEMP 36.9 ~~R~~ R PULSE RESP BP
PAIN SCALE 0 PAIN SCORE 0 LOCATION MD NOTIFIED INIT DLS

	NML/ABN/NE		NML/ABN/NE
GEN APPEARANCE	☑ ☐ ☐		☐ ☐ ☐
SKIN	☑ ☐ ☐		☐ ☐ ☐
HEAD/NECK	☑ ☐ ☐	Shotty LAD	☐ ☐ ☐
EYES	☑ ☐ ☐		☐ ☐ ☐
EARS	☑ ☐ ☐		☐ ☐ ☐
NOSE/OP/MOUTH	☐ ☑ ☐	ulcer on tongue	☐ ☐ ☐
CHEST/LUNGS	☑ ☐ ☐	+	☐ ☐ ☐
CARDIOVASCULAR	☑ ☐ ☐		☐ ☐ ☐
ABDOMEN	☐ ☐ ☐		☐ ☐ ☐
LYMPHATICS	☐ ☐ ☐		☐ ☐ ☐
NEUROLOGIC	☐ ☐ ☐		☐ ☐ ☐
MUSCULOSKELETAL	☐ ☐ ☐		☐ ☐ ☐
GENITAL/ANUS	☐ ☐ ☐		☐ ☐ ☐

ASSESSMENT

~~Swollen Gland~~

Viral

PLAN ~~Refer to Surgeon~~

~~Stop if ever get PCN~~

ATTENDING HISTORY:

Swollen + ulcers on tongue
x several days. Only stays
Causing discomfort if moves

A/P: Stone told
Ok Cont. Fluids, Tylenol
Stop if enlarged PCN's.

FOLLOW UP

TIME SEEN:

EXAMINER _____

ATTENDING [signature]

PS 1115A 8402

PROGNOT

FIN: 002164849320 3

Page Number: 2

DOB 09/23/99 MRN 001 24 8786
MIKELL ALEXIS
ACCT# 002314236 3033 RACE W F
02/02/03 S
001 24 8786

Medical College of Georgia
and Children's Medical Center
EMERGENCY & EXPRESS CARE SERVICES
Phone (706)721 4951

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is Lymph Node Infection

You were seen today by Dr Wilde

The examination diagnosis and treatment you have received today are intended to deal with the present problem on an emergency basis only It is not a substitute for the continuing care of a personal physician or regular clinic
X rays do not always show injury or disease Fractures may not be revealed on initial films Additional x rays may be required if your condition persists or worsens X Rays are initially read by the Emergency Physicians An X Ray specialist (Radiologist) will make the final reading on X rays CT Scans Ultrasounds and MRI s
Some test results (for example cultures) may not be available for several days You will be contacted if culture results show you need additional treatment You will need to follow up other pending test results at your next clinic appointment

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete You must make arrangements for follow up of your problem in _____ days (sooner if your condition worsens) Please bring along this sheet and any prescribed medications to your follow up appointment

- ☐ Follow up with your regular doctor or return to the Emergency Department
  - ☐ in _____ days for reevaluation
  - ☐ in _____ days for suture removal
- ☐ Return to the MCG _____ Clinic
  - ☐ Call the Clinic at (706)721 _____ ☐ to schedule an appointment ☐ as needed
  - ☐ You will be contacted by the Clinic within 7 days
  - ☐ An appointment has been made for you on DATE_____ at TIME_____
- ☐ Call _____
- ☐ Call your Primary Care Physician or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you
- ☐ Call Neighborhood Health Services Center at (706)790-4440
- ☐ Call Community Health Center (706)828 7468
- ☐ Call Margaret Weston Clinic in Clearwater SC at (803)593 9283
- ☐ Call Community Mental Health at (706)771 4800

Additional Instructions You must follow up with Dr Head Monday or Tuesday Take antibiotics as indicated Return to ER if any difficulty breathing or swallowing

Prescriptions Given ☐ Yes ☐ No **Work Excuse Given** ☐ Yes ☐ No

PREPRINTED INSTRUCTIONS

☐ Adult ☐ Peds	☐ Abdominal & Pelvic Pain	☐ DUB	☐ Nausea & Vomiting	☐ Skin & Soft Tissue Infections
	☐ Arthralgias & Myalgias	☐ Eye Problems	☐ Noncardiac Chest Pain	☐ STD s & PID
	☐ Asthma	☐ Fever	☐ Otitis Media & Externa	☐ Strains & Sprains
	☐ Back & Neck Pain	☐ Fractures & Dislocations	☐ Pharyngitis & Tonsilitis	☐ Syncope
	☐ Bronchitis & Bronchiolitis	☐ Gastritis & PUD	☐ Pneumonia	☐ Toothache
	☐ Constipation	☐ Gastroenteritis	☐ Pregnancy Complications	☐ URI & Viral Syndromes
	☐ Contusion & Crush Injury	☐ Head Injury	☐ Rash	☐ UTI & Pyelonephritis
	☐ Dehydration	☐ Headache	☐ Rectal & Anal Disorders	☐ Vulvovaginitis
	☐ Diarrhea	☐ Hypertension	☐ Seizures ☐ Febrile Seizures	☐ Wound Care
	☐ Dizziness & Vertigo	☐ Kidney Stones	☐ Sinusitis	☐ _____

I understand and have received a copy of these instructions I have been allowed to ask questions
I may return to the Emergency Department at any time, especially if my condition worsens

Signature of Patient/Guardian X Allison Mikell Date 2/3/03 Time 0035

Signature of Nurse/Physician Melanie Mazdurka

MC 617 / 20698 9/02

DCINSTR

MRN: 001125255
216

Facility: CMC

Medical College of Georgia
and Children s Medical Center
Emergency and Express Care Services Record
Pediatric Evaluation

MRN 001 24 8786
DOB 04/23/99
MIKELL ALEXIS 3033 RACE W F
ACCT# 002314236 S
02/02/03
001 24 8786

CC/HPI
Exam time _____ 3y o
Seen @ UH last week for knot on (L) Jaw Dx'd c OM + Placed on Zithromax LGP (10^3) all week Cough c some rhinorrhea x 1 week, For over 1 month she has c/o (L) leg pain intermittently c emesis today Ø diarrhea Good Appetite Knot increasing in size pains

Pain: ☐ Faces ☐ OBS | None 0 | Mild 1 2 3 | Moderate 4 5 6 7 | Severe 8 9 10

PMH ☐ Triage note reviewed ☐ Old chart reviewed
RAD DM SZ Surgery
One hosp for RSV

Medications ☐ See triage note
Zithromax (done)

Allergies ☐ NKDA

Immunizations UTD ☐ Yes ☐ No

Social Hx: RAD DM HTN CAD CVA CA SZ
Grade in school _____ Day care Yes No
Lives with Mom, dad & mom's frd.
☐ Tobacco _____ ppd ☐ EtOH _____
☐ Substance abuse _____

ROS ☐ Unable to fully assess due to ☐ Altered LOC ☐ Age ☐ Other _____
☐ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg

Gen ~~Decreased activity~~ ~~Decreased PO intake~~ ~~Decreased urine output~~ Fever c LG
Eye Eye pain, Eye discharge
CV Chest pain, Palpitations
GI ~~Nausea~~, Vomiting, ~~Diarrhea~~, Abdominal pain, Constipation
Skin / Heme: Rash, Bruising / bleeding
Neuro: Headache, Dizziness, Weakness
Psych: Depressed, Change in behavior
Allergic / Immune: Hayfever, Eczema
GU / GYN: Dysuria, Frequency, Discharge, Hematuria, Irregular menses, Pregnant, EGA _____ weeks
FNT: Sore throat?, Voice change, Hoarseness, ~~Ear pain~~, Runny nose
Resp: ~~Dyspnea~~, Cough, ~~Wheeze~~
Musc / Skel: Myalgia, Arthralgia, Back pain

PHYSICAL EXAM ☐ VS reviewed 98/53 BP 110 HR 24 RR 37.8 T _____ O2 Sat

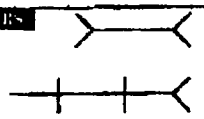
Gen: ☑ Well nourished, ☐ Non toxic, ☐ Good state variation, ☐ No distress
Eyes: ☐ PERRL, ☐ EOMI, ☑ Normal conjunctivae, ☑ Normal sclerae
FNT: ☐ MS normal, ☑ Moist mucous membranes, ☐ No rhinorrhea, ☑ Normal oropharynx
Neck: ☑ Supple, ☐ No midline tenderness
Lymph Nodes: ☐ Non-tender?, ☐ Not enlarged
Back: ☐ TLS spine non tender
CV: ☑ RRR, ☑ No murmur, ☐ No pulse deficit, ☐ No edema
Resp: ☑ Non labored, ☑ Lungs CTA
Chest: ☐ Chest wall non tender
Abd: ☑ Non distended, ☑ Non tender, ☑ Normal bowel sounds, ☑ No mass / organomegaly, ☐ Rectal occult blood negative
GU: ☐ Normal external genitalia, ☐ No abnormal discharge, ☐ No cervical lesions, ☐ No cervical motion tenderness, ☐ No adnexal mass / tenderness, ☐ No CVA tenderness, ☐ No bladder tenderness
Ext: ☑ Normal muscle tone, ☑ Full range of motion, ☑ Non tender
Skin: ☐ No rash, ☐ No petechiae / purpura
Neuro / Psych: ☑ Age appropriate development, ☐ CN II XII intact, ☐ Normal motor function, ☐ Normal sensation, ☐ Normal reflexes, ☐ Normal gait, ☐ Oriented x _____, ☐ Normal mood, ☐ Normal judgement

Details of pertinent physical findings
Gen very fussy
ENT (+) rhinorrhea, (L) TM erythematous c blunted LM's, but LR (+)
LN unable to determine tenderness, Ø erythematous (L) submandibular - Post auricular enlarged but moveable
(L) Leg Bears weight, PROM, Pulses 2+

PB 572 3/2002

EDH2

LABS



__S __B __L __M __E

☐ABG ☐VBG ___pH ___PCO_2

☐CBG ___pO_2 ___HCO_3

UA ___Glue ___Bili ___Ket ___SG ___Bld
___pH ___Prt ___Urobil ___Nit ___Leuk
Micro ___WBC ___RBC ___Squam ___Bact
Other

Rapid strep screen Pos Neg BHCG Pos Neg

___PT ___PTT ___INR ___CPK ___MB ___Troponin
___M ___Ca ___Phos ___Amylase ___Lipase
___ALT ___AST ___GTT ___D Bili ___T Bili ___AlkPhos

CXs sent
☐Blood ☐Chlamydia/GC ☐CSF ☐Stool ☐Throat ☐Urine ☐Wound

EKG ☐Old EKG reviewed and no change Date _____
☐Rhythm strip interpretation Rate _____ ☐NSR ☐ST ☐Other

RADIOLOGIC STUDIES

PROCEDURE NOTE

IMPRESSIONS/DIFFERENTIAL DIAGNOSIS

Evaluation of (L) leg pain
(2) cervical Lymphadenitis

EDUCATION AND MEDICAL DECISION MAKING

O_2 Sat interpretation

Cervical adenitis

Attending critical care time

PA/Resident Signature JSN George, MD

Care turned over to Dr _____ at _____

ATTENDING DOCUMENTATION

Pertinent history obtained by attending

Swollen area (L) neck x 5 d, no better on erythromycin. No fever. URI x 7-10 d. No TB exposure, No farm exposure, No HIV exposure No cat scratches

Attending additional pertinent findings

NAD
Single 2cm node (L) submandebular, mildly tender, slightly moveable
Called CTA
TM's completely nl
Abd soft/NT

DIAGNOSIS

1
2
3 Cervical adenitis

PLAN

Prescriptions

Keflex
F/U LMD 24-48 hrs

☐Discharge home

☐Transfer to _____ ☐Admitted to _____

☐Service consulted _____ time _____

☐Service consulted _____ time _____

DISCHARGE CONDITION

☐Good ☐Fair ☐Serious ☐Critical

COMPLEXITY

☑Moderate ☐High

☑The attending has supervised the evaluation of the patient and reviewed the resident/PA written HPI MH SH FH ROS PE labs & ED course
☑Medical decision making reviewed and amended by attending as required
☑Attending confirms above diagnosis as written
☑Attending confirms above plan as written
☐Attending supervised pertinent portions of the procedure

Attending Faculty Signature Jun Wilde MD

Care turned over to Dr _____ at _____

EDH2

MRN: 001125255

218

Facility: CMC

3

DOB 04/23/99 MRN 001 24 8786
MIKELL ALEXIS
ACCT# 002314236 3033 RACE W F
02/02/03 S
001 24 8786

Medical College of Georgia
Emergency and Express Care Services

TRIAGE AND ORDERS

Mode of Arrival POV - Mom

Patient Name	Room #	TIMES	Triage	2215	Room	7305	MD	Discharge 2/3/03
Mikell, Alexis	A2	Time	BP	HR	R,R	TEMP	Cr/SAT	SIGNATURE
Date of Visit 2/2/2003 DOB 4/23/1999		2215	0953	170	24	37.8		
Age 3yr 9m Sex F Wt 12.2kg LMP N/A								

Chief Complaint: Knot in R side of face
First noticed: 1 week ago PAIN? NO YES

Triage Assessment: Acting Normal
C/O Neg pain, Swollen R jaw

Tx prior to arrival: none

Have you been a victim of physical / emotional abuse in the last year (explain) NO

Soc Sec Notified? NO YES Tel 1-8150

Clergy/Physician Notified

Allergies NKDA ☐ Latex

Medications Denies

Tetanus Immunizations ☐ UTD ☐ UTD ☐ See List

Medical History: 5th wk ago University ER for Ear infection finished antibiotics 30 days ago

PMD Head

Triage Nurse Lucadamo

No Pain — Moderate Pain — Worst Pain

0 1 2 3 4 5 6 7 8 9 10

FACES Pain Rating Scale

0 2 4 6 8 10

AIRWAY	BREATHING	CIRCULATION
☐ Oxygen	☐ Med Neb	Intravenous Orders
L/Minute		☐ Heplock
By		☐ (1)
☐ Suction Equipment		☐ (2)
☐ NG Tube		☐ Cardiac Monitor
☐ NP Airway	Pulse Oximeter	☐ EKG
☐ $ETCO_2$	☐ Spot ☐ Cont	☐ B P Monitor
	Peak Flows	
	☐ Pre ☐ Post	

ORDERS	Time	Nurse
☐ CBC		
☐ BMP ☐ SMA10 ☐ CMP		
☐ Amylase ☐ Lipase		
☐ PT/PTT		
Blood Culture x 1 2		
Drug Level ☐ ASA ☐ Acetaminophen		
Type and Screen / Cross Units		
HCG ☐ Qualitative ☐ Quantitative		
☐ Urinalysis ☐ C/S ☐ Urine dip		
Throat Culture for Strep		
ABG (Room Air)		
☐ GC / Chlamydia		

X RAY		
C SPINE	☐ Chest Portable	☐ Pelvis
☐ Cross table Lat	☐ Chest PA & Lateral	☐ Hip R L
☐ Complete Series	☐	☐ Acute ABD
☐ Flexion Extension	☐	☐ KUB
☐	☐	☐

IMAGING STUDY	
☐ CT Scan Site	Time CT/US Notified
Contrast or Noncontrast with nurse or without nurse	
☐ Ultrasound	

BATCH ORDERS
☐ CPC Protocol
(CBC SMA 10 CK (CKMB) PT PTT Topamax / EKG Portable CXR)
☐ Trauma Protocol
(CBC BMP Amylase U/A UDS HCG T&S) Female

MEDICATION PROCEDURES	
☐ Accuchek	☐ Hemocue
☐ Foley Catheter	☐ I/O Cath
☐ Suture Set Tray	☐ Pelvic Set up
☐ Tetanus DPT or Td	☐ Urine HCG

CONSULTATION NOTIFICATIONS			
Service or Specialty	Called	Response	Arrived

Impressions: Cervical adenitis

DISPOSITION	
Admit / Transfer / Discharge	Home w/ appt
Location	

Attending: Jan Wilbe MD (W)

Resident W

PS 3298 Rev 9/01

EDTRIAGE

Medical College of Georgia
Emergency and Express Care Services

DOB 08/23/89 MRN 001 24 8786
MIKELL ALEXIS
ACCT# 002314236 3033 RACE W F
02/02/03 S
001 24 8786

OBSERVATION FORM

Date 2/2 - 2/3/03

Time	T	P	R	B/P	PAIN	Intake	Output	Observations and Medications
2315								Pt A+O - alert - NO distress - D/W pt d/c'd to home @ discharge in NAD, man given d/c instructions signed with open ears, verbalize understanding of instructions given RX for Keflex - MTM/cma
2/3/03 0035								

PS 3298 5/2001

EOREC

Medical College of Georgia
Emergency and Express Care Services
Tel. 706-721-4951

DOB: 04/23/99
MIKELL, ALEXIS MRN 001-12-5255
ACCT#: 002164849-9294 RACE: W F
10/21/99 S
001-12-5255

Patient Discharge Summary and Instructions

ADDRESSOGRAPH

Be sure that you have read and understand all instructions before signing below. These instructions should be followed closely as the best possible safeguard against complications. When you visit your regular or follow-up physician, please bring along this sheet and any prescribed medications.

Diagnosis: Fever - No Clear Source Seen by Dr. Wilde (J. Heard, SMS)

X-rays were taken: ☑ No ☐ Yes ☐ Ultrasound ☐ CT Scan

X-rays do not always show injury or disease and fractures may not be revealed on the initial x-rays. Additional x-rays may be required if the problem persists or worsens. X-rays are initially interpreted by the physician in the emergency department. A radiologist will make a final reading by the following day. You will be contacted if the final reading indicates any change in your treatment.

☐ Tetanus immunization up to date ☐ diph. Tet. / Tet. Tox. given today

☐ Return to the Emergency Department in _____ days for follow-up care.

☐ Return to the Emergency Department in _____ days if problem persists.

☐ Call: ☑ your private physician, Dr. Bland tomorrow for appointment tomorrow—return here if he cannot see you

☐ the Margaret Weston Clinic in Clearwater, S.C. at 803-593-9283

☐ University Hospital _____ Clinic at 722-9011 ext. _____

☐ the MCG _____ Clinic at 721-_____ in _____ days for an appointment in _____ days (or sooner if your condition worsens).

☐ Your appointment has been made for you: ☐ You will be contacted by the clinic:

_____ Clinic Date: _____ Time: _____

☑ Other scheduled or pending studies: Blood Culture Pending WBC 20.7 T-39.2(R) Urine Culture Pending VAG

Prescriptions given: ☑ No ☐ Yes _____

☐ Follow the instruction sheet(s) you have been given for _____

Other Medications / Instructions / Work Restrictions: (1) See Dr. Bland tomorrow (2) Return if she is not responding to you, if she is having trouble breathing (3) Use Tylenol/motrin for fever

Work /School Excuse given: ☑ No ☐ Yes, may return: _____

The examination and treatment which you have received is intended to deal with the present problem on an emergency basis only. It is by no means intended to be a complete diagnosis or complete medical care. It should not be considered as a substitute for the continuing care of a personal physician or regular clinic.
I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

X Alicia Mikell
(Signature of Patient or Responsible Person and Relationship)

X Nicole Salese RN 10/21/99 0335
(Signature of Nursing Personnel and / or Physician) (Date / Time)

MC617 / 20096 9-97

DCINSTR

Medical College of Georgia
and Children's Medical Center

EMERGENCY AND EXPRESS CARE SERVICES RECORD

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS D
ACCT#: 002164849-9294 RACE: W F
10/21/99 S
001-12-5255

Time MD in room: 2130

Transport by: ☐ Ambulance ☑ Walk-in ☐ Private auto ☐ Information from ambulance personnel reviewed ☐ EMS direction provided ☐ Triage note reviewed

CC/HPI: LEVEL 1,2,3 1-3 ELEMENTS LEVEL 4 4+ ELEMENTS OR 3 CHRONIC OR INACTIVE LEVEL 5 4+ ELEMENTS OR 3 CHRONIC OR INACTIVE

Symptom/location · Severity · Modifying factors · Context/mechanism injury · Quality · Duration · Timing · Associated Signs/sxs

6 mo old WF, @PMH, here for fever today + cough + cold sx x 2 wks. fever initially with cold, but none since. URI actually seems to be improving. Mom + dad with colds + vomiting - @fav. Pt - @Diarrhea @vomiting
Good PO Alert/tough activity ⊕Viral exanthum dx with viral cold
Bwksasp - Benadryl 9hs

PMH	DM	HTN	CAD	CVA	CA	RAD
@ FT						

LMP____ G___ P___ ☐ Old chart reviewed
MD/Clinic: Bland Anker
Allergies: ☑ NKDA
Immunizations: UTD Last tetanus:

MEDICATIONS
Benadryl prn
Tylenol prn fever

FAMILY/SOCIAL HX
DM___ HTN___
CAD___ CVA___
SA___ RAD___
SZS___ Other___
Occupation___
Tobacco___ Lives w/___
EtOH___ Substance abuse___
Grade in school___ ☐ Day care

ROS
☐ Unable to fully assess due to ☐ altered loc ☐ other
POSITIVES CIRCLED
☐ = All Normal
☐ = Not done if no items circled

EXAM Line through item or blank box = not performed — Level 2,3: 2 to 4 categories — Level 4: 5 to 7 categories — Level 5: 8 or more categories

GENERAL
☐ nl ☐ abnl HR___ RR___ T 37.9 BP___
☐ ☐ Vital signs per nurses notes
☑ ☐ Well-developed/nourished
☑ ☐ No acute pain/distress
☑ ☐ Non-toxic
☑ ☐ Well-hydrated

RESP
☑ nl ☐ abnl
☑ ☐ Normal respiratory effort
☑ ☐ No rales, ronchi, wheezes, stridor
☑ ☐ Symmetric breath sounds
☑ ☐ No retractions
☐ Pulse oximetry done ☐ Interpreted by attending

EXT
☑ nl ☐ abnl
☑ ☐ Good muscle tone
☐ ☐ No joint/bony tenderness
☐ ☐ Compartments soft
☐ ☐ Full range of motion Active Passive

SKIN
☐ nl ☐ abnl
☐ ☑ PERRL
☑ ☐ EOMI
☐ ☐ Fundi/Discs normal
☐ ☐ Conjunctivae/lids normal
☐ ☐ Sclera non-icteric

CHEST
☑ nl ☐ abnl
☐ ☐ No masses/tenderness
☐ ☐ No discharge
☐ ☐ No sub-Q air or crepitus

BRIM
☐ nl ☑ abnl
☐ ☑ No rash ⊕pinpoint macular rash on cheeks
☑ ☐ No petechiae/purpura

HEENT
☑ nl ☐ abnl
☑ ☐ TMs normal, no pus
☑ ☐ No rhinorrhea
☑ ☐ Pharynx without erythema/exudates
☐ ☐ No dental trauma

ABD
☑ nl ☐ abnl
☑ ☐ No masses/tenderness/hernia
☑ ☐ No organomegaly
☑ ☐ Non-distended
☑ ☐ Normal bowel sounds
☐ ☐ Rectal exam nl

BACK
☐ nl ☐ abnl
☐ ☐ No C-spine tenderness
☐ ☐ No T-L-S spine tenderness
☐ ☐ FROM

NECK
☑ nl ☐ abnl
☑ ☐ Neck supple
☑ ☐ No meningismus
☑ ☐ FROM
☑ ☐ No C-spine tenderness

GU
☑ nl ☐ abnl
☑ ☐ External genitalia normal
☐ ☐ No masses/tenderness/discharge

NEURO
☑ nl ☐ abnl
☑ ☐ Appropriate for age
☐ ☐ Normal motor function
☐ ☐ Normal sensory function
☐ ☐ Gait normal
☐ ☐ CN II-XII grossly intact

CV
☑ nl ☐ abnl
☐ ☐ RRR
☑ ☐ No murmurs or gallops
☑ ☐ No edema
☑ ☐ Good perfusion
☑ ☐ Pulses normal/symmetric

LYMPH
☑ nl ☐ abnl
☑ ☐ No neck adenopathy
☐ ☐ No axillary adenopathy
☐ ☐ No inguinal adenopathy

PSYCH
☑ nl ☐ abnl
☑ ☐ Alert/oriented appropriate for age
☐ ☐ No abnormalities of mood/affect
☐ ☐ No homicidal/suicidal ideation

Additional PE: VSS ill Febrile @ 39.4 ⊕ Alert, well hydrated HEENT - EACs TMs pearly Nose @ rhinorrhea OP - clear, moist Neck - Supple CV RRR @ m Lungs CTAS Abd - S/NT/ND NABS GU - Boys

☐ See attached injury diagram

Page 1 of 2

MC 467 / 8839 Rev. 8-99

EDHP

Medical College of Georgia
and Children's Medical Center

EMERGENCY AND EXPRESS CARE SERVICES RECORD

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS D
ACCT#: 002164849-9294 RACE: W F
10/21/99 S
001-12-5255
ADDRESSOGRAPH

LABS

Seg B I Mo

☐ ABG ☐ VBG pH / pCO2 / pO2 / HCO3 / CO /

UA LE / Nit / Blood / Prt / Ket / glc / SG /
Micro: _____ WBC _____ RBC _____ Squam

Other: _____ HCG _____

Ca
Mg
Phos

ALT
AST
T Bili
D Bili

CSF: WBC / RBC / prt / glc / gram stain

Cardiac: CPK ___ MB ___
Troponin I ___

☒ Labs reviewed/interpreted by Attending

EKG

☐ 12 lead ☐ Rhythm Strip
Rate: PR QRS Axis QTc
Rhythm:

☐ Interpreted by Attending

RADIOLOGY

☐ Interpreted by Attending

PROCEDURES

☐ Attending present for/supervised procedure:

☐ Critical care time _____

ED COURSE

Alert Febrile 39°
Tylenol given x1
PE: No clear source of fever
CBC, BCx, UA-Cath
UAC
CBC - WBC 20.7
BCx (P)
Ceftriaxone 325mg IVx1

ATTENDING

History as documented above by junior physician and reviewed with patient and junior physician. Pertinent findings:
URI x 2 wks almost resolved. Today ± fever. Sx'd. Family all ± URI 1-2 wks ago, mom ± fever.

My exam confirms:
Alert/NAD Not toxic
Neck supple TMs nl
No skin rashes noted
Not cyanotic Alert CTA, Euvolemic

I confirm junior physician's assessment and diagnosis as: _____
Fever ± clear source. Child appears well.
WBC 20K

I agree with plan of care as follows: CBC/blood cx/UA+cx
CTx x PO WBC >15K
F/U CMD tomorrow

Attending signature: _____ MD ☐ Full H/P
(See above documentation for further details) ☐ Attending note dictated

Primary Diagnosis: Fever without Clear Source
Secondary Diagnosis: _____

Secondary Diagnosis: _____
Secondary Diagnosis: _____

DISPOSITION

☑ Discharge ☐ Admit ☐ AMA ☐ Transfer ☐ Death ☐ LWOBS
Condition: ☑ Stable ☐ Improved ☐ Deteriorated in ED

PLAN

☐ Discharge instruction sheet provided to pt/family

D/C home PO ceftriaxone
F/u in AM with PMD

_____
MD/DO Signature

White - Medical Records
Yellow - Emergency Department
Pink - Referral

MC 467 / 8339 Rev. 8-99

EDHP

3

Medical College of Georgia
Emergency and Express Care Services

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS D
ACCT#: 002164849-9294 RACE: W F
10/21/99 S
001-12-5255
ADDRESSOGRAPH

TRIAGE AND ORDERS POV

Patient Name:	Room#	TIMES	Triage	2100	Room	2115	MD		Discharge
Mikell Alexis	ED4	TIME	B.P.	H.R.	R.R.	TEMP.	O/SAT		SIGNATURE
Date of Visit: 10-21-99 D.O.B. 4-23-99		2035	63/45	140	32	39.4			
Age 6 mo Sex F Wt. 5kg L.M.P. —		2230	102/67	120	28	37.3			

Chief Complaint: fever

Triage Assessment: started today - also cough + nasal D/C. also no resp diff noted

Service/Physician: [illegible] Notified: Nurse

Allergies: NKDA

Tetanus Immunizations: ☐ UTD ☐ UTD

Medications: Tylenol 2030 2.9mg ☐ See list

Medical History:

PMD: [illegible] Triage Nurse: [illegible]

AIRWAY & C-SPINE	BREATHING	CIRCULATION
☐ Oxygen:	☐ Med Neb	Intravenous Orders
L/Minute		☐ Heplock
By:		☐ (1)
☐ Suction equipment	☐ ETCO2	☐ (2)
☐ NG Tube	☐ Pulse Oximeter	☐ Cardiac Monitor
☐ NP Airway	☐ Spot ☐ Cont.	☐ EKG
☐ Intubation:	Peak Flows:	☐ B.P. Monitor
Route	☐ Pre ☐ Post	☐ Cardiac Pacing
Size	☐ ABG (Room Air)	Lines:
☐ C-Collar Application	☐ Ventilator:	☐ Central
☐ Broselow Tape	Rate FiO2	☐ Arterial
☐	TV Peep	☐ BLS
☐	☐	☐ ACLS

X-RAY		
C-SPINE	☐ Chest-Portable	☐ Pelvis
☐ Cross-table Lat.	☐ Chest-P.A. & Lateral	☐ Hip R L
☐ Complete Series	☐	☐ Acute ABD
☐ Flexion-Extension	☐	☐ KUB
☐	☐	☐

IMAGING STUDY	Time CTAUS Notified
☐ C.T. Scan Site	
Contrast or Noncontrast, with nurse or without nurse	
☐ C.T. Sedation, Agent:	
☐ Ultrasound:	

BATCH ORDERS
☐ CPC Protocol
(CBC, SMA10, CK (CKMB), PT, PTT, EKG, portable CXR)
☐ Trauma Profile
(CBC, Lytes, Glucose, U/A, *HCG, T&S) *Female

CONSULTATION-NOTIFICATIONS			
Service or Specialty	Called	Response	Arrived

Disposition Condition	Prescribed Medications
Admit/Transfer/Discharge Location: Home	
Type Instruction Sheet	May return to work/school on:

ORDERS

Time		Time	Nurse
	☐ CBC	2230	MG
	☐ SMA7 ☐ SMA10 ☐ SMA18		
	☐ Amylase ☐ Lipase		
	☐ Blood Culture 1 2	2230	MG
	☐ Drug Level ☐ ASA ☐ Acetaminophen ☐		
	☐ Type and Screen / Cross units		
	☐ HCG Qualitative ☐ Quantitative		
	☐ Urinalysis ☐ C/S ☐ Cath	2230	MG
	☐ G.C./Chlamydia Culture		
	☐ Throat Culture for Strep.		
	☐		
	☐		
	☐		
	☐		

MEDICATION-PROCEDURES

- ☐ Accuchek
- ☐ Foley Catheter ☐ I/O Cath
- ☐ Hemoccult
- ☐ Suture Set Tray ☐ Pelvic Set-up
- ☐ Tetanus: TT or DT or Td
- ☐ Urine Dipstick ☐ Urine HCG

Tylenol 80mg PO 1st 2110
Ibuprofen 37.5mg PO 1st 2200

Impressions:
Fever 5 Source
R/O Bacteremia

Attending: [illegible] ☐ Dictation
Resident: [illegible] ☐ Dictation

White Copy: Medical Records - Yellow Copy: Emergency Department - Pink Copy: Referral

EDTRIAGE

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS D MOM
ACCT#: 002164849-9294 RACE: W F
10/21/99 S

Emergency Services Record No. 4

EXTENDED OBSERVATION SHEET

Date _____

Time	T	P	R	B/P	Intake	Output	Observation and Medications
2115							Pt awake, alert, fretful. Lispenet initiated. To ED via stretcher and wheelchair. Mother at bedside.
2220							Initial call for IV using 5Fr feeding tube using sterile technique obtained. Sent for UA: C:S. 24G to (R) hand, unable to obtain. Cath removed, gauze dsg applied. 24G cath to (L) AC, labs: blood culture obtained and sent. Pt awake, alert, cradled in mom's arms. Nicole Calvert RSA. Pt asleep in mom's arms. Resp. WNL. Awaiting labs. Nicole Calvert RN
2315 approx							
2325							
2320							Pt given 375mg IV Rocephin diluted in 10cc NS slow IV push over 5min, flush c 3cc NS. Nicole Calvert RN
2335							(L) AC PIV D/C, gauze dsg applied, bandaid applied. D/C instructions reviewed with mom including follow up visit and prn meds. Pt awake, alert, carried out in mom's arms. Nicole Calvert RN

White - Medical Records Canary - Emergency Department Pink - Referral

EDREC

MC 488 / 8846 12/98

MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINIC

Medical College of Georgia
Emergency and Express Care Services
Tel. 706-721-4951

DOB: 04/23/99 MRN 001-12-5255
MIKELL, ALEXIS D
ACCT#: 002164849-9275 RACE: W F
10/02/99 S
001-12-5255
ADDRESSOGRAPH

Patient Discharge Summary and Instructions

Be sure that you have read and understand all instructions before signing below. These instructions should be followed closely as the best possible safeguard against complications. When you visit your regular or follow-up physician, please bring along this sheet and any prescribed medications.

Diagnosis: Gastroenteritis Seen by Dr. Wagner / Wilde

X-rays were taken: ☒ No ☐ Yes ☐ Ultrasound ☐ CT Scan

X-rays do not always show injury or disease and fractures may not be revealed on the initial x-rays. Additional x-rays may be required if the problem persists or worsens. X-rays are initially interpreted by the physician in the emergency department. A radiologist will make a final reading by the following day. You will be contacted if the final reading indicates any change in your treatment.

☐ Tetanus immunization up to date ☐ diph. Tet. / Tet. Tox. given today

☐ Return to the Emergency Department in _____ days for follow-up care.

☐ Return to the Emergency Department in _____ days if problem persists.

X Call: X your private physician, Dr. Bland See him in 2 days

☐ the Margaret Weston Clinic in Clearwater, S.C. at 803-593-9283

☐ University Hospital _____ Clinic at 722-9011 ext. _____

☐ the MCG _____ Clinic at 721-_____ in _____ days for an appointment in _____ days (or sooner if your condition worsens).

☐ Your appointment has been made for you: _____ Clinic Date: _____ Time: _____ ☐ You will be contacted by the clinic:

☐ Other scheduled or pending studies: _____

Prescriptions given: ☒ No ☐ Yes _____

~~Tylenol .8cc~~ Tylenol drops .8cc OR 2.5cc (1/2 tsp) syrup

☒ Follow the instruction sheet(s) you have been given for Gastroenteritis

Other Medications / Instructions / Work Restrictions: 1-2

(1) Use Pedialyte for first 24 hours. Give a few ounces at a time, wait about 10 mins
(2) Stop feeding milk for first 24 hours or until Vomiting stops then to ½ bottle — between feedings
(3) Return if cannot keep any fluids down or worsening symptoms
(4) See your doctor if lasts greater than 5 days.

Work /School Excuse given: ☒ No ☐ Yes, may return: _____

The examination and treatment which you have received is intended to deal with the present problem on an emergency basis only. It is by no means intended to be a complete diagnosis or complete medical care. It should not be considered as a substitute for the continuing care of a personal physician or regular clinic.
I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

Allison Mikell
(Signature of Patient or Responsible Person and Relationship)

(Signature of Nursing Personnel and / or Physician)

10/2/99
(Date / Time)

MC 617 / 20698 8-97

DCINSTR

DP(WH

MCG Health, Inc.
Emergency and Express Care Services

☐ I ☐ II ☑ III ☐ IV ☐ V ☐ ED ☐ Exp

MIKELL, BRIANNA J F
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002233380 6128 P
05/06/06 LOCATION: PEME
* 001-17-3796 *

TRIAGE AND ORDERS

Arrival time 0140 Triage time 0223

Times: 0224 Room Dr./P.A: Disch./Admit 0535

Room	Name	Date
A6	Mikell, Brianna	5/6/06

Chief Complaint: Asthma, fever

Medical Assessment: Asthma exacerbation, fever since yesterday 101.5 Exp. wheezing, crackles in (R) lobes

Prior treatment: 4 Albuterol neb since 9pm, Tylenol 15 ml

PMD: Clayborn/Ohlig Triage Signature: Ann Price RN

Pain Scale: Faces (3-10 yrs.) Observational Scale (0-3 yrs.)

Age	DOB	Sex	Mode of Arrival
5	09/08/2000	F	Car

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
		39.4	126/71	121	28	97%	Wt/Actual (kg) 19.6
							LMP N/A

ALLERGIES: ☐ NKDA
PCN

Medications: ☐ See attached list
Albuterol
Flovent
Singulair

Additional History or Pertinent Information:
Almost deaf
Asthma

☑ Immunizations UTD ☐ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? ☐ Yes ☑ No (If yes see attached explanation)

Social Services Notified? ☐ Yes ☐ No

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders	Time Ordered	Start time/ Initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☑ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HGB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 ____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ Initials
IV Fluids:		
~~Xopenex 0.05mg/kg/dose~~ cancel IV		
po hydrate milk / gatorade		
Albuterol 2.5mg Atrovent 500mcg (already given) IV		
Rocephin 1gm IM/IV 500mg IM x 1		
~~Motrin 10mg/kg~~ 200mg PO		

Bed Request Diagnosis: Service:

Attending:

Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU

Time ordered: Time Bed Obtained:

☐ Admit / ☐ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other

Disch. by ☐ Wheelchair / ☑ Ambulatory / ☐ EMS / ☐ Other

Room #: Condition: ☑ Good / ☐ Fair / ☐ Critical / ☐ Deceased

ED Resident: Triage Resident:

Attending: DA W d

HI 72 / 265822 2/05

EDTRIAGE

MCG Health, Inc.
Emergency and Express Care Services

MIKELL, BRIANNA J F
DOB: 09/06/00 EMRN: 001173796
ACCT #: 002223380 5126 P
09/06/06 LOCATION: PEME
* 001-17-3796 *

OBSERVATION FORM

Date _____ Page # _____

Time	T	P	R	B/P	Pain	Intake	Output	Observations and Medications
0234								Pt AMB to A-S along c Parents. Pt AND ↓ difficulty. Awake, alert and calm @ this time ——— AM Exam
0300								E.S. M.D. @ bedside talking c pt. + family. Child c bright moist eyes + clear pink skin. Tight cough present. RT Leonard
0325								Albuterol (2) Atrovent (1) unit dose by face-mask on R.A. Cough continues c No other abnormals noted. ——— RT Leonard
0505								Motrin 200 mg po. liquid suspension given. Child took very willingly. Robitussin 500 mg motrin 10 ml c NS/Lido given to pt's Rt Hip 2100. Father assisted c holding child. Pt tolerated well c crying. RT Leonard RN
0535	36.8	114	24	121/78	(2)			Pt sleeping on Father's shoulder awakened appropriately & was ambulatory from ER on D/C. Mother understands med routine, quiet play, and push fluids. Pt to be seen by Ped. early this week. RT Leonard

Primary Nurse: REF Leonard Time: 0234 Signature: REF Leonard RN Initials: REFRN

Report to: _____ Time: _____ Signature: _____ Initials: _____

Report to: _____ Time: _____ Signature: _____ Initials: _____

Medical College of Georgia
Department of Radiology
Preliminary Report

MCG LOC:PEMR ORD:3187501
PT: MIKELL, BRIANNA J
MRN:001173796 05/06/2006
DOB:09/09/2000 AGE:5yr

Patient Name: _____

Medical Record Number: _____

Examination and Date: _____

Findings: _____

(B) pneumonia

Interpreted by: M. Lange

Date and time of interpretation: 5/6/06

Discussed with: _____

III
RADIOL

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, BRIANNA J
MRN:	001173796
Birthdate:	9/8/2000
Account Number:	0022233806126
Visit Date:	5/6/2006
Discharge date:	5/6/2006
Patient Type:	Emergency
Location:	Ped Emer Servic

Radiology

Exam Description	Exam Date/Time	Ordering Provider	Accession Number
Xray Chest 2V PA & LAT 71020.	5/6/2006 3:27:15 AM		07-303-670207

RADRPT

ELECTRONICALLY VERIFIED BY ALEX DALEY, MD ON 2006/05/12 12:21

71020,CHEST PA LATERAL 2006/05/06 03:27

PATIENT HISTORY:
5 year old white female with history of asthma exacerbation, decreased entry right lung.

FRONTAL AND LATERAL CHEST 05/06/06:
Diffuse increased interstitial markings are present. Bilateral perihilar and right lower lobe alveolar infiltrates are also identified. Costophrenic angles are clear. No pneumothorax is visualized. The osseous structures demonstrate no acute abnormality.

IMPRESSION:
Bilateral pneumonia.

MRN: 001173796

230 78

Facility: CMC

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, BRIANNA J P
DOB: 09/05/00 EMRN: 001173796
ACCT #: 002222388 8122 P
LOCATION: PGEN
* 001-17-3796 *

Date: 5/2/06 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: Hearing test
Current Meds: Keppra, Singulair, Flovent
Immunization status: UTD
Drug Allergies: PCN
Subjective Information: 5 yo caucasian female kid who was placed on esa bilaterally 2 yrs ago in Delaware. I am the ST increase complaint of hearing loss. F/u ear path stated today, specifically in @ ear. Attends speech therapy at daycare she does not like to speak around strangers.

Objective Information: HEIGHT: ( ) WEIGHT: 19.1 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 36.3 TD-R PULSE: RESP: BP:

PAIN SCALE:	PAINSCORE: NML/ABN/N.E.	LOCATION:	MD NOTIFIED: NML/ABN/N.E.	INIT: ATTENDING PE
GEN APPEARANCE	☑ ☐ ☐		☑ ☐ ☐	WNAD
SKIN	☑ ☐ ☐	@ ankle	☑ ☐ ☐	
HEAD/NECK	☑ ☐ ☐		☑ ☐ ☐	
EYES	☑ ☐ ☐	PERRL	☐ ☐ ☐	
EARS	☑ ☐ ☐		☐ ☒ ☐	TMs + lt reflex, grey, ? erythem
NOSE/OP/MOUTH	☑ ☐ ☐		☑ ☐ ☐	
CHEST/LUNGS	☑ ☐ ☐	CTAB, @ wheezing	☑ ☐ ☐	Clear
CARDIOVASCULAR	☑ ☐ ☐	RRR, s1/s2/s4 s2, @murmur	☑ ☐ ☐	RR 5 (n)
ABDOMEN	☑ ☐ ☐		☑ ☐ ☐	
LYMPHATICS	☑ ☐ ☐	@ LAD	☐ ☐ ☐	
NEUROLOGIC	☑ ☐ ☐	grossly intact; ambulates well	☐ ☐ ☐	
MUSCULOSKELETAL	☑ ☐ ☐	grossly intact	☐ ☐ ☐	
GENITAL/ANUS	☐ ☐ ☑		☐ ☐ ☐	

Assessment: 5 yo caucasian female c c/o ↓ hearing of 1 mo.
- speech delay
- Hearing test showed flat TM

Attending History: 5 yo c hx of Keppra for several weeks. Past hx tubes. No recent illnesses or fevers

Plan: 1). Hearing test. F/U in Repeat hearing test in 1 mo

MP: PBSOM
F/U in 1 mo re ↓
Myringotomy tube bilat
Serous fluid

Follow up: F/U in 1 mo

Time spent:

Examiner: Dawn A. Hess, CMA

Attending: M Claiborne

PS 1115A 8/02

PROGNOT

PLN: 002223388061222

RECORD FORM for TITMUS II VISION TESTER
PEDIATRIC MODEL

NAME_____ DATE_____

)DRE' MIKELL, BRIANNA J F _____ WEARING GLASSES ☐ YES ☐ NO.
DOB: 06/06/00 EMRN: 001173796
ACCT #: 002223350 8122 P
LOCATION: PGEN
_____ * 001-17-3796 * _____ CONTACT LENSES ☐ YES ☐ NO

AGE_____

MICHIGAN PRESCHOOL TESTS

ACUITY LEVEL 20/30, MUST READ ALL PICTURES CORRECTLY

LENS LEVER AT "FAR" TO WHICH PICTURE DO TABLE LEGS POINT?

RIGHT EYE TEST LEFT OCCLUDER PAD ON		PASS	FAIL	LEFT EYE TEST RIGHT OCCLUDER PAD ON		PASS	FAIL
TEST #1	BIRD			TEST #1	RABBIT		
TEST #2	RABBIT			TEST #2	BOY		
TEST #3	GIRL			TEST #3	GIRL		
TEST #4	BINOCULARITY-BOTH OCCLUDER PADS OFF--GIRL-BIRD-BOY						

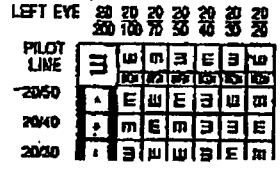
ALLEN PRESCHOOL PICTURE TESTS

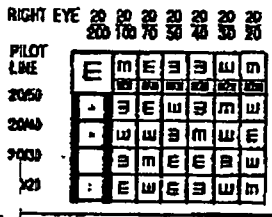
TEST #5

TOP LINE-BINOCULARITY-BOTH OCCLUDER PADS OFF — PASS ☐ FAIL ☐
JEEP-TELEPHONE-CAKE-HORSEMAN
ACUITY-FAR 3 OUT OF FOUR = PASS

RIGHT EYE-LEFT OCCLUDER PAD ON	PASS	FAIL	LEFT EYE-RIGHT OCCLUDER PAD ON	PASS	FAIL
LINE A - 20/50 Cake-Horse-Jeep-Phone			LINE A - 20/50 Horse-Cake-Phone-Jeep		
LINE B - 20/40 Phone-Cake-Horse-Jeep			LINE B - 20/40 Cake-Jeep-Horse-Phone		
VE C - 20/30 Horse-Jeep-Phone-Cake			LINE C - 20/30 Phone-Horse-Jeep-Cake		

PRIMARY GRADE TESTS



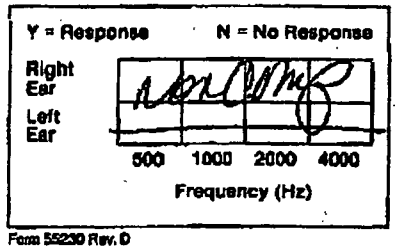


AudioScope™ Screening Results

☐ 20db HL ☑ 25db HL ☐ 40db HL

Patient _____

Tested by _____ Date 5-2-06



Welch Allyn
4341 State Street Road
P.O. Box 220
Skaneateles Falls, NY 13153-0220
USA

Form 55230 Rev. D

ACUITY--FA	
TE:	
TE:	
TEST FOR	
TE:	
TE:	
(WI	
MUSCLE B	
TE:	
MUSCLE B.	
TE:	
TE:	

T OF 8 - PASS	TEST RESULT	
OCCLUDER PAD ON	20/	
T OCCLUDER PAD ON	20/	
ENS UNIT)	PASS	FAIL
T OCCLUDER PAD ON		
OCCLUDER PAD ON		
PLUS LENS = FAIL		
(EXPLAIN SANDBOX)	PASS	FAIL
NDBOX = PASS)		
	PASS	FAIL
IN SANDBOX = PASS)		
	PASS	FAIL
8 E		

PERIMETER SCORES
(Circle Correct Response)

Right Temporal _____ nasal
85° 70° 55°
Left Temporal _____
85° 70° 55°

TOTAL_____

	PASS	FAIL
Right Nasal		
Left Nasal		

Test Administrator_____

CAT. NO TII-PD Printed in U.S.A. WRITE COMMENTS ON BACK OF FORM TITMUS

MRN: 001173796

232

Facility: CMC

80

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, BRIANNA J F
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 8110 P
LOCATION: PGEN

* 001-17-3796 *

Date: 4/20/06 Appointment Time: Check-in Time: Assigned Attending:

Reason for Appointment: Asthma Immunization status:

Current Meds: Xopenex 0.63/3ml, Flovent 110, Singulair, Omeprazole ? Drug Allergies: PCN -- rash

Subjective Information:

5yo old caucasian female with asthma has been stable since August. On Tuesday, the parents made the were unable to get the Xopenex and they made the appointment for the General pediatric clinic. Stepfather said she has a cough from a cold she had last week. She had albuterol but this did not help. Denies any shortness of breath. Stepfather said she had otitis media last week. She uses the Xopenex 1x/day. She has not used Xopenex for two days. Patient has First Choice Insurance and has not renewed insurance. Please

Objective Information: HEIGHT: ( ) WEIGHT: 19.3 ( ) HEAD CIRCUMFERENCE: ( )

TEMP: 36.3 A-O-R PULSE: 91 RESP: 24 BP: 116/50

PAIN SCALE:	PAINSCORE: NML/ABN/N.E.	LOCATION:	MD NOTIFIED: NML/ABN/N.E.	INIT: ATTENDING PE
GEN APPEARANCE	☑ ☐ ☐	quiet, no distress	☑ ☐ ☐	
SKIN	☑ ☐ ☐	no rashes	☑ ☐ ☐	
HEAD/NECK	☑ ☐ ☐	NCAT	☑ ☐ ☐	
EYES	☑ ☐ ☐	Pink conjuctiva, PERRL	☑ ☐ ☐	
EARS	☐ ☐ ☐		☑ ☐ ☐	
NOSE/OP/MOUTH	☐ ☐ ☐	Pink oropharynx, moist oral mucosa	☑ ☐ ☐	
CHEST/LUNGS	☑ ☐ ☐	CTAB, no wheezing, rales, or rhonchi	☑ ☐ ☐	CTA (B)
CARDIOVASCULAR	☑ ☐ ☐	RRR, no murmurs	☐ ☐ ☐	
ABDOMEN	☑ ☐ ☐	soft, nondistended, BS present, nontender	☐ ☐ ☐	
LYMPHATICS	☑ ☐ ☐	no lymphadenopathy	☑ ☐ ☐	
NEUROLOGIC	☑ ☐ ☐	CNII-XII intact	☐ ☐ ☑	
MUSCULOSKELETAL	☑ ☐ ☐	Calm	☐ ☐ ☑	
GENITAL/ANUS	☐ ☐ ☑		☐ ☐ ☑	

Assessment:

~~Albuterol~~
Asthma

Plan:

Need to follow up with Pulmonology
Albuterol 2.5mg in 3cc NS
Flovent 110 mcg puff BID
Singulair 4mg PO qday

Follow up:

Examiner April Wellborn PNP

Attending History: 5yo F asthma seen by pulm in past uses Xopenex ~ 2x/d most days but ran out + has needed prn approved. Out of Flovent + Singulair

A/P: Asthma

Were unable to get prior auth b/c did not have SC mtaid card — mom to call ATT for assistance

Time spent:

Attending

Refilled meds to try
Gave Albuterol
F/U C Pulmonology

PB 1115A 6/02

PROGNOT

MCG Health, Inc.
Emergency Services Discharge Summary
Phone: (706)721-4951

MIKELL, BRIANNA J F
DOB: 09/06/00 EMRN: 001173796
ACCT #: 002223380 S272 P
09/29/05 LOCATION: PEMS
* 001-17-3796 *

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is: Scabies

Time 2050

You were seen today by: Pyne, L. Cowle

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only. It is not a substitute for the continuing care of a personal physician or regular clinic.
- X-rays do not always show injury or disease. Fractures may not be revealed on initial films. Additional x-rays may be required if your condition persists or worsens. X-Rays are initially read by the Emergency Physicians. An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several days. You will be contacted if culture results show you need additional treatment. You will need to follow up other pending test results at your next clinic appointment.

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete. You must make arrangements for follow-up of your problem in 35 days (sooner if your condition worsens). Please bring along this sheet and any prescribed medications to your follow-up appointment.

- [x] Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you, or you may use the resource list provided you.
- [ ] Call Community Mental Health at (706)771-4800.
- [ ] Contact your county health department.
- [ ] Call Primary Care Associates (706) 860-4004
- [ ] Call MCG Employee Health at 721-3418.
- [ ] Call Pediatric Primary Care Associates (706)312-5437.

- [ ] Return to the Emergency Department
  - [ ] in _____ days for re-evaluation.
  - [ ] in _____ days for suture removal.
- [ ] Return to the MCG _____ Clinic.
  - [ ] Call the Clinic at (706)721-_____ If you don't hear from the clinic in 3-4 days.
- [ ] An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____

Additional Instructions: Cover entire body with Elimite cream. Put on long sleeved clothes (that have been washed in hot water). During treatment entire family/household must be treated. Wash everything in hot water, dry on high heat.

Prescriptions Given: [x] Yes [ ] No **Work Excuse Given:** [ ] Yes [ ] No

PREPRINTED INSTRUCTIONS

[ ] Adult [ ] Peds	[ ] Abdominal & Pelvic Pain	[ ] DUB	[ ] Nausea & Vomiting	[ ] Skin & Soft Tissue Infections
	[ ] Arthralgias & Myalgias	[ ] Eye Problems	[ ] Noncardiac Chest Pain	[ ] STD's & PID
	[ ] Asthma	[ ] Fever	[ ] Otitis Media & Externa	[ ] Strains & Sprains
	[ ] Back & Neck Pain	[ ] Fractures & Dislocations	[ ] Pharyngitis & Tonsillitis	[ ] Syncope
	[ ] Bronchitis & Bronchiolitis	[ ] Gastritis & PUD	[ ] Pneumonia	[ ] Toothache
	[ ] Constipation	[ ] Gastroenteritis	[ ] Pregnancy Complications	[ ] URI & Viral Syndromes
	[ ] Contusion & Crush Injury	[ ] Head Injury	[ ] Rash	[ ] UTI & Pyelonephritis
	[ ] Dehydration	[ ] Headache	[ ] Rectal & Anal Disorders	[ ] Vulvovaginitis
	[ ] Diarrhea	[ ] Hypertension	[ ] Seizures [ ] Febrile Seizures	[ ] Wound Care
	[ ] Dizziness & Vertigo	[ ] Kidney Stones	[ ] Sinusitis	[ ] _____

I understand and have received a copy of these instructions. I have been allowed to ask questions. I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: [signature] Date: 9/29/05 Time: 2105

Signature of Nurse/Physician: Melanie Macedonia

HI 817 / 20908 2/05

DCSUM

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
Pediatric Evaluation

MIXELL, BRIANNA J F
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 9272 P
09/29/05 LOCATION: PEME
* 001-17-3796 *

CC/HPI
Exam time: 1315

3y F c rash all over entire body - Pt seen here 5 days ago for same, but still there. Father not treated at that time.

Pain: ☐ Faces ☐ OBS | None 0 | Mild 1 2 3 | Moderate 4 5 6 7 | Severe 8 9 10

PMH: ☒ Triage note reviewed ☐ Old chart reviewed
RAD DM S2 Surgery
Ø

Medications: ☐ See triage note
Ø

Allergies:
☒ NKDA

Family / Social HX
RAD DM HTN CAD CVA CA SZ
Grade in school ____ Day care Yes No
Lives with Father
☐ Tobacco ____ ppd ☐ EtOH ____
☐ Substance abuse ____

Immunizations UTD: ☐ Yes ☐ No

ROS: ☐ Unable to fully assess due to: ☐ Altered LOC ☐ Age ☐ Other: ____
☒ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg

Gen: Decreased activity, Decreased PO intake, Decreased urine output, Fever
Eye: Eye pain, Eye discharge
ENT: Sore throat, Voice change, Hoarseness, Ear pain, Runny nose
CV: Chest pain, Palpitations
Resp: Dyspnea, Cough, Wheeze
GI: Nausea, Vomiting, Diarrhea, Abdominal pain, Constipation
Musc / Skel: Myalgia, Arthralgia, Back pain
Skin / Heme: Rash, Bruising / bleeding
Neuro: Headache, Dizziness, Weakness
Psych: Depressed, Change in behavior
Allergic / Immune: Hayfever, Eczema
GU / GYN: Dysuria, Frequency, Discharge, Hematuria, Irregular menses, Pregnant, EGA ____ weeks

PHYSICAL EXAM: ☒ VS reviewed ____BP ____HR ____RR ____T ____O_2 Sat

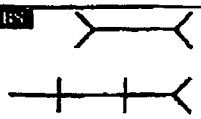
Gen ☒☐ Well-nourished ☒☐ Non-toxic ☒☐ Good state variation ☒☐ No distress
Eyes ☒☐ PERRL ☒☐ EOMI ☒☐ Normal conjunctivae ☒☐ Normal sclerae
ENT ☐☐ TMs normal ☒☐ Moist mucous membranes ☒☐ No rhinorrhea ☒☐ Normal oropharynx
Neck ☐☐ Supple ☐☐ No midline tenderness
Lymph Nodes ☐☐ Non-tender ☐☐ Not enlarged
Back ☐☐ TLS spine non tender
CV ☒☐ RRR ☐☐ No murmur ☐☐ No pulse deficit ☐☐ No edema
Resp ☒☐ Non-labored ☒☐ Lungs CTA
Chest ☐☐ Chest wall non-tender
Abd ☒☐ Non-distended ☒☐ Non-tender ☐☐ Normal bowel sounds ☐☐ No mass / organomegaly ☐☐ Rectal occult blood negative
GU ☐☐ Normal external genitalia ☐☐ No abnormal discharge ☐☐ No cervical lesions ☐☐ No cervical motion tenderness ☐☐ No adnexal mass /tenderness ☐☐ No CVA tenderness ☐☐ No bladder tenderness
Ext ☒☐ Normal muscle tone ☒☐ Full range of motion ☒☐ Non-tender
Skin ☐☒ No rash ☒☐ No petechiae / purpura
Neuro / Psych ☒☐ Age appropriate development ☐☐ CN II-XII intact ☐☐ Normal motor function ☐☐ Normal sensation ☐☐ Normal reflexes ☐☐ Normal gait ☐☐ Oriented x ____ ☐☐ Normal mood ☐☐ Normal judgement

Details of pertinent physical findings:
Diffuse rash over entire body, arms, legs, face
No burrows visible at this time.

PB 572 4/03

EDH2

LABS



__S __B __L __M __E

☐ ABG ☐ VBG __pH __PCO_2

☐ CBG __pO_2 __HCO_3

UA: __Gluc __Bili __Ket __SG __Bld
__pH __Prt __Urobil __Nit __Leuk
Micro: __WBC __RBC __Squam __Bact
Other:

Rapid strep screen: Pos Neg BHCG: Pos Neg

__PT __PTT __INR __CPK __MB __Troponin
__Mg __Ca __Phos __Amylase __Lipase
__ALT __AST __GTT __D Bili __T Bili __AlkPhos

CXs sent:
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound

EKG INTERPRETATION AND REPORT See History for clinical elements

☐ Normal rate for age — Rate
☐ Normal Sinus Rhythm — Rhythm
☐ Normal Axis — Axis
☐ Normal Intervals — Intervals
☐ Normal Segments — Segments
☐ Old EKG reviewed and no change
☐ Change from old EKG

Interpretation Narratives:
☐ Normal EKG
☐ Atrial Fibrillation
☐ LBBB
☐ Acute MI
☐ Other

PROCEDURE NOTE

Performed by Physician
☐ Laceration
☐ Central Venous Access
☐ Intubation
☐ Lumbar Puncture
☐ Foley Catheter
☐ ABG Drawn
☐ CPR
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Reduction Fracture
☐ Splint Applied
☐ IV Placement
☐ Phlebotomy
☐ Other
☐ Other

Procedure Narrative:

☐ Continued in ED Course

X-RAY RESULT

MIKELL, BRIANNA J F
DOB: 09/05/00 EMRN: 001173796
ACCT #: 002223380 6272 P
09/29/06 LOCATION: PEME
* 001-17-3796 *

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

Scabies

ED COURSE AND MEDICAL DECISION MAKING

☐ Service consulted: ____ time: ____
☐ Service consulted: ____ time ____

ED COURSE AND DECISION MAKING (CONTINUED)

☐ Repeat Exam Time: Findings:

Pt to be tx, also entire family/household will wash all in hot water

☒ Patient and Family Education Performed Regarding Condition

DIAGNOSIS

1. Scabies
2.
3.

PLAN ☑ Discharge Home ☐ EDOU
☑ See Discharge Instructions Sheet
Wash all bedding hot water. Apply then wash off in 8hrs

PRESCRIPTIONS

Elimite

☐ Admitted to:
☐ Transfer to:

PA/Resident Signature: Ryan Pyne

Care turned over to Dr. at

ATTENDING DOCUMENTATION

Obtained hx, examined pt. Agree w resident's findings as written.

Attending critical care time:

Attending Faculty Signature: L Conde MD

Disposition Decision Time:

Care turned over to Dr. at

EDH2

PP

MCG Health, Inc.
Emergency and Express Care Services

MRN

☐ I
☐ II
☐ III
☐ IV ☐ ED
☐ V ☐ Exp

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223360 5272 P
09/29/05 LOCATION: PEME
* 001-17-3796 *

TRIAGE AND ORDERS

Arrival time 1855 Triage time 1710

Times: Room 19th Dr./P.A. 2015 Disch./Admit

Room	Name	Date
ER4	Mikell, Brianna	9-29-05

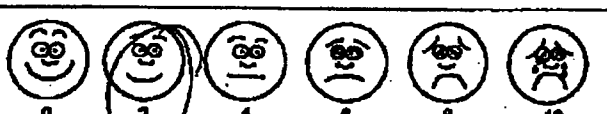
Chief Complaint: Rash

Medical Assessment: Seen here 4-5 days ago. Discharged c Scabies. only able to administer one tube of med. Rash all over. Pt playful.

Prior treatment: 0

PMD: MCG Peds. Triage Signature: [signature]

Pain Scale Faces (3-10 yrs.) . Observational Scale (0-3 yrs.)



Age	DOB	Sex	Mode of Arrival
5	9-8-2000	F	POV

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	1915	37.0 (O)	111/51	86	20	/	Wt/Actual (kg) 17.5
							LMP /

ALLERGIES: ☐ NKDA PCN

Medications: ☐ See attached list

Ø

Additional History or Pertinent Information:

Asthma

☑ Immunizations UTD ☐ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? ☐ Yes ☑ No (If yes see attached explanation)

Social Services Notified? ☐ Yes ☑ No

Lab Tests

	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders

	Time Ordered	Start time/ Initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☐ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HGB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 _____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued

	Time Ordered	Start time/ Initials
IV Fluids:		

Bed Request Diagnosis: Service:

Attending:

Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU

Time ordered: Time Bed Obtained:

☐ Admit / ☐ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other

Disch. by ☐ Wheelchair / ☐ Ambulatory / ☐ EMS / ☐ Other

Room #: Condition: ☐ Good / ☐ Fair / ☐ Critical / ☐ Deceased

ED Resident/PA: Triage Resident:

Attending: [signature] QA [signature] d.

NI 72 / 255622 206

EDTRIAGE

MCG Health, Inc.
Emergency and Express Care Services

MIKELL, BRIANNA J
DOB: 05/06/89 EMRN: 001173796 F
ACCT #: 002273380 5272 P
09/29/05 LOCATION: PEME
* 001-17-3796 *

OBSERVATION FORM

Date 9/29/05 Page # 1

Time	T	P	R	B/P	Pain	Intake	Output	Observations and Medications
1940								3y/o WF in MVD to Lyons w/ D Hanis RN
2126								pt dc'd to home at this time in NAD mom given dc instructions + Rx, signed receipt given a copy, verbalizes understanding of instructions given — MVF

Primary Nurse: _____ Time: _____ Signature: _____ Initials: _____

Report to: _____ Time: _____ Signature: _____ Initials: _____

Report to: _____ Time: _____ Signature: _____ Initials: _____

HI 71/265419 7/05

EDREC

MCG Health, Inc.
Emergency Services Discharge Summary
Phone: (706)721-4951
PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

MIKELL, BRIANNA J F
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 5264 P
09/21/05 LOCATION: PEME
* 001-17-3796 *

Your diagnosis is: Scabies
Time____

You were seen today by: Taylor/Patel

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only. It is not a substitute for the continuing care of a personal physician or regular clinic.
- X-rays do not always show injury or disease. Fractures may not be revealed on initial films. Additional x-rays may be required if your condition persists or worsens. X-Rays are initially read by the Emergency Physicians. An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several days. You will be contacted if culture results show you need additional treatment. You will need to follow up other pending test results at your next clinic appointment.

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete. You must make arrangements for follow-up of your problem in _____ days (sooner if your condition worsens). Please bring along this sheet and any prescribed medications to your follow-up appointment.

- [X] Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you, or you may use the resource list provided you.
- [ ] Call Community Mental Health at (706)771-4800.
- [ ] Contact your county health department.
- [ ] Call Primary Care Associates (706)860-4004
- [ ] Call MCG Employee Health at 721-3418.
- [ ] Call Pediatric Primary Care Associates (706)312-5437.

- [ ] Return to the Emergency Department
  - [ ] in _____ days for re-evaluation.
  - [ ] in _____ days for suture removal.
- [ ] Return to the MCG _____ Clinic.
  - [ ] Call the Clinic at (706)721-_____ If you don't hear from the clinic in 3-4 days.
- [ ] An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____

Additional Instructions: Start using prescribed Medication tonight. Do not scratch!! Use over the counter benedryl for itching

Prescriptions Given: [X] Yes [ ] No **Work Excuse Given:** [ ] Yes [ ] No

PREPRINTED INSTRUCTIONS

[ ] Adult [ ] Peds

[ ] Abdominal & Pelvic Pain	[ ] DUB	[ ] Nausea & Vomiting	[ ] Skin & Soft Tissue Infections
[ ] Arthralgias & Myalgias	[ ] Eye Problems	[ ] Noncardiac Chest Pain	[ ] STD's & PID
[ ] Asthma	[ ] Fever	[ ] Otitis Media & Externa	[ ] Strains & Sprains
[ ] Back & Neck Pain	[ ] Fractures & Dislocations	[ ] Pharyngitis & Tonsillitis	[ ] Syncope
[ ] Bronchitis & Bronchiolitis	[ ] Gastritis & PUD	[ ] Pneumonia	[ ] Toothache
[ ] Constipation	[ ] Gastroenteritis	[ ] Pregnancy Complications	[ ] URI & Viral Syndromes
[ ] Contusion & Crush Injury	[ ] Head Injury	[ ] Rash	[ ] UTI & Pyelonephritis
[ ] Dehydration	[ ] Headache	[ ] Rectal & Anal Disorders	[ ] Vulvovaginitis
[ ] Diarrhea	[ ] Hypertension	[ ] Seizures [ ] Febrile Seizures	[ ] Wound Care
[ ] Dizziness & Vertigo	[ ] Kidney Stones	[ ] Sinusitis	[ ] _____

I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: X Brianna Mikell Date: 9-21-05 Time: 2340

Signature of Nurse/Physician: EMT I

HS 817 / 20936 2/05

DCSUM

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
General Evaluation

MIKELL, BRIANNA J
DOB: 09/02/00 EMRN: 001173796
ACCT #: 002223380 5284 P
03/21/05 LOCATION: PEME
* 001-17-3796 *

Chief Complaint rash x 3 days

Confirm and check at least 4 elements are present in HPI
Location
Severity 0 1 2 3 4 5 6 7 8 9 10
Timing
Duration
Quality
Context
Modifying Factors
Associated signs or symptoms

History of Present Illness:
5 y/o ♀ c rash + pruritis x 3 days pt. mother tried calamine lotion, family members have similar complaints, symptoms worse at night. began on belly and moved to arms, legs, genitalia, and face. running fever 101.4 day prior to onset of symptoms

Four Items must be completed ☐ Physician / PA time noted on triage form

PMH ☑ Triage note reviewed Old chart reviewed/ ☐ Yes ☐ No ☐ Tetanus UTD LMP:
RAD DM HTN CAD CVA CA SZ HIV None Mark at least one
Other: asthma

Surgery: 1 year ago had tubes put in ears. @ age 4. in 2004

Medications: ☐ See triage note
singulair, flovent

Allergies: ☐ NKDA
PCN - hives

Family History Mark at least one
RAD DM HTN CAD CVA CA SZ None

Social History
Occupation
☐ Tobacco ppd ☐ EtOH
☐ Substance abuse with
Lives with
Day /Elder Care ☐ Yes ☐ No
Two Items must be marked

ROS ☐ Unable to fully assess due to: ☐ Altered LOC ☐ Age ☐ Other:
☑ System review otherwise unremarkable (must mark at least two systems)
Legend: Circle Pos / Slash Neg
Write in other positive / negative review

Gen: Fatigue, Weight loss / gain, Fever / chills
Eye: Vision change, Photophobia
CV: Chest pain / Angina, Palpitations / Edema, Orthopnea / Syncope
Resp: Dyspnea / Cough, Hemoptysis, Wheeze
GI: Nausea / Vomiting, Diarrhea / Melena, Hematemesis, Hematochezia, Abdominal pain, Constipation
Musc/ Skel: Myalgia / Arthralgia, Back pain
Skin/ Heme: Rash / Pruritis, Bruising / Bleeding, Laceration / Abrasion
Neuro: Headache / Confusion, Dizzy / Weakness, Numbness / Tingling
Psych: Depressed / Anxious, Suicidal / Homicidal
Allergic/ Immune: Seasonal Allergy, Eczema/Hives
GU/ GYN: Dysuria/ Frequency, Incontinence, Discharge, Menorrhagia, Metrorrhagia, Hematuria, Pregnancy
ENT: Sore throat, Voice change, Rhinorrhea / Epistaxis, Hearing change, Tinnitis / Otalgia
10 Systems Marked

pollen perfume cigarette smoke

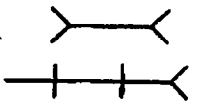
PHYSICAL EXAM ☑ VS reviewed ____BP ____HR ____RR ____T ____O_2 Sat

Gen: ☑ Well-nourished, ☑ Non-toxic, ☑ Good state variation, ☑ No distress, ☑ Awake / alert
Eyes: ☐ PERRL, ☐ EOMI, ☐ Sharp discs, ☐ Normal conjunctivae, ☐ Sclerae anicteric
ENT: ☐ TMs normal, ☐ No rhinorrhea, ☐ Normal oropharynx
Neck: ☐ Supple, Good ROM, ☐ No midline tenderness
Lymph Nodes: ☑ Non-tender, ☑ Not enlarged
Back: ☐ T, L, & S spine non tender
CV: ☐ RRR, ☐ No murmur, ☐ Good perfusion / pulses, ☐ No edema
Resp: ☑ Non-labored, ☑ Lungs CTA
Chest: ☑ Chest wall non-tender
Abd: ☐ Non-distended and soft, ☐ Non-tender, ☐ Normal bowel sounds, ☐ No mass / organomegaly, ☐ Rectal occult blood negative
GU: ☐ Normal external genitalia, ☐ No abnormal discharge, ☐ No cervical lesions, ☐ No cervical motion tenderness, ☐ No adnexal mass / tenderness, ☐ No CVA tenderness, ☐ No bladder tenderness
Ext: ☐ Normal muscle tone, ☐ Full range of motion, ☐ Non-tender
Skin: ☐ No rash, ☐ No petechiae/purpura
Neuro / Psych: ☐ CN II-XII intact, ☐ Normal motor function, ☐ Normal sensation, ☐ Normal reflexes, ☐ Normal gait, ☑ Oriented x 3, ☑ Normal mood, ☑ Normal judgement

Details of pertinent physical findings:
papular lesions c RPP c excoriations on abdomen, arms, legs, genitalia, and face and neck, no lymphadenopathy breath sounds clear and unlabored.

8 Systems Marked

LABS



S __ B __ L __ M __ E __

☐ ABG ☐ VBG pH___ pCO_2___

☐ CBG pO_2___ HCO_3___

UA: Gluc___ Bili___ Ket___ SG___ Bld___
pH___ Prt___ Urobil___ Nit___ Leuk___

Micro: WBC___ RBC___ Squam___ Bact___
Other:

PT___ PTT___ INR___ CPK___ MB___ Troponin___
Mg___ Ca___ Phos___ Amylase___ Lipase___ Myoglobin___
ALT___ AST___ GTT___ D Bili___ T Bili___ AlkPhos___

Wet Prep:

BHCG: Pos Neg
Rapid strep screen: Pos Neg

GXs sent:
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound
☐ All labs reviewed and interpreted see lab report forms

EKG ☐ See EKG

PROCEDURE

Performed by Physician/PA
☐ Laceration Repair
Length:
☐ Simple ☐ Layered
☐ Intubation
☐ Lumbar Puncture
☐ Central Venous Access
☐ ABG Drawn
☐ Arterial Line
☑ IV Placement
☐ Phlebotomy
☐ CPR
☐ Foley Catheter
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Fracture Reduction
☐ Splint Applied / Examined
☐ Physician/PA Microscopy
☐ Incision and Debridment
☐ Chest Tube Placement
☐ Other_____
☐ Other_____
☐ No Procedures performed by Physician or PA

Procedure Narrative:

X-RAY RESULTS

MIKELL, BRIANNA J F
DOB: 09/08/80 EMRN: 001173796
ACCT #: 002223380 5264 P
09/21/05 LOCATION: PEME
* 001-17-3796 *

☐ None ordered

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

Must list at least two

ED COURSE AND DECISION MAKING

aunt's family across street has same symptoms. has 2 dogs and 1 cat in household sleeps with youngersister who presents with samesymptoms

Repeat Exam ☐ Yes ☐ No Time:

☑ Case discussed with Dr. Fly

☐ Service consulted:_____ time:_____
☐ Service consulted:_____ time:_____

DIAGNOSIS

1. scabies
2.
3.

PLAN ☑ Discharge Home ☐ EDOU
☑ See Discharge Instructions Sheet

PRESCRIPTIONS

permethrin

☐ Admitted to:_____
☐ Transfer to:_____

PA/Resident Signature & Print

Care turned over to Dr. at

ATTENDING DOCUMENTATION

Pt examined, discussed & PA. Agree & documented H/P, ED Course, Diag & Plan.

☑ Patient Education Performed Regarding Condition and Recommendations
☐ Case discussed w/th Dr.
☐ I was present for the key portion of the procedures documented.
Attending critical care time: and summary:

Attending Faculty Signature & Print MD Fly

Care turned over to Dr. at

EDH2

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 5284 P
09/21/05 LOCATION: PEME
* 001-17-3796 *

MCG Health, Inc.
Emergency and Express Care Services

☐ I ☐ II ☐ III ☐ IV ☐ ED ☑ V ☒ Exp

ADDRESSOGRAPH

TRIAGE AND ORDERS

Arrival time _____ Triage time 1220

Times: Room 1840 Dr/P.A 1850 Disch./Admit 2040

Room	Name	Date
E-6	Mikell, Brianna	9/21/05

Chief Complaint: Rash x 3 days

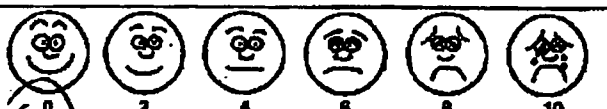
Medical Assessment:

Pruritic - all over -

Prior treatment: None

PMD: NKA Triage Signature:

Pain Scale Faces (3-10 yrs.) Observational Scale (0-3 yrs.)



Age 5 DOB 9/8/2000 Sex F Mode of Arrival Private

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	1220	97.2	129/68	98	24		Wt Actual (kg) 18.2
							LMP

ALLERGIES: ☐ NKDA PCN

Medications: ☐ See attached list
Singulair, Flonase

Additional History or Pertinent Information:
Asthma

☐ Immunizations UTD ☐ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? ☐ Yes ☒ No (If yes see attached explanation)

Social Services Notified? ☐ Yes ☒ No

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders	Time Ordered	Start time/ Initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☐ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HCB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 _____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ Initials
IV Fluids:		

Bed Request Diagnosis: Service:

Attending:

Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU

Time ordered: Time Bed Obtained:

☐ Admit / ☒ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other

Disch. by ☐ Wheelchair / ☒ Ambulatory / ☐ EMS / ☐ Other

Room #: Condition: ☒ Good / ☐ Fair / ☐ Critical / ☐ Deceased

ED Resident/PA Triage Resident:

Attending: MD QA W d.

FU

HI 72 / 255622 3/05

EDTRIAGE

MCG Health, Inc.
Emergency and Express Care Services

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223360 5284 P
09/21/05 LOCATION: PEME
* 001-17-3796 * PATIENT LABEL

OBSERVATION FORM

Date _____ Page # _____

Time	T	P	R	B/P	Pain	Intake	Output	Observations and Medications
1840								PT IN RA C-C c (M) Abe's Adag
								NAD w/o M Figueroa Cert I
2040								D/c PT to Hub in care of (M)
								explained D/c order to same
								No questions PT. No changes
								M. Figueroa Cert I

Primary Nurse: M. Figueroa Time: 2040 Signature: M. Figueroa Cert I Initials: MBF

Report to: _____ Time: _____ Signature: _____ Initials: _____

Report to: _____ Time: _____ Signature: _____ Initials: _____

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, BRIANNA J
MRN:	001173796
Birthdate:	9/8/2000
Account Number:	0022233805213
Visit Date:	8/1/2005
Discharge date:	8/1/2005
Patient Type:	Outpatient
Location:	Pulmonology-Ped

Progress Notes/H&P/Consults

Practice Site Note
Medical College of Georgia
Hospital & Clinics
OUTPATIENT NOTE

Name of Patient: MIKELL, BRIANNA J
Medical Record #: 00117-3796
Date of Visit: 08/01/2005
Practice Site: PEDIATRIC PULMONOLOGY CLINIC

HISTORY OF PRESENT ILLNESS:
Brianna is a 4-1/2-year-old female referred by Dr. Maureen Claiborne from the General Pediatric Clinic for evaluation of recurrent wheezing and recurrent pneumonia. She is accompanied by her mother who provides a history. The mother notes that she has had multiple hospitalizations for wheezing and pneumonia dating back to a few weeks of life, when she had a respiratory syncytial virus infection. The mother notes that at birth, she had some congestion, and breathing problems, and required oxygen transiently. Subsequent to that, she had spitting up, which was said to be due to lactose intolerance, and resolved after she was put on a lactose-free milk. However, she has had intermittent spitting up since then, and now has posttussive emesis. She has not been hospitalized in the last year since she moved from Delaware to Warrenville, South Carolina, but she has had frequent emergency department visits, and unscheduled doctor's office visits. The mother is not aware of particular aggravates, but think that she has problems with dust, feathers, animal exposure, grass, trees, fumes, weather changes, humidity, and emotional stress.

CURRENT MEDICATIONS:
1. Flovent 44 two puffs twice daily.

2. Singulair 4 mg daily.
3. Xopenex p.r.n.
4. Pulmicort nebulizer treatments given when she has episodes of wheezing.
5. The mother also has frequently brought her to the emergency room, where she has been given oral steroids.

24MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, BRIANNA J
MRN:	001173796
Birthdate:	9/8/2000
Account Number:	0022233805213
Visit Date:	8/1/2005
Discharge date:	8/1/2005
Patient Type:	Outpatient
Location:	Pulmonology-Ped

Progress Notes/H&P/Consults

Brianna also has problems with nasal congestion, sneezing, itching nose and throat. History of frequent ear infections, and frequent sinus infections. In general, the winter seems to be the worst months, but symptoms are present year round.

PAST MEDICAL HISTORY:
Term delivery. Mother had problems with hypertension. She was combined breast and bottle fed for the first year, and then has been on formula or whole milk since then. She does have a history of an adverse reaction to penicillin manifested as a rash all over. Her immunizations are current.

PAST SURGICAL HISTORY:
Her only surgery has been tympanostomy tubes in May 2004.

FAMILY HISTORY:
Family history is significant for a sister with allergies. Cousins with asthma and allergies. Diabetes, breast cancer, asthma, and allergies in her maternal grandmother, and lung cancer in her paternal grandfather.

SOCIAL HISTORY:
Brianna lives with her mother and two sisters in Warrenville. There is a gas space heater, and window air-conditioning. There are two dogs and two cats that are indoors and outdoors. Mother smokes, but says she does so only outdoors. She said she had tried on multiple occasions to quit, but has been unsuccessful. Brianna is not in day care.

PHYSICAL EXAMINATION:
VITAL SIGNS: Height is 103 cm, put her at the 5th percentile. Weight is 17.7 kilograms, putting her at the 50th percentile. Temperature 36.1, pulse 84, respirations 24, blood pressure 100/60. Body mass index 17.6 kilograms/m2, putting her at the 90th percentile. GENERAL: This is a well developed, active, healthy-appearing preschool age female, in no distress. HEENT: Tympanic membranes are clear. The nasal mucosa is mildly boggy, but the airway is patent. The oropharynx is clear with 1+ noninflamed tonsils. NECK: The neck is supple without mass or adenopathy. CHEST: Chest has no increased AP diameter or increased work of breathing. Breath sounds are clear without rales or wheezes. CARDIOVASCULAR: Cardiovascular exam has a regular rate and rhythm without murmur, gallop, or rub. ABDOMEN: Abdomen is soft and nontender without mass or organomegaly. There is no clubbing or cyanosis.

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, BRIANNA J
MRN:	001173796
Birthdate:	9/8/2000
Account Number:	0022233805213
Visit Date:	8/1/2005
Discharge date:	8/1/2005
Patient Type:	Outpatient
Location:	Pulmonology-Ped

Progress Notes / H&P / Consults

RADIOLOGICAL DATA:
Chest x-ray taken today shows no hyperinflation. There are mild to moderate increases in peribronchial markings, but no atelectasis or infiltrates.

DIAGNOSTIC IMPRESSION:
1. Asthma.
2. Likely gastroesophageal reflux disease.
3. Likely allergic rhinitis.

RECOMMENDATIONS:
1. We will change her Flovent to Flovent 110 two puffs twice daily with an AeroChamber, and discontinue the use of Pulmicort even p.r.n.
2. Continue Singulair 4 mg once daily.
3. Begin omeprazole 20 mg b.i.d.
4. Xopenex nebulizer treatments p.r.n.
5. Gastroesophageal reflux precautions outlined to include elevation of the head of the bed, dietary recommendations, and avoidance of tobacco smoke.
6. Return appointment scheduled for one to two months with upper GI at the same time.

Dictated by:

MARGARET F. GUILL, M.D.
Professor of Pediatrics
Section of Pediatric Pulmonology

cc: Maureen Claiborne, M.D. - General Pediatric Clinic

246MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, BRIANNA J
MRN:	001173796
Birthdate:	9/8/2000
Account Number:	0022233805213
Visit Date:	8/1/2005
Discharge date:	8/1/2005
Patient Type:	Outpatient
Location:	Pulmonology-Ped

Progress Notes / H&P / Consults

DN: 09580 SUFX: 5213 DT: MFG/24 D: 08/01/2005 T: 08/03/2005 J: 15064 V: 08/01/2005 S: 993
Doc: AUG\4\00117379.621

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, BRIANNA J
MRN:	001173796
Birthdate:	9/8/2000
Account Number:	0022233805213
Visit Date:	8/1/2005
Discharge date:	8/1/2005
Patient Type:	Outpatient
Location:	Pulmonology-Ped

Radiology

Exam Description	Exam Date/Time	Ordering Provider	Accession Number
Xray Chest 2V PA & LAT 71020.	8/1/2005 3:17:00 PM		07-303-415597

RADRPT

ELECTRONICALLY VERIFIED BY RICHARD MARTIN, MD ON 2005/08/02 17:14

71020,CHEST PA LATERAL 2005/08/01 15:17

PATIENT HISTORY:
History of recurrent wheezing.

CHEST PA AND LATERAL 08/01/05:
Findings: Both lungs are hypoinflated. There is mild peribronchial cuffing. There is mild bilateral interstitial densities consistent with reactive airway disease. There is no evidence of air trapping. There is normal cardiac silhouette. The osseous structures are within normal limits.

IMPRESSION:
Mild bilateral interstitial densities consistent with reactive airway disease.

74

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 5180 P
LOCATION: PGEN
* 001-17-3796 *

6-29-05

Date: Appointment Time: Check-in Time: Assigned Attending:

Reason for Appointment: ER F-up Asthma Immunization status:

Current Meds: Xopenex, Flovent 44, Singulair Drug Allergies: PCN

Subjective Information:

4yo WB here for ER follow-up - yesterday AM for asthma symptoms. Was given Albuterol tx x 1 & Decadron - Asthma exacerbation precipitated by cold. Needs Albuterol almost daily. Meds - ~~Xopenex~~ ON PRN; Flovent 44 (2 puffs BID); Singulair 5mg qHS

Has appt w Pulm (Dr. Guth) for August, 2005.

Numerous hospitalizations by history

Objective Information: HEIGHT: ( ) WEIGHT: 53 ( ) HEAD CIRCUMFERENCE: ( )

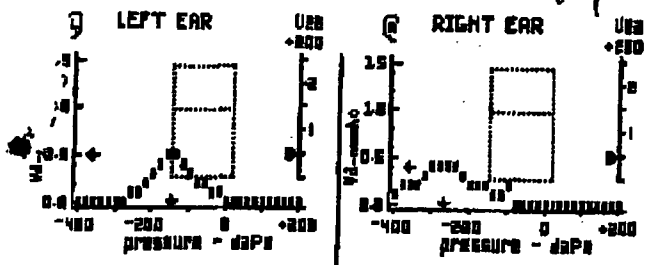
BP:

MD NOTIFIED: INIT:

NML/ABN/N.E. ATTENDING PE

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 5180 P
LOCATION: PGEN
* 001-17-3796 *

DATE 6/21/05



	A C
PEAK YA	0.5 mmho
GR (WIDTH)	120 daPa
TPP	-160 daPa
Vea (+200)	0.5 cc

A= ADULT: 10+ Years
TYMPANOGRAM IS WIDE

C= CHILD: <10 Years
NEGATIVE TYMPANOMETRIC PEAK PRESSURE

	A C
PEAK YA	0.4 mmho
GR (WIDTH)	140 daPa
TPP	-170 daPa
Vea (+200)	0.6 cc

A= ADULT: 10+ Years
TYMPANOGRAM IS WIDE

C= CHILD: <10 Years
NEGATIVE TYMPANOMETRIC PEAK PRESSURE

MicroTymp2 Welch Allyn, Inc Skaneateles Falls, NY USA

Pt 4yo WB here for ER follow-up - yesterday AM for asthma symptoms. Was given Albuterol tx x 1 & Decadron - Asthma exacerbation precipitated by cold. Needs Albuterol almost daily. Meds - Xopenex ON PRN; Flovent 44 (2 puffs BID); Singulair 5mg qHS. Has appt w Pulm (Dr. Guth) for August, 2005. Numerous hospitalizations by history.

Objective Information: HEIGHT: ( ) WEIGHT: 53 ( ) HEAD CIRCUMFERENCE: ( ) BP:

MD NOTIFIED: INIT: NML/ABN/N.E. ATTENDING PE

Normal TM's

Left ear pretty

I removed [illegible] from external canal. Tympanostomy tube in place. Mother is very concerned about Brianna's ears - she had PE tubes x 1 - wants another set because her speech is still delayed.

ATTENDING HISTORY: Her ears look wonderful (- they are a bit retracted - (See tympanograms).

See Dr. Penny's note for details. She does not need PE tubes now. We will follow her up in 6 wks to re-eval.

PLAN:

1) Continue Flovent / Xopenex
2) Refill Flovent / Xopenex

I explained all Dx to Brianna's mother.

See Dr. Penny's note for the rest of my findings/assessment/plan.

FOLLOW UP: In 6 wks for re-eval EARS

TIME SPENT:

EXAMINER L. Pyno

ATTENDING W. Welch

PB 1115A BG2

PROGNOT

MCG Health, Inc.
Emergency Services Discharge Summary
Phone: (706)721-4951

MIKELL, BRIANNA J
DOB: 09/06/06 EMRN: 001173796 F
ACCT #: 002223380 5179 P
08/28/06 LOCATION: PEME
* 001-17-3796 *

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is: 1) Asthma
2) Cold

Time 6:22th

You were seen today by: Paul Bessle

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only. It is not a substitute for the continuing care of a personal physician or regular clinic.
- X-rays do not always show injury or disease. Fractures may not be revealed on initial films. Additional x-rays may be required if your condition persists or worsens. X-Rays are initially read by the Emergency Physicians. An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several days. You will be contacted if culture results show you need additional treatment. You will need to follow up other pending test results at your next clinic appointment.

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete. You must make arrangements for follow-up of your problem in _____ days (sooner if your condition worsens). Please bring along this sheet and any prescribed medications to your follow-up appointment.

- [x] Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you, or you may use the resource list provided you.
- [ ] Call Community Mental Health at (706)771-4800.
- [ ] Contact your county health department.
- [ ] Call Primary Care Associates (706) 860-4004
- [ ] Call MCG Employee Health at 721-3418.
- [ ] Call Pediatric Primary Care Associates (706)312-5437.

- [ ] Return to the Emergency Department
  - [ ] in _____ days for re-evaluation.
  - [ ] in _____ days for suture removal.
- [ ] Return to the MCG _____ Clinic.
  - [ ] Call the Clinic at (706)721-_____ If you don't hear from the clinic in 3-4 days.
- [ ] An appointment has been made for you in the _____ Clinic on DATE _____ at TIME _____

Additional Instructions: -Take Decongestant tomorrow A.M.
-Patient to follow-up with Regular Doctor in one week
-Return for shortness of breath.
-Take 2 puffs of Inhaler every 4 hours as needed.

Prescriptions Given: [ ] Yes [ ] No **Work Excuse Given:** [ ] Yes [ ] No

PREPRINTED INSTRUCTIONS — [ ] Adult [ ] Peds

[ ] Abdominal & Pelvic Pain	[ ] DUB	[ ] Nausea & Vomiting	[ ] Skin & Soft Tissue Infections
[ ] Arthralgias & Myalgias	[ ] Eye Problems	[ ] Noncardiac Chest Pain	[ ] STD's & PID
[ ] Asthma	[ ] Fever	[ ] Otitis Media & Externa	[ ] Strains & Sprains
[ ] Back & Neck Pain	[ ] Fractures & Dislocations	[ ] Pharyngitis & Tonsilitis	[ ] Syncope
[ ] Bronchitis & Bronchiolitis	[ ] Gastritis & PUD	[ ] Pneumonia	[ ] Toothache
[ ] Constipation	[ ] Gastroenteritis	[ ] Pregnancy Complications	[ ] URI & Viral Syndromes
[ ] Contusion & Crush Injury	[ ] Head Injury	[ ] Rash	[ ] UTI & Pyelonephritis
[ ] Dehydration	[ ] Headache	[ ] Rectal & Anal Disorders	[ ] Vulvovaginitis
[ ] Diarrhea	[ ] Hypertension	[ ] Seizures [ ] Febrile Seizures	[ ] Wound Care
[ ] Dizziness & Vertigo	[ ] Kidney Stones	[ ] Sinusitis	[ ] _____

I understand and have received a copy of these instructions. I have been allowed to ask questions. I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: Brianna Mikell Date: 8/28/06 Time: 0810

Signature of Nurse/Physician: Carol VanAllen

HI 617 / 20606 205

DCSUM

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
General Evaluation

MIKELL, BRIANNA J
DOB: 09/06/00 EMRN: 001173796 F
ACCT #: 002223380 5179 P
09/26/05 LOCATION: PEME
*** 001-17-3796 ***

Chief Complaint wheezing & coughing

Confirm and check at least 4 elements are present in HPI
Location
Severity 0 1 2 3 4 5 6 7 8 9 10
Timing
Duration
Quality
Context
Modifying Factors
Associated signs or symptoms

Four items must be completed

History of Present Illness:
4yr old female w. th wheezing x 2 days. pt given 3 N's
coughing & Runny nose x 2 days.
Ø Otalgia, Ø fevers.
Mom worried about Lice.

☒ Physician / PA time noted on triage form

EMS ☒ Triage note reviewed Old chart reviewed/ ☐ Yes ☐ No
☐ Tetanus UTD LMP:_____
RAD DM HTN CAD CVA CA SZ HIV None **Mark at least one**
Other:

Surgery:

Medications: ☒ See triage note

Allergies: ☐ NKDA
PCN

Family History **Mark at least one**
RAD DM HTN CAD CVA CA SZ None

Social History
Occupation Ø
☐ Tobacco ___ ppd ☐ EtOH _____
☐ Substance abuse with _____
Lives with _____
Day /Elder Care ☐ Yes ☒ No
Two items must be marked

ROS ☐ Unable to fully assess due to: ☐ Altered LOC ☐ Age ☐ Other:_____
☒ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg
Write in other positive / negative review

Gen: Fatigue, Weight loss / Gain, Fever/Chills
Eye: Vision change, Photophobia
ENT: Sore throat, Voice change, Rhinorrhea / Epistaxis, Hearing change, Tinnitis / Otalgia
CV: Chest pain / Angina, Palpitations / Edema, Orthostasis / Syncope
Resp: Dyspnea, Cough, Hemoptysis, Wheeze
GI: Nausea / Vomiting, Diarrhea / Melena, Hematemesis, Hematochezia, Abdominal pain, Constipation
Musc/ Skel: Myalgia /Arthralgia, Back pain
Skin / Heme: Rash / Pruritis, Bruising / Bleeding, Laceration / Abrasion
Neuro: Headache / Confusion, Dizzy / Weakness, Numbness / Tingling
Psych: Depressed / Anxious, Suicidal / Homicidal
Allergic/ Immune: Seasonal Allergy, Eczema/Hives
GU / GYN: Dysuria/ Frequency, Incontinence, Discharge, Menorrhagia, Metrorrhagia, Hematuria, Pregnancy

10 Systems Marked

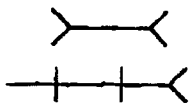
PHYSICAL EXAM ☒ VS reviewed 98/71 BP 92 HR 20 RR 36.6 T _____ O_2 Sat

Gen ☒ ☐ Well-nourished, ☒ ☐ Non-toxic, ☒ ☐ Good state variation, ☒ ☐ No distress, ☒ ☐ Awake / alert
Eyes ☒ ☐ PERRL, ☒ ☐ EOMI, ☐ ☐ Sharp discs, ☐ ☐ Normal conjunctivae, ☐ ☐ Sclerae anicteric
ENT ☐ ☐ TMs normal, ☒ ☐ No rhinorrhea, ☒ ☐ Normal oropharynx
Neck ☐ ☐ Supple, Good ROM, ☐ ☐ No midline tenderness
Lymph Nodes ☐ ☐ Non-tender, ☐ ☐ Not enlarged
Back ☐ ☐ T, L, & S spine non tender
CV ☒ ☐ RRR, ☒ ☐ No murmur, ☐ ☐ Good perfusion / pulses, ☐ ☐ No edema
Resp ☒ ☐ Non-labored, ☐ ☒ Lungs CTA
Chest ☐ ☐ Chest wall non-tender
Abd ☒ ☐ Non-distended and soft, ☒ ☐ Non-tender, ☒ ☐ Normal bowel sounds, ☒ ☐ No mass / organomegaly, ☐ ☐ Rectal occult blood negative
GU ☐ ☐ Normal external genitalia, ☐ ☐ No abnormal discharge, ☐ ☐ No cervical lesions, ☐ ☐ No cervical motion tenderness, ☐ ☐ No adnexal mass / tenderness, ☐ ☐ No CVA tenderness, ☐ ☐ No bladder tenderness
Ext ☒ ☐ Normal muscle tone, ☒ ☐ Full range of motion, ☒ ☐ Non-tender
Skin ☒ ☐ No rash, ☒ ☐ No petechiae/purpura
Neuro / Psych ☐ ☐ CN II-XII intact, ☐ ☐ Normal motor function, ☐ ☐ Normal sensation, ☐ ☐ Normal reflexes, ☐ ☐ Normal gait, ☐ ☐ Oriented x_____, ☒ ☐ Normal mood, ☒ ☐ Normal judgement

Details of pertinent physical findings:
- Wheezing (B)
- mild congestion.
- rare kids seen in har.

8 Systems Marked

LABS



S __ B __ L __ M __ E __

☐ ABG ☐ VBG pH___ pCO_2___

☐ CBG pO_2___ HCO_3___

UA: Gluc___ Bili___ Ket___ SG___ Bld___
pH___ Prt___ Urobil___ Nit___ Leuk___

Micro: WBC___ RBC___ Squam___ Bact___
Other:

PT___ PTT___ INR___ CPK___ MB___ Troponin___
Mg___ Ca___ Phos___ Amylase___ Lipase___ Myoglobin___
ALT___ AST___ GTT___ D Bili___ T Bili___ AlkPhos___

Wet Prep:

BHCG: Pos Neg
Rapid strep screen: Pos Neg

CXs sent: 0
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound
☐ All labs reviewed and interpreted see lab report forms

EKG ☐ See EKG

0

PROCEDURE

Performed by Physician/PA

☐ Laceration Repair
Length:
☐ Simple ☐ Layered
☐ Intubation
☐ Lumbar Puncture
☐ Central Venous Access
☐ ABG Drawn
☐ Arterial Line
☐ IV Placement
☐ Phlebotomy
☐ CPR
☐ Foley Catheter
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Fracture Reduction
☐ Splint Applied / Examined
☐ Physician/PA Microscopy
☐ Incision and Debridment
☐ Chest Tube Placement
☐ Other_____
☐ Other_____
☐ No Procedures performed by Physician or PA

Procedure Narrative:

0

X-RAY RESULTS

0

☐ None ordered

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

- Asthma
- L.Cva

Must list at least two

ED COURSE AND DECISION MAKING

Hx + PE c/w
Asthma + L.Cva

Repeat Exam ☐ Yes ☐ No Time:

Dex given in hand.

☐ Case discussed with Dr._____

☐ Service consulted:_____ time:_____
☐ Service consulted:_____ time:_____

DIAGNOSIS

1. Asthma
2. L.Cva
3.

PLAN ☐ Discharge Home ☐ EDOU

☑ See Discharge Instructions Sheet

PRESCRIPTIONS

Dex

☐ Admitted to:_____
☐ Transfer to:_____

PA/Resident Signature & Print B. Sisler

Care turned over to Dr._____ at_____

ATTENDING DOCUMENTATION

94yo F c cough x 3 days
a sequence of events who has
not had her albuterol PRN
2/2 her nebulizer broke

Seen, evaluated & reassessed
Agree c PA/P & Disp

☐ Patient Education Performed Regarding Condition and Recommendations
☐ Case discussed with Dr._____
☐ I was present for the key portion of the procedures documented.
Attending critical care time_____ and summary:

Attending Faculty Signature & Print [signature] Dr. Rand

Care turned over to Dr._____ at_____

EDH2

MCG Health, Inc.
Emergency and Express Care Services

☐ I
☐ II
☒ III
☐ IV ☐ ED
☐ V ☐ Exp

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002233380 5179 P
06/28/05 LOCATION: FEME
F
* 001-17-3796 *

TRIAGE AND ORDERS

Arrival time 0315 Triage time 0315 0905

Times: Room 0350 Dr./P.A. 9:45 Disch/Admit

Room	Name	Date
A10	Mikell, Brianna	6/28/05

Chief Complaint: wheezing + coughing x 2 days

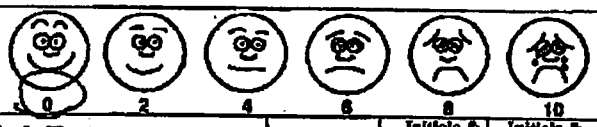
Medical Assessment: Hx of headache, cough.

course, breath sounds, bilateral

Prior treatment: 2 neb., singulair, cough med.

PMD: Clinic Triage Signature:

Pain Scale Faces (3-10 yrs.) Observational Scale (0-3 yrs.)



Age	DOB 9-8-2000	Sex F	Mode of Arrival POV

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	0317	36.6	123/71	97	20	97%	Wt/Actual (kg) 15.7
							LMP

ALLERGIES: ☐ NKDA
PCN.

Medications: ☐ See attached list
Singulair, Xeopenex, Flovent, Pulmicort.

Additional History or Pertinent Information:
~~Singulair~~, Asthma.

☐ Immunizations UTD ☒ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD
Have you ever been a victim of abuse? ☐ Yes ☒ No (If yes see attached explanation)
Social Services Notified? ☐ Yes ☒ No

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders	Time Ordered	Start time/ Initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☐ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HGB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 ____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ Initials
IV Fluids:		
- Alb / Atr JNR's	5:00	0513 CRW
- Dexamethasone 9 po/IM	5:00	CRW
- Give Alb Tablet & Spacer	5:05	CRW
- Give Dexamethasone 9 mg im now	6:30	

Bed Request Diagnosis: Service:
Attending:
Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU
Time ordered: Time Bed Obtained:
☐ Admit / ☐ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other
Disch. by ☐ Wheelchair / ☐ Ambulatory / ☐ EMS / ☐ Other
Room #: Condition: ☐ Good / ☐ Fair / ☐ Critical / ☐ Deceased
ED Resident/PA: Triage Resident:
Attending: QA (W) d.

H 72 / 255622 2/05

EDTRIAGE

Medical College of Georgia
Emergency and Express Care Services

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 5179 P
08/28/05 LOCATION: PEME
* 001-17-3796 *

OBSERVATION FORM

Date _____

Time	T	P	R	B/P	PAIN	Intake	Output	Observations and Medications
0350								dme to A&O to parent and sibling - NAD playing in room — CVaughn
0513								NAD, Ativan IV 0.9 — 9 mg Decadron po given. MD Albuterol to spacer given to mom — CVaughn
0610	36.4		26			99%		pt. D/C home - D/C instructions provided - F/U c PMD. Pt. tolerated pt. c NAD. A&O x 3 - playing in room — D/C'd amb. c parents at pt. — CVaughn

HS 71 / 255419 5/01

EDREC

PLN: 002223380 5179

Medical College of Georgia
and Children's Medical Center
EMERGENCY & EXPRESS CARE SERVICES
Phone: (706)721-4951

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 5102 S
04/12/05 LOCATION: FEME
* 001-17-3796 *

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is: Influenza

Time 2200

You were seen today by: Allen Wilde

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only. It is not a substitute for the continuing care of a personal physician or regular clinic.
- X-rays do not always show injury or disease. Fractures may not be revealed on initial films. Additional x-rays may be required if your condition persists or worsens. X-Rays are initially read by the Emergency Physicians. An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several days. You will be contacted if culture results show you need additional treatment. You will need to follow up other pending test results at your next clinic appointment.

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete. You must make arrangements for follow-up of your problem in 5-7 days (sooner if your condition worsens). Please bring along this sheet and any prescribed medications to your follow-up appointment.

- ☒ Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you.
- ☐ Return to the MCG _____ Clinic.
  - ☐ Call the Clinic at (706)721-_____ to schedule an appointment.
  - ☐ An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____
- ☐ Call MCG Employee Health at 721-3418.
- ☐ Call Pediatric Primary Care Associates (706)312-5437.
- ☐ Call Primary Care Associates (706) 860-4004.
- ☐ Call Neighborhood Health Services Center at (706)790-4440.
- ☐ Call Community Health Center (706)828-7468.
- ☐ Call Margaret Weston Clinic in Clearwater, SC at (803)593-9283. (SC Residents)
- ☐ Call Community Mental Health at (706)771-4800.
- ☐ Contact your county health department.
- ☐ Return to the Emergency Department
  - ☐ in _____ days for re-evaluation.
  - ☐ in _____ days for suture removal.

Additional Instructions: Prelone for five days. Increase Xopenex to 4 times daily. You may need to go to home pretty for coughing. See your pediatrician if not better in 7 days. Return to ED for worsening.

Prescriptions Given: ☒ Yes ☐ No **Work Excuse Given:** ☐ Yes ☒ No

☐ Adult ☐ Peds

PREPRINTED INSTRUCTIONS

☐ Abdominal & Pelvic Pain	☐ DUB	☐ Nausea & Vomiting	☐ Skin & Soft Tissue Infections
☐ Arthralgias & Myalgias	☐ Eye Problems	☐ Noncardiac Chest Pain	☐ STD's & PID
☐ Asthma	☐ Fever	☐ Otitis Media & Externa	☐ Strains & Sprains
☐ Back & Neck Pain	☐ Fractures & Dislocations	☐ Pharyngitis & Tonsillitis	☐ Syncope
☐ Bronchitis & Bronchiolitis	☐ Gastritis & PUD	☐ Pneumonia	☐ Toothache
☐ Constipation	☐ Gastroenteritis	☐ Pregnancy Complications	☐ URI & Viral Syndromes
☐ Contusion & Crush Injury	☐ Head Injury	☐ Rash	☐ UTI & Pyelonephritis
☐ Dehydration	☐ Headache	☐ Rectal & Anal Disorders	☐ Vulvovaginitis
☐ Diarrhea	☐ Hypertension	☐ Seizures ☐ Febrile Seizures	☐ Wound Care
☐ Dizziness & Vertigo	☐ Kidney Stones	☐ Sinusitis	☐ _____

I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: [signature] Date: 4/12/05 Time: 2205

Signature of Nurse/Physician: [signature]

MC 617 / 20998 6/03

DCSUM

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
Pediatric Evaluation

MIKELL, BRIANNA J
DOB: 09/06/00 EMRN: 001173796
ACCT #: 002223380 5102 S
04/12/06 LOCATION: PEME
* 001-17-3796 *

F

CC/HPI
Exam time: 2045
4 yo WF c/o cough + fever that started last night
"tight cough" per mom. Denies c Xopenex IN clinic.
@ County c PO intake. Unable to keep PO down. Voids per mom
Appetite Mom states coughing non-stop

Pain ☐ Faces | None | Mild | Moderate | Severe
☐ OBS | 0 | 1 2 3 | 4 5 6 7 | 8 9 10

PMH ☐ Triage note reviewed ☐ Old chart reviewed
RAD DM SZ Surgery

Medications: ☒ See triage note
Flovent Singulair
Xopenex

Allergies:
PCN
☐ NKDA

Family / Social HX
RAD DM HTN CAD CVA CA SZ
Grade in school____ Day care Yes No
Lives with____
☐ Tobacco____ppd ☐ EtOH____
☐ Substance abuse____

Immunizations UTD: ☐ Yes ☐ No

ROS ☐ Unable to fully assess due to: ☐ Altered LOC ☐ Age ☐ Other:____
☒ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg

Gen: ~~Decreased activity~~ ~~Decreased PO intake~~ Decreased urine output ~~Fever~~
Eye: Eye pain, Eye discharge
ENT: ~~Sore throat~~, Voice change, Hoarseness, ~~Ear pain~~, ~~Runny nose~~
CV: ~~Chest pain~~, Palpitations
Resp: ~~Dyspnea~~, ~~Cough~~, ~~Wheeze~~
GI: ~~Nausea~~, ~~Vomiting~~, Diarrhea, Abdominal pain, Constipation
Musc / Skel: Myalgia, Arthralgia, Back pain
Skin / Heme: Rash, Bruising / bleeding
Neuro: Headache, Dizziness, Weakness
Psych: Depressed, Change in behavior
Allergic/ Immune: Hayfever, Eczema
GU / GYN: Dysuria, Frequency, Discharge, Hematuria, Irregular menses, Pregnant, EDA____weeks

PHYSICAL EXAM ☒ VS reviewed 121/76 BP 145 HR 23 RR 38.6 T 97 O2 Sat

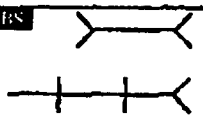
	Yes	No
Gen		
Well-nourished	☒	☐
Non-toxic	☒	☐
Good state variation	☐	☐
No distress	☒	☐
Eyes		
PERRL	☐	☐
EOMI	☒	☐
Normal conjunctivae	☐	☐
Normal sclerae	☐	☐
ENT		
TMs normal	☒	☐
Moist mucous membranes	☒	☐
No rhinorrhea	☒	☐
Normal oropharynx	☒	☐
Neck		
Supple	☐	☐
No midline tenderness	☐	☐
Lymph Nodes		
Non-tender	☐	☐
Not enlarged	☐	☐
Back		
TLS spine non tender	☐	☐
CV		
RRR	☒	☐
No murmur	☒	☐
No pulse deficit	☐	☐
No edema	☐	☐
Resp		
Non-labored	☒	☐
Lungs CTA	☒	☐
Chest		
Chest wall non-tender	☐	☐
Abd		
Non-distended	☒	☐
Non-tender	☒	☐
Normal bowel sounds	☐	☐
No mass / organomegaly	☐	☐
Rectal occult blood negative	☐	☐
GU		
Normal external genitalia	☐	☐
No abnormal discharge	☐	☐
No cervical lesions	☐	☐
No cervical motion tenderness	☐	☐
No adnexal mass /tenderness	☐	☐
No CVA tenderness	☐	☐
No bladder tenderness	☐	☐
Ext		
Normal muscle tone	☐	☐
Full range of motion	☒	☐
Non-tender	☒	☐
Skin		
No rash	☒	☐
No petechiae / purpura	☐	☐
Neuro / Psych		
Age appropriate development	☒	☐
CN II-XII intact	☐	☐
Normal motor function	☐	☐
Normal sensation	☐	☐
Normal reflexes	☐	☐
Normal gait	☐	☐
Oriented x 3	☒	☐
Normal mood	☐	☐
Normal judgement	☐	☐

Details of pertinent physical findings:
Tachy. q1

PB 573 4/03

EDH2

LABS



__S __B __L __M __E

☐ABG ☐VBG __pH __PCO_2

☐CBG __pO_2 __HCO_3

UA: __Gluc __Bili __Ket __SG __Bld
__pH __Prt __Urobil __Nit __Leuk
Micro: __WBC __RBC __Squam __Bact
Other:

Rapid strep screen: Pos Neg BHCG: Pos Neg

__PT __PTT __INR __CPK __MB __Troponin
__Mg __Ca __Phos __Amylase __Lipase
__ALT __AST __GTT __D Bili __T Bili __AlkPhos

CXs sent:
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound

EKG INTERPRETATION AND REPORT See History for clinical elements

☐ Normal rate for age — Rate
☐ Normal Sinus Rhythm — Rhythm
☐ Normal Axis — Axis
☐ Normal Intervals — Intervals
☐ Normal Segments — Segments
☐ Old EKG reviewed and no change
☐ Change from old EKG

Interpretation Narrative:
☐ Normal EKG
☐ Atrial Fibrillation
☐ LBBB
☐ Acute MI
☐ Other

PROCEDURE NOTE
Performed by Physician
☐ Laceration
☐ Central Venous Access
☐ Intubation
☐ Lumbar Puncture
☐ Foley Catheter
☐ ABG Drawn
☐ CPR
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Reduction Fracture
☐ Splint Applied
☐ IV Placement
☐ Phlebotomy
☐ Other:
☐ Other:

Procedure Narrative:

☐ Continued in ED Course

X-RAY RESULTS

MIKELL, BRIANNA J F
DOB: 09/06/00 EMRN: 001173796
ACCT #: 002223380 B102 S
04/12/05 LOCATION: PEME
* 001-17-3796 *

INITIAL IMPRESSION AND DIFFERENTIAL DIAGNOSIS

URI
Gastr. hs

EDCOURSE AND MEDICAL DECISION MAKING

☐ Service consulted: ____ time: ____
☐ Service consulted: ____ time: ____

EDCOURSE AND DECISION MAKING CONTINUED

☐ Repeat Exam Time: Findings:

d/w flu, too late to use antiviral meds. Only mild wz here. Will give neb here along c Prelone. Disc c parents → ↑ Zopenex to q 4-6° for next several days

☐ Patient and Family Education Performed Regarding Condition

DIAGNOSIS
1.
2. Flu/fever
3. Asthma

PLAN ☒ Discharge Home ☐ EDOU
☒ See Discharge Instructions Sheet

PRESCRIPTIONS
Prelone 1 mg/kg/d x 5 days

☐ Admitted to:
☐ Transfer to:

PA/Resident Signature: JA Alle

Care turned over to Dr. at

ATTENDING DOCUMENTATION

Fever (cgd) rhino x 4d, vomit x 2-3 days, Sib c same x 2d. No flu shot. Wz today, Zopenex x 2, last ~ 4PM. Dad thinks mild wz now. Sleeping, easily wakened Neck supple Considered more albuterol NT Frequent dry cough. Chest c mild wz, bilat No rashes Neuro s dep

Attending critical care time:

Attending Faculty Signature: Jim Wilde MD
Disposition Decision Time:
Care turned over to Dr. at

EDH2

MCG Health, Inc.
Emergency and Express Care Services

☐ I
☐ II
☒ III
☐ IV ☐ ED
☐ V ☐ Exp

MIKELL, BRIANNA J
DOB: 09/03/00 EMRN: 001173796
ACCT #: 002223380 5102 S F
04/12/08 LOCATION: PEME
* 001-17-3796 *
ADDRESSOGRAPH

TRIAGE AND ORDERS

Arrival time 2009 Triage time 2009

Times: 2009 Room 203 Dep't A. 2115 Disch/Admit 2201

Room: 12 Name: Mikell, Brianna Date: 4/12/15

Chief Complaint: URI, cough, fever

Medical Assessment: Cough x 1 wk
Also reports vomiting, none
currently today. ⊖ "tight cough"

Prior treatment: Tylenol Cold & cough

PMD: Red Clinic Triage Signature:

Pain Scale Faces (3-10 yrs.) Observational Scale (0-3 yrs.)

Age	DOB	Sex	Mode of Arrival
6yr	9-8-00	F	Private

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	2011	98.4	124/68	145	28	99	Wt/Actual (kg) 15.8
							LMP —

ALLERGIES: ☐ NKDA PCN

Medications: ☐ See attached list
Flonase
Zyrtec
Singulair

Additional History or Pertinent Information:
Asthma

☑ Immunizations UTD ☐ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD
Have you ever been a victim of abuse? ☐ Yes ☑ No (If yes see attached explanation)
Social Services Notified? ☐ Yes ☑ No

Lab Tests

	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders

	Time Ordered	Start time/ Initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☑ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HGB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 _____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued

	Time Ordered	Start time/ Initials
IV Fluids:		
Albuterol / Atrovent 5/0.5	2015	2025
Tylenol 240mg PO q 4-6h prn	@2015	
Prednisone 15mg PO	2200	2201

Bed Request Diagnosis: Service:
Attending:
Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU
Time ordered: Time Bed Obtained:
☐ Admit / ☑ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other
Disch. by ☐ Wheelchair / ☐ Ambulatory / ☐ EMS / ☐ Other
Room #: Condition: ☑ Good / ☐ Fair / ☐ Critical / ☐ Deceased
ED Resident/PA: Triage Resident:
Attending: QA W d.

HI 72 / 265822 2/06

EDTRIAGE

Medical College of Georgia
Emergency and Express Care Services

MIKELL, BRIANNA J F
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 5102 S
04/12/05 LOCATION: PEME
* 001-17-3796 *

OBSERVATION FORM

Date 4/12/05

Time	T	P	R	B/P	PAIN	Intake	Output	Observations and Medications
2030								Patient to room with mom & step dad. Family Practice
2125					6			Albuterol Atrov. started jet neb c mask. for wheezing Meadows
2205								pulse ox - no sleep doctors playful - d/c visit to parents and understanding verbal d/c home good condition

HI 71 / 295419 5/01

EDREC

PLN: 0022253805102

70

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL BRIANNA J F
DOB 04/6/00 EMRN 001173796
ACCT # 0522223880 6019 S
LOCATION PGEN
* 001-17-3796 *

1-19-05

Date ____ Appointment Time ____ Check in Time ____ Assigned Attending ____

Reason for Appointment ER F/up Asthma — Immunization status ____

Current Meds Singulair 4), Flovent 44 Xopenex, Pulmicort — Drug Allergies PCN

Subjective Information 4 yo AM 4 puffs daily 3x wk PRN

4 year old female seen last week in ED for asthma. Here to follow up and mom would like pulmonology referral. Mom reports Brianna has had asthma all her life and was previously followed by Sinus Head, then a doctor in Delaware. Now has moved back to the area. Followed by an ENT - Delaware had tubes, needs F/u. Has speech delay as well. Mom gives 4 to 5 8 hosp visits per year - RAD. Since last week doing better per mom. Using Xopenex and Pulmicort BID

Objective Information HEIGHT 0 ( ) WEIGHT 14.8 ( ) HEAD CIRCUMFERENCE ( )

TEMP 36.5 AXR PULSE ____ RESP ____ BP ____

PAIN SCALE FACE PAINSCORE 0 LOCATION ____ MD NOTIFIED ____ INIT KM

	NML/ABN/NE	NML/ABN/NE	ATTENDING PE
GEN APPEARANCE	☑ ☐ ☐	☑ ☐ ☐	Smiling, NAD, Small
SKIN	☑ ☐ ☐	☑ ☐ ☐	
HEAD/NECK	☑ ☐ ☐	☐ ☐ ☐	
EYES	☑ ☐ ☐ dark circles	☐ ☐ ☐	
EARS	☑ ☐ ☐ TMs pearly (L) TM slightly retracted	☐ ☐ ☐	
NOSE/OP/MOUTH	☐ ☑ ☐ yellow/crusty exudate from nares	☐ ☑ ☐	Nasal congestion
CHEST/LUNGS	☐ ☑ ☐ end expiratory wheeze	☐ ☑ ☐	End exp wheeze - forced exp
CARDIOVASCULAR	☑ ☐ ☐ RRR	☐ ☐ ☐	RRR no m
ABDOMEN	☑ ☐ ☐	☐ ☐ ☐	Soft no masses
LYMPHATICS	☑ ☐ ☐	☐ ☐ ☐	No LAD
NEUROLOGIC	☐ ☐ ☐	☐ ☐ ☐	
MUSCULOSKELETAL	☐ ☐ ☐	☐ ☐ ☐	
GENITAL/ANUS	☐ ☐ ☐	☐ ☐ ☐	

Assessment
4 year old female - persistent asthma
Speech delay

Plan
Refill Xopinex
↑ Flovent 44 to 2 puffs BID
Refer to Pulmonology, Speech Therapy
Obtain ENT records from Delaware and consider referral

Follow up PRN

Attending History 4yo c hx asthma - on albuterol prn, Qvar 44 2 puffs BID, speech delay - does not speak. Parents both smoke, Mom says pt hospitalized 5-6 times/yr. Parents resistant to not smoking

A/P Asthma - ↑ flovent to 2 puffs BID, RC pulmicort - Pulmonology referral, speech delay - Speech referral

Time Spent ____

Examiner Amanda Hendrickson — **Attending** M Clarke

Strongly encouraged parents to quit smoking!

Allison Mikell
1057 B Adams Ave
Aiken SC 29803
803 652-7824 (h)
803 443-8433 (cell)

PB 1115A 6/02

ORACNOT

FAXED 1/26/05 cc

MIKELL, BRIANNA J
DOB: 09/06/00 EMRN: 00117396
ACCT #: 002223380 5019 3
LOCATION: PGEN
* 001-17-3796 *

MCG Health, Inc.

CONSULTATION OR SERVICE REQUEST

Attending MD: Claiborne	PP6# / MIN: 9367	Pager Number: 8594
Unit / Location Code:	Ordering Service:	

☐ ORDER TAKEN OFF Name: _____ Date: _____ Time: _____

Addressograph/Patient Label

Appointment (Day/Date/Time)

ALL FIELDS ABOVE MUST BE COMPLETED (Printed)

☐ ~~CONSULT (MD to MD)~~ OR ☐ SERVICE REQUEST

☑ Routine ☐ Emergent ☐ Urgent | ☐ Routine ☐ Emergent ☐ Urgent

TO: Speech Therapy 9367 (PHYSICIAN)

FROM: M Claiborne ~~8594~~ (ATTENDING PHYSICIAN (PRINT)) (PP6 #)

M Claiborne
ATTENDING PHYSICIAN SIGNATURE

TO: _____ (SERVICE)

FROM: _____ (PHYSICIAN (PRINT))

PHYSICIAN SIGNATURE

MANAGED CARE AUTHORIZATION NUMBER _____ NUMBER OF APPROVED VISITS prn

REASON FOR CONSULT OR REQUEST 4 year old female with speech delay previously received therapy in Delaware. Family has moved back to the area. Please evaluate

OUTPATIENT ADDRESS & DAYTIME PHONE

STREET 1057 B Adams Ave. PHONE (803) 652-7824 - h Mother - Allison

CITY Aiken STATE SC ZIP 29803 803-443-8433 - cell

OUTPATIENT APPOINTMENT 4/4/05 (DATE) 10:30 (TIME)

Julie Sub 01/27/05

REPORT

☐ PATIENT SEEN DATE _____ TIME _____

☒ PATIENT DID NOT KEEP APPOINTMENT

☐ APPOINTMENT RESCHEDULED _____ (DATE) _____ (TIME)

☐ CONSULT OR SERVICE REQUEST NOT APPROVED EXPLAIN: _____

REPORT _____

PROVIDER SIGNATURE

CONSULTATION OR SERVICE REQUEST

CLERICAL ENTERED

CONSULT

Medical College of Georgia
and Children's Medical Center
EMERGENCY & EXPRESS CARE SERVICES
Phone (706)721 4951
PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

MIKELL, BRIANNA J F
DOB 03/04/00 EMRN 001173796
ACCT # 002223940 4393 9
12/28/04 LOCATION PEME
*** 001 17-3796 ***

Your diagnosis is asthma flare up Time 2330 | You were seen today by Dr Fudge/Mr Yoon

The examination diagnosis and treatment you have received today are intended to deal with the present problem on an emergency basis only It is not a substitute for the continuing care of a personal physician or regular clinic X rays do not always show injury or disease Fractures may not be revealed on initial films Additional x rays may be required if your condition persists or worsens X Rays are initially read by the Emergency Physicians An X Ray specialist (Radiologist) will make the final reading on X rays CT Scans Ultrasounds and MRI s
Some test results (for example cultures) may not be available for several days You will be contacted if culture results show you need additional treatment You will need to follow up other pending test results at your next clinic appointment

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete You must make arrangements for follow up of your problem in _____ days (sooner if your condition worsens) Please bring along this sheet and any prescribed medications to your follow up appointment

- ☐ Follow up with your regular doctor or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you
- ☐ Return to the MCG _____ Clinic
  - ☐ Call the Clinic at (706)721 _____ to schedule an appointment
  - ☐ An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____
- ☐ Call MCG Employee Health at 721 3418
- ☐ Call Pediatric Primary Care Associates (706)312 5437
- ☐ Call Primary Care Associates (706) 860-4004
- ☐ Call Neighborhood Health Services Center at (706)790-4440
- ☐ Call Community Health Center (706)828 7468
- ☐ Call Margaret Weston Clinic in Clearwater SC at (803)593 9283 (SC Residents)
- ☐ Call Community Mental Health at (706)771-4800
- ☐ Contact your county health department
- ☐ Return to the Emergency Department
  - ☐ in _____ days for re evaluation
  - ☐ in _____ days for suture removal

Additional Instructions ① Use flovent 44 2 puffs bid twice daily every day ② Albuterol nebulized every 4 hours x 3 days, then tid x 3 days, then prn as needed ③ No smoking around patient ④ return for worsening shortness of breath, wheezing, or other concerns. ⑤ Take decadron dose tomorrow

Prescriptions Given ☑ Yes ☐ No **Work Excuse Given** ☐ Yes ☒ No

PREPRINTED INSTRUCTIONS

☐ Adult ☐ Peds

☐ Abdominal & Pelvic Pain	☐ DUB	☐ Nausea & Vomiting	☐ Skin & Soft Tissue Infections
☐ Arthralgias & Myalgias	☐ Eye Problems	☐ Noncardiac Chest Pain	☐ STD a & PID
☐ Asthma	☐ Fever	☐ Otitis Media & Externa	☐ Strains & Sprains
☐ Back & Neck Pain	☐ Fractures & Dislocations	☐ Pharyngitis & Tonsilitis	☐ Syncope
☐ Bronchitis & Bronchiolitis	☐ Gastritis & PUD	☐ Pneumonia	☐ Toothache
☐ Constipation	☐ Gastroenteritis	☐ Pregnancy Complications	☐ URI & Viral Syndromes
☐ Contusion & Crush Injury	☐ Head Injury	☐ Rash	☐ UTI & Pyelonephritis
☐ Dehydration	☐ Headache	☐ Rectal & Anal Disorders	☐ Vulvovaginitis
☐ Diarrhea	☐ Hypertension	☐ Seizures ☐ Febrile Seizures	☐ Wound Care
☐ Dizziness & Vertigo	☐ Kidney Stones	☐ Sinusitis	☐ _____

I understand and have received a copy of these instructions I have been allowed to ask questions
I may return to the Emergency Department at any time, especially if my condition worsens

Signature of Patient/Guardian [signature] Date 12/28/04 Time ~~2330~~ 2330

Signature of Nurse/Physician [signature]

MC 517 / 20638 8/03

Medical College of Georgia
and Children s Medical Center
Emergency and Express Care Services Record
Pediatric Evaluation

MIKELL BRIANNA J F
DOB 03/06/00 EMRN 001173796
ACCT # 002222380 4363 S
12/28/04 LOCATION PEME
* 001-17-3796 *

CHIEF
Exam time 22 30
4 yo wf c h/o asthma + wheezing x 4 days
4 days ⊕cough ~~tx rx~~ No rhinorrhea or fever
Brought to ER 2 d ago - given nebulizers, no steroids given
Mom gave pulmicort & ~~flovent~~ xopenex x 1 tonight
Ran out of med

Pain ☐ Faces None Mild Moderate Severe
☐ OBS 0 1 2 3 4 5 6 7 8 9 10

PMH ☐ Triage note reviewed ☐ Old chart reviewed
RAD DM SZ Surgery
Asthma multiple admissions in past

Medications ☐ See triage note
Flovent
Pulmicort
Xopenex Singulair
Allergies PCN → rash
☐ NKDA

Family / Social HX
RAD DM HTN CAD CVA CA SZ
Grade in school ____ Day care Yes No
Lives with parents
☐ Tobacco ____ ppd ☐ EtOH ____
☐ Substance abuse ____
⊕smoking

Immunizations UTD ☐ Yes ☐ No

ROS ☐ Unable to fully assess due to ☐ Altered LOC ☐ Age ☐ Other ____
☐ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg

Gen	Decreased activity	Eye	Eye pain	GI	Nausea	Skin / Heme	Rash
	~~Decreased PO intake~~		Eye discharge		Vomiting		Bruising / bleeding
	Decreased urine output				Diarrhea	Allergic / Immune	Hayfever
	Fever	CV	Chest pain		Abdominal pain		Eczema
			Palpitations		Constipation	Neuro	Headache
ENT	Sore throat						Dizziness
	Voice change	Resp	(Dyspnea)	Musc / Skel	Myalgia		Weakness
	Hoarseness		(Cough)		Arthralgia	GU / GYN	Dysuria
	Ear pain		(Wheeze)		Back pain		Frequency
	Runny nose					Psych	Depressed
							Change in behavior
							Discharge
							Hematuria
							Irregular menses
							Pregnant
							EGA ____ weeks

PHYSICAL EXAM ☐ VS reviewed ____ BP ____ HR 50 RR ____ T ____ O_2 Sat

	Yes	No		Yes	No		Yes	No		Yes	No
Gen	☑	☐	Well nourished	☐	☐	Supple	☐	☐	Chest wall non tender	☐	☐ Normal muscle tone
	☑	☐	Non toxic	☐	☐	No midline tenderness				☐	☐ Full range of motion
	☐	☐	Good state variation	☐	☐	Non tender	☑	☐	Non distended	☐	☐ Non tender
	☑	☐	No distress	☐	☐	Not enlarged	☑	☐	Non tender	☑	☐ No rash
Eyes	☐	☐	PERRL	☐	☐	TLS spine non tender	☑	☐	Normal bowel sounds	☐	☐ No petechiae / purpura
	☐	☐	EOMI	☑	☐	RRR	☐	☐	No mass / organomegaly	☑	☐ Age appropriate development
	☐	☐	Normal conjunctivae	☑	☐	No murmur	☐	☐	Rectal occult blood negative	☐	☐ CN II XII intact
	☐	☐	Normal sclerae	☐	☐	No pulse deficit	☐	☐	Normal external genitalia	☐	☐ Normal motor function
ENT	☑	☐	TMs normal	☐	☐	No edema	☐	☐	No abnormal discharge	☐	☐ Normal sensation
	☑	☐	Moist mucous membranes	☑	☐	Non labored	☐	☐	No cervical lesions	☐	☐ Normal reflexes
	☐	☑	No rhinorrhea	☑	☐	Lungs CTA	☐	☐	No cervical motion tenderness	☐	☐ Normal gait
	☑	☐	Normal oropharynx				☐	☐	No adnexal mass / tenderness	☐	☐ Oriented x ____
							☐	☐	No CVA tenderness	☐	☐ Normal mood
							☐	☐	No bladder tenderness	☐	☐ Normal judgement

Details of pertinent physical findings
ENT ⊕rhinorrhea
Resp wheezing diffusely, prolonged expir ϕ,
⊕subcostal ret

MIKELL, BRIANNA J
DOB 08/08/00 EMRN 001173796
ACCT # 002223380 4363 S
12/28/04 LOCATION PEMS F
* 001-17 3796 *

LABS

__S __B __L __M __E

☐ABG ☐VBG ___pH ___PCO_2

☐CBG ___pO_2 ___HCO_3

UA ___Gluc ___Bili ___Ket ___SG ___Bld
___pH ___Prt ___Urobil ___Nit ___Leuk
Microscopic ___WBC ___RBC ___Squam ___Bact
Other

Rapid strep screen Pos Neg BHCG Pos Neg

___PT ___PTT ___INR ___CPK ___MB ___Troponin
___Mg ___Ca ___Phos ___Amylase ___Lipase
___ALT ___AST ___GTT ___D Bili ___T Bili ___AlkPhos

CXs sent
☐Blood ☐Chlamydia / GC ☐CSF ☐Stool ☐Throat ☐Urine ☐Wound

EKG INTERPRETATION AND REPORT See History for clinical elements

☐Normal rate for age Rate
☐Normal Sinus Rhythm Rhythm
☐Normal Axis Axis
☐Normal Intervals Intervals
☐Normal Segments Segments
☐Old EKG reviewed and no change
☐Change from old EKG

Interpretation Narrative
☐Normal EKG
☐Atrial Fibrillation
☐LBBB
☐Acute MI
☐Other

PROCEDURE NOTE

Performed by Physician
☐Laceration
☐Central Venous Access
☐Intubation
☐Lumbar Puncture
☐Foley Catheter
☐ABG Drawn
☐CPR
☐Cardioversion
☐NG Tube Placement
☐Closed Reduction Fracture
☐Splint Applied
☐IV Placement
☐Phlebotomy
☐Other
☐Other

Procedure Narrative

☐Continued on ED Course

X-RAY RESULTS

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

asthma exacerbation

ED COURSE AND MEDICAL DECISION MAKING

☐Service consulted ___ time ___
☐Service consulted ___ time ___

ED COURSE AND DECISION MAP

☐Repeat Exam Time

- pt given alb/atr x 1,
re-exam @ 2215, pt RR = 35,
wheezing almost resolved +
WOB improved still using cage
- Decadron 9mg po x 1 given

☐Patient and Family Education Performed Regarding Condition

DIAGNOSIS

1 asthma exacerbation
2
3

PLAN ☐Discharge Home ☐EDOU
☐See Discharge Instructions Sheet

PRESCRIPTIONS

☐Admitted to
☐Transfer to

PA/Resident Signature BBridges

Care turned over to Dr at

ATTENDING DOCUMENTATION

I saw and examined pt, I
concur with the medical HPI
I concur the assessment & plan

Attending critical care time

Attending Faculty Signature (Dictated)
Disposition Decision Time
Care turned over to Dr at

FDH2

MRN: 001173796
264

Facility: CMC

(19)

Medical College of Georgia
Emergency & Express Care Services
Triage and Orders

1
2
3
4 Acute
5 Exp

DC Psto

MIKELL BRIANNA J F
DOB 09/08/00 EMRN 001173796
ACCT # 002223380 4363 S
12/28/04 LOCATION PEME
*** 001-17-3798 ***

2050 2105 2150

Times Triage	Dr Room	Dr /PA	D/C/Admit Date
	2105		

Room	Name	
PE1	Mikell, Brianna	12/28/2004

Age 4 yo. DOB 9/8/2000 Sex F Mode of Arrival POV

	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
Triage	0845	38.4	136/74	140	36	98	Wt/Actual 15.0kg
ED		38.4					LMP

Chief Complaint "Breathing Fast" "Wheezing"

Medical Assessment Vomiting & coughing

Wheezing bilat. alert & oriented

Skin is warm/dry & pink Coughing

@ intervals Mother stated to nurse "when I get a lot of phlegm & mucus it come here"

Treatment PTA Xopenex Pulmicort 1/2 MA @ 0830

Delaware

PMD Triage Signature DLW Jalumbo RN

ALLERGIES ☐ NKDA
PCN

Medications ☐ See attached list
Flovent
Pulmicort
~~Albuterol~~ / Xopenex
Singulair

Pain Scale Faces (3-10yrs) Observational Scale (0-3yrs)

Additional History or Pertinent Information

Seen here Sunday night – Dx'ed Asthma
Ear tubes

☐ Immunizations UTD ☐ Tetanus UTD(<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? Yes (No) (If yes attach explanation)
Social Services Notified? Yes (No)

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
CBC			
BMP (Rapid Nova)			
CMP			
Amylase			
Lipase			
CKMB Trop I Myoglobin			
ABG CBG VBG (circle)			
U/A Cath C/S (circle)			
B HCG Quantitative			
T&S			
T&C Units			
Blood Cultures Sets			
GC/Chlamydia Probe			
PT / PTT / INR (circle)			

Doctor's Orders	Time Ordered	Start time/ initials
Analgesia Guideline		
EKG / Cardiac Monitor / BP / O_2 sat (circle)		
Nebulized meds		
Bedside Glucose		
Bedside Hemoglobin (Rapid Nova)		
Urine Analyzer (dip) HCG Urine (circle)		
Pelvis Setup		
Rapid Strep Throat Culture (circle)		
O_2 L/min by NC Mask		
Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ initials
IV Fluids		
Tylenol 325mg po	2105	Initial
Albuterol 2.5mg JN x 1	2145	2150 JL
Atrovent JN x 1		
Decadron 9mg po x 1	2230	RIO 2230
Albuterol 2.5g JN x 1	2245	2248 JL
Decadron 9mg for d/c	22-2330	(JL)

Bed Request Diagnosis Service

Attending

Bed Type Regular / Telemetry / Oximetry / Isolation / ICU

Time ordered Time Bed Obtained

Admit / Discharge / LWBS / AMA / EDOU / Other

D/C by Wheelchair Ambulatory EMS Other

Room # Condition Good Fair Critical Deceased

ED Resident/PA PSTodd MD Triage PA/Resident

Attending (Com) QA W D

PS 3234 8/08

MIXELL BRIANNA J F
DOB 09/06/00 EMRN 001173796
ACCT # 002223580 4363 S
12/28/04 LOCATION PEME
* 001 17 3796 *

Medical College of Georgia
Emergency and Express Care Services

OBSERVATION FORM

Date _____

Time	T	P	R	B/P	PAIN	Intake	Output	Observations and Medications
2050								Pt to PE-1 c mother in WR
								Pt awaiting NB - Orig Grade
2150								Albuterol 2.5mg/Atrovent 3ml neb
								began via face mask. Pt
								tolerating well - Discharge
2230								Decadron 9mg SubQ given PO &
								Parents states need Dr Ross
								in to see pt & family present UNDER
2245								Albuterol 2.5mg set neb began
								via face mask pt tolerating
								well - Discharge
2320								Pt instructions given to
								and who verbalized
								understanding signature
								obtained, NAD, CxOx4,
								pt ambulatory -
								D/C'd

PIS 3296 8/2001

Medical College of Georgia
and Children's Medical Center
EMERGENCY & EXPRESS CARE SERVICES
Phone (706)721-4951
PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

MIXELL, BRIANNA J F
DOB 09/05/00 EMRN 001173796
ACCT # 002223380 4360 S
12/25/04 LOCATION PEME
*** 001-17-3796 ***

Your diagnosis is evaluation of ear pain
Time 0100

You were seen today by Dr Wade | Dr Gardner

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only It is not a substitute for the continuing care of a personal physician or regular clinic
- X-rays do not always show injury or disease Fractures may not be revealed on initial films Additional x-rays may be required if your condition persists or worsens X-Rays are initially read by the Emergency Physicians An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's
- Some test results (for example cultures) may not be available for several days You will be contacted if culture results show you need additional treatment You will need to follow up other pending test results at your next clinic appointment

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete You must make arrangements for follow-up of your problem in 2-3 days (sooner if your condition worsens) Please bring along this sheet and any prescribed medications to your follow-up appointment

- ☐ Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you
- ☑ Return to the MCG General Pediatric Clinic
  - ☑ Call the Clinic at (706)721-2191 to schedule an appointment
  - ☐ An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____
- ☐ Call MCG Employee Health at 721-3418
- ☐ Call Pediatric Primary Care Associates (706)312-5437
- ☐ Call Primary Care Associates (706) 860-4004
- ☐ Call Neighborhood Health Services Center at (706)790-4440
- ☐ Call Community Health Center (706)828-7468
- ☐ Call Margaret Weston Clinic in Clearwater, SC at (803)593-9283 (SC Residents)
- ☐ Call Community Mental Health at (706)771-4800
- ☐ Contact your county health department
- ☐ Return to the Emergency Department
  - ☐ in _____ days for re-evaluation
  - ☐ in _____ days for suture removal

Additional Instructions Call the General Pediatric Clinic for an appointment for a check-up Keep your appointment with ENT on January 8. Call your doctor or return for continued ear pain, fever, wheezing or any other concerning symptoms

Prescriptions Given: ☑ Yes ☑ No **Work Excuse Given:** ☐ Yes ☑ No

PREPRINTED INSTRUCTIONS

☐ Adult ~~Illness~~	☐ Abdominal & Pelvic Pain	☐ DUB	☐ Nausea & Vomiting	☐ Skin & Soft Tissue Infections
	☐ Arthralgias & Myalgias	☐ Eye Problems	☐ Noncardiac Chest Pain	☐ STD's & PID
	☐ Asthma	☐ Fever	☐ Otitis Media & Externa	☐ Strains & Sprains
	☐ Back & Neck Pain	☐ Fractures & Dislocations	☐ Pharyngitis & Tonsilitis	☐ Syncope
	☐ Bronchitis & Bronchiolitis	☐ Gastritis & PUD	☐ Pneumonia	☐ Toothache
	☐ Constipation	☐ Gastroenteritis	☐ Pregnancy Complications	☐ URI & Viral Syndromes
	☐ Contusion & Crush Injury	☐ Head Injury	☐ Rash	☐ UTI & Pyelonephritis
	☐ Dehydration	☐ Headache	☐ Rectal & Anal Disorders	☐ Vulvovaginitis
	☐ Diarrhea	☐ Hypertension	☐ Seizures ☐ Febrile Seizures	☐ Wound Care
	☐ Dizziness & Vertigo	☐ Kidney Stones	☐ Sinusitis	☐ _____

I understand and have received a copy of these instructions I have been allowed to ask questions
I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian [signature] Date 12/25/04 Time 0122

Signature of Nurse/Physician [signature]

MC 617 / 20939 8/99

DCSUM

Mikell, Brianna

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
Pediatric Evaluation

MIKELL, BRIANNA J
DOB 08/08/00 EMRN 001173796 F
ACCT # 002229360 4360 3
12/28/04 LOCATION PEMS
* 001-17-3796 *

CC/HPI
Exam time 00:05

4 yo f pulling @ ears x 2d. on in Oct - treated
@ fever. ~~@ cold symptoms.~~ cough x 2d.
was placed on oral steroids Sept 30
not on oral steroids now.

(usually takes zithromax for ear infections)

Pain: ☐ Faces ☐ OBS | None 0 | Mild 1 2 3 | Moderate 4 5 6 7 | Severe 8 9 10

PMH: ☐ Triage note reviewed ☐ Old chart reviewed
RAD DM SZ Surgery
ACT - 1yr ago
PMD: MCG -
Immunizations UTD ☑ Yes ☐ No

Medications: Xopenex ☐ See triage note
albuterol MDI & DN. prn - hasn't taken any since Nov
Pulmicort 0.5 BID, Flovent 44 puff BID, Singulair 4mg qhs
Allergies: Penicillin ☐ NKDA

Family / Social HX
RAD DM HTN CAD CVA CA SZ
Grade in school ____ Day care Yes No
Lives with: mom, fiance
☐ Tobacco ____ ppd ☐ EtOH ____
☐ Substance abuse ____
@ smoking in house

ROS: ☐ Unable to fully assess due to ☐ Altered LOC ☐ Age ☐ Other ____
☐ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg

Gen	Decreased activity	Eye	Eye pain	GI	Nausea	Skin / Heme	Rash	Allergic/ Immune	Hayfever
	Decreased PO intake		Eye discharge		Vomiting		Bruising / bleeding		Eczema
	Decreased urine output				Diarrhea				
	Fever	CV	Chest pain		Abdominal pain	Neuro	Headache	GU / GYN	Dysuria
			Palpitations		Constipation		Dizziness		Frequency
ENT	Sore throat						Weakness		Discharge
	Voice change	Resp	Dyspnea	Musc / Skel	Myalgia				Hematuria
	Hoarseness		Cough		Arthralgia	Psych	Depressed		Irregular menses
	Ear pain		Wheeze		Back pain		Change in behavior		Pregnant
	Runny nose								EGA ____ weeks

PHYSICAL EXAM: ☑ VS reviewed 97/63 BP 88 HR 20 RR 37.7 T ____ O2 Sat

	Yes	No		Yes	No		Yes	No		Yes	No
Gen	☑	☐	Well-nourished	Neck	☐	☐	Supple	Chest	☐	☐	Chest wall non-tender	Ext	☐	☐	Normal muscle tone
	☑	☐	Non-toxic		☐	☐	No midline tenderness						☐	☐	Full range of motion
	☑	☐	Good state variation	Lymph Nodes	☐	☐	Non-tender	Abd	☑	☐	Non-distended		☐	☐	Non-tender
	☑	☐	No distress		☐	☐	Not enlarged		☑	☐	Non-tender	Skin	☑	☐	No rash
Eyes	☑	☐	PERRL	Back	☐	☐	TLS spine non tender		☑	☐	Normal bowel sounds		☐	☐	No petechiae / purpura
	☑	☐	EOMI	CV	☑	☐	RRR		☑	☐	No mass / organomegaly	Neuro / Psych	☑	☐	Age appropriate development
	☑	☐	Normal conjunctivae		☑	☐	No murmur		☐	☐	Rectal occult blood negative		☐	☐	CN II-XII intact
	☑	☐	Normal sclerae		☑	☐	No pulse deficit	GU	☑	☐	Normal external genitalia		☐	☐	Normal motor function
ENT	☑	☐	TMs normal		☑	☐	No edema		☐	☐	No abnormal discharge		☐	☐	Normal sensation
	☑	☐	Moist mucous membranes	Resp	☑	☐	Non-labored		☐	☐	No cervical lesions		☐	☐	Normal reflexes
	☑	☐	No rhinorrhea		☑	☐	Lungs CTA		☐	☐	No cervical motion tenderness		☐	☐	Normal gait
	☑	☐	Normal oropharynx						☐	☐	No adnexal mass /tenderness		☐	☐	Oriented x____
									☐	☐	No CVA tenderness		☐	☐	Normal mood
									☐	☐	No bladder tenderness		☐	☐	Normal judgement

Details of pertinent physical findings
cerumen impaction @ ear canal - removed - RTM
clear.

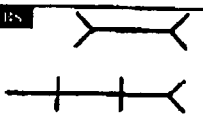
PS 572 4/03

EDH2

MRN: 01173796

Facility: CMC

LABS



___S ___B ___L ___M ___E

☐ABG ☐VBG ___pH ___PCO_2

☐CBG ___pO_2 ___HCO_3

UA ___Gluc ___Bili ___Ket ___SG ___Bld
___pH ___Prt ___Urobil ___Nit ___Leuk
Micro ___WBC ___RBC ___Squam ___Bact
Other

Rapid strep screen Pos Neg BHCG Pos Neg

___PT ___PTT ___INR ___CPK ___MB ___Troponin
___Mg ___Ca ___Phos ___Amylase ___Lipase
___ALT ___AST ___GTT ___D Bili ___T Bili ___AlkPhos

CXs sent
☐Blood ☐Chlamydia / GC ☐CSF ☐Stool ☐Throat ☐Urine ☐Wound

EKG INTERPRETATION AND REPORT See History for clinical elements

☐Normal rate for age — Rate ___
☐Normal Sinus Rhythm — Rhythm ___
☐Normal Axis — Axis ___
☐Normal Intervals — Intervals ___
☐Normal Segments — Segments ___
☐Old EKG reviewed and no change
☐Change from old EKG

Interpretation Narrative
☐Normal EKG
☐Atrial Fibrillation
☐LBBB
☐Acute MI
☐Other

PROCEDURE NOTE
Performed by Physician

☐Laceration
☐Central Venous Access
☐Intubation
☐Lumbar Puncture
☐Foley Catheter
☐ABG Drawn
☐CPR
☐Cardioversion
☐NG Tube Placement
☐Closed Reduction Fracture
☐Splint Applied
☐IV Placement
☐Phlebotomy
☐Other ___
☐Other ___

Procedure Narrative

☐Continued in ED Course

X-RAY RESULTS

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

evaluation of ear pain

ED COURSE AND MEDICAL DECISION MAKING

☐Service consulted ___ time ___
☐Service consulted ___ time ___

Long discussion c Dad re: Eustachian tube dysfunction. Will give Auralgan drops.

ED COURSE AND DECISION MAKING CONTINUED

☐Repeat Exam Time Findings

Family exhibited strange behavior while in room. Mother's boyfriend and father giving history: initial history inaccurate according to chronic medications and as to the patient's symptoms. After a thorough exam, mother's boyfriend and father were reassured - no ear infection. Mother's boyfriend insists I speak on cell phone with mother (not present) who gave different history; mother argumentative towards dx of no ear infxn, asking me to "second guess" myself. I informed her that we don't give antibiotics for ear that are not infected. I offered her a second opinion from attending.

☐Patient and Family Education Performed Regarding Condition

DIAGNOSIS

1 Evaluation of ear pain
2
3

PLAN ☑Discharge Home ☐EDOU
☐See Discharge Instructions Sheet

PRESCRIPTIONS
Auralgan 2-3 gtt R ear 3-4 x/day as needed for pain.

☐Admitted to ___
☐Transfer to ___

PA/Resident Signature A Gardner MD

Care turned over to Dr ___ at ___

ATTENDING DOCUMENTATION

URI SXS x several days. c/o ear pain tonight. NO fever. Hx PE tubes 1y ago, drum gone, "scheduled" for re-insertion Jan 2007

Alert, smiling, NAD, AF. TMs totally bovine, pearly grey, NOT inflamed, b/l. mobile

Attending critical care time ___

Attending Faculty Signature Jim Wilde MD
Disposition Decision Time ___
Care turned over to Dr ___ at ___

EDH2

Medical College of Georgia
Emergency & Express Care Servi
Triage and Orders

1
2
3
4 Acute
5 Exp

MIKELL, BRIANNA J F
DOB 09/08/00 EMRN 001173796
ACCT # 009223380 4360 S
12/25/04 LOCATION PEME
*** 001-17-3796 ***

Times Triage 1352 Room 2336 Dr/PA DC/Admit
Room | Name | Date
E1 | Mikell, Brianna | 12/25/04

Chief Complaint: Pain @ ears x 2days

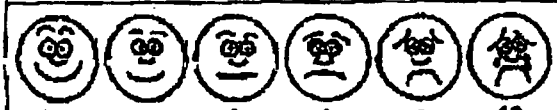
Medical Assessment

Purulent drainage of both ears
None

Treatment PTA

PMD MCG Triage Signature

Pain Scale Faces (3-10yrs) Observational Scale (0-3yrs)



Age 4yo | DOB 9-8-00 | Sex F | Mode of Arrival PV

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
		37	97/63	88	20		Wt Actual 15.2kg
							LMP

ALLERGIES ☐ NKDA
PCN

Medications ☐ See attached list
0

Additional History or Pertinent Information
tubes in ears, Asthma

☒ Immunizations UTD ☐ Tetanus UTD(<5yrs) ☐ Tetanus Not UTD
Have you ever been a victim of abuse? Yes No (If yes attach explanation)
Social Services Notified? Yes No

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
CBC			
BMP (Rapid Nova)			
CMP			
Amylase			
Lipase			
CKMB, Trop I, Myoglobin			
ABG CBG VBG (circle)			
U/A Cath C/S (circle)			
B-HCG Quantitative			
T&S			
T&C Units			
Blood Cultures Sets			
GC/Chlamydia Probe			
PT / PTT / INR (circle)			

Doctor's Orders	Time Ordered	Start time/ initials
Analgesia Guideline		
EKG / Cardiac Monitor / BP / O_2 sat (circle)		
Nebulized meds		
Bedside Glucose		
Bedside Hemoglobin (Rapid Nova)		
Urine Analyzer (dip) HCG Urine (circle)		
Pelvic Setup		
Rapid Strep Throat Culture (circle)		
O_2 ____ L/min by NC Mask		
Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ initials
IV Fluids		
Amalgan gtt	0120	

Bed Request: Diagnosis Service
Attending
Bed Type Regular / Telemetry / Oximetry / Isolation / ICU
Time ordered Time Bed Obtained
Admit / Discharge / LWBS / AMA / EDOU / Other
D/C by Wheelchair Ambulatory EMS Other
Room # Condition Good Fair Critical Deceased
ED Resident/PA Braden MD Triage PA/Resident
Attending Jim Wild MD QA W D

PB 3298 8/03

270

EMRN 001173796

Facility: CMC

MIKELL, BRIANNA J
DOB 09/08/00 EMRN 001173796
ACCT # 002223980 4360 3
12/25/04 LOCATION PEME
* 001-17-3796 *
ADDRESSOGRAPH

Medical College of Georgia
Emergency and Express Care Services

OBSERVATION FORM

Date _____

Time	T	P	R	B/P	PAIN	Intake	Output	Observations and Medications
2338								Pt to PE1. Alert, cooperative
								Ø distress
0123								Pt instructions given to
								dad who obtained
								understanding signature
								obtained, NAD; CXR'd;
								to OSR
								D. Williams RN

PB 8296 8/2001

EDREC

4R
76

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL BRIANNA J F
DOB 06/06/00 MRN 001 - 17 - 3796
ACCT # 002223380 3203 S
07/22/03 LOCATION PGEN
* 001-17-3796 *

Date 7/22/03 Appointment Time Check-in Time Assigned Attending
Reason for Appointment: Re-Eval Speech Immunization status
Current Meds: Flovent 44 2 puffs BID (Rx Agreement) Drug Allergies NKA
Subjective Information: also SOB
2 1/2 y/o WF, mother unsure @ speech. @ 10 months

Social - 2 sisters + Mother
PMHx - Asthma @ 4 Hospitalizations (no PICU)
Mother smoker - outside

Objective Information: HEIGHT ( ) WEIGHT 11.1 ( ) HEAD CIRCUMFERENCE ( )
TEMP 36.2 (oral) PULSE RESP BP
PAIN SCALE 1 PAINSCORE 0 LOCATION MD NOTIFIED INIT DLG

	NML/ABN/NE	MD NOTIFIED NML/ABN/NE
GEN APPEARANCE	NML	NML
SKIN	NML	NML
HEAD/NECK	NML	
EYES	NML	
EARS	NML	
NOSE/OP/MOUTH	ABN	
CHEST/LUNGS	NML	
CARDIOVASCULAR	NML	
ABDOMEN		
LYMPHATICS		
NEUROLOGIC		
MUSCULOSKELETAL		
GENITAL/ANUS		

ATTENDING PE
Well-developed, well-nourished
Red pharynx, LAD
Lungs CTA

ASSESSMENT
Delayed Speech
Speech Delay

PLAN
Speech Referral
Strongly encouraged RSV

ATTENDING HISTORY:

A/P:

FOLLOW UP

TIME SPENT:

EXAMINER _____ ATTENDING DLG

PS 1115A 8/02

PROGNOT

GW - 479 8745

6d dweed

COMPLETED

ENTERED

MIKELL, BRIANNA J F
DOB 09/08/00 MRN 001 - 17 - 3796
ACCT # 002223360 3203 S
07/22/03 LOCATION PGEN
* 001-17-3796 *

Medical College of Georgia
Hospital and Clinics

CONSULTATION REQUEST

TO Speech (CONSULTANT OR SERVICE) FROM L. McDaniel (ATTENDING PHYSICIAN) 3616 (PHYSICIAN ID#)

DATE 7/22/03 TIME (CALLED IN) (SENT) SERVICE Gen Peds LOCATION

MANAGED CARE AUTHORIZATION NUMBER GA Medicaid NUMBER OF APPROVED VISITS

REASON FOR REQUEST 2yo ♀ @ 5-10 words + no 2 word phrases
Feeding helpful evaluation

OUTPATIENT ADDRESS & DAYTIME PHONE

STREET 201 Hesley Lane PHONE (803) 232-1552

CITY Graniteville STATE SC ZIP 29829

OUTPATIENT APPOINTMENT ~~11/07/03 1:30~~ DATE TIME
9/8/03 2:30 Kelly

REQUESTING PHYSICIAN SIGNATURE

CONSULTATION REPORT

DATE TIME

☐ PATIENT SEEN

☒ PATIENT DID NOT KEEP APPOINTMENT

☒ APPOINTMENT RESCHEDULED 11/7/03 (DATE) 12:30 (TIME) Alva

REPORT

Pt did ∅ show for appointment. Thankyou -Kelly Quigley MSCCCSLP

Pt did ∅ show for apt on 11/7/03. Thank you, Hamilton

CONSULTING PHYSICIAN SIGNATURE

ET 53 8819 5/98

CONSULT

DOB 09/08/00 MRN 001-17-3796
MIKELL, BRIANNA J
ACCT# 002223380-3192 RACE W F
07/11/03 S
001-17-3796

Medical College of Georgia
and Children's Medical Center
EMERGENCY & EXPRESS CARE SERVICES
Phone (706)721-4951

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is Viral syndrome Time ____ | You were seen today by Bullock / Bell

- The examination diagnosis and treatment you have received today are intended to deal with the present problem on an emergency basis only It is not a substitute for the continuing care of a personal physician or regular clinic
- X-rays do not always show injury or disease Fractures may not be revealed on initial films Additional x-rays may be required if your condition persists or worsens X-Rays are initially read by the Emergency Physicians An X-Ray specialist (Radiologist) will make the final reading on X-rays CT Scans, Ultrasounds, and MRI s
- Some test results (for example cultures) may not be available for several days You will need to follow up other pending test results at your next clinic appointment

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete You must make arrangements for follow-up of your problem in 3-5 days (sooner if your condition worsens) Please bring along this sheet and any prescribed medications to your follow-up appointment

- [x] Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you
- [ ] Return to the MCG _____ Clinic
  - [ ] Call the Clinic at (706)721-_____ to schedule an appointment
  - [ ] An appointment has been made for you in the _____ Clinic on _____ DATE _____ at TIME _____
- [ ] Call MCG Employee Health at 721-3418
- [ ] Call Pediatric Primary Care Associates (706)312-3437
- [ ] Call Primary Care Associates (706) 860-4004
- [ ] Call Neighborhood Health Services Center at (706)790-4440
- [ ] Call Community Health Center (706)828-7468
- [ ] Call Margaret Weston Clinic in Clearwater, SC at (803)593-9283
- [ ] Call Community Mental Health at (706)771-4800
- [ ] Contact your county health department
- [ ] Return to the Emergency Department
  - [ ] in _____ days for re-evaluation
  - [ ] in _____ days for suture removal

Additional Instructions Continue Motrin and Tylenol for fever control as directed. Mix Vetasporin ointment with Vaseline and apply to nares every 6 hours, as directed before feeding and request if needed. Encourage oral intake as much as possible. Return for any excessive fever or worsening symptoms follow up with your pediatrician as needed.

Prescriptions Given. [ ] Yes [x] No Work Excuse Given. [ ] Yes [x] No

[ ] Adult [ ] Peds [PREPRIN]	[ ] Abdominal & Pelvic Pain	[ ] DUB	[ ] Nausea & Vomiting	[ ] Skin & Soft Tissue Infections
	[ ] Arthralgias & Myalgias	[ ] Eye Problems	[ ] Noncardiac Chest Pain	[ ] STD s & PID
	[ ] Asthma	[ ] Fever	[ ] Otitis Media & Externa	[ ] Strains & Sprains
	[ ] Back & Neck Pain	[ ] Fractures & Dislocations	[ ] Pharyngitis & Tonsilitis	[ ] Syncope
	[ ] Bronchitis & Bronchiolitis	[ ] Gastritis & PUD	[ ] Pneumonia	[ ] Toothache
	[ ] Constipation	[ ] Gastroenteritis	[ ] Pregnancy Complications	[ ] URI & Viral Syndromes
	[ ] Contusion & Crush Injury	[ ] Head Injury	[ ] Rash	[ ] UTI & Pyelonephritis
	[ ] Dehydration	[ ] Headache	[ ] Rectal & Anal Disorders	[ ] Vulvovaginitis
	[ ] Diarrhea	[ ] Hypertension	[ ] Seizures [ ] Febrile Seizures	[ ] Wound Care
	[ ] Dizziness & Vertigo	[ ] Kidney Stones	[ ] Sinusitis	[ ] _____

I understand and have received a copy of these instructions I have been allowed to ask questions
I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian Allison Mikell Date 7/11/03 Time 1910

Signature of Nurse/Physician Melanie Meadows

MC 617 / 20899 5/08

DCSUM

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
Pediatric Evaluation

DOB 00/00/00 MRN 001-17-3790
MIKELL, BRIANNA J
ACCT# 002223380-3192 RACE W F
07/11/03 S
001-17-3796

CC / HPI
Exam time 4 36pm CC: fever x 3days and mouth sores

2yo WF hx per mother states child has had fever for 3days as high as 104°, sores in mouth began Thursday child has been refusing to eat no appetite x 3days and not taking fluids was seen at University hospital on wed dxed c viral syndrome. only is 30cc oral intake today. Has gotten worse since visit to University

Pain ☐ Faces | None Mild Moderate Severe
☐ OBS | 0 1 2 3 4 5 6 7 8 9 10

PMH ☐ Triage note reviewed ☐ Old chart reviewed
RAD DM SZ Surgery
asthma

Immunizations UTD ☑ Yes ☐ No

Medications ☐ See triage note
flovent qd
ventolin PRN
Motrin 7cc q6° Tylenol supp.
Allergies ☑ NKDA

Family / Social Hx
RAD DM HTN CAD CVA CA SZ
Grade in school____ Day care Yes (No)
Lives with mom
☐ Tobacco____ppd ☐ EtOH____
☐ Substance abuse____

ROS ☐ Unable to fully assess due to ☐ Altered LOC ☐ Age ☐ Other ____
☐ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg

Gen	Decreased activity, Decreased PO intake, Decreased urine output, Fever	Eye	Eye pain, Eye discharge	GI	Nausea, Vomiting, Diarrhea, Abdominal pain, Constipation	Skin / Heme	Rash, Bruising / bleeding
CV	Chest pain, Palpitations	Neuro	Headache, Dizziness, Weakness	Allergic / Immune	Hayfever, Eczema		
ENT	Sore throat, Voice change, Hoarseness, Ear pain, Runny nose	Resp	Dyspnea, Cough, Wheeze	Musc / Skel	Myalgia, Arthralgia, Back pain	Psych	Depressed, Change in behavior
GU / GYN	Dysuria, Frequency, Discharge, Hematuria, Irregular menses, Pregnant, EGA____weeks						

PHYSICAL EXAM ☑ VS reviewed 116/65 BP 135 HR 24 RR 38.1 T ____ O_2 Sat

Gen ☑☐ Well-nourished ☑☐ Non-toxic ☑☐ Good state variation ☑☐ No distress

Eyes ☐☑ PERRL ☐☑ EOMI ☑☐ Normal conjunctivae ☑☐ Normal sclerae

ENT ☑☐ TMs normal ☑☐ Moist mucous membranes ☑☐ No rhinorrhea ☐☑ Normal oropharynx

Neck ☑☐ Supple ☐☑ No midline tenderness

Lymph Nodes ☑☐ Non-tender ☑☐ Not enlarged

Back ☑☐ TLS spine non tender

CV ☑☐ RRR ☑☐ No murmur ☐☑ No pulse deficit ☑☐ No edema

Resp ☑☐ Non labored ☐☑ Lungs CTA

Chest ☑☐ Chest wall non-tender

Abd ☐☑ Non-distended ☑☐ Non-tender ☐☑ Normal bowel sounds ☐☑ No mass / organomegaly ☐☐ Rectal occult blood negative

GU ☑☐ Normal external genitalia ☐☐ No abnormal discharge ☐☐ No cervical lesions ☐☐ No cervical motion tenderness ☐☐ No adnexal mass /tenderness ☐☐ No CVA tenderness ☐☐ No bladder tenderness

Ext ☑☐ Normal muscle tone ☑☐ Full range of motion ☑☐ Non-tender

Skin ☑☐ No rash ☑☐ No petechiae / purpura

Neuro / Psych ☐☐ Age appropriate development ☑☐ CN II-XII intact ☑☐ Normal motor function ☑☐ Normal sensation ☑☐ Normal reflexes ☐☐ Normal gait ☑☐ Oriented x____ ☑☐ Normal mood ☑☐ Normal judgement

Details of pertinent physical findings:
① child ~~lethargic~~ irritable, eyes sunken, very fussy when offered food or drinks
② multiple sores in mouth, on lips (inner), oral mucosa and tongue

PB 572 6/2002

EDH2

ACCT# 002223380-3192 RACE W F
07/11/03 S
001-17-3796

LABS

__S __B __L __M __E

☐ABG ☐VBG ___pH ___PCO_2

☐CBG ___pO_2 ___HCO_3

UA ___Gluc ___Bili ___Ket ___SG ___Bld
___pH ___Prt ___Urobil ___Nit ___Leuk
Micro ___WBC ___RBC ___Squam ___Bact
Other

Rapid strep screen Pos Neg BHCG Pos Neg

___PT ___PTT ___INR ___CPK ___MB ___Troponin
___Mg ___Ca ___Phos ___Amylase ___Lipase
___ALT ___AST ___GTT ___D Bili ___T Bili ___AlkPhos

CX sent
☐Blood ☐Chlamydia/GC ☐CSF ☐Stool ☐Throat ☐Urine ☐Wound

EKG ☐Old EKG reviewed and no change Date _____
☐Rhythm strip interpretation Rate _____ ☐NSR ☐ST ☐Other

RADIOLOGIC STUDIES

none

PROCEDURE NOTE

ATTENDING DOCUMENTATION

Pertinent history obtained by attending

I have evaluated the pt. & agree w the findings and plan for care as documented in the resident's note.

Attending examination and pertinent findings

DIAGNOSIS

1 ~~Viral syndrome~~ / Dehydration
2 Fever
3 Mild dehydration

IMPRESSIONS/DIFFERENTIAL DIAGNOSIS

- fever
- viral syndrome
-

ED COURSE AND MEDICAL DECISION MAKING

O_2 Sat interpretation

- ~~temp~~ rechecked @ 525pm 37.9°C
- Motrin/Benadryl oral soln given
- child still will not take PO after 50/N
- IV NS 220ml 5:47pm
- repeat vitals after fluids

Attending critical care time _____

PA/Resident Signature _____ MD

Care turned over to Dr _____ at _____

PLAN

- continue Motrin and Tylenol for fever
- encourage PO intake
- f/u with regular pediatrician

Prescriptions: none

☑Discharge home

☐Transfer to _____ ☐Admitted to _____

☐Service consulted _____ time _____

☐Service consulted _____ time _____

DISPOSITION CONDITION

☑Good ☐Fair ☐Serious ☐Critical

COMPLEXITY

☐Moderate ☐High

☐The attending has supervised the evaluation of the patient and reviewed the resident/PA written HPI, MH, SH, FH, ROS PE, labs & ED course
☐Medical decision-making reviewed and amended by attending as required
☐Attending confirms above diagnosis as written
☐Attending confirms above plan as written
☐Attending supervised pertinent portions of the procedure

Attending Faculty Signature _____ MD

Care turned over to Dr _____ at _____

EDH2

3

Medical College of Georgia
Emergency and Express Care Services

☐ Emergent
☐ Urgent
☑ Non - Urgent (7/11/03)
☐ Express Care

DOB 09/08/00 MRN 001-17-3796
MIKELL, BRIANNA J RACE W F
ACCT# 002223380-3192 S
07/11/03 001-17-3796
ADDRESSOGRAPH

TRIAGE AND ORDERS

Times: Triage 1620 Room 1620 MD BC Admit 1910

Room: C4 | Name: Mikell Brianna | Date: 7/11/03

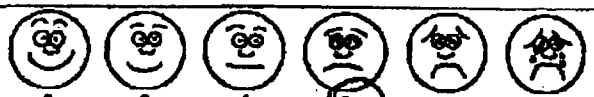
Chief Complaint: fever + sores in

Treatment PTA motrin 1500 1 tsp

Medical Assessment: mouth - fever x 3 days
mouth sores x 1-2 days
intake

PMD Mead Triage Signature [signature]

Pain Scale Faces (3-10 yrs) Observational Scale (0-3 yrs)



Age 2 DOB 9-8-00 Sex F Mode of Arrival PW

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	1620	38.2 (R)	116/63	135	24		Wt/Actual 11k
		100.2 (O)	37.8				LMP

ALLERGIES ☐ NKDA PCN

Medications ☐ See attached list
PO flovent all JW PRN

Additional History or Pertinent Information
asthma

☑ Immunizations UTD ☐ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? Yes No (If yes attach explanation)
Social Services Notified? Yes No

Lab Tests

	Time Ordered	Initials & Time Obtained	Initials & Time Sent
CBC			
BMP			
CMP			
Amylase			
Lipase			
CKMB, Trop I, Myoglobin			
ABG CBG VBG (circle)			
U/A Cath C/S (circle)			
B-HCG Quantitative			
T&S			
T&C ____ Units			
Blood Cultures ____ Sets			
GC/Chlamydia Probe			
PT / PTT / INR (circle)			

Doctor's Orders

	Time Ordered	Start time/ minute
Analgesia Guideline		
EKG / Cardiac Monitor / BP / O_2 sat (circle)		
Nebulized meds		
Bedside Glucose		
Bedside Hemoglobin		
Urine Analyzer (dip) HCG Urine (circle)		
Pelvic Setup		
Rapid Strep Throat Culture (circle)		
O_2 _____ L/min by NC Mask		
☑ Saline lock IV Fluids		
RPT temp	1920	CW
Benadryl/Maalox 1:1 5ml PO	1925	CW
IV NS 220 cc	1930	ES
Repeat vitals	1900	RN

Imaging

	Indication	Time Ordered	Clerk Time

Admit / Discharge / LWBS / AMA / EDOU / Other

D/C by Wheelchair Ambulatory EMS Other ams

Room # Condition Good Fair Critical Deceased

Directive Diagnosis Service
Attending
Bed Type ICU / Telemetry / Oximetry / Isolation / Regular
Time ordered Time Bed Obtained
ED Resident/PA Triage Resident
Attending CR W D

FS 3298 5/03

EDTRIAGE

MIKELL, BRIANNA J
ACCT# 002223380-3192 RACE W F
07/11/03 S
001-17-3796 PH

Medical College of Georgia
Emergency and Express Care Services

OBSERVATION FORM

Date 7/11/03

Time	T	P	R	B/P	PAIN	Intake	Output	Observations and Medications
1630								30 YOF c Mother et gastritis, Brought in ambulated
1725	37.9 @	122						Temp 37.9 @ Adm Sml 1:1 Benadryl + maalox PO liq. Pt to wait. Provided pt c cup specific bodily fluids at RR
1735								ERAN SHELTON PLACED A 20 GAUGE IN L HAND AND GAVE 250 ml OF NORMAL SALINE OVER AN HOUR. PATIENT TOLERATED THE HERBAL & SALINE WELL. RN
1900	@ 37.1	117	28	126/60				RPV VS.
1910						IV 250		pt ded to home @ this time in NAD. PIV to arm, edema or redness, ded from IV and bleeding controlled. Maintenance fluids, pt was given a copy, verbalized understanding & instructions, given Rx for Benadryl/Maalox, verbalized understanding, pt ambulated to exit. M Marshall

PS 8298 52001

EDREC

C. Robert Baisden, M.D.
Pathologist - Director
Clinical Pathology Labs
Department of Pathology

MCG Health, Inc. Hospitals and Clinics
1120 15th Street
Augusta Georgia 30912

Patient Name: MIKELL, BRIANNA J
Age: 4M Sex: Female Race:
Diagnosis:

Patient No: 22233800340
Unit: PPFL Ward: PPFL
Physician: Guill, Margaret

Date: 01/10/01

>>>>>>>>>>>>>>>>>>> C A N C E L L E D T E S T S <<<<<<<<<<<<<<<<<<<

DATE	TIME	SCL @1
12/05/00	13:01	CANCELLED

@1 R ARM VIAL 25 A
Quantity Not Sufficient. Please Resubmit. Patient not billed

DATE	TIME	SCL @1
12/05/00	13:02	CANCELLED

@1 L ARM VIAL 25 B
Quantity Not Sufficient. Please Resubmit. Patient not billed

Final Archive Patient Report - Send To Medical Records

Patient Name: MIKELL, BRIANNA J
Med Rec No: 001173796 Patient No: 22233800340
Campus Mailing Address: PPFL BP-3237

PCR Print Time: 04:48
Page: 1

C. Robert Baisden, M.D.
Pathologist - Director
Clinical Pathology Labs
Department of Pathology

MCG Health, Inc. Hospitals and Clinics
1120 15th Street
Augusta Georgia 30912

Patient Name: MIKELL, BRIANNA J Patient No: 22233800340
Age: 4M Sex: Female Race: Unit: PPFL Ward: PPFL
Diagnosis: Physician: Guill, Margaret
Date: 01/10/01

>>>>>>>>>>>>>>>>>>> C A N C E L L E D T E S T S <<<<<<<<<<<<<<<<<<<

DATE	TIME	SCL @1
12/05/00	13:01	CANCELLED
@1	R ARM VIAL 25 A	
	Quantity Not Sufficient. Please Resubmit. Patient not billed	

DATE	TIME	SCL @1
12/05/00	13:02	CANCELLED
@1	L ARM VIAL 25 B	
	Quantity Not Sufficient. Please Resubmit. Patient not billed	

Final Archive Patient Report - Send To Medical Records

Patient Name: MIKELL, BRIANNA J
Med Rec No: 001173796 Patient No: 22233800340
Campus Mailing Address: PPFL BP-3237

PCR Print Time: 04:48
Page: 1

000017

000000017 00 SP 4.650
ATTN: BASHONNA COATES
DEPT OF SOCIAL SERVICES
802 E MARTINTOWN RD
NORTH AUGUSTA SC 29841-5308

ATTENTION

Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding these records or any other information you have requested from SDS, please call the phone number on the attached invoice

The enclosed health information was reproduced by SDS, a health information outsourcing service. Your health care facility contracts with SDS to process authorized copies of medical records.

The reproductions have been made from the medical facility 's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover.

Some medical records contain sensitive information that cannot be released without specific patient authorization. If you need this information, please provide such authorization. If the patient has questions about the need for specific authorization, he/she must contact the medical records department of the facility.

Since this facility has chosen to outsource its medical records reproduction function, SDS serves at the facility 's instruction. Future requests for medical records must continue to be directed to the facility.

Smart Document Solutions (SDS)
P.O. Box 409822
Atlanta, GA 30384-9822
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Date
10/29/2007
Request ID #
0043488557

Ship to:

BASHONNA COATES
DEPT OF SOCIAL SERVICES
802 E MARTINTOWN RD
NORTH AUGUSTA, SC 29841

Requested By: DEPT OF SOCIAL SERVICES
Patient Name: MIKELL ALEXIS
DOB: 041399

Records from:

M C G HEALTH INC
ACC BLDG FLOOR M RM 120
1120 15TH STREET
AUGUSTA, GA 30912-0004

This is **NOT** a bill !

SDS
P.O. Box 1813
Alpharetta, GA 30023-1812
Attn: Marketing

SDS processes thousands of requests for health information at over 6.500 health care facilities nationwide.
If you would like to learn more about SDS or how our services can benefit your facility, please visit our website at: **www.sdshealth.com** or email us at: **marketing@sdshealth.com**

Your Name _____

Title _____

Facility Name _____

Phone Number (____) _____

Address _____

_____

City _____ State ____ Zip _____

# of Physicians _____ Specialty _____

# of Beds _____ # of Admits _____

282

1125255
1241327

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

DATE: 10/11/07 Number of Pages: (including cover sheet) 3

TO: Organization: MCG

Attention:

Fax Number: 706-721-7132 | 706-721-2191

FROM: Aiken County Department of Social Services – North Augusta Branch MAIL

Address: 802 East Martintown Road North Augusta, SC 29841

Name: Bashonna Coates

Fax Number: (803) 202-3520 or (803) 202-3557

Telephone #: (803) 202-3500 202-3527

COMMENTS:

L-179166616

Transmitted by:

LAUREN M. HOBBS, COUNTY DIRECTOR
AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

10/11/2007 09:12 8032023557 AIKEN CO DSS N AUG PAGE 01

1125255 283
1241327

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date: 10/11/2007

To: MCG Medical Records - fax 706-721-7132

Re: Alexis, Brianna and Adrianna Mikell + Jeremiah Carlisle

Our agency is presently investigating the family of Allison Mikell through our Child Protective Services Division. During our investigation we gathered information which leads us to believe that this client(s) may have received services from your agency/facility. Therefore, our agency is requesting any pertinent information that your agency has regarding this client/family. Please send most current and updated information and schedules for any future appointments.

If any additional information is required, please feel free to call Bashonna Coates at (803) 202-3527.

If there are any questions or concerns, please mention below.

* Also, are all the children up to date on their shots?

Thank you for your assistance.

Caseworker: **Bashonna Coates**

Supervisor: **Christine Wright**

AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

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1125255
1241327

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Allison Mikell, DOB 9/23/81 SSN# 256-39-8671

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name:	Alexis Mikell	Name:	[redacted]
DOB:	4/23/99	DOB:	[redacted]
SSN#		SSN#	
Name:	[redacted]	Name:	[redacted]
DOB:	[redacted]	DOB:	[redacted]
SSN#		SSN#	
Name:	[redacted]	Name:	
DOB:	[redacted]	DOB:	
SSN#	[redacted]	SSN#	

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coates
Case Manager

Allison Mikell
Signature of Parent, Guardian, Trustee

Lauren Hobin, Aiken County Director
AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

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Medical College of Georgia
and Children's Medical Center
EMERGENCY & EXPRESS CARE SERVICES BP
Phone (706)721-4951

MICKELL, ALEXIS D RACE W F
ACCT# 002305498-2319 S
11/15/02
001-24-1327
DOB 04/23/99 MRN 001-24-1327

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is Pneumonia

You were seen today by Dr. Shlaes/Dr. Bell

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only It is not a substitute for the continuing care of a personal physician or regular clinic
- X-rays do not always show injury or disease Fractures may not be revealed on initial films Additional x-rays may be required if your condition persists or worsens X-Rays are initially read by the Emergency Physicians An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's
- Some test results (for example cultures) may not be available for several days You will be contacted if culture results show you need additional treatment You will need to follow up other pending test results at your next clinic appointment

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete You must make arrangements for follow-up of your problem in 7 days (sooner if your condition worsens) Please bring along this sheet and any prescribed medications to your follow-up appointment

- ☒ Follow-up with your regular doctor or return to the Emergency Department
  - ☒ in 7 days for reevaluation
  - ☐ in _____ days for suture removal
- ☐ Return to the MCG _____ Clinic
  - ☐ Call the Clinic at (706)721-_____
    - ☐ to schedule an appointment ☐ as needed
  - ☐ You will be contacted by the Clinic within 7 days
  - ☐ An appointment has been made for you on DATE_____ at TIME_____
- ☐ Call _____
- ☐ Call your Primary Care Physician or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you
- ☐ Call Neighborhood Health Services Center at (706)790-4440
- ☐ Call Community Health Center (706)828-7468
- ☐ Call Margaret Weston Clinic in Clearwater, SC at (803)593-9283
- ☐ Call Community Mental Health at (706)771-4800

Additional Instructions Take meds as prescribed. Keep appt when scheduled. If see Dr. Bell Monday AS scheduled) Return for any concerns

Prescriptions Given: ☒ Yes ☐ No **Work Excuse Given:** ☐ Yes ☐ No

PREPRINTED INSTRUCTIONS

☐ Adult ☐ Peds	☐ Abdominal & Pelvic Pain	☐ DUB	☐ Nausea & Vomiting	☐ Skin & Soft Tissue Infections
	☐ Arthralgias & Myalgias	☐ Eye Problems	☐ Noncardiac Chest Pain	☐ STD's & PID
	☐ Asthma	☐ Fever	☐ Otitis Media & Externa	☐ Strains & Sprains
	☐ Back & Neck Pain	☐ Fractures & Dislocations	☐ Pharyngitis & Tonsillitis	☐ Syncope
	☐ Bronchitis & Bronchiolitis	☐ Gastritis & PUD	☒ Pneumonia	☐ Toothache
	☐ Constipation	☐ Gastroenteritis	☐ Pregnancy Complications	☐ URI & Viral Syndromes
	☐ Contusion & Crush Injury	☐ Head Injury	☐ Rash	☐ UTI & Pyelonephritis
	☐ Dehydration	☐ Headache	☐ Rectal & Anal Disorders	☐ Vulvovaginitis
	☐ Diarrhea	☐ Hypertension	☐ Seizures ☐ Febrile Seizures	☐ Wound Care
	☐ Dizziness & Vertigo	☐ Kidney Stones	☐ Sinusitis	☐ _____

I understand and have received a copy of these instructions I have been allowed to ask questions
I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian Allison Mickell Date 11/16/02 Time 0040

Signature of Nurse/Physician _____ MD 11/16/02 1240 A

MC 617 / 20036 9/02

DCINSTR

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
Pediatric Evaluation

MICKELL, ALEXIS D
ACCT# 002305498-2319 RACE W F
11/15/02 S
001-24-1327
MRN 001-24-1327

CC/HPI Exam time 2300 — 102-104 — suggested

Pt is 3 yo who has fever, vomiting, runny nose since yesterday. Also cough. Eating OK, drinking OK; Also Abd pain starting today. Also episodes of post-tussive emesis. Mom, both sisters sick (1 admitted for RSV, another has pneumonia). Everyone at home is sick. No diarrhea, or change in bowel habits

Pain: ☐ Faces ☐ OBS | None 0 | Mild 1 2 3 | Moderate 4 5 6 7 | Severe 8 9 10

PMH ☐ Triage note reviewed ☐ Old chart reviewed
RAD DM SZ Surgery
ϕ ↳ ϕ

Medications ☐ See triage note
Flintstones vitamins

Allergies
NKDA

Family / Social Hx
RAD DM HTN CAD CVA CA SZ
Grade in school _____ Day care Yes (No)
Lives with Mom
☐ Tobacco _____ ppd ☐ EtOH _____
☐ Substance abuse _____

Immunizations UTD ☒ Yes ☐ No

ROS ☐ Unable to fully assess due to ☐ Altered LOC ☐ Age ☐ Other _____
☐ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg

Gen	Decreased activity	Eye	Eye pain	GI	Nausea	Skin / Heme	Rash
	Decreased PO intake		Eye discharge		Vomiting		Bruising / bleeding
	Decreased urine output				Diarrhea	Allergic/ Immune	Hayfever
	(Fever)	CV	Chest pain		(Abdominal pain)		Eczema
ENT	Sore throat		Palpitations		Constipation	Neuro	Headache
	Voice change	Resp	Dyspnea	Musc / Skel	Myalgia		Dizziness
	Hoarseness		(Cough)		Arthralgia	Psych	Depressed
	Ear pain		Wheeze		Back pain		Change in behavior
	(Runny nose)						

GU / GYN	Dysuria
	Frequency
	Discharge
	Hematuria
	Irregular menses
	Pregnant
	EGA _____ weeks

PHYSICAL EXAM ☑ VS reviewed _____ BP _____ HR _____ RR _____ T _____ O_2 Sat

	Yes	No		Yes	No		Yes	No		Yes	No
Gen	☒	☐	Well-nourished	☒	☐	Supple	Chest	☐	☐	Chest wall non-tender	Ext	☐	☐	Normal muscle tone
	☒	☐	Non-toxic	☒	☐	No midline tenderness						☐	☐	Full range of motion
	☐	☐	Good state variation				Abd	☒	☐	Non-distended		☐	☐	Non-tender
	☒	☐	No distress	Lymph Nodes	☒	☐	Non-tender		☒	☐	Non-tender				
					☒	☐	Not enlarged		☒	☐	Normal bowel sounds	Skin	☐	☐	No rash
Eyes	☒	☐	PERRL						☐	☐	No mass / organomegaly		☐	☐	No petechiae / purpura
	☒	☐	EOMI	Back	☐	☐	TLS spine non tender		☐	☐	Rectal occult blood negative				
	☐	☐	Normal conjunctivae									Neuro / Psych	☒	☐	Age appropriate development
	☒	☐	Normal sclerae	CV	☒	☐	RRR	GU	☐	☐	Normal external genitalia		☐	☐	CN II-XII intact
					☒	☐	No murmur		☐	☐	No abnormal discharge		☒	☐	Normal motor function
ENT	☒	☐	TMs normal		☐	☐	No pulse deficit		☐	☐	No cervical lesions		☐	☐	Normal sensation
	☒	☐	Moist mucous membranes		☐	☐	No edema		☐	☐	No cervical motion tenderness		☐	☐	Normal reflexes
	☐	☒	No rhinorrhea						☐	☐	No adnexal mass /tenderness		☒	☐	Normal gait
	☒	☐	Normal oropharynx	Resp	☒	☐	Non-labored		☐	☐	No CVA tenderness		☐	☐	Oriented x _____
					☐	☒	Lungs CTA		☐	☐	No bladder tenderness		☐	☐	Normal mood
													☐	☐	Normal judgement

Details of pertinent physical findings: Pt above in room with Mom.
Lungs – crackles heard in posterior lung fields and lateral lung fields on (L) side. (R) side is clear, (L) side anterior lung field clear also.

PS 572 6/2001

EDH2

ACCT# 002305498-2319 RACE W F
11/15/02 S
001-24-1327

LABS

__S __B __L __M __E

☐ABG ☐VBG pH PCO_2

☐CBG pO_2 HCO_3

UA - ___Gluc ___Bili ___Ket ___SG ___Bld
___pH ___Prt ___Urobil ___Nit ___Leuk
Micro ___WBC ___RBC ___Squam ___Bact
Other

Rapid strep screen Pos Neg BHCG Pos Neg

___PT ___PTT ___INR ___CPK ___MB ___Troponin
___Mg ___Ca ___Phos ___Amylase ___Lipase
___ALT ___AST ___GTT ___D Bili ___T Bili ___AlkPhos

CXs sent
☐Blood ☐Chlamydia/GC ☐CSF ☐Stool ☐Throat ☐Urine ☐Wound

EKG ☐Old EKG reviewed and no change Date _____
☐Rhythm strip interpretation Rate _____ ☐NSR ☐ST ☐Other

RADIOLOGIC STUDIES

CXR – ? (R) side infiltrate

PROCEDURE NOTE

IMPRESSIONS/DIFFERENTIAL DIAGNOSIS

ED COURSE AND MEDICAL DECISION MAKING
O_2 Sat interpretation

Considering sick contact, physical exam and chest xray, pt may have pneumonia, will give Abx

Attending critical care time _____

PA/Resident Signature Cassiesma

Care turned over to Dr _____ at _____

ATTENDING DOCUMENTATION
Pertinent history obtained by attending

3y.o. F c/o fever, cough x 4d. Mild sore throat, rhinorrhea & sinus congestion.

Attending examination and pertinent findings

Pt nontoxic in NAD
Ears: TMs clear
Lungs: Breathes @ bases
CTA bilateral

DIAGNOSIS
1 Pneumonia
2 URI
3

PLAN
(1) Antibiotic
(2) Follow up with Dr Head on Monday.

Prescriptions
Amoxicillin 250mg/5mL

☒ Discharge home
☐ Transfer to _____ ☐ Admitted to _____
☐ Service consulted _____ time _____
☐ Service consulted _____ time _____

DISCHARGE CONDITION
☒ Good ☐ Fair ☐ Serious ☐ Critical

COMPLEXITY
☐ Moderate ☐ High

☑ The attending has supervised the evaluation of the patient and reviewed the resident/PA written HPI MH, SH, FH, ROS, PE, labs & ED course
☑ Medical decision-making reviewed and amended by attending as required
☑ Attending confirms above diagnosis as written
☑ Attending confirms above plan as written
☐ Attending supervised pertinent portions of the procedure

Attending Faculty Signature _____

Care turned over to Dr _____ at _____

EDH2

(3)

POV

MICKELL, ALEXIS D
ACCT# 002305498-2319 RACE W F
11/15/02 S
001-24-1327

Medical College of Georgia
Emergency and Express Care Services

TRIAGE AND ORDERS

Mode of Arrival

Patient Name: Mickell, Alexis	Room #	TIMES	Triage	222 Room	225 MD	Discharge
		Time	1220	HR 121	RR 28	TEMP 37	O2SAT 99%	SIGNATURE
Date of Visit: 11-15-02	DOB: 4-22-99					36 AX	
Age: 3	Sex: F	WT: 12.1 kg	LMP:				

Chief Complaint: URI symptoms — PAIN? NO YES

Triage Assessment: 2 sibling @ home/ Hosp c Resp. symptoms

Disposition to arrival: Resp to ED w/ mom c/ URI symptoms

Have you been a victim of physical / emotional abuse in the last year (explain): Not reported

Soc Svcs Notified? NO YES Tel 1-6150

Services/Physician: [illegible] Notified: [illegible]

Allergies: NKDA ☐ Latex

Tetanus: UTD / Immunizations: UTD ☐ Sec Ist

Medications: OTC - c motrin - 10 TPA

Medical History: NONE

No Pain — Moderate Pain — Worst Pain

0 1 2 3 4 5 6 7 8 9 10

FACES Pain Rating Scale

0 2 4 6 8 10

PMD: [illegible] Triage Nurse: [illegible]

AIRWAY	BREATHING	CIRCULATION
☐ Oxygen	☐ Med Neb	Intravenous Orders
L/Minute		☐ Heplock
By		☐ (1)
☐ Suction Equipment		☐ (2)
☐ NG Tube		☐ Cardiac Monitor
☐ NP Airway	Pulse Oximeter	☐ EKG
☐ $ETCO_2$	☐ Spot ☐ Cont	☐ B P Monitor
	Peak Flows	
	☐ Pre ☐ Post	

X-RAY

C-SPINE	☐ Chest - Portable	☐ Pelvis
☐ Cross-table Lat	☐ Chest - PA & Lateral	☐ Hip R L
☐ Complete Series	☐	☐ Acute ABD
☐ Flexion - Extension	☐	☐ KUB
☐	☐	☐

IMAGING STUDY

☐ C T Scan Site
Contrast or Noncontrast, with nurse or without nurse
☐ Ultrasound

Time CTAJB Notified

ORDERS

Time		Time	Nurse
	☐ CBC		
	☐ BMP ☐ SMA10 ☐ CMP		
	☐ Amylase ☐ Lipase		
	☐ PT/PTT		
	Blood Culture x 1 2		
	Drug Level ☐ ASA ☐ Acetaminophen		
	Type and Screen / Cross Units		
	HCG ☐ Qualitative ☐ Quantitative		
	☐ Urinalysis ☐ C/S ☐ Urine dip		
	Throat Culture for Strep		
	ABG (Room Air)		
	☐ GC / Chlamydia		

BATCH ORDERS

☐ CPC Protocol
(CBC, SMA 10 CK (CKMB), PT, PTT, Troponin I, EKG, Portable CXR)
☐ Trauma Profile
(CBC, BMP, Amylase, U/A, UDS, *HCG, TBS) *Female

MEDICATION - PROCEDURES

☐ Accuchek	☐ Hemoccult
☐ Foley Catheter	☐ I/O Cath
☐ Suture Set Tray	☐ Pelvic Set-up
☐ Tetanus DPT or Td	☐ Urine HCG

CONSULTATION - NOTIFICATIONS

Service or Specialty	Called	Response	Arrived

DISPOSITION

Admit / Transfer / Discharge: Home

Location:

Impressions:

Attending: [illegible] D W

Resident: Williams W

PS 3298 Rev 8/01

EDTRIAGE

Medical College of Georgia
Emergency and Express Care Services

MICKELL, ALEXIS D
ACCT# 002305498-2319 RACE W F
11/15/02 S
001-24-1327
DOB 04/23/00 MRN 001-24-1327

OBSERVATION FORM

Date 11/15/2002

Time	T	P	R	B/P	PAIN	Intake	Output	Observations and Medications
2252								To Room in NAD RS
2040		115	24					Dc To the P all instructions & Return Care, Rx instructions & @ the care. Pt To the ED Papicle in Good Condition — mother understanding all instructions & Return Care — To the PM MD order — KH

Facility: CMC

ADDRESSOGRAPH

MCG LOC:PEDE ORD:2311545
PT: MICKELL, ALEXIS D
MRN:001241327 11/15/2002
DOB:04/23/1999 AGE:3yr

Medical College of Georgia
Department of Radiology
Preliminary Report

Patient Name: _____

Medical Record Number: _____

Examination and Date: _____

Findings: _____

Interpreted by: _____

Date and time of interpretation: 11 16 02

Discussed with: _____

III
RADIOL

RADIOL

White - Medical Records
Canary - Radiology

PE 377 10/00

Medical College of Georgia Hospitals and Clinics
Department of Radiology
Augusta, GA 30912

MRN:	1241327	Location:	PEDS EMERGENCY
Patient:	MICKELL, ALEXIS D	DOB:	04/23/1999
Account #:	23054982319	Sex:	F

Radiological Consultation Report

ELECTRONICALLY VERIFIED BY ALEX DALEY, MD
PORTABLE CHEST 1 VIEW 2002/11/15 23:54:31.00

CLINICAL HISTORY:
3-year-old white female with fever, cough, and rhinorrhea

FRONTAL CHEST, 11/15/2002:
The lungs, heart, mediastinum, and bones are clear.

IMPRESSION:
Normal chest.

The imaging film(s) personally reviewed by: ALEX DALEY, MD

ELECTRONICALLY VERIFIED BY ALEX DALEY, MD

Dictated By: ALEX DALEY, MD

Transcribed By: AUGMEDTR2 11/16/2002 16:26

Verified: 2002/11/19 14:30:56.00

Page 1 of 1 Result ID: 2168837/0

Medical College of Georgia
Children's Medical Center

CARLISLE, JEREMIAH D
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7291 S
LOCATION: CASU
* 001-40-0826 *

ADMISSION ASSESSMENT

Date: 10-18-07

RESPIRATORY:
Airway Support: ☐ Chin-lift ☐ Mandibular Thrust ☑ Unassisted
Artificial Airway: ☐ Oral ☐ Nasal ☐ OETT ☐ NETT ☐ Trach ☑ None
Size _____ Position _____ @ _____ Out _____
O_2 Support: ☐ Face Tent ☐ Nasal Cannula ☑ Free flow ☐ Other
Respirations: ☑ Spontaneous ☑ Regular ☐ Irregular ☑ Deep ☐ Shallow ☑ Unlabored ☐ Labored
Breath Sounds: ☑ Clear ☑ Bilateral ☐ Diminished ☐ Other
Chest Expansion: ☑ Symmetrical ☐ Asymetrical
Cough: ☑ None ☐ Productive ☐ Non-productive

NEUROLOGICAL:
LOC: ☐ Awake ☐ Arousable ☑ Unresponsive ☐ Oriented x 3 ☐ Confused
Pupils: ☐ Reactive ☐ Non-reactive _____ mm ☑ Assessment not indicated
Reflexes Present: ☐ Gag ☐ Cough ☐ Swallow ☑ Assessment not indicated
Hand Grips: ☐ Strong ☐ Equal ☐ Weak asleep ☑ Assessment not indicated
Facial Expression: ☑ Symmetrical ☐ Asymetrical ☐ Assessment not indicated
Extremity Movement: ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☑ Assessment not indicated
Extremity Sensation: ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☑ Assessment not indicated

CARDIOVASCULAR:
Capillary Refill: ☑ < 3 secs ☐ > 3 secs ☐ Assessment not indicated
Edema ☑ Absent ☐ 1+ ☐ 2+ ☐ 3+ Location: _____ ☐ Assessment not indicated
Peripheral Pulses: ☑ Full ☐ Weak ☐ Thready ☐ Bounding ☐ Assessment not indicated

GI/GU:
Abdomen:
☑ Soft ☐ Firm
☐ Distended ☐ Non-distended
☐ Tender
☐ Nausea ☐ Mild ☐ Severe ☑ None
Vomiting ☐ Yes ☑ No

Bowel Sounds:
☐ Present ☐ Absent ☑ Assessment not indicated

Urine:
☐ Clear ☐ Cloudy ☐ Yellow ☐ Bloody
☑ Assessment non indicated for procedure

Voiding: ☐ Yes ☑ No
☐ Spontaneously ☐ Catheter

Bladder:
☑ Non-distended ☐ Distended ☐ Assessment not indicated

INTEGUMENTARY:
Skin: ☑ Warm ☐ Cool ☑ Dry ☐ Clammy ☐ Diaphoretic
☐ Pink ☐ Pale ☐ Jaundiced ☐ Cyanotic ☐ Mottled
☐ Rash ☐ Other: _____

	INTAKE		OUTPUT	X-RAYS LABS, PROCEDURES	TIME	REVIEWED BY
PO Fluid	60 ml	Voided	0			
IV Fluid	15ml	Urinary Catheter				
	0	Emesis				
	0	Gastric Suction				
Blood Given	0	Chest Drainage				
	0	Wound Drainage				
TOTAL	75ml	TOTAL	0			

TIME	DRESSINGS/DRAINS/SITE	CONDITION	DRAINAGE (amount and type)	ICE PACK
1142	has steri strip on Rt eye	—	Bleeding, Edema, drainage	

TIME	IV/CENTRAL LINES/SITE	CONDITION	FLUIDS	D/C TIME
1142	PIV #24 ga Rt. hand.	Patent Edema & redness	NS 350ml LR from OR on pump 20 ml/hr.	

Initials	Signature/Title	Initials	Signature/Title

PS 5308 6/00

PACU

Medical College of Georgia
Children's Medical Center

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7291 S
LOCATION: CASU
* 001-40-0826 *

Date: 10-18-07

TIME	NURSES NOTES
1155	Sitting up in mom's lap. Crying. Occas drinks juice. BP

Signature:

DISCHARGE EVALUATION

RESPIRATORY:
O_2 Sat: 96 on RA
Oxygen: ☐ Yes ☑ No
Mode _____ FiO2/l.p.m. _____
Respirations: ☑ Regular ☐ Irregular
☐ Deep ☑ Shallow ☐ Unlabored ☐ Labored

NEUROLOGICAL
LOC: ☐ Awake ☐ Arousable ☐ Unresponsive
☐ Oriented x 3 ☐ Confused appropriate
Pupils ☐ Reactive ☐ Non-reactive ___ mm ☐ Assessment not indicated
Extremity Movement:
☑ RUE ☑ LUE ☑ RLE ☑ LLE ☐ Assessment not indicated
Extremity Sensation:
☑ RUE ☑ LUE ☑ RLE ☑ LLE ☐ Assessment not indicated
Pain Score: 0 /10 Site:

CARDIOVASCULAR:
IV Fluids: Type NS LTC 335 ml
Capillary Refill: ☑ < 3 secs ☐ > 3 secs ☐ Assessment not indicated
Edema: ☑ Absent ☐ 1+ ☐ 2+ ☐ 3+ ☐ Assessment not indicated
Location: _____
Peripheral Pulses:
☑ Full ☐ Weak ☐ Thready ☐ Bounding ☐ Assessment not indicated

GI/GU:
Abdomen: ☑ Soft ☐ Firm ☐ Distended ☑ Non-distended ☐ Tender
☐ Nausea ☐ Mild ☐ Severe ☑ None
Bowel Sounds: ☐ Present ☐ Absent ☐ Assessment not indicated
Urine: ☐ Clear ☐ Cloudy NG Tube: ☐ Yes ☑ No
☐ Yellow ☐ Bloody ☑ None
Voiding: ☐ Spontaneously ☐ Catheter
Bladder ☑ Non-distended ☐ Distended ☐ Assessment not indicated

INTEGUMENTARY:
Skin ☑ Warm ☐ Cool ☑ Dry ☐ Clammy ☐ Diaphoretic
☑ Pink ☐ Pale ☐ Jaundiced ☐ Cyanotic ☐ Mottled
☐ Rash ☐ Other _____
Dressing: ☐ Dry ☐ Intact ☑ None
Location: legs - ☑ drainage on edema

DISCHARGED TO: ☑ Phase II
Transport by: ☐ Wheelchair ☐ Stretcher ☐ Crib ☑ Parents arms
☐ 5C ☐ 4C ☐ 3E ☐ PICU ☐ Other: _____
Per order of Dr.: Betts
Transport Monitors: ☐ None N/A
☐ EKG ☐ NIBP ☐ Oximetry ☐ Other: _____

ON ARRIVAL TO FLOOR/UNIT: Time: _____ Patient Transfer ☐ Self ☐ With Assist
☐ Siderails up ☐ Bed locked ☐ Bed low ☐ Nurse at bedside ☐ Chair ☐ Parents arms
Assessment VS on arrival: BP: _____ Temp.: _____ Pulse: _____ R: _____ Other: _____
In-room patient monitors: ☐ Pulse oximeter ☐ NIBP ☐ Heart rate/R
Report to _____ / by: _____ Time: 1224

PS 1302 0708

PACU

Medical College of Georgia
Medical Center

CARLISLE, JEREMIAH D M
DOB: 04/15/08 EMRN: 001400826
ACCT #: 002484064 7291 S
LOCATION: CASU
* 001-40-0826 *

AMBULATORY SURGERY POST-OP NURSING NOTE

Date: 10-18-07 Arrival Time: 1225 Via (circle): Wheelchair Stretcher Crib (Carried)

Anesthesia (circle): (General) Spinal Epidural Sedation Local

IV (circle): (Yes) No Site: Rt hand Edema (circle): Yes (No) Redness (circle): Yes (No)

Solution: LR Amount left to count: 335ml Discontinued at: 1240

Signature: [signature]

Dressing/Band-Aide (circle): Yes (No) Site: Eyes

Drainage (circle): (None) Scant Moderate Large Color (circle): Serous Serosanguinous

Drains (circle): (Yes) No Type: steri in Rt eye

Wound (circle): (N/A) Edges approximated Nausea (circle): Yes (No)

Alerted & oriented (circle): (Yes) No Drowsy Skin (circle): (Warm) (Dry) Cool Clammy

Pain Level: Scale 1-10 0/10 Faces 1-5

Family present (circle): (Yes) No Status (circle): Up in chair Bed Stretcher Crib (Held)

Medications: **Allergies:** NKDA, milk, Red Dye

Medication	Time	Route	Pain Level (scale)	Signature

Vital Signs

Time	Temp	Pulse	Respiration	Blood Pressure	Pain Level (scale)	02 sat (PRN)
1225	36.5 Axil	130	28	95/54	asleep 0/10	96%

PS 3407 8/03

POSTOP

FIN: 002484064 7291

Date/Time	Notes
0/18/2240	Calm, sitting peacefully in dad's arms. Resp even, reg, unlabored. Skin warm, pink, dry. Prot. reflexes present. O eye drainage. Driven

Intake		Output	
N/A	0	N/A	0
Oral	juice 20 ml	Emesis	0
IV	0	Urine	small wetness in diaper @ 1240
Other	0	Other	0
Total	20 ml	Total	✓

At discharge (circle): Alert and oriented: Yes No Nausea: Yes No Tolerating Fluids: (Yes) No N/A
Voiding: Yes No N/A Ambulatory: Yes No (N/A) Wound: Edges approximated (N/A) Dressing: Yes (No)
Drainage: Yes (No) Scant Moderate Large Color: Serous Serosanguinous Pain level 0 / 10 (>4 MD notified)

Vital signs consistent with pre-op levels (circle): (Yes) No Discharged (circle): Wheelchair Ambulatory (Arms)
Instructions given, understands, verbalized, instructions sheet signed (circle): (Yes) No

Discharged to (circle): (Home) Other: _____

Via (circle): (Car) Other: _____ Escorted by ASU staff (circle): Yes (No)

Signature: Driven Time: 1245

Facility: CMC

Carlisle, Jeremiah D M / White
DOB: 4/15/2006 EMRN: 001400826
Acct#: 002484064 7289 S
10/16/2007 LOCATION: OPHO
*001-40-0826 *

STAFF NOTES

Pain Score / Location / Intervention / Initials:

INSTRUCTION RECORD HISTORY AND PHYSICAL EXAMINATION ON THIS FORM. FOLLOW WITH PROGRESS NOTES IN CHRONOLOGICAL ORDER.

DATE: 10/16/2007

Pre Op. See H+P. Sys 10/18/07 Dr. Oden

72

She Khawaf

Medical College of Georgia
Children's Medical Center

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7288 S
LOCATION: PGEN
* 001-40-0826 *
ADDRESSOGRAPH

ROUTINE HEALTH ASSESSMENT (0-2 YEARS OF AGE)

Date 10/5/07 Medications albuterol, pulmocort
Age Years 1 Months 8 Temp. ____ O/R/A/T Allergies Milk, red dye
Weight 9.06 (%) Height 30.5 (%) Head Circumference 47.5 (%)
Objective Pain Scale Score: Location ____ MD Notified ____ Initials ____

HISTORY

Hx of asthma that has resolved with albuterol & pulmocort. No wheezing recently. Has had cough & nasal congestion that resolves with saline rinse; has lasted 1wk. Both parents also sick. Has good diet & eats chicken, mashed potatoes, corn. Not yet using a spoon. Just started walking 2 days ago; have appt with PT. Going to surgeon tom to open blocked nasolacrimal ducts (B). Has been pulling at (B) ear recently. Stays home with Dad; mom smokes home. Babbling/running around.

Diet: ☐ Breastfeeding ☐ Formula: ____ Table Food chicken, potatoes, cereal, corn Amount of juice/day 2 cups
SLEEP: Back/Side ☐ Sleeps through night/Location ____ Intervals/Naps 1-2 Lead Risk: ☐ High ☑ Low TB Risk: ☐ High ☑ Low

Growth and Development:

1 mo	2 mo	4 mo	6mo	9 mo	12 mo	15 mo	18 mo	24 mo
Social Smile	Follow 180	Roll over	Sit well	Crawl	Cruising -> walking	Throw object	Use spoon	Kick ball
Floats	Turn to voice	Hold bottle	Babbling	Pull to stand	1-3 words	1-2 body parts	Run	2 word phrase
Vocalize/coo		Transfer objects		Pincer grasp	data/name specific	Creep up stairs		Put on clothes

PHYSICAL EXAM

	NML	ABN		NML	ABN	ATTENDING PE
GENERAL APPEARANCE	☑	☐	running around, babbling	☑	☐	Alert, playful
SKIN	☑	☐	nevi x 5	☑	☐	
HEAD/NECK	☐	☐		☑	☐	
EYES	☑	☐	RR(+)	☑	☐	(L) cerumen impaction
EARS	☐	☑	(L) ear occluded/cerumen	☐	☑	
NOSE/OP/MOUTH	☐	☑	some dried mucus	☐	☑	(+) dried nasal secretions
CHEST/LUNGS	☑	☐	CTA(B)	☑	☐	
CARDIOVASCULAR	☑	☐	RRR	☑	☐	
ABDOMEN	☑	☐		☑	☐	
LYMPHATICS	☑	☐		☑	☐	
NEUROLOGIC	☑	☐		☑	☐	
MUSCULOSKELETAL	☐	☑	slight bowleg	☑	☐	
GENITAL/ANUS	☐	☐		☐	☐	

ASSESSMENT

- well 18 month old with nasal congest. and hx of asthma
URI (resolved)

PLAN

- rinses nares with saline solution to relieve congestion
- advice mom to not smoke in house
- advise mom not to use decongestants

Return appointment: 2 yrs old WCC ~~3 yrs old~~.

Immunizations: ☐ IPV ☐ Varicella ☐ Prevnar ☐ DTaP ☐ HepB ☐ Hib ☐ MMR Other: ____
Screenings Tests: ☐ PEP ☐ Hemoglobin ☐ Cholesterol ☐ Lead ☐ Newborn Metabolic Screen Other: ____
Anticipatory Guidance: ☐ Nutrition ☐ Psychosocial ☐ Safety ☐ Written and verbal info given to guardian

ATTENDING NOTE

I personally obtained history, examined patient & agree 3 JMS note & plan. 18 mo old here for RV ~~just~~ began walking ~~-~~ has PT appt. and patient has not walking stable but ~~walk~~. Mom concerned about bowlegs - will let PT evaluate

Examiner Signature JMS Attending Signature: R Shekhawat

PS 1129 REV. 2/03

HISTPHYS

Halloween DOD 80

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7271 S
09/28/07 LOCATION: PGEN
* 001-40-0826 *

Date: 9/28/07 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: RSV F/u P Immunization status:
Current Meds: Drug Allergies:

Subjective Information: Jeremiah is 17½ mo old ♂ who was seen in clinic on 9/13/07 2° to wheezing and was found to be RSV+. He does have a family hx positive for asthma. Parents got albuterol treatments 3x per day since 9/13/07 until today, when it was one w/ that he got Alb neb 2x day, wheezing resolved 4 days since then. Dad heard pt coughing almost every night. Character x2 wks: dry cough, 2 days wet. He drinks a lot of formula. He drinks 3 bottles of milk (4 oz per bottle) per day. Pt not yet walking. 32 oz per day. Dad says he eats plenty of foods

Objective Information: HEIGHT: ( ) WEIGHT: 8.78 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 36.4 A-O-R PULSE: RESP: BP:

PAIN SCALE:	PAIN SCORE:	LOCATION:	MD NOTIFIED:	INIT:
	NML/ABN/N.E.		NML/ABN/N.E.	ATTENDING PE
GEN APPEARANCE	☒ ☐ ☐		☒ ☐ ☐	Mild distress / crying
SKIN	☐ ☒ ☐	mild eczematous papular rash on lower abdomen	☐ ☐ ☐	Mild rash
HEAD/NECK	☒ ☐ ☐		☐ ☐ ☐	
EYES	☒ ☐ ☐		☐ ☐ ☐	
EARS	☒ ☐ ☐		☐ ☐ ☐	
NOSE/OP/MOUTH	☐ ☒ ☐	Dry lips + mucosa (1+)	☐ ☐ ☐	Congested
CHEST/LUNGS	☐ ☒ ☐	wheezing on expiration (1+)	☐ ☐ ☐	Wheezing RUQ.
CARDIOVASCULAR	☒ ☐ ☐	RRR, no murmur, good peripheral pulses	☐ ☐ ☐	
ABDOMEN	☒ ☐ ☐	NAD, soft	☐ ☐ ☐	
LYMPHATICS	☒ ☐ ☐		☐ ☐ ☐	
NEUROLOGIC	☒ ☐ ☐		☐ ☐ ☐	
MUSCULOSKELETAL	☒ ☐ ☐		☐ ☐ ☐	
GENITAL/ANUS	☒ ☐ ☐	Tanner I (1)	☐ ☐ ☒	

PH Bronchodilator
HH Delayed Walker

ASSESSMENT:
(1) Asthma
(2) Almost 18 mo old not yet walking
(3) Possible mucous plug obstruction LUL

PLAN:
(1) Prelone (15/5) 15 mL PO BOAT x 4 days
(2) Pulmicort neb bid
(3) Alb neb prn wheezing/cough/chest tightness
(4) Alb neb before nap
(5) Alb neb every 4 hrs x 2 days, then every 6 hrs x 3 days
FOLLOW UP: 1 week then prn

ATTENDING HISTORY:
Reviewed & examined pt w/ Wise
17 mo old f/u RSV - Father reports recent cough, very mucousy
Hx of HH Delayed Walker. Father w/ hx of asthma, frequent bronchitis
A/P: Discussed & Reviewed: 1320/12
(1) Asthma → Several bronchitis episodes in the past.
(2) RUL
(3) Low weight
Alb neb q4hrs x2
Start Pulmicort bid
Add Pulmicort
Alb neb q4hrs x2 then qid x4d
TIME SPENT:

EXAMINER Cassandra Wise MD (Wise)
ATTENDING [signature]
Bowen

(6) Referral to PT 2/2 not yet walking
HH Delayed Walker
We will see him back in 1 week
If ↓ improvement consider Sweat Test.

PS 1115A 6/02

PROGNOT

MEDICAL COLLEGE OF GEORGIA
HOSPITAL AND CLINICS
Pediatric Practice Site

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7256 S
09/13/07 LOCATION: PGEN
* 001-40-0826 *

PEDIATRIC FOLLOW-UP OF PREVIOUS VISIT

Date: 9-13-07 **Patient's Phone Number:** 803-270-0310

History/Diagnosis (Required for reimbursement): _____

Attending Physician: Moore **Fellow or Resident:** _____

Parent/Responsible Party Name: _____ **Date of Previous Visit:** _____

Normal Studies:

Laboratory: _____

Radiology: _____

Other: _____

Abnormal Studies:

Laboratory: Ag RSV - Weakly Positive for RSV. -called to Dr. Moore 9/13/07 @ 1030.

Radiology: _____

Other: _____

Action Taken:

___ None

___ Parent/person responsible for child notified of results: **Date** _____ **Time** _____

___ Attempt(s) to notify: **Date** **Time** **Comments**

1. _____
2. _____

Recommendations/Instructions: _____

_____

___ Parent/Person responsible for child verbalized understanding of instructions

Additional Comments: _____

_____

10/4 Pt seen for flu 9/28 and treated for asthma exac. CHau

V. Murphy MD
Physician Signature (fellow or resident)

Attending Physician

PB 2551 7/04

PROGNOT

300

Mark DOD 8C

(803)
270-0310(c)

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7256 S
09/13/07 LOCATION: PSEN
* 001-40-0826 *

9-13-07

Date: Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: Wheezing Immunization status:
Current Meds: Drug Allergies: PCN-hives

Subjective Information:
1 Bronchodilators @ 8 mos RSV 12/06
Runny nose PM @ Bathroom
Tm Abn wheezing
4 days
Good appetite

Objective Information: HEIGHT: ( ) WEIGHT: 8.54 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 36.6 A-O-R PULSE: RESP: BP:
PAIN SCALE: PAINSCORE: LOCATION: MD NOTIFIED: INIT:

	NML/ABN/N.E.	NML/ABN/N.E.	ATTENDING PE
GEN APPEARANCE	☐ ☐ ☐	☐ ☐ ☐	RCrystal
SKIN	☐ ☐ ☐	☑ ☐ ☐	
HEAD/NECK	☐ ☐ ☐	☑ ☐ ☐	
EYES	☐ ☐ ☐	☑ ☐ ☐	
EARS	☐ ☐ ☐	☑ ☐ ☐	clear bilateral, mobility of membrane
NOSE/OP/MOUTH	☐ ☐ ☐	☐ ☑ ☐	post nasal exchange
CHEST/LUNGS	☐ ☐ ☐	☐ ☑ ☐	mid fractures
CARDIOVASCULAR	☐ ☐ ☐	☐ ☐ ☐	
ABDOMEN	☐ ☐ ☐	☑ ☐ ☐	↑ BS exchange RR 34
LYMPHATICS	☐ ☐ ☐	☐ ☐ ☐	diffuse crackles
NEUROLOGIC	☐ ☐ ☐	☐ ☐ ☐	
MUSCULOSKELETAL	☐ ☐ ☐	☐ ☐ ☐	↑ 2nd RR 48
GENITAL/ANUS	☐ ☐ ☐	☐ ☐ ☐	slight exp wheezes

ASSESSMENT:

ATTENDING HISTORY:

PLAN:

A/P: Wheezing
Albuterol x 2
Pulmicort
RSV aspirate (+)
Instructed mother to use this will produce
more trig cells but likely not be effective

FOLLOW UP:

TIME SPENT: follow up tomorrow

EXAMINER

ATTENDING

PS 1115A 6/02

PROGNOT

FIN: 002484064 7256

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	CARLISLE, JEREMIAH D
MRN:	001400826
Birthdate:	4/15/2006
Account Number:	0024840647256
Visit Date:	9/13/2007
Discharge date:	9/13/2007
Patient Type:	Outpatient
Location:	General-Peds

MICROBIOLOGY

PROCEDURE: RSV Antigen
SOURCE: NP Asp
BODY SITE:
FREE TEXT SOURCE:

COLLECTED: 09/13/2007 09:20
STARTED: 09/13/2007 09:49
ACCESSION: 07-256-000942

*** FINAL REPORT ***

Final Report
Verified:09/13/2007 16:26
Weakly POSITIVE for RSV
Critical result of RSV antigen positive called to Dr. Donna Moore by RB
at date and time of 9/13/07 @ 1030.
Critical value read back correctly to laboratorian by the receiving
authorized heathcare provider.

202

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Medical College of Georgia
Children's Medical Center

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002464084 7208 8
LOCATION: PGCH
* 001-40-0826 *

ROUTINE HEALTH ASSESSMENT (0-2 YEARS OF AGE)

Date 7/27/07 Medications ϕ (cleared this) ADDRESSOGRAPH

Age 1 Years 3 Months Temp ____ O/R/A/T Allergies Milk ?, Red 40 dye → breaks out in rash

Weight 8.48 (<5%) Height 68.7 (<5%) Head Circumference 46.9 (25-50%)

Objective Pain Scale Score: Location ____ MD Notified ____ Initials ____

HISTORY

15 MO male presents for RHA

Currently pt = congestion, dad says everyone in house has been congested since last week. Dad reports pt is active a lot. Says weight issue is not a concern for mom/dad, just a "Dr concern" Dad says they have been gradually introducing milk/cheese to pt & he seems to be doing alright = it.

Who lives in home: 5 sisters, city water, ϕ day care

Had procedure to remove bacterial duct obstruction @ end of May

Diet: ☐ Breastfeeding ☐ Formula: ____ Table Food, drinks (other than water) Amount of juice/day 5-6 /day

SLEEP: Back/Side ☐ Sleeps through night/Location toddler bed Intervals/Naps 2-3 naps/day Lead Risk: ☐ High ☑ Low TB Risk: ☐ High ☑ Low

Growth and Development:

1 mo	2 mo	4 mo	6mo	9 mo	12 mo	15 mo	18 mo	24 mo
Social Smile	Follow 180	Roll over	Sit well	Crawl	Cruising, walking	Throw object	Use spoon	Kick ball
Fixate	Turn to voice	Hold bottle	Babbling	Pull to stand	1-3 words	1-2 body parts	Run	2 word phrase
Vocalize/coo		Transfer objects		Pincer grasp	Dada/mama specific	Creep up stairs		Put on clothes

Note: Dad says abrasion is same location

PHYSICAL EXAM

	NML	ABN		NML	ABN
GENERAL APPEARANCE	☐	☑	small for age, flat affect	☑	☐
SKIN	☐	☑	bumps on abdomen, legs (due to allergy)	☑	☐
HEAD/NECK	☐	☑	abrasion on forehead (due to fall off bed)	☑	☐
EYES	☑	☐	PERRL, watery eyelids	☑	☐
EARS	☑	☐	TM clear	☑	☐
NOSE/OP/MOUTH	☑	☐	OP clear, ϕ drainage	☑	☐
CHEST/LUNGS	☑	☐	CTABL	☑	☐
CARDIOVASCULAR	☑	☐	RRR, systolic murmur	☑	☐
ABDOMEN	☑	☐	soft (+)BS NT, ND	☑	☐
LYMPHATICS	☑	☐	ϕ palpable nodes	☑	☐
NEUROLOGIC	☑	☐	non-focal	☑	☐
MUSCULOSKELETAL	☑	☐	strength 5/5	☑	☐
GENITAL/ANUS	☐	☐	testes dt, circ'd male	☑	☐

ATTENDING P.E. Small, flat affect. forehead abrasion (about 1 cm x 1 cm)

ASSESSMENT

15 MO male presents for RHA

1- FTT - child is <5% for weight & height, he is proportional, not dysmorphic

2- Social situation: Dad & pt are present & mother was, was previously granted & mother was

PLAN

1- DTAP

2- RTC for 18 mo RHA

3- Anticipatory guidance given

4- continue to monitor weight

5- monitor social dynamic in future

Return appointment: 18 mo RHA

Immunizations: ☐ IPV ☐ Varicella ☐ Prevnar ☑ DTaP ☐ HepB ☐ Hib ☐ MMR Other: ____

Screenings Tests: ☐ FEP ☐ Hemoglobin ☐ Cholesterol ☐ Lead ☐ Newborn Metabolic Screen Other: ____

Anticipatory Guidance: ☑ Nutrition ☑ Psychosocial ☑ Safety ☑ Written and verbal info given to guardian

ATTENDING NOTE

Personally obtained HPI & agrees w/ Dr Fleming's note. 15 YO male presents for RHA. Parents concerned about child's growth & stated he is "skinny" and eats a lot. Dad also reports that all the sibs on Dad's side are small but the rest of the children are small.

Examiner Signature Stephen Fleming PGY1 Attending Signature: R Blackwood

Shekhawat

FS 1529 REV. 2/03

HISTPHYS

CARLISLE, JEREMIAH D M
DOB: 04/16/08 EMRN: 001400826
ACCT #: 002484064 7151 S
LOCATION: CASU

MCG Health, Inc.
DISCHARGE ORDER / Instruction Summary

* 001-40-0826 *

Admission Date: 5/31/07 Discharge Date: 5/31/07 Discharge Time: _____
Attending Physician: Stephanie Gori, MD MCG Referring MD: _____
Primary Care MD: _____ Primary Care MD Phone/Fax: _____

Record all diagnoses/conditions/comorbities impacting care.

Principal Diagnosis: 1. Nasolacrimal Duct
Other Diagnoses:
2. Obstruction, Both Eyes
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Record all operations and procedures during this stay.

Principal Procedure: 1. Nasolacrimal
Other Procedures/Operations:
2. System probing and dilation
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Discharge Medications and Dosages:

1. Erythromycin oint Daily 2x day 3x day 4x day As Needed Both Eyes
2. _____ Daily 2x day 3x day 4x day As Needed
3. _____ Daily 2x day 3x day 4x day As Needed
4. _____ Daily 2x day 3x day 4x day As Needed
5. _____ Daily 2x day 3x day 4x day As Needed
6. _____ Daily 2x day 3x day 4x day As Needed
7. _____ Daily 2x day 3x day 4x day As Needed
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

INSTRUCTIONS TO PATIENT AT TIME OF DISCHARGE:

- Diet: Regular
- ☐ Daily Weights (All Heart Failure Patients) If weight increases _____ over target weight of _____ then _____ until weight returns to target weight. If weight decreases _____ below target weight of _____ then _____
- Call Healthcare Provider or 911 if the following symptoms worsen: _____
- Physical Activity: As Tolerated
- Smoking Cessation: ☐ Patient Counseled ☐ Other _____

Special Instruction Sheets: ☐ Angioplasty/PCI ☐ Pacemaker/Defibrillator Placement ☐ Coumadin ☐ Heart Failure

Patient Teaching (Treatments/Needs): _____

- Follow-up Care: ☐ Clinic Eye Ph.# 706 721 1165 ☐ Dr. Gori Date/Time: 2 weeks
- ☐ Clinic _____ Ph.# _____ ☐ Dr. _____ Date/Time: _____
- ☐ Referring Physician Office Care: _____
- ☐ Other Agency/Facility: _____

Physician's Signature: _____ Date: 5/31/07
Discharge Summary Dictated: ☐ No ☐ Yes Date: 5/31/07 MIN#: _____
Nurse Reviewer: Shelly Patterson RN Date: 5-31-07
The above has been explained to me and I have had an opportunity to ask questions.
☐ Patient ☑ Parent ☐ Guardian's Signature: L. Gerald Carlisle Jr Date: 05-31-07
THIS CERTIFIES THAT I HAVE BEEN RELEASED BY THE STAFF OF THE MCG HEALTH SYSTEM AND THAT I AM TAKING ALL OF MY PERSONAL BELONGINGS (VALUABLES AND CLOTHING) WITH ME.
DATE: 05-31-07 SIGNED: L. Gerald Carlisle Jr WITNESS: _____

♥ Mandatory for heart failure patients

White- Medical Record
Canary- Patient
Pink - Department
Photocopy - Community Referring MD

MC 484/6826 Rev. 8/08

ORDDC

Medical College of Georgia
Medical Center

CARLISLE, JEREMIAH D
DOB: 04/15/06 EMRN: 001400826 M
ACCT #: 002484064 7151 8
LOCATION: CASU
* 001-40-0826 *

AMBULATORY SURGERY PRE-OP NURSING NOTE

Date: 5-31-07 Time: 0720 Physician/procedure: 5 GAI - NLS grommets Q4

VS: T 36.6 P 119 R 26 BP 112/62 02 sat 100% Pain 0 Wt 7.7Kg 5-29-07

(Circle correct responses as applicable for all areas below):

Mental Status: (Alert) Responsive Confused Not responsive Apprehensive

Responsible Adult Present: (Yes) No Name of who may receive information?: mom + dad

Change in health status since pre-op assessment: Yes (No) Comments: _____

Skin Integrity Intact: Yes (No) (describe PRN): (Rash) Sores Bruises Decubitus Other: _____

yeast inf - diaper area at groin.

Assistive Devices (glasses/dentures/ostomy/tubes/02/etc- list): ø

Medications Taken before Arrival: Yes (No) Comments: _____

NPO: N/A After Midnight Comments: last intake - 5-30-07 @ 1030 pm.

Allergies: (NKDA) Yes (list) _____

☐ Allergy Alert on Chart

Labs done on arrival: CBC HCG PT/PTT T&S T&C UA Chem Other: _____

IV Fluids: 500 1000 Solution: _____ Gauge: _____ Skin Wheal with Lidocaine 0.5% _____

Site: Left Right Arm Hand Started by: _____

Medications	Time	Route	Signature
Versed 4 mg	0828	po	D Hopper

To holding/OR via: Wheelchair Stretcher Crib (Carried)

Time to holding/OR: _____ Signature: D Hopper

PS 3405 6/02

PREOP

PEDIATRIC (under 18) PREANESTHETIC SURVEY

MCG Medical Center

INTERVIEW DATE 05/29/2007	BIRTH DATE 04/15/2005	ISOLATION PATIENT? No
EMPI# (MEDICAL RECORD #) 001400826	HEIGHT 58.4 cm (22.99 in)	EXPECTED TYPE OF VISIT Outpatient
LAST NAME CARLISLE	WEIGHT 7.7 kg (16.94 lb)	PATIENT AGE 13 mos
FIRST NAME JEREMIAH	MEDICAL# 002484064	PLANNED PROCEDURE/SURGERY Tear Duct Probing OU
GENDER Male	ACCOUNT (VISIT #) 7151	SURGERY DATE 05/31/2007

ANESTH

ANESTH

Surgical Information

Planned Procedure/Surgery	Tear Duct Probing OU
Surgeon(s)	Goel, Stephanie MD
Surgery Date	05/31/2007

PEDS MEDICATIONS / ALLERGIES

MEDICATION LIST in Physician H&P reviewed and verified with patient/family?	No physician listing, or list needs to be amended:
Herbal and Over the Counter Medications?	No
How does your child best take meds?	Liquids

MEDICATIONS (CHECK ALL THAT APPLY)	LAST TAKEN	DOSE / ROUTE	REASON	ETC
None				

DRUG ALLERGIES	TYPE OF REACTION
None known	

FOOD ALLERGIES	TYPE OF REACTION
Dairy products Milk	

MISC ALLERGIES	TYPE OF REACTION
None known	

PEDS HEALTH HISTORY

Previous Surgeries	No
During the past 3 weeks have you had?	None of the above
Birth History	Spontaneous Vaginal Delivery Birth weight: (7 lb 7 oz). Post conceptual age at birth: (37 weeks)
HISTORY in Physician H & P reviewed and verified with patient/family?	Yes. See H&P.
Respiratory (asthma)	No
Cardiovascular/ Hypertension/ DVT	No
Gastrointestinal	No
Neurological/ CVA/ Stroke	No
Endocrine/ Diabetes	No
Musculoskeletal/ Arthritis/ Gout	No
Liver Disease	No
Renal	No
Cancer	No
Hematologic	No
Glaucoma	No
Other medical problems	Tear duct obstruction OU
Tobacco use/ how long/how much	Denies
Alcohol/ oz. per week/ last use	Denies
Have you been treated for alcohol-related injuries or illness in the past year?	No
Recreational drug use/ frequency	Denies
Psychological Disorder/ Emotional	No
Family History Unknown	Yes. See H&P.

Anesthesia History & Alerts

Prior GA, Spinal, or other Anesthetic	No
Anesthesia Alerts: Have you or a blood relative ever had a problem with anesthesia?	Yes • Prepubertal POV Risk Factors [Surgery duration greater than 30 minutes]
Would you like to participate in the MCG Bloodless Medicine and Surgery Program?	No

Physical Exam

Dental	All Natural [Good]

Vital Signs

PreOp Temperature	36.4 °C
Temp. Source	tympanic
PreOp Pulse	108 /min
PreOp Respiration	28 /min
Height	58.4 cm (22.99 in)
Weight	7.7 kg (16.94 lb)

Anesthesia Plan

LAB TESTS ORDERED / COMMENTS

Signatures

Evaluator	Bailey, Linda RN <esig>

05/31/07.

NKDA

NPO: - 2230

18 month old male with history of Reflux (GERD) in preparation for Tear duct probing. Pt. seen, examined, chart reviewed

O/E:- chest CTA B/L
Heart RRR

ASA 2.

Anesthetic plan discussed with the parents.

7146.

ANES. EVALUATOR #1 SIGNATURE	ANES. EVALUATOR #2 SIGNATURE	ANES. EVALUATOR #3 SIGNATURE

PS 3165-T Rpt 4.01 printed by Bailey, Linda RN

P [003560, 27] | C [212912, 3] | 05/29/2007 12:00:00 PM

306

PERIOPERATIVE REPORT Site: CMC

Patient Name: CARLISLE, JEREMIAH Medical Record: 001400826
Case #: 172856 Account #: 0024840647149 Sex: M
O.R.#: OR6 Case Classification: ELEC Age: 1 Y

Date: 05/31/2007 Location: HOLDING AREA I.D. Bracelet: Y Patient Status: OUTPATIENT
Type: GENERAL Service: OPHTHALMOLOGY Via: CARRIED
Status: Time: 22:30 Date: 05/30/2007 Wt: 7.70 Kg Blood Bank:

DRUG Allergies FOOD Allergies: OTHER FOOD-SEE COMMENTS CONTACT Allergies: NO KNOWN CONTACT ALLERGIES

Allergy Comments: Dairy products according to Mother.

In Place on Arrival: SEE ANESTHESIA RECORD Accompanying Persons: PARENT
ROM: WNL Verification of Procedure / Time Out: YES @ 0941

Preop Skin Condition
Temp: NORMAL Moisture: NORMAL Color: NORMAL

Preoperative Comments: Parents involved with pre operative assessment.

Preoperative Assessment: GIVE CLEAR AND CONCISE EXPLANATIONS
Preoperative Assessment: COMMUNICATE PATIENTS CONCERNS TO OTHER HEALTH CARE PROFESSIONALS
Preoperative Assessment: CONVEY CARING AND SUPPORTIVE ATTITUDE
Preoperative Assessment: REMAIN WITH PATIENT DURING INDUCTION
Preoperative Assessment: ENCOURAGE VERBALIZATION REGARDING PROCEDURE
Preoperative Assessment Completed by: LYNDA ROACH

Date and Time of Time Out Procedure 5-31-2007 @ 0941
Surgical Team participating in Time Out Procedure: ATTENDING ANESTHESIOLOGIST, CIRCULATING NURSE, RESIDENT SURGEON, ATTENDING SURGEON/PHYSICIAN, ANESTHESIA RESIDENT OR CRNA, SCRUB TECHNICIAN
The following were confirmed during the time out: CORRECT PATIENT USING FULL NAME AND DATE OF BIRTH, CORRECT SIDE/SITE MARKED PRE-OP, AGREEMENT ON PROCEDURE TO BE PERFORMED, AVAILABILITY OF CORRECT IMPLANTS/SPECIAL EQUIPMENT NOT APPLICABLE FOR THIS PRO(, CORRECT PATIENT POSITION

Temperature Control Aids
WARM BLANKETS
ROOM TEMP ADJUSTED

Temperature Comments: Patient temperature monitored by anesthesia- see anesthesia record.

Prep Site: N/A Postop Prep Site Clear: Clear
Presence of Skin Lesion: N/A

Hair Removal Method: N/A

Position	Positioning Aide(s)	Other Position(s)	Other Positioning Aide(s)
SUPINE	BLANKET		

Positioning Comments: Patient supine on padded surgical bed in correct anatomical position; no areas of undue stress or pressure noted.

Post-op Ground Pad Site: Other : N/A

Time In Room: 09:39 Time Out Room: 10:07

Start	Stop	Procedure	Procedure Surgeon
[redacted]	10:03	PROBING	STEPHANIE GOEI

Wound Classification: CLEAN-CONTAMINATED

PERIOPERATIVE REPORT Site: CMC

Patient Name:	CARLISLE, JEREMIAH	Medical Record:	001400826		
Case #:	172858	Account #:	0024840847149	Sex:	M
O.R.#:	OR6	Case Classification:	ELEC	Age:	1 Y

	Role
[redacted]FA, YOUSUF	RESIDENT SURG
KIZER, LAURIN	CIRCULATOR RN
ROACH, LYNDA	CIRCULATOR RN
GOEI, STEPHANIE	ATT SU SCRUB
QADEER, AHSAN	ATT ANESTHESIA
COE, DEMETRIA	SCRUB
TURNER, SUZANNE	RESIDENT ANES

Medication	Route	Time	Ordered By	Given By	Dosage	Comment
BALANCED SALT IRRIGATION :	IRRIGATION	IntOp	GOEI	GOEI		
TOBRADEX OPHTHAL OINTM	OPHTHALMIC	IntOp	GOEI	GOEI		

Device Type:
Description:
Size:
Qty: -15,000.00
Body Site:

Expiration Date:
Manufacturer:
Model Name:
Serial Number:
Lot #:

Postop Wound Classification: CLEAN-CONTAMINATED

[redacted]

	Time
NONE	:

Postop Skin Condition
Temp: NORMAL **Moisture:** NORMAL **Color:** NORMAL

Postop Transport to PEDIATRIC PACU **Via** CRIB

Accompanied By : ANESTHESIOLOGIST
RESIDENT ANESTHESIOLOGIST
ATTENDING SURGEON
RESIDENT SURGEON
RN

Safety Precautions: SIDE RAILS UP

Plan of Care: EFFECTIVE COMMUNICATION LINES WILL BE ESTABLISHED WITH THE PATIENT, FAMILY AND/OR SIGNIFICANT C
Plan of Care: PATIENT WILL BE OBSERVED FOR IDENTIFICATION OF INDIVIDUAL NEEDS
Plan of Care: PATIENT SAFETY WILL BE ENSURED THROUGH ASSESSMENT, OBSERVATION, AND IMPLEMENTATION OF SAFE
Plan of Care: PATIENT ALLERGIES WILL BE IDENTIFIED, COMMUNICATED, AND DOCUMENTED
Plan of Care: PATIENT WILL HAVE CONTINUOUS ASSESSMENT OF HIS/HER INTRAVENOUS THERAPY
Plan of Care: PATIENT'S FAMILY/SIGNIFICANT OTHER ARE ENCOURAGED TO PARTICIPATE IN THE PATIENT'S CARE

PERIOP

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	CARLISLE, JEREMIAH D
MRN:	001400826
Birthdate:	4/15/2006
Account Number:	0024840647151
Visit Date:	5/31/2007
Discharge date:	5/31/2007
Patient Type:	ASU
Location:	CMC Ambul Surg

Operative/Anesthesia

OPERATIVE NOTE
Medical College of Georgia
Hospital & Clinics

OPERATIVE REPORT

Name of Patient: CARLISLE, JEREMIAH D
Medical Record #: 001400826
Date of Surgery: 05/31/2007

PREOPERATIVE DIAGNOSIS:
Nasal lacrimal duct obstruction both eyes.

POSTOPERATIVE DIAGNOSIS:
Nasal lacrimal duct obstruction both eye.

PROCEDURES PERFORMED:
Nasal lacrimal system probing both eyes.

RESIDENT SURGEON:
Yousuf Khalifa, M.D.

TEACHING (ATTENDING) SURGEON(S):
Stephanie Goei, M.D.

TYPE OF ANESTHESIA:
General mask.

ESTIMATED BLOOD LOSS:
None.

SPECIMENS:
None.

COMPLICATIONS:
None.

INDICATION FOR PROCEDURE:
This 13-month-old white male presented to the clinic on consecutive visits with evidence of nasal lacrimal duct obstruction. The decision was made to now move forward with probing.

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	CARLISLE, JEREMIAH D
MRN:	001400826
Birthdate:	4/15/2006
Account Number:	0024840647151
Visit Date:	5/31/2007
Discharge date:	5/31/2007
Patient Type:	ASU
Location:	CMC Ambul Surg

OPERATIVE/ANESTHESIA

DESCRIPTION OF PROCEDURE:
After informed consent was obtained the patient was brought to the operating room where general mask anesthesia was instituted. We started with the right upper lid with a punctal dilation. A 00 followed by 0 followed by 1 nasal lacrimal probe was passed through the nasal lacrimal system and metal-on-metal was felt in the nasal cavity. Attempts to pass a 2 probe were unsuccessful in the right upper lid. The punctum was felt to be too small and the system too tight to accommodate a 2 probe. Attention was turned to the lower lid, where a punctal dilator was used, followed by a 0, then 1, then 2 probe. Metal-on-metal was felt in the nasal cavity. Attention was then drawn to the left upper lid. The punctum was also noted to be small. A punctal dilator was used followed by a 00, then 0 then 1 nasal lacrimal system probe. Metal-on-metal was felt with the size 1 probe in the nasal cavity. The size 2 probe was unable to be passed through the system. Attention was turned to the left lower eyelid, where the punctum was dilated with a punctal dilator, followed by a 0, then 1 then 2 size probe. The size 2 probe was felt

metal-on-metal in the nasal cavity. TobraDex ointment was placed in both eyes. It was determined that if recurrence occurred with nasal lacrimal duct obstruction that the superior punctua would require a punctoplasty and possible monocanalicular stent.

Dictated by:_____
YOUSUF KHALIFA, M.D.

Reviewed by:_____
STEPHANIE GOEI, M.D.
Department of Ophthalmology

DN: 20551 SUFX: 7151 DT: YK/1818 D: 05/31/2007 T: 06/01/2007 J: 9535 V: 05/31/2007 S: 850

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484084 7151 S
LOCATION: CASU
* 001-40-0826 *

MCG Health, Inc.

PROCEDURE NOTE

Clinical Service: Ophthalmology IP/(OP)/ER (circle one) Date of Procedure: 5 (MO) 31 (DAY) 07 (YR)

Location: OR / ASU / (CMC OR) / CMC PR / Clinic / Nursing Unit / Other

ICD - 9 Code(s):

Diagnosis(es): Nasolacrimal Duct Obstruction, OU

Co-Morbidities:

Indications for Procedure:

Procedure(s): Nasolacrimal System Probing OU — CPT Code(s): 68811-50

Description of Procedure(s)

See Dictation

Procedure Medications: General

Anesthesia:

EBL: ø

IVF: ø

Tissue: ø

Complications:

Implants, Drains and Stents:

Unplanned return to OR Yes ☐ No ☑ Wound Classification: I ☐ II ☐ III ☐ IV ☐

☑ I was present for the entire procedure.

☐ I was present for the key parts of the procedure, which consisted of:

☐ I was supervising overlapping cases. The attending surgeon available as my backup was:

Resident Surgeon(s): Kaitlin

Attending Surgeon: Scott McGaci

Signature

DR #: 30487

Date: 5/31/07

APPROV. PP N REV.

Additional Procedure Team Members Present (list):

White copy - Medical Records
Yellow & Pink copies - Billing Office

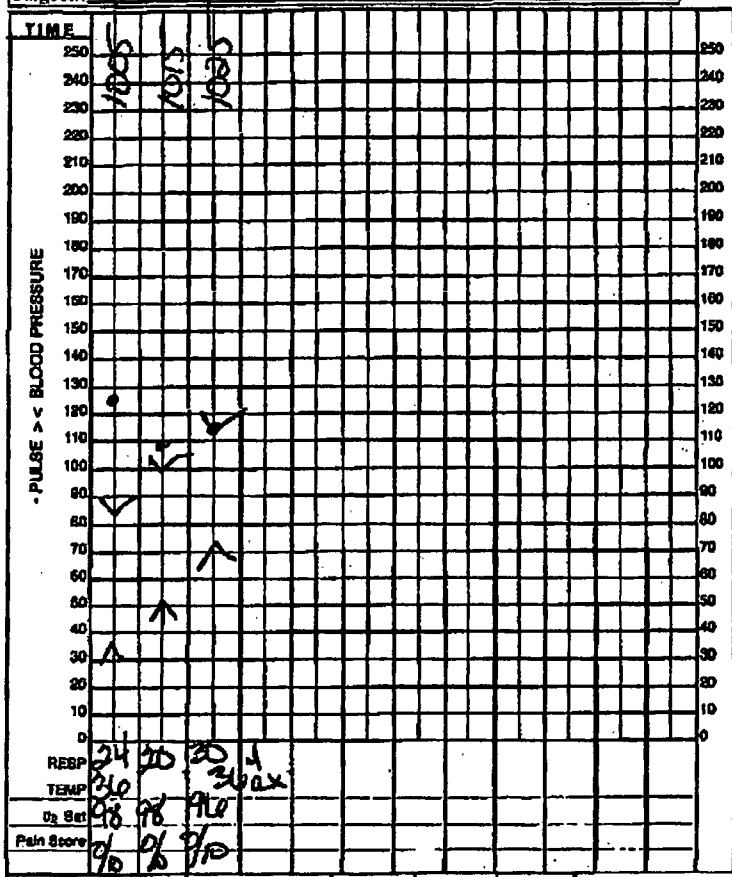
HI 612 / 1254 Rev 8/06

OPREPRT

Medical College of Georgia
Children's Medical Center
Post-Anesthesia Care Unit Nurse's Record

Date: 5/31/07 Time In: 1005 Time Out: 1034
Emergency: ☐ Yes ☑ No
Anesthesia: ☑ General ☐ Epidural ☐ IV Sedation ☐ Other: _____
Report received from: Nurse, MD
Procedure: tonsil + adenoids
Anesthesiologist: Bracken
Surgeon: Bell

CARLISLE, JEREMIAH D
DOB: 04/15/03 EMRN: 001400826
ACCT #: 002484064 7151 S
LOCATION: CASU
* 001-40-0826 *



Allergies: NKDA
WT: 7.7 kg O2 on arrival: blowby

Vital Signs	Pre OP
Blood Pressure	112/62
Heart R & R	119
Respirations	26
Temperature	37
O_2 Sat	100%

POST ANESTHESIA RECOVERY SCORE	IN	MINUTES 15	30	60	OUT
ACTIVITY Able to move 4 extremities voluntarily or on command = 2 Able to move 2 extremities voluntarily or on command = 1 Able to move 0 extremities voluntarily or on command = 0	0	2			2
RESPIRATION Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apnea = 0	2	2			2
CIRCULATION BP ±20% of preanesthetic level = 2 BP ±21%-50% of preanesthetic level = 1 BP ±51% of preanesthetic level = 0	2	2			2
CONSCIOUSNESS Fully awake = 2 Arousable on calling = 1 Not responding = 0	0	1			2
O_2 Sat O_2 Sat > 92% = 2 O_2 Sat 88-92% = 1 O_2 Sat < 88% = 0	2	2			2
TOTALS	6	9			10

Time	Indication	Medication	Dosage	Route	Nurse	Response to Medication

EQUIPMENT USED	ALARM LIMITS SET	TIME ON	TIME OFF
NIBP		1005	1025
Pulse Oximeter	Low Set 90 %	1005	1025
Cardiac Monitor	H L	1005	1025
Oxygen		1005	1015
PCA or Epidural Pump		—	—
Warm Blanket		☑ Yes ☐ No	
02 setup, ambu, mask & suction @ bedside		☑ Yes ☐ No	
Bed locked/Siderails up X 2		☑ Yes ☐ No	
Family/other @ bedside		☐ Yes ☐ No	

PACU Nurses

Initials	Signature/Title
HP	Holly Patterson RN

PG 3302 4/03

PACU

Medical College of Georgia
Children's Medical Center

CARLISLE, JEREMIAH D
DOB: 04/15/06 EMPI#: 001400826
ACCT #: 002484064 7151 S
LOCATION: CASU
* 001-40-0826 *

ADMISSION ASSESSMENT

Date: 5/21/07

RESPIRATORY:
Airway Support: ☐ Chin-lift ☐ Mandibular Thrust ☑ Unassisted error
Artificial Airway: ☑ Oral ☐ Nasal ☐ OETT ☐ NETT ☐ Trach ☑ None
Size ____ Position ____ In ____ Out 10.5
O_2 Support: ☐ Face Tent ☐ Nasal Cannula ☑ Free flow ☐ Other
Respirations: ☑ Spontaneous ☑ Regular ☐ Irregular ☐ Deep ☐ Shallow ☑ Unlabored ☐ Labored
Breath Sounds: ☑ Clear ☑ Bilateral ☐ Diminished ☐ Other
Chest Expansion: ☐ Symmetrical ☐ Asymetrical
Cough: ☐ None ☐ Productive ☐ Non-productive

NEUROLOGICAL:
LOC: ☐ Awake ☐ Arousable ☑ Unresponsive ☐ Oriented x 3 ☐ Confused
Pupils: ☐ Reactive ☐ Non-reactive ____ mm ☑ Assessment not indicated
Reflexes Present ☐ Gag ☐ Cough ☐ Swallow ☑ Assessment not indicated
Hand Grips: ☐ Strong ☐ Equal ☐ Weak ☑ Assessment not indicated
Facial Expression: ☐ Symmetrical ☐ Asymetrical ☑ Assessment not indicated
Extremity Movement: ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☑ Assessment not indicated
Extremity Sensation: ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☑ Assessment not indicated

CARDIOVASCULAR:
Capillary Refill: ☑ < 3 secs ☐ > 3 secs ☐ Assessment not indicated
Edema: ☑ Absent ☐ 1+ ☐ 2+ ☐ 3+ Location: ____ ☐ Assessment not indicated
Peripheral Pulses: ☑ Full ☐ Weak ☐ Thready ☐ Bounding ☐ Assessment not indicated

GI/GU:
Abdomen:
☑ Soft ☐ Firm
☐ Distended ☑ Non-distended
☐ Tender
☐ Nausea ☐ Mild ☐ Severe ☑ None
Vomiting ☐ Yes ☑ No

Bowel Sounds:
☐ Present ☐ Absent ☑ Assessment not indicated

Urine:
☐ Clear ☐ Cloudy ☐ Yellow ☐ Bloody
☑ Assessment not indicated for procedure

Voiding: ☐ Yes ☐ No
☑ Spontaneously ☐ Catheter diapered

Bladder:
☐ Non-distended ☐ Distended ☐ Assessment not indicated

INTEGUMENTARY:
Skin: ☑ Warm ☐ Cool ☑ Dry ☐ Clammy ☐ Diaphoretic
☐ Pink ☐ Pale ☐ Jaundiced ☐ Cyanotic ☐ Mottled
☐ Rash ☐ Other: ____

	INTAKE		OUTPUT	X-RAYS LABS, PROCEDURES	TIME	REVIEWED BY
~~pedialyte~~						
PO Fluid	60ml	Voided				
IV Fluid LR	10ml	Urinary Catheter				
		Emesis				
		Gastric Suction				
Blood Given	N/A	Chest Drainage				
		Wound Drainage				
TOTAL	70ml	TOTAL	0			

TIME	DRESSINGS/DRAINS/SITE	CONDITION	DRAINAGE (amount and type)	ICE PACK
	0		0	

TIME	IV/CENTRAL LINES/SITE	CONDITION	FLUIDS	D/C TIME
1005	left wrist 24g PIV patent & intact no edema or redness		LR @ 45 D/C	

Initials	Signature/Title	Initials	Signature/Title
HP	Holly Patterson RN		

PB 3302 amb

PACU

Medical College of Georgia
Children's Medical Center

CARLISLE, JEREMIAH D
DOB: 04/15/06 EMRN: 001400826 M
ACCT #: 002484064 7151 3
LOCATION: CASU
* 001-40-0826 *

Date: 5/31/07

TIME	

Signature:

DISCHARGE EVALUATION

RESPIRATORY WNL
O_2 Sat:
Oxygen: ☐ Yes ☑ No
Mode: RA FiO2/l.p.m.
Respirations: ☑ Regular ☐ Irregular
☐ Deep ☐ Shallow ☑ Unlabored ☐ Labored

GI/GU:
Abdomen: ☑ Soft ☐ Firm ☐ Distended ☑ Non-distended ☐ Tender
☐ Nausea ☐ Mild ☐ Severe ☑ None
Bowel Sounds: ☐ Present ☐ Absent ☐ Assessment not indicated
Urine: ☐ Clear ☐ Cloudy NG Tube: ☐ Yes ☑ No
☐ Yellow ☐ Bloody ☑ None
Voiding: ☐ Spontaneously ☑ Catheter
Bladder: ☑ Non-distended ☐ Distended ☐ Assessment not indicated

NEUROLOGICAL
LOC: ☑ Awake ☑ Arousable ☐ Unresponsive
☑ Oriented x 3 ☐ Confused
Pupils: ☐ Reactive ☐ Non-reactive ___mm ☐ Assessment not indicated
Extremity Movement:
☐ RUE ☐ LUE ☐ RLE ☐ LLE ☑ Assessment not indicated
Extremity Sensation:
☐ RUE ☐ LUE ☐ RLE ☐ LLE ☑ Assessment not indicated
Pain Score: 0/10 Site: none

INTEGUMENTARY:
Skin: ☑ Warm ☐ Cool ☐ Dry ☐ Clammy ☐ Diaphoretic
☐ Pink ☐ Pale ☐ Jaundiced ☐ Cyanotic ☐ Mottled
☐ Rash ☐ Other
Dressing: ☐ Dry ☐ Intact ☐ None
Location:

CARDIOVASCULAR:
IV Fluids: Type LR LTC 440ml
Capillary Refill: ☑ < 3 secs ☐ > 3 secs ☐ Assessment not indicated
Edema: ☑ Absent ☐ 1+ ☐ 2+ ☐ 3+ ☐ Assessment not indicated
Location: left wrist
Peripheral Pulses:
☑ Full ☐ Weak ☐ Thready ☐ Bounding ☐ Assessment not indicated

DISCHARGED TO: ☐ Phase II
Transport by: ☐ Wheelchair ☐ Stretcher ☐ Crib ☑ Parents arms
☐ 5C ☐ 4C ☐ 3E ☐ PICU ☐ Other:
Per order of Dr.:
Transport Monitors: ☑ None
☐ EKG ☐ NIBP ☐ Oximetry ☐ Other:

ON ARRIVAL TO FLOOR/UNIT: Time: Patient Transfer: ☐ Self ☐ With Assist
☐ Siderails up ☐ Bed locked ☐ Bed low ☐ Nurse at bedside ☐ Chair ☐ Parents arms
Assessment VS on arrival: BP: Temp.: Pulse: R: Other: Awake
In-room patient monitors: ☐ Pulse oximeter ☐ NIBP ☐ Heart rate/R
Report to / by: H Patterson RN Time: 1020

P9 3302 6/03

PACU

Medical College of Georgia
Medical Center

CARLISLE, JEREMIAH D M
DOB: 04/15/08 EMRN: 001400826
ACCT #: 002464064 7151 S
LOCATION: CASU
* 001-40-0826 *

AMBULATORY SURGERY POST-OP NURSING NOTE

Date: 5/31/07 Arrival Time: 1026 Via (circle): Wheelchair Stretcher Crib (Carried)

Anesthesia (circle): (General) Spinal Epidural Sedation Local

IV (circle): (Yes) No Site: left wrist Edema (circle): Yes (No) Redness (circle): Yes (No)

Solution: LR Amount left to count: 440ml Discontinued at: 1045

Signature: Holly Patterson RN

Dressing/Band-Aide (circle): Yes (No) Site:

Drainage (circle): (None) Scant Moderate Large Color (circle): Serous Serosanguinous

Drains (circle): Yes (No) Type:

Wound (circle): (N/A) Edges approximated Nausea (circle): Yes (No)

Alerted & oriented (circle): Yes No (Drowsy) Skin (circle): (Warm) (Dry) Cool Clammy

Pain Level: Scale 1-10 0 Faces 1-5

Family present (circle): (Yes) No Status (circle): Up in chair Bed Stretcher Crib (Held)

Medications: **Allergies:**

Medication	Time	Route	Pain Level (scale)	Signature
Tylenol 1100mg	PO	1045	a little fussy	H Patterson RN

Vital Signs

Time	Temp	Pulse	Respiration	Blood Pressure	Pain Level (scale)	02 sat (PRN)
1026	36.4	115	30	113/72	0/10	96%

PS 3407 8/03

POSTOP

Date/Time	Notes
1026	Pt. doing well, tol. clig, VSWNL.
	Parent requested tylenol for pt.
	prior to discharge. HPatterson RN

Intake		Output	
N/A		N/A	
Oral	juice - 120ml	Emesis	
IV		Urine	
Other		Other	0
Total	120ml	Total	

At discharge (circle): Alert and oriented: (Yes) No Nausea: Yes (No) Tolerating Fluids: (Yes) No N/A
Voiding: Yes (No) N/A Ambulatory: Yes No (N/A) Wound: Edges approximated (N/A) Dressing: Yes (No)
Drainage: Yes (No) Scant Moderate Large Color: Serous Serosanguinous Pain level 0 (>4 MD notified)

Vital signs consistent with pre-op levels (circle): (Yes) No Discharged (circle): Wheelchair Ambulatory (Arms)
Instructions given, understands, verbalized, instructions sheet signed (circle): (Yes) No

Discharged to (circle): (Home) Other: _____

Via (circle): (Car) Other: _____ Escorted by ASU staff (circle): (Yes) No

Signature: HPatterson RN Time: 1050

CARLISLE, JEREMIAH D M / W
DOB: 4/15/2006 EMRN: 001400826
Acct#: 002484064 7149 S
5/29/2007 LOCATION: OPHD
*001-40-0826 *

STAFF NOTES

DATE: 5/29/2007

Pain Score / Location / Intervention / Initials:

INSTRUCTION RECORD HISTORY AND PHYSICAL EXAMINATION ON THIS FORM. FOLLOW WITH PROGRESS NOTES IN CHRONOLOGICAL ORDER.

Pre-op. See H+PE. Surgery 5/31/07 Dr. Gaur

Stefan

☐ Bill for MR

Top Copy - Medical Records
Bottom Copy - Clinic Chart

PROGNOT

MEDICAL COLLEGE OF GEORGIA
HOSPITAL AND CLINICS
Pediatric Practice Site

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7122 S
LOCATION: PGEN
* 001-40-0826 * RAPH

PEDIATRIC FOLLOW-UP OF PREVIOUS VISIT

Date: 5/2/07 Patient's Phone Number: 803-335-2880

History/Diagnosis (Required for reimbursement): _____

Attending Physician: Wilford Fellow or Resident: _____

Parent/Responsible Party Name: _____ Date of Previous Visit: _____

Normal Studies:

Laboratory: Hgb 11.7/Hct 35.3/Lead 0.0

Radiology: _____

Other: _____

Abnormal Studies:

Laboratory: _____

Radiology: _____

Other: _____

Action Taken:

___ None

✓ Parent/person responsible for child notified of results: Date 5/2/07 Time 1500

✓ Attempt(s) to notify:

	Date	Time	Comments
1.	5-8-07	715am	# disconnected.
2.			

Recommendations/Instructions: _____

___ Parent/Person responsible for child verbalized understanding of instructions

Additional Comments: Mom responded to letter. Phone # is (803) 270-2466

Physician Signature (fellow or resident)

Attending Physician

PB 2551 7/98

PROGNOT

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484084 7084 S
LOCATION: PGEN
* 001-40-0826 *

Date: 3/5/07 Appointment Time: Check-in Time: Assigned Attending:

Reason for Appointment: Cold, fever Immunization status: UTD ⊖ influenza

Current Meds: Reglan · Zantac BID Drug Allergies: ϕ

Subjective Information:

10 mo ♂ previously healthy, began to have rhinorrhea, cough × 3 days. Yesterday 2 days ago began to have yellow d/c from both eyes. Tolerated ↓ feeding, ↓ wet diapers, some improvement. ROS ϕ fever, ϕ N/V, bowel habits normal. Hx of lacrimal duct abscess, GERD, Mom has been treating him ↓ albuterol, NL VOP. Pre-term delivery in NICU 10 days for infection, hospitalized 3 mo ago for RSV. PMH: SH: lives ⊙ biological Mom, hx female barkers ⊙ 6 yr old daughter, all have had cold symptoms

Objective Information: HEIGHT: ( ) WEIGHT: 8.06 ( ) HEAD CIRCUMFERENCE: 46cm ⊙

TEMP 37.4 A-(R) PULSE: RESP: BP:

PAIN SCALE:	PAIN SCORE:	LOCATION:	MD NOTIFIED:	INIT:
	NML/ABN/N.E.		NML/ABN/N.E.	ATTENDING PE
GEN APPEARANCE	☑ ☐ ☐ well		☑ ☐ ☐ alert ⊙	
SKIN	☑ ☐ ☐ ϕ rashes		☑ ☐ ☐	
HEAD/NECK	☐ ☑ ☐ ϕ trauma ϕ d/c ⊙ eyes ϕ erythema		☑ ☐ ☐	⊕ clear rhinorrhea
EYES	☐ ☑ ☐		☐ ☒ ☐	copious mucopurulent drainage both eyes ⊙ eyelids erythema
EARS	☐ ☑ ☐ deferred by parent		☑ ☐ ☐	
NOSE/OP/MOUTH	☑ ☐ ☐		☑ ☐ ☐	⊙ eyelids erythema
CHEST/LUNGS	☐ ☑ ☐ ⊙ scattered rhonchi		☐ ☒ ☐	coarse upper airway sounds
CARDIOVASCULAR	☑ ☐ ☐		☑ ☐ ☐	
ABDOMEN	☑ ☐ ☐		☑ ☐ ☐	
LYMPHATICS	☑ ☐ ☐		☑ ☐ ☐	
NEUROLOGIC	☑ ☐ ☐		☑ ☐ ☐	
MUSCULOSKELETAL	☑ ☐ ☐		☑ ☐ ☐	
GENITAL/ANUS	☑ ☐ ☐		☐ ☐ ☑	

ASSESSMENT:

1. AC B exacerbation
2. B/L conjunctivitis: viral vs 2° bact. superinfection

PLAN:

- Polytrim eyedrops ←
- Tobrop q3° each eye
- F/U ⊙ Peds Opth for lacrimal issues

FOLLOW UP: prn

ATTENDING HISTORY: I personally obtained history & examined patient & agree ⊙ HPI as noted above & plan ⊙ 10 mo ♂ ⊙ cough, cold symptoms, PMH ⊙ RSV & lacrimal issues ⊙ need ⊙ repeat eye drainage

A/P:

TIME SPENT: 15-20 minutes

EXAMINER _____ ATTENDING R Blackwood MD

PB 1116A 8/02

PROGNOT

57
le 88.0
DoD

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7057 S
LOCATION: PGEN
* 001-40-0826 *

Date: 2/26/07 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: check weight Immunization status: UTD
Current Meds: Zantac, Reglan Drug Allergies: NKDA
Subjective Information:
10 mo WM here for a wt. check. Mother reports he eats RTE cereal, Gerber Stage II foods, & fruits. 3 hrs later they repeat through out the day. No juice. Multiple dirty/wet diapers/day. No spitting up. Mother interested in flu shot. No

Fit: mom has 4 kids who passed "small" as well (1 from 7-4b 1 month ago)

Objective Information: HEIGHT: ( ) WEIGHT: 7.88 (3%) HEAD CIRCUMFERENCE: ( )
TEMP: 36.3 (A) R PULSE: RESP: BP:

PAIN SCALE:	PAIN SCORE: NML/ABN/N.E.	LOCATION:	MD NOTIFIED: NML/ABN/N.E.	INIT: ATTENDING PE
GEN APPEARANCE	☑ ☐ ☐		☑ ☐ ☐	well appearing
SKIN	☑ ☐ ☐	small rash on occiput/back	☐ ☑ ☐	fine papular erythematous blanching rash on nape of neck + back
HEAD/NECK	☑ ☐ ☐		☑ ☐ ☐	
EYES	☑ ☐ ☐	RR (S)	☑ ☐ ☐	
EARS	☐ ☐ ☑		☑ ☐ ☑	
NOSE/OP/MOUTH	☑ ☐ ☐		☑ ☐ ☐	
CHEST/LUNGS	☑ ☐ ☐	CTA	☑ ☐ ☐	
CARDIOVASCULAR	☑ ☐ ☐	RRR c/o systolic murmur	☑ ☐ ☐	
ABDOMEN	☑ ☐ ☐	BS(+) NT/ND	☑ ☐ ☐	
LYMPHATICS	☑ ☐ ☐	✓ LAD	☑ ☐ ☐	
NEUROLOGIC	☑ ☐ ☐	moves all extremities	☐ ☐ ☑	
MUSCULOSKELETAL	☑ ☐ ☐	nl bulk/tone	☐ ☐ ☑	
GENITAL/ANUS	☑ ☐ ☐		☐ ☐ ☑	

Assessment:
1) Healthy child growing @ 3rd %ile
Nl development
2) Rash - possible soap irritant vs reactive Leaf rash

Plan:
1) Continue to follow wt/ht @ routine health checks.
2) Flu shot

Attending History: 10 mo to f/u poor wt gain - wt falling to <5%ile
At 9 mo f/u. Eating well
No spitting now on Zantac/Reglan.
Recent gastroenteritis now resolved
Wants flu shot.
A/P: Weight gain poor - improving now closer to 5%ile
Rash - NOS - Contact vs heat vs viral
Cont current diet
Reassurance re: No
Flu shot today

Follow up: 1 month for 2nd shot / 12 month WCC Time spent: 25 min 1 month for flu shot

Examiner [signature] Attending [signature] Lessard
Then RMO RMA

PS 1115A 5/02

PROGNOT

MCG Health, Inc.
DISCHARGE ORDER / Instruction Summary

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 6355 S
12/21/06 LOCATION: 4C 4923 01
* 001-40-0826 *

Admission Date: 12/21/06 Discharge Date: 12/22/06 Discharge Time: _____
Attending Physician: Freemar MCG Referring MD: _____
Primary Care MD: MCG Pediatrics Primary Care MD Phone/Fax: _____

Record all diagnoses/conditions/comorbities impacting care.

Principal Diagnosis: 1. RSV Bronchiolitis
Other Diagnoses:
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Record all operations and procedures during this stay.

Principal Procedure: 1. Albuterol Tet Nebulization
Other Procedures/Operations:
2. Epinephrine Tet Nebulization x1
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Discharge Medications and Dosages:

1. _____ Daily 2x day 3x day 4x day As Needed
2. _____ Daily 2x day 3x day 4x day As Needed
3. _____ Daily 2x day 3x day 4x day As Needed
4. _____ Daily 2x day 3x day 4x day As Needed
5. _____ Daily 2x day 3x day 4x day As Needed
6. _____ Daily 2x day 3x day 4x day As Needed
7. _____ Daily 2x day 3x day 4x day As Needed

Previous Doses:
8. Zantac 1ml (15mg) by mouth
9. twice a day
10. _____
11. Reglan 1ml (1mg) by mouth
12. four times a day
13. _____
14. Albuterol Tet Nebulizer as needed for wheezing

INSTRUCTIONS TO PATIENT AT TIME OF DISCHARGE:

♥ Diet: AS prior to hospitalization

♥ ☐ Daily Weights (All Heart Failure Patients) If weight increases _____ over target weight of _____ then _____ until weight returns to target weight. If weight decreases _____ below target weight of _____ then _____

♥ Call Healthcare Provider or 911 if the following symptoms worsen: Temperature >100, Acutally or wheezing symptoms → breathing difficulty, blueish, not eating, not making urine

♥ Physical Activity: As tolerated

♥ Smoking Cessation: ☐ Patient Counseled ☐ Other _____

Special Instruction Sheets: ☐ Angioplasty/PCI ☐ Pacemaker/Defibrillator Placement ☐ Coumadin ☐ Heart Failure

Patient Teaching (Treatments/Needs): _____

♥ Follow-up Care: ☐ Clinic _____ Ph.# _____ ☐ Dr. _____ Date/Time: _____

☐ Clinic _____ Ph.# _____ ☐ Dr. _____ Date/Time: _____

☐ Referring Physician Office Care: _____

☐ Other Agency/Facility: _____

Physician's Signature: mg hall MD Date: 12/22/06

Discharge Summary Dictated: ☒ No ☐ Yes Date: Admission <48 hours MIN#: 20958

Nurse Reviewer: _____ Date: 12/22/06

The above has been explained to me and I have had an opportunity to ask questions.

☐ Patient ☒ Parent ☐ Guardian's Signature: Donald Cardoza Date: 12/22/06

THIS CERTIFIES THAT I HAVE BEEN RELEASED BY THE STAFF OF THE MCG HEALTH SYSTEM AND THAT I AM TAKING ALL OF MY PERSONAL BELONGINGS (VALUABLES AND CLOTHING) WITH ME.

DATE: 12/22/06 SIGNED: Donald Cardoza WITNESS: _____

♥ Mandatory for heart failure patients

White- Medical Record
Canary- Patient
Pink - Department
Photocopy - Community Referring MD

MC 484/9826 Rev. 9/06

ORDDC

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

CARLISLE, JEREMIAH D M
DOB: 04/15/08 EMRN: 001400826
ACCT #: 002484064 6955 S
12/21/08 LOCATION: PGEN
* 001-40-0826 *

Date: 12/21/08 Appointment Time: Check-in Time: Assigned Attending:

Reason for Appointment: vomiting Immunization status:

Current Meds: Drug Allergies:

Subjective Information: 8 month old c wheezing, fast breathing and vomiting x 2 days. ① cough. No diarrhea. Lounges this am, cough then vomited. Cereal. Using saline drops. No fevers at home. Lots of wet diapers - just fed. Had hypoglycemia in NICU @ UH. No hosp since.

Objective Information: HEIGHT: ( ) WEIGHT: ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 37.9 A-O-R PULSE: RESP: 40-48 BP:
PAIN SCALE: PAINSCORE: LOCATION: MD NOTIFIED: INIT:

	NML/ABN/N.E.	NML/ABN/N.E.	ATTENDING PE
GEN APPEARANCE	☐ ☐ ☐	☐ ☑ ☐	tired but smiles
SKIN	☐ ☐ ☐	☑ ☐ ☐	
HEAD/NECK	☐ ☐ ☐	☑ ☐ ☐	
EYES	☐ ☐ ☐	☑ ☐ ☐	
EARS	☐ ☐ ☐	☐ ☒ ☐	① TM retracted
NOSE/OP/MOUTH	☐ ☐ ☐	☐ ☑ ☐	nasal congestion
CHEST/LUNGS	☐ ☐ ☐	☐ ☑ ☐	diffuse rhonchi & wheezes ↑WOB, subcostal retracts
CARDIOVASCULAR	☐ ☐ ☐	☑ ☐ ☐	
ABDOMEN	☐ ☐ ☐	☑ ☐ ☐	
LYMPHATICS	☐ ☐ ☐	☑ ☐ ☐	
NEUROLOGIC	☐ ☐ ☐	☑ ☐ ☐	
MUSCULOSKELETAL	☐ ☐ ☐	☑ ☐ ☐	
GENITAL/ANUS	☐ ☐ ☐	☑ ☐ ☐	

ASSESSMENT: pulse ox 99%

ATTENDING HISTORY: Lots of sick contacts @ home. Parents smoke outside. 4 yr old sis c SX. Tested @ home.

PLAN:

A/P: Bronchiolitis

FOLLOW UP:

TIME SPENT:

EXAMINER _____ ATTENDING

PB 1115A 6/02

PROGNOT

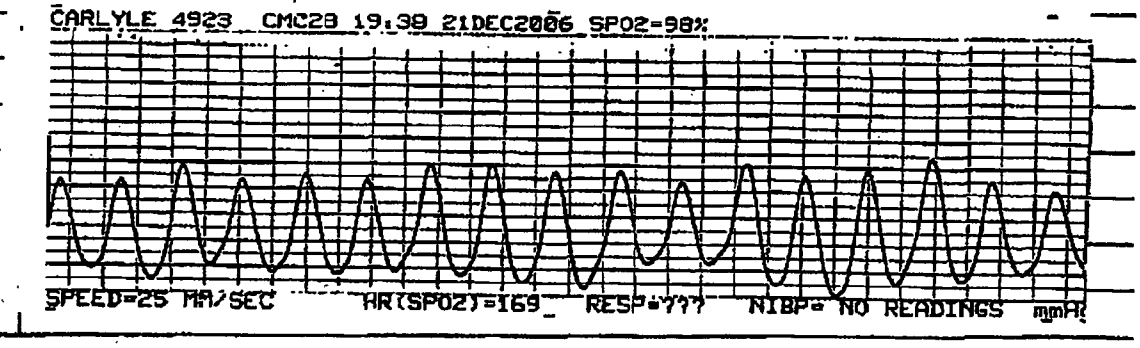
FIN: 002484064 6955

Medical College of Georgia
Hospitals and Clinics

STAFF NOTES

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 6355 S
12/21/06 LOCATION: 4C 4923 01
* 001-40-0826 *

Date/Time	
12/21	Attending Admit
1630 H	6 mo male admitted from Bon Secours c fever, RSV, flu-like c URI sx 1 day, pt c prolonged fever, rhinorrhea + cough - alert, pt in chair & NAD, mild ↑WOB, 97% RA, crying, C-spine 20 ↑ HR
	NKDA, c 6 doses, MMR, parents agree Heart @, wnl C-mc -1 murmur (sc)
A	Tmax 41?
P	IC:
	CXR: mild interstitial (subsegmental) c ↑ WOB
	HEENT: mild pharyngeal erythema, mild subcutaneous edema of ↑ WOB, mild diffuse cervical adenopathy
	CVS: RRR
	Lungs: RSV
	Plan: would like PE, CBC, BMP c blood culture + CXR c repeat c/w attending



MC 76 / 8775 MM

PROGNOT

Date/Time	
12/22/08 0135	PGY-1 Gen Peds 8 mo w/ hx of RSV Bronchiolitis had one episode of emesis yesterday & none since then. Tolerated po feeds since that time. ↓ O2 requirement. Weaned to RA x1 this am due to parents request for ambulation therein Tm-37.1 Tc-36.1 HR 115-170 RR 28-42 BP 80/20/50-60 O2-93-100% RA In - Enfamil 375ml, Pedialyte 150ml → 525ml IVF 1/2 NS @ 10cc/hr Out = Diaper Void x 2 Stool x1 emesis x1 Gen: NAD Drinking formula, smiling, playful HEENT: clear rhinorrhea, crackly cough CV: RRR, no murmur Pulm: ~~Mild~~ subcostal retractions, tachypnea, ~~no crackles~~ Expiratory wheeze - faint - in all lobes Abd - NABS x2. SNDD Ext - ↓ rashes
A/P	8 mo w/ hx of RSV Bronchiolitis + emesis. Improved c (1) Significant emesis and ↓ PO intake yesterday, cough + rhinorrhea are unchanged. ① Cont. encourage po intake ② Tolerated PO, can use PRN if have ③ likely d/c home later today + parental care Ame Lottmann 12/22/08

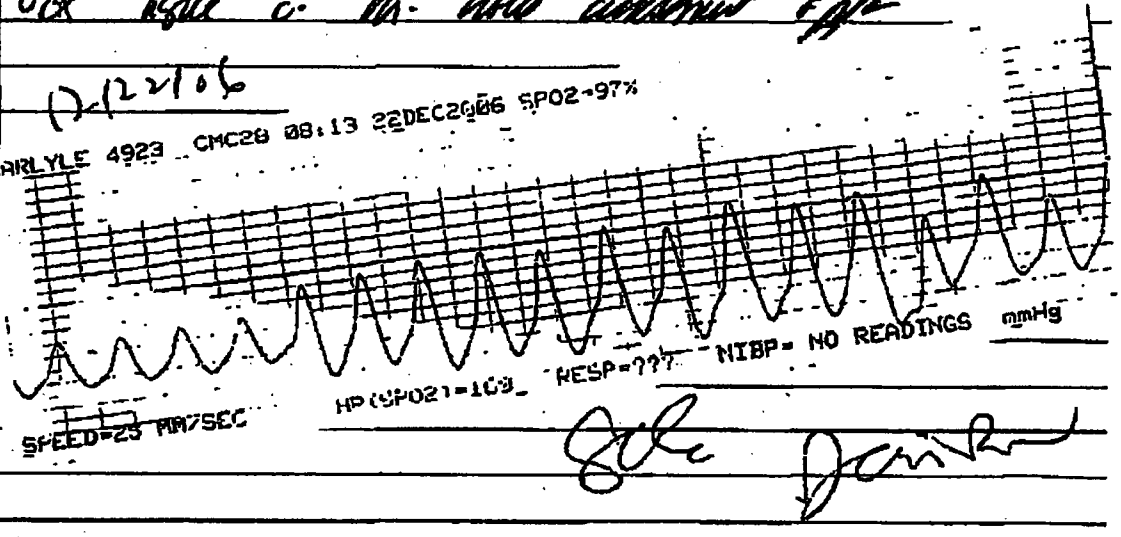
CARLISLE, JEREMIAH D M
DOB: 04/15/08 EMRN: 001400826
ACCT #: 002484064 6353 S
12/21/08 LOCATION: 4C 4823 01
* 001-40-0826 *

Medical College of Georgia Hospitals and Clinics

STAFF NOTES

CARLISLE, JEREMIAH D
DOB: 04/15/08 EMRN: 001400826 M
ACCT #: 002484084 6359 S
12/21/08 LOCATION: 4C 4923 01
* 001-40-0826 *

Date/Time	
12/22	6hr DC d/ ortho d/ onc Pain 1-3/10 PRN Dig: Can DC d/ abx Dis: RPR Out Bx BP Protocols DC issue w/ Rx. Pain assessment tools 12/22/08



MC 76 / 8776 8/98

PROGNOT

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Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMPI: 001400826
ACCT #: 002484084 6355 S
12/21/06 LOCATION: PGEN
* 001-40-0826 *

Date: 12/21/06 Appointment Time: Check-in Time: Assigned Attending:

Reason for Appointment: vomiting Immunization status:

Current Meds: Drug Allergies:

Subjective Information: 8 month old c wheezing - fast breathing and vomiting x 2 days. ⓒ cough. No diarrhea. 2 ounces this am, coughed then vomited. Cereal. Using saline drops. No fevers at home. Lots of wet diapers - wet. Had hypoglycemia in NICU @ UH. On bspo since.

Objective Information: HEIGHT: ( ) WEIGHT: ( ) HEAD CIRCUMFERENCE: ( )

TEMP: 37.9 A-OR T PULSE: RESP: 40-48 BP:

PAIN SCALE: PAINSCORE: LOCATION: MD NOTIFIED: INIT:

	NML/ABN/N.E.	NML/ABN/N.E.	ATTENDING PE
GEN APPEARANCE	☐ ☐ ☐	☐ ☑ ☐	tired but smiley
SKIN	☐ ☐ ☐	☑ ☐ ☐	
HEAD/NECK	☐ ☐ ☐	☑ ☐ ☐	
EYES	☐ ☐ ☐	☑ ☐ ☐	
EARS	☐ ☐ ☐	☐ ☑ ☐	ⓒ OM retracted
NOSE/OP/MOUTH	☐ ☐ ☐	☐ ☑ ☐	nasal congest
CHEST/LUNGS	☐ ☐ ☐	☐ ☑ ☐	diffuse bronchi c wheezes ↑WOB subcostal retracts
CARDIOVASCULAR	☐ ☐ ☐	☑ ☐ ☐	
ABDOMEN	☐ ☐ ☐	☑ ☐ ☐	
LYMPHATICS	☐ ☐ ☐	☑ ☐ ☐	
NEUROLOGIC	☐ ☐ ☐	☑ ☐ ☐	
MUSCULOSKELETAL	☐ ☐ ☐	☑ ☐ ☐	
GENITAL/ANUS	☐ ☐ ☐	☑ ☐ ☐	

ASSESSMENT: pulse ox 99%

ATTENDING HISTORY: Lots of sick contacts @ home. Parents smoke outside. 4 yr old sibs c SX. Jet lab @ home.

PLAN:

A/P: Bronchiolitis

FOLLOW UP:

TIME SPENT:

EXAMINER _____ ATTENDING [signature]

PB 1115A 6/02

PROGNOT

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	CARLISLE, JEREMIAH D
MRN:	001400826
Birthdate:	4/15/2006
Account Number:	0024840646355
Visit Date:	12/21/2006
Discharge date:	12/22/2006
Patient Type:	Bedded Outpatient
Location:	4C

MICROBIOLOGY

PROCEDURE: RSV Antigen
SOURCE: NP Asp
BODY SITE:
FREE TEXT SOURCE:

COLLECTED: 12/21/2006 11:45
STARTED: 12/21/2006 13:11
ACCESSION: 06-355-001297

*** FINAL REPORT ***

Final Report
Verified:12/21/2006 13:40
POSITIVE for RSV
Critical result of rsv postive called to sharon deal by d.t. at date and time of 12/21/2006 1:39:42 PM
Critical value read back correctly to laboratorian by the receiving authorized heathcare provider.

18 Claiborne

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002464064 6312 S
LOCATION: PGEN
* 001-40-0826 *

Date: 11/3/06 Appointment Time: Check-in Time: Assigned Attending: CD 85/46
Reason for Appointment: Problem ? medication Immunization status:
Current Meds: Reglan, Zantac Drug Allergies:
Subjective Information: Mom sent 7 mo here for f/u pediatrique overdose - Was given prescription for Reglan 2.5 1 ml QID but prescrip. was filled as Teaspoon (5ml) QID. Pt had drowsiness & abnormal eye movements. Mom called nurse & per nurse was told to bring pt in if she felt he needed to be seen. Mom decided to stop medication & see how pt did. She states pt got better in 2 days. She then reported to lawyer docs. cannot say exactly how long pt got medicine, but a lot of it.
Objective Information: HEIGHT: ( ) WEIGHT: 6.5 ( ) HEAD CIRCUMFERENCE: ( ) 11/5
TEMP: 96.5 A-Q-R PULSE: RESP: BP:
PAIN SCALE: PAIN SCORE: LOCATION: MD NOTIFIED: INIT:

	NML/ABN/N.E.			NML/ABN/N.E.			ATTENDING PE.
GEN APPEARANCE	☐	☐	☐	☑	☐	☐	WD, active, smiley
SKIN	☐	☐	☐	☑	☐	☐	
HEAD/NECK	☐	☐	☐	☑	☐	☐	
EYES	☐	☐	☐	☑	☐	☐	+ RR
EARS	☐	☐	☐	☑	☐	☐	TM's grey
NOSE/OP/MOUTH	☐	☐	☐	☐	☒	☐	pale pink papular rash on mouth + some on chest
CHEST/LUNGS	☐	☐	☐	clear	☐	☐	☐ glandes.
CARDIOVASCULAR	☐	☐	☐		☑	☐	RRR @ FP=BL
ABDOMEN	☐	☐	☐		☑	☐	Soft
LYMPHATICS	☐	☐	☐		☑	☐	
NEUROLOGIC	☐	☐	☐		☑	☐	WNL sits & ambs.
MUSCULOSKELETAL	☐	☐	☐		☑	☐	good ROM
GENITAL/ANUS	☐	☐	☐		☑	☐	↓ ↓

~~ASSESSMENT~~: Vomit. Mistake was not noted until mother called to refill the prescription. Family is angry @ pharmacy & staff error in filling.

PLAN: (See phone note from today)

ATTENDING HISTORY:

A/P: Rx error
S/P overdoses of Reglan - currently well appearing

FOLLOW UP:

TIME SPENT:

EXAMINER

ATTENDING MM Claiborne

PS 1115A 6/02

PROGNOT

001400826-6233 08/21/2006 10:53:01 CARLISLE, JEREMIAH
4 months Male White

MCG PEDIATRIC CARDIOLOGY

BP:

Oper: SWL

Rate	142
PR	101
QRSD	65
QT	263
QTc	404

Rhythm SINUS Rate 150 Axis @ 90
PR 0.09 QRS _____ QTC 0.38
Interpretation: WNL

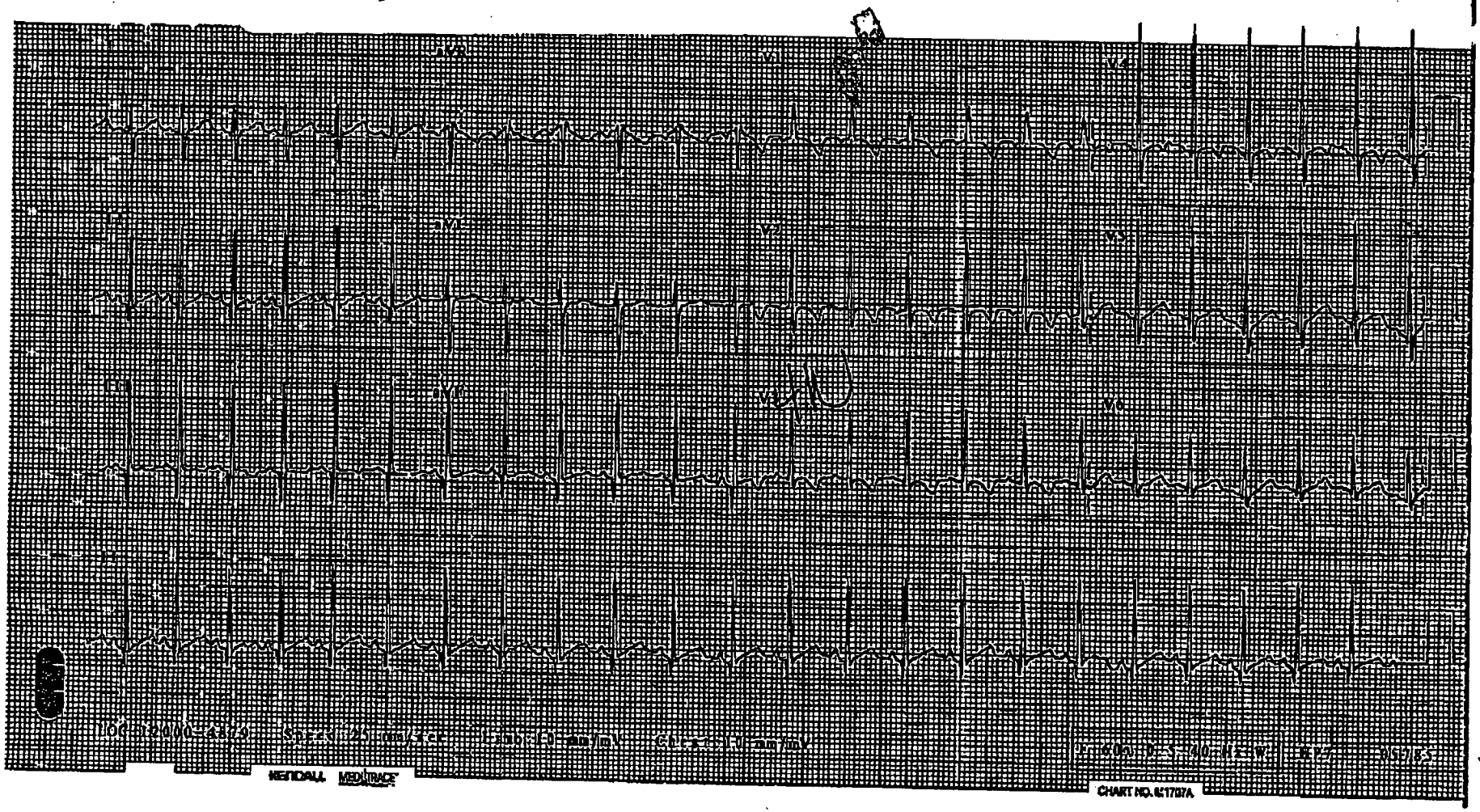
--AXIS--	
P	58
QRS	91
T	21

This study has been reviewed by me & I agree with the interpretation as noted.

_____ M.D.

CARLISLE, JEREMIAH D
DOB: 04/18/06 EMPI#: 001400826
ACCT #: 002484084 6233 M
LOCATION: PCAU
* 001-40-0826 *

Tested by:
DR.LUTIN



FILM: 001248400826233

Page Number: 2

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Facility: CMC

80

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 6150 S
LOCATION: PGEN
* 001-40-0826 *

Date: 6/29/06 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: WT CK Immunization status:
Current Meds: Drug Allergies:
Subjective Information: Breastfeeding 3-4x/day, & 2-3x/night. Supp w/ soy formula w/ RX + bananas - 1 oz. 4oz Bottle of cereal in am & pm. Spits a little, but normal for a baby. Bm 2x/day. Soft. ∅ constipation/diarrhea.

Objective Information: HEIGHT: ( ) WEIGHT: 4.46 (>10) HEAD CIRCUMFERENCE: ( )
TEMP: 36.3 A-O-E PULSE: RESP: BP:
PAIN SCALE: PAINSCORE: LOCATION:

	NML/ABN/N.E.		MD NOTIFIED: NML/ABN/N.E.	INIT: ATTENDING PE
GEN APPEARANCE	☑ ☐ ☐	WN, WD	☑ ☐ ☐	
SKIN	☑ ☐ ☐	∅ rashes	☑ ☐ ☐	
HEAD/NECK	☑ ☐ ☐	NC/AT Tiny fontanelle	☑ ☐ ☐	
EYES	☑ ☐ ☐	∅ red reflex	☑ ☐ ☐	
EARS	☑ ☐ ☐	nl set	☑ ☐ ☐	
NOSE/OP/MOUTH	☑ ☐ ☐		☑ ☐ ☐	
CHEST/LUNGS	☑ ☐ ☐	CTA	☐ ☐ ☐	
CARDIOVASCULAR	☑ ☐ ☐	RRR	☐ ☐ ☐	II/VI SysMur @
ABDOMEN	☑ ☐ ☐	Soft	☐ ☐ ☐	
LYMPHATICS	☑ ☐ ☐	∅ LAD	☐ ☐ ☐	
NEUROLOGIC	☑ ☐ ☐	Ment. awake	☐ ☐ ☐	
MUSCULOSKELETAL	☑ ☐ ☐	NL, well dev.	☐ ☐ ☐	
GENITAL/ANUS	☑ ☐ ☐	nl male testes ♂	☐ ☐ ☐	

Assessment: Wt. gain of 33 gm/day.

Attending History: 2½ mos here for wt follow up
6/13/06 4.0 Kg
Breast feeding, Supplemental formula & cereal 2-4 oz bottles/day

Plan: Continue current feeding schedule.

A/P: Small for age
Breast feeding
Satisfactory weight gain
Heart ☺
Keep f/u appt & cards in August
Cont breast/supplemented formula feeds

Follow up: 4 mos RTC Time spent:

Examiner: Ann Broxway, MD Attending: J Moore MOORE

PS 1115A 8/02

PROGNOT

3360

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484004 0130 S
05/18/06 LOCATION: PGEN
* 001-40-0826 *

Date: 5/18/06 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: Rash on face & chest Immunization status:
Current Meds: Drug Allergies:
Subjective Information: 1 month old WM presents E parents c/o rash on face + head. x 3 days. Parents state that rash began 3 days ago on face + has subsequently spread across chin, hair, + neck. Parents deny pt has had fever, chills, N/V/D, irritability, or exposure to sick persons. Mother states that she has not tried any medications or cream for the rash as of yet.

Objective Information: HEIGHT: ( ) WEIGHT: 3.78 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 37.1 A-O-R PULSE: RESP: BP:

PAIN SCALE:	PAIN SCORE: NML/ABN/N.E.	LOCATION:	MD NOTIFIED: NML/ABN/N.E.	INIT: ATTENDING PE
GEN APPEARANCE	☑ ☐ ☐	Fussy, but consolable	☑ ☐ ☐	
SKIN	☐ ☑ ☐	Diffuse, patchy erythematous areas + papules,	☐ ☑ ☐	c/w neonatal pustules on
HEAD/NECK	☐ ☑ ☐	but no d/c from lesions on head	☑ ☐ ☐	face, scalp
EYES	☑ ☐ ☐		☑ ☐ ☐	
EARS	☑ ☐ ☐		☑ ☐ ☐	
NOSE/OP/MOUTH	☑ ☐ ☐	Single, ≤ 2mm, cyst-like area on roof of mouth	☑ ☐ ☐	
CHEST/LUNGS	☑ ☐ ☐		☐ ☐ ☐	
CARDIOVASCULAR	☐ ☐ ☐		☐ ☐ ☐	
ABDOMEN	☑ ☐ ☐		☐ ☐ ☐	
LYMPHATICS	☐ ☐ ☑		☐ ☐ ☐	
NEUROLOGIC	☑ ☐ ☐		☐ ☐ ☐	
MUSCULOSKELETAL	☑ ☐ ☐		☐ ☐ ☐	
GENITAL/ANUS	☑ ☐ ☐	of rash	☐ ☐ ☐	

ASSESSMENT:
① Neonatal vs Infantile acne

ATTENDING HISTORY:
1 mo/o infant c rash on face over past 3 days progressing to scalp

PLAN:
① Reassured parents that rash is benign + will recede on its own in time.
② Anticipatory guidance

A/P: Neonatal Acne
Reassurance

FOLLOW UP: 2 month RHA

TIME SPENT:

EXAMINER: E. Ly, JMS

ATTENDING: JMoore
Moore

PS 1115A 8/02

PROGNOT

FIN: 002484004 0130

P.O. Box 409822
Atlanta, GA 30384-9822
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Date
10/29/2007
Request ID #
0043488669

Ship to:

AIKEN CO DSS
AIKEN CO DSS
802 E MARTINTOWN RD
NORTH AUGUSTA, SC 29841

Requested By: AIKEN CO DSS
Patient Name: MAXWELL ALLISON
SSN: 256398671
DOB: 092381

Records from:

M C G HEALTH INC
ACC BLDG FLOOR M RM 120
1120 15TH STREET
AUGUSTA, GA 30912-0004

This is **NOT** a bill !

SDS
P.O. Box 1813
Alpharetta, GA 30023-1812
Attn: Marketing

SDS processes thousands of requests for health information at over 6,500 health care facilities nationwide. If you would like to learn more about SDS or how our services can benefit your facility, please visit our website at: **www.sdshealth.com** or email us at: **marketing@sdshealth.com**

Your Name _____

Title _____

Facility Name _____

Phone Number (____) _____

Address _____

_____

City _____ State ____ Zip _____

# of Physicians _____ Specialty _____

# of Beds _____ # of Admits _____

332

1173+14

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

DATE: 10/11/07

Number of Pages: (including cover sheet) 3

TO: Organization: MCG

Attention:

Fax Number: 706-721-7132 | 706-721-2191

FROM: Aiken County Department of Social Services – North Augusta Branch MAIL

Address: 802 East Martintown Road North Augusta, SC. 29841

Name: Bashonna Coates

Fax Number: (803) 202-3520 or (803) 202-3557

Telephone #: (803) 202-3500 202-3527

COMMENTS:

Transmitted by:

L-F9166676

LAUREN M. HOBBS, COUNTY DIRECTOR
AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

PAGE 01
AIKEN CO DSS N AUG
8032023557 09:12 10/11/2007

11+21 14
333

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Allison Mikell, DOB 9/23/81 SSN# 256-39-8671

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: [redacted] Name: Brianna Mikell

DOB: [redacted] DOB: 9/8/00

SSN# _____ SSN# _____

Name: [redacted] Name: [redacted]

DOB: [redacted] DOB: [redacted]

SSN# _____ SSN# _____

Name: [redacted] Name: _____

DOB: [redacted] DOB: _____

SSN# [redacted] SSN# _____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Cortes
Case Manager

Allison Mikell
Signature of Parent, Guardian, Trustee

Laura Hoke, Aiken County Director
AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
502 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

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DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date: 10/11/2007

To: MCG Medical Records - fax 706-721-7132

Re: Ahrens, Brianna and Adrianna, Mikell + Jeremiah Carlisle

Our agency is presently investigating the family of Allison Mikell through our Child Protective Services Division. During our investigation we gathered information which leads us to believe that this client(s) may have received services from your agency/facility. Therefore, our agency is requesting any pertinent information that your agency has regarding this client/family. Please send most current and updated information and schedules for any future appointments.

If any additional information is required, please feel free to call Bashonna Coates at (803) 202-3527.

If there are any questions or concerns, please mention below.

* Also, are all the children up to date on their shots?

Thank you for your assistance.

Caseworker: **Bashonna Coates**

Supervisor: **Christine Wright**

AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

PAGE 02 AIKEN CO DSS N AUG 8032023557 10/11/2007 09:12

MEDICAL COLLEGE OF GEORGIA
HOSPITAL AND CLINICS
Pediatric Practice Site

MIKELL, BRIANNA J F
DOB: 08/08/00 EMRN: 001173796
ACCT #: 092223380 7064 P
LOCATION: PGEN
* 001-17-3796 *

PEDIATRIC FOLLOW-UP OF PREVIOUS VISIT

Date: 3/5/07 Patient's Phone Number: 803-270-0310 (mom)

History/Diagnosis (Required for reimbursement): Pt awaiting results of rapid strep test

Attending Physician: Shekhawat Fellow or Resident: _____

Parent/Responsible Party Name: _____ Date of Previous Visit: _____

Normal Studies:

Laboratory: rapid strep (-) for group A / Ag Cap A strep - negative /
Radiology: throat culture.
Other: _____

Abnormal Studies:

Laboratory: _____
Radiology: _____
Other: _____

Action Taken:

___ None

___ Parent/person responsible for child notified of results: Date_____ Time _____

✓ Attempt(s) to notify:

	Date	Time	Comments
1.	3.8.07	11 am	left msg to call (T.P.)
2.			

Recommendations/Instructions: _____

___ Parent/Person responsible for child verbalized understanding of instructions

Additional Comments: Pharmacy is CVS in Clearwater, SC

Physician Signature (fellow or resident)

Attending Physician

PS 2561 7/01

PROGNOT

36 Ref. D

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173708
ACCT #: 002233380 7064 F
LOCATION: PGEN
* 001-17-3796 *

Date: 3/5/07 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: f/u, Asthma Immunization status: UTD
Current Meds: Xopenex PRN, Flovent BID, Singulair 5 mg QHS Drug Allergies: PCN - hives
Subjective Information:
6 yo F w hx of well-controlled asthma began to have fever yesterday, after 1-week history of cough + c/o ear pain. Has had to use Xopenex 9-6x/day (more frequently) in the past week. Has had decreased appetite yesterday. 1 possible emesis yesterday. Has regular wet output. BMs. 2 sick contacts. Hx of PE tubes for recurrent ear infections. Has had delayed speech - in speech therapy. Parent report that she has been talking less for last 2 mos.

Objective Information: HEIGHT: ( ) WEIGHT: 20.1 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 37.0 A-O-R PULSE: RESP: BP:
PAIN SCALE: PAINSCORE: LOCATION: MD NOTIFIED: INIT:

	NML/ABN/N.E.	ATTENDING PE
GEN APPEARANCE	☒ ☐ ☐ well	☑ ☐ ☐ Alert
SKIN	☒ ☐ ☐ Ø rashes	☑ ☐ ☐
HEAD/NECK	☒ ☐ ☐ Ø LAD	☑ ☐ ☐
EYES	☒ ☐ ☐	☑ ☐ ☐
EARS	☐ ☐ ☐ obscured by cerumen	☑ ☐ ☐ + Generalized erythema of pharynx,
NOSE/OP/MOUTH	☐ ☒ ☐ crusting + drainage, nostrils raw from nose blowing, dentition stained (EL)	☐ ☒ ☐ Both tonsils slightly
CHEST/LUNGS	☐ ☒ ☐	☑ ☐ ☐ enlarged & red
CARDIOVASCULAR	☒ ☐ ☐	☑ ☐ ☐ RRR & regular;
ABDOMEN	☒ ☐ ☐	☑ ☐ ☐
LYMPHATICS	☒ ☐ ☐	☑ ☐ ☐ B/L wheezes (faint)
NEUROLOGIC	☒ ☐ ☐ very little speech	☑ ☐ ☐ & distress
MUSCULOSKELETAL	☒ ☐ ☐	☑ ☐ ☐
GENITAL/ANUS	☐ ☐ ☒	☐ ☐ ☒

Assessment: (1) Asthma exacerb - clear. (2) Pharyngitis
Plan: Rapid Strep: Negative - Continue Xopenex, Flovent & Singulair
Follow up: f/u
Examiner: Robert M. Lober, JMS

Attending History: I spoke personally & obtained H&P. Agree with resident's documentation & plan. Agree to DNR orders & plan. Exposure to sick contacts c asthma predisposes to exacerbation following viral URI - also c/o sore throat
A/P:
Time spent: 15-20 minutes
Attending: RSBethancourt MD

PS 1115A 6/02

PROGNOT

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	MIKELL, BRIANNA J
MRN:	001173796
Birthdate:	9/8/2000
Account Number:	0022233807064
Visit Date:	3/5/2007
Discharge date:	3/5/2007
Patient Type:	Outpatient
Location:	General-Peds

MICROBIOLOGY

PROCEDURE: Group A Streptococcal Antigen
SOURCE: Throat Swab
BODY SITE:
FREE TEXT SOURCE:
COLLECTED: 03/05/2007 14:10
STARTED: 03/05/2007 14:30
ACCESSION: 07-064-001742

*** FINAL REPORT ***

Final Report
Verified:03/05/2007 14:43
Negative for group A streptococcal antigen

PROCEDURE: Group A Streptococcus Culture
SOURCE: Throat Swab
BODY SITE:
FREE TEXT SOURCE:
COLLECTED: 03/05/2007 14:10
STARTED: 03/05/2007 14:37
ACCESSION: 07-064-001759

*** FINAL REPORT ***

Final Report
Verified:03/07/2007 14:53
No beta-hemolytic streptococci isolated.

338

RECORD FORM for TITMUS II VISION TESTER
PEDIATRIC MODEL

NAME MINELL, BRIANNA J
DOB: 08/08/00 EMRN: 001173798
ACCT #: 002233350 6291 P
LOCATION: PGEN
* 001-17-3796 *

DATE 9-18-06

ADDRESS

WEARING GLASSES ☐ YES ☐ NO

CONTACT LENSES ☐ YES ☐ NO

AGE

MICHIGAN PRESCHOOL TESTS

ACUITY LEVEL 20/30, MUST READ ALL PICTURES CORRECTLY

LENS LEVER AT "FAR" TO WHICH PICTURE DO TABLE LEGS POINT?

RIGHT EYE TEST LEFT OCCLUDER PAD ON		PASS	FAIL	LEFT EYE TEST RIGHT OCCLUDER PAD ON		PASS	FAIL
TEST #1	BIRD	✓		TEST #1	RABBIT	✓	
TEST #2	RABBIT	✓		TEST #2	BOY	✓	
TEST #3	GIRL	✓		TEST #3	GIRL	✓	
TEST #4 BINOCULARITY-BOTH OCCLUDER PADS OFF–GIRL-BIRD-BOY							

ALLEN PRESCHOOL PICTURE TESTS

TEST #5

TOP LINE-BINOCULARITY-BOTH OCCLUDER PADS OFF — PASS ☐ FAIL ☐
JEEP-TELEPHONE-CAKE-HORSEMAN
ACUITY-FAR 3 OUT OF FOUR = PASS

RIGHT EYE-LEFT OCCLUDER PAD ON	PASS	FAIL	LEFT EYE-RIGHT OCCLUDER PAD ON	PASS	FAIL
LINE A - 20/50 Cake-Horse-Jeep-Phone	✓		LINE A - 20/50 Horse-Cake-Phone-Jeep		
LINE B - 20/40 Phone-Cake-Horse-Jeep	✓		LINE B - 20/40 Cake-Jeep-Horse-Phone		
LINE C - 20/30 Horse-Jeep-Phone-Cake		✓	LINE C - 20/30 Phone-Horse-Jeep-Cake		

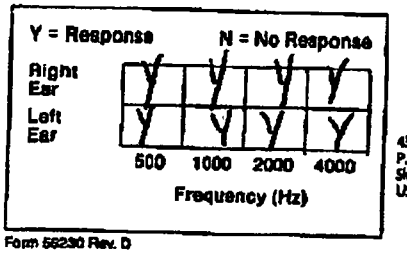
PRIMARY GRADE TESTS

AudiScope® Screening Results

☐ 20db HL ☐ 25db HL ☐ 40db HL

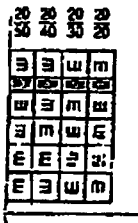
Patient

Tested by Date



Welch Allyn
4341 State Street Road
P.O. Box 220
Skaneateles Falls, NY 13153-0220
USA

Form 56230 Rev. D



		TEST RESULT	
ACUITY–FAR			
TEST #8		AD ON	20/
TEST #6		PAD ON	20/
TEST FOR EXCESSIVE F.			PASS / FAIL
TEST #6		PAD ON	
TEST #6		AD ON	
(WITHDRAW PLUS LENS UNIT) A READING OF THE 20/20 LINE THROUGH PLUS LENS =			FAIL
MUSCLE BALANCE TEST - LENS LEVER AT "FAR" - LEFT OCCLUDER PAD ON (EXPLAIN SANDBOX)			PASS / FAIL
TEST #7	BOTH OCCLUDER PADS OFF (RED BALL IN SANDBOX = PASS)		
MUSCLE BALANCE TEST–NEAR POINT - LENS LEVER AT "NEAR"			PASS / FAIL
TEST #7	BOTH OCCLUDER PADS OFF (RED BALL STILL IN SANDBOX = PASS)		
TEST #8	COLOR PERCEPTION "FAR"		PASS / FAIL
1E 2Ξ 3m 4ω 5m 6Ξ 7ω 8E			

PERIMETER SCORES
(Circle Correct Response)
Right Temporal 85° 70° 55°
Left Temporal 85° 70° 55°
TOTAL

	PASS	FAIL
Right Nasal		
Left Nasal		

Test Administrator M Morton RN

CAT. NO TII-PD Printed in U.S.A. WRITE COMMENTS ON BACK OF FORM titmus

PIN: 002223380626I

74

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 6186 P
LOCATION: PGEN
* 001-17-3796 *

F

Date: 6-15-06 Appointment Time: 2:00 Check-in Time: 1:58 Assigned Attending:
Reason for Appointment: Recheck ears. Immunization status:
Current Meds: Drug Allergies:
Subjective Information:
5yo ♀ here recheck on ears.
Nonverbal during encounter.

Objective Information: HEIGHT: ( ) WEIGHT: 19.5 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 37.0 PULSE: RESP: BP:

PAIN SCALE:	PAIN SCORE: NML/ABN/N.E.	LOCATION:	MD NOTIFIED: NML/ABN/N.E.	INIT: ATTENDING PE
GEN APPEARANCE	☒ ☐ ☐	well nourished/dirty	☐ ☐ ☐	
SKIN	☒ ☐ ☐		☐ ☐ ☐	
HEAD/NECK	☐ ☒ ☐	head lice	☐ ☑ ☐	lice noted in hair
EYES	☒ ☐ ☐	PERRL	☐ ☐ ☐	
EARS	☒ ☐ ☐	@ light reflex	☐ ☑ ☐	Dull TMs (B)
NOSE/OP/MOUTH	☒ ☐ ☐	@ bilat	☐ ☐ ☐	
CHEST/LUNGS	☒ ☐ ☐	CTA @ RR 5m	☐ ☐ ☐	
CARDIOVASCULAR	☒ ☐ ☐		☐ ☐ ☐	
ABDOMEN	☒ ☐ ☐	S/ND/EBS	☐ ☐ ☐	
LYMPHATICS	☐ ☐ ☒		☐ ☐ ☐	
NEUROLOGIC	☐ ☐ ☒		☐ ☐ ☐	
MUSCULOSKELETAL	☒ ☐ ☐	FROM	☐ ☐ ☐	
GENITAL/ANUS	☐ ☐ ☒		☐ ☐ ☐	

ASSESSMENT:
6 mo ♀ for hearing recheck.
Head lice

ATTENDING HISTORY:
5yr here for the (B) TM.
Pt lice.
Thymoseran

PLAN:
① Recheck hearing in 1 month
② RTD for lice

A/P: (B) TM
Head lice
Rx for RTD

FOLLOW UP: 1 mos 1 days

TIME SPENT:

EXAMINER Jennifer Williams CMA ATTENDING [signature] MD

PS 1115A 8/02

PROGNOT

MIKELL, BRIANNA J
DOB: 09/08/09
ACCT #: 002223380 6126 EMPI#: 001178796
05/06/06 LOCATION: PEME
* 001-17-3796 *

MCG Health, Inc.
Emergency Services Discharge Summary
Phone: (706)721-4951

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is: Pneumonia

Time

You were seen today by: Jacob

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only. It is not a substitute for the continuing care of a personal physician or regular clinic.
- X-rays do not always show injury or disease. Fractures may not be revealed on initial films. Additional x-rays may be required if your condition persists or worsens. X-Rays are initially read by the Emergency Physicians. An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several days. You will be contacted if culture results show you need additional treatment. You will need to follow up other pending test results at your next clinic appointment.

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete. You must make arrangements for follow-up of your problem in _____ days (sooner if your condition worsens). Please bring along this sheet and any prescribed medications to your follow-up appointment.

- [X] Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you, or you may use the resource list provided you.
- [ ] Call Community Mental Health at (706)771-4800.
- [ ] Contact your county health department.
- [ ] Call Primary Care Associates (706) 860-4004
- [ ] Call MCG Employee Health at 721-3418.
- [ ] Call Pediatric Primary Care Associates (706)312-5437.

- [ ] Return to the Emergency Department
  - [ ] in _____ days for re-evaluation.
  - [ ] in _____ days for suture removal.
- [ ] Return to the MCG _____ Clinic.
  - [ ] Call the Clinic at (706)721-_____ If you don't hear from the clinic in 3-4 days.
- [ ] An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____

Additional Instructions:
1. Return for worsening illness
2. See pediatrician early next week
3. Use Tylenol for fever as directed
4. Use nebulizers for wheezing

Prescriptions Given: [X] Yes [ ] No **Work Excuse Given:** [X] Yes [ ] No

PREPRINTED INSTRUCTIONS

[ ] Adult [ ] Peds

[ ] Abdominal & Pelvic Pain	[ ] DUB	[ ] Nausea & Vomiting	[ ] Skin & Soft Tissue Infections
[ ] Arthralgias & Myalgias	[ ] Eye Problems	[ ] Noncardiac Chest Pain	[ ] STD's & PID
[ ] Asthma	[ ] Fever	[ ] Otitis Media & Externa	[ ] Strains & Sprains
[ ] Back & Neck Pain	[ ] Fractures & Dislocations	[ ] Pharyngitis & Tonsillitis	[ ] Syncope
[ ] Bronchitis & Bronchiolitis	[ ] Gastritis & PUD	[ ] Pneumonia	[ ] Toothache
[ ] Constipation	[ ] Gastroenteritis	[ ] Pregnancy Complications	[ ] URI & Viral Syndromes
[ ] Contusion & Crush Injury	[ ] Head Injury	[ ] Rash	[ ] UTI & Pyelonephritis
[ ] Dehydration	[ ] Headache	[ ] Rectal & Anal Disorders	[ ] Vulvovaginitis
[ ] Diarrhea	[ ] Hypertension	[ ] Seizures [ ] Febrile Seizures	[ ] Wound Care
[ ] Dizziness & Vertigo	[ ] Kidney Stones	[ ] Sinusitis	[ ] _____

I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: X Allison Mikell Date: 5/6/06 Time: 0535

Signature of Nurse/Physician: RN Eleanor BS Jacob MD

H 617/29936 2/05

DCSUM

FIN: 002223380126

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
General Evaluation

MCG Peds

MIKELL, BRIANNA J F
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 6126 P
05/08/06 LOCATION: PEME
* 001-17-3796 *

Chief Complaint Asthma exacerbation

Confirm and check at least 4 elements are present in HPI
Location
Severity 0 1 2 3 4 5 6 7 8 9 10
Timing
Duration
Quality
Context
Modifying Factors
Associated signs or symptoms

Four items must be completed

History of Present Illness:
5 y/o WF c wheezing, dyspnea
before (101.5°F) - all day, given
Motrin. Emesis x2 yesterday.
5 episodes since 2100. Mom has felt
Cough - nonproductive ill - GI Sxs.

☐ Physician / PA time noted on triage form

PMH ☐ Triage note reviewed Old chart reviewed/ ☐ Yes ☐ No
☐ Tetanus UTD LMP:
RAD DM HTN CAD CVA CA SZ HIV None Mark at least one
Other: RSV → asthma
Purulent ear infections
Surgery: Hearing deficit.
ear tubes

Medications: ☐ See triage note
albuterol
singulair qhs
Flovent 1 puff AM

Allergies: ☐ NKDA
PCN - hives

Family History Mark at least one
RAD DM HTN CAD CVA CA SZ None

Social History
Occupation
☐ Tobacco ppd ☐ EtOH
☐ Substance abuse with
Lives with
Day /Elder Care ☐ Yes ☐ No
Two items must be marked

ROS ☐ Unable to fully assess due to: ☐ Altered LOC ☐ Age ☐ Other:
☐ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg
Write in other positive / negative review

Gen: Fatigue, Weight loss / Gain, Fever/Chills
ENT: Sore throat, Voice change, Congestion/ Epistaxis, Hearing change, Tinnitis / Otalgia
Eye: Vision change, Photophobia
CV: Chest pain / Angina, Palpitations / Edema, Orthostasis / Syncope
Resp: Dyspnea, Cough, Hemoptysis, Wheeze
GI: Nausea / Vomiting, Diarrhea / Melena, Hematemesis, Hematochezia, Abdominal pain, Constipation
Musc/ Skel: Myalgia /Arthralgia, Back pain
Skin / Heme: Rash / Pruritis, Bruising / Bleeding, Laceration / Abrasion
Neuro: Headache / Confusion, Dizzy / Weakness, Numbness / Tingling
Psych: Depressed / Anxious, Suicidal / Homicidal
Allergic/ Immune: Seasonal Allergy, Eczema/Hives
GU / GYN: Dysuria/ Frequency, Incontinence, Discharge, Menorrhagia, Metrorrhagia, Hematuria, Pregnancy

10 Systems Marked

PHYSICAL EXAM ☐ VS reviewed BP 124/77 HR 128 RR 32 T 97% O_2 Sat

Gen: ☐ Well-nourished, ☐ Non-toxic, ☐ Good state variation, ☐ No distress, ☐ Awake / alert
Eyes: ☐ PERRL, ☐ EOMI, ☐ Sharp discs, ☐ Normal conjunctivae, ☐ Sclerae anicteric
ENT: ☐ TMs normal, ☐ No rhinorrhea, ☐ Normal oropharynx
Neck: ☐ Supple, Good ROM, ☐ No midline tenderness
Lymph Nodes: ☐ Non-tender, ☐ Not enlarged
Back: ☐ T, L, & S spine non tender
CV: ☐ RRR, ☐ No murmur, ☐ Good perfusion / pulses, ☐ No edema
Resp: ☐ Non-labored, ☐ Lungs CTA
Chest: ☐ Chest wall non-tender
Abd: ☐ Non-distended and soft, ☐ Non-tender, ☐ Normal bowel sounds, ☐ No mass / organomegaly, ☐ Rectal occult blood negative
GU: ☐ Normal external genitalia, ☐ No abnormal discharge, ☐ No cervical lesions, ☐ No cervical motion tenderness, ☐ No adnexal mass / tenderness, ☐ No CVA tenderness, ☐ No bladder tenderness
Ext: ☐ Normal muscle tone, ☐ Full range of motion, ☐ Non-tender
Skin: ☐ No rash, ☐ No petechiae/purpura
Neuro / Psych: ☐ CN II-XII intact, ☐ Normal motor function, ☐ Normal sensation, ☐ Normal reflexes, ☐ Normal gait, ☐ Oriented x, ☐ Normal mood, ☐ Normal judgement

Details of pertinent physical findings:
TM c scar tissue, ↓ tubes
tight Ⓑ, bronchial breath sounds / course
R>>L

8 Systems Marked

EDH2

HI 70/265417 803
FIN: 002223380 6126

342

Facility: CMC

LABS

S __ B __ L __ M __ E __

☐ ABG ☐ VBG pH ___ pCO_2 ___

☐ CBG pO_2 ___ HCO_3 ___

UA: Gluc ___ Bili ___ Ket ___ SG ___ Bld ___
pH ___ Pr ___ Urobil ___ Nit ___ Leuk ___

Micro: WBC ___ RBC ___ Squam ___ Bact ___
Other:

PT ___ PTT ___ INR ___ CPK ___ MB ___ Troponin ___
Mg ___ Ca ___ Phos ___ Amylase ___ Lipase ___ Myoglobin ___
ALT ___ AST ___ GTT ___ D Bili ___ T Bili ___ AlkPhos ___

Wet Prep:

BHCG: Pos Neg
Rapid strep screen: Pos Neg

CXs sent:
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound
☐ All labs reviewed and interpreted see lab report forms

EKG ☐ See EKG

PROCEDURE

Performed by Physician/PA

☐ Laceration Repair
Length:
☐ Simple ☐ Layered
☐ Intubation
☐ Lumbar Puncture
☐ Central Venous Access
☐ ABG Drawn
☐ Arterial Line
☐ IV Placement
☐ Phlebotomy
☐ CPR
☐ Foley Catheter
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Fracture Red
☐ Splint Applied / Exa
☐ Physician/PA Micro
☐ Incision and Debridr
☐ Chest Tube Placemer
☐ Other ___
☐ Other ___
☐ No Procedures performed by Physician or PA

Procedure Narrative:

MIKELL, BRIANNA J
DOB: 09/08/00 EMRN: 001173796
ACCT #: 002223380 8126 P
06/06/08 LOCATION: PEME
* 001-17-3796 *

X-RAY RESULTS

CXR @ pneumonia

☐ None ordered

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

Asthma exacerbation
URI, bronchitis

Must list at least two

ED COURSE AND DECISION MAKING

~~Albuterol~~ Albuterol, CXR
Rocephin 500mg IM
~~Tylenol PO~~ Motrin 600mg PO

Repeat Exam ☐ Yes ☐ No Time:

☐ Case discussed with Dr. ___

☐ Service consulted: ___ time: ___
☐ Service consulted: ___ time: ___

DIAGNOSIS

1. pneumonia
2. Fever
3.

PLAN ☑ Discharge Home ☐ EDOU
☑ See Discharge Instructions Sheet
Flu Pads

☐ Admitted to: ___
☐ Transfer to: ___

PA/Resident Signature & Print ___

Care turned over to Dr. ___ at ___

PRESCRIPTIONS

Azithro 200 mg
x 1 then
100 mg 1 x d

ATTENDING DOCUMENTATION

Pt examined
Hx obtained
agree w resident note

☑ Patient Education Performed Regarding Condition and Recommendations
☐ Case discussed with Dr. ___
☐ I was present for the key portion of the procedures documented.
Attending critical care time ___ and summary:

Attending Faculty Signature & Print ___

Care turned over to Dr. ___ at ___

EDH2

FIN: 002223380 6126

MCG Health, Inc.
Emergency and Express Care Services

☐ I ☐ II ☐ III ☒ IV ☐ V ☐ ED ☐ Exp

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305216 5179 P
06/28/05 LOCATION: PEME
F

*** 001-24-1077 ***

TRIAGE AND ORDERS

Arrival time 0815 Triage time 0824

Times: Room 0350 Dr./P.A. Disch./Admit

Room	Name	Date
A10	Mikell, Adrianna	6-28-05

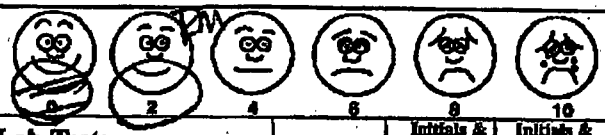
Chief Complaint: Fever x 2 days, Pulling on Ear

Medical Assessment: Cough + runny nose.

Prior treatment: Ø

PMD: Clinic Triage Signature: Mikell RN.

Pain Scale Faces (3-10 yrs.) Observational Scale (0-3 yrs.)



Age	DOB	Sex	Mode of Arrival
	3-17-2002	F	POV

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	0827	36.1	101/61	118	20	97%	Wt/Actual (kg) 11.4
							LMP

ALLERGIES: ☒ NKDA

Medications: ☐ See attached list

Ø

Additional History or Pertinent Information:

Ø

☐ Immunizations UTD ☒ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? ☐ Yes ☒ No (If yes see attached explanation)

Social Services Notified? ☐ Yes ☒ No

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders	Time Ordered	Start time/ Initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☐ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HGB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 _____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ Initials
IV Fluids:		

Bed Request Diagnosis: Service:

Attending:

Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU

Time ordered: Time Bed Obtained:

☐ Admit / ☐ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other

Disch. by ☐ Wheelchair / ☐ Ambulatory / ☐ EMS / ☐ Other

Room #: Condition: ☐ Good / ☐ Fair / ☐ Critical / ☐ Deceased

ED Resident/PA: Triage Resident:

Attending: QA W d.

HI 72 / 255622 2/05

EDTRIAGE

MIKELL, ADRIANNA D
DOB: 03/17/03 EMRN: 001241077
ACCT #: 002305216 5179 P
09/28/05 LOCATION: PEME
* 001-24-1077 *

Medical College of Georgia
Emergency and Express Care Services

OBSERVATION FORM Date _____

Time	T	P	R	B/P	PAIN	Intake	Output	Observations and Medications
0350								to ED c Sibling and parent - URI. (+) dry cough. Alert - (-) distress
0510								URI - age appropriate behavior - Evaluation
0545	35.3	121	26			99%		pt. D/C home. D/C instruction. provided. F/U PMD. Return to ED if s/s worsen - pt alert - URI - D/C'd c mom to pt - Evaluated

HI 71 / 286419 501

EDREC

Medical College of Georgia
Department of Ophthalmology
EYE CARE SERVICES - PEDIATRICS

→ Intermittent
→ Blinked x1 yesterday

KELL, ADRIANNA D F / W
DOB: 3/17/2002 EMRN: 001241077
Acct#: 002305216 5165 S
6/14/2005 LOCATION: OPHO
001-24-1077

6/14/2005

☒ Initial Visit Referred or consultation requested by: 0
☐ Return Visit Time since last visit: 0
Accompanied by: ☐ Father ☒ Mother Other:
3 years 3 months F / W

HISTORY: Chief complaint (or diagnosis if return visit):
pt. mom c/o (R) eye turning IN x 2 years. getting worse over time.

Pain Score / Location / Intervention / Initials:

☐ Present illness continued on other side

CURRENT THERAPY: ☐ None
Patching: OD OS hrs per day days/week
Penalization: OD OS % atropine days/week
Other treatment (eye medications, orthoptics, recent eye surgery):
Last CRNR: OD OS

DILATION:
☒ % Cyclopentolate
☒ % Phenylephrine
% Tropicamide
☐ Cyclo-mydril
Time: 9:45

[redacted]
☐ No family history of glaucoma, amblyopia, or other eye disease
grandmother, aunt, mom, [redacted], uncle

[redacted]
☐ No problems with pregnancy, delivery, or postnatal period
C-section full term gh good.

[redacted]
☒ No significant illness or operations

[redacted]
☐ None
0

[redacted]
☐ None known NKDA
Initials: TDN

EXAMINATION: ☒ Mental status: Patient alert, and oriented (as appropriate for age)

	Sphere	Cylinder	Axis	Prism, Add, etc.
WEARING OD:	0			
Glasses / CL OS:				
REFRACTION: ☐ Manifest ☐ Cycloplegic				
OD:	+0.75 Sph			= 20/
OS:	+0.75 Sph			= 20/

☐ Overrefraction ☐ Retinoscopy only

ACUITY ☐ Letters ☐ Tumbling E's ☐ HOTAV ☐ Symbols ☐ Numbers
DVA OD 20/ cc OS 20/ NF
NVA OD 20/ cc OS 20/ unable

mom notices RXT 7:50 one eye then 30 minutes

[redacted]
Accommodative amplitude OD:
OS:

[redacted]
☐ Rapid, complete, steady OU

EXTERNAL:
☒ Lacrimal drainage normal, no epiphora OU
☒ No ptosis
☒ Orbit, facial muscles normal
☒ Adnexa (sac gland, preauric nodes) normal OU

[redacted]
☒ No abnormal head posture

MRD OD OS
LF OD OS

Bilateral Sup crescents

Keratometry: OD:
OS:

[redacted]
☒ Equal size, reactive ☒ No afferent pupillary defect

OCULAR MOTILITY

FIXATION PREFERENCE

	OD	OS	Alt
Dist.			
Near			

Nystagmus:
☒ No nystagmus

Ductions Versions:
☐ Full OU and equivalent
Ductions: ?
Versions

Deviations
☐ No shift - dist. near
☐ Retinoscopy centered ☐ No "A" or "V"
OD fix:
Dist: OD sc OS fix:
Dist: OD fix: OS fix:
Near: OD fix: OS fix:
Near (if glasses): OD fix: OS fix:
Near (if glasses) (+3.00):
Double Maddox Rod:

good control
25-300 x [ ]
6m sc
25Δ XT RH
8-10 ortho
10 RXT

SENSORY TESTING
Stereo: +- Fly Worth 4 dot
/3 animals Distance:
/8 circles Near:
Vectographic:
/4 circles ☐ Fixes
Suppression OD OS
Vergences:
NPC:
Prism vergence amps:

Additional motility studies: remainder of exam on page 2 ☐ Lancaster red-green (separate sheet)

DIAGNOSIS:
(1) Intermittent XT c good control
observe

RECOMMENDATIONS:
Glasses Rx ☐ = Retinoscopy
Amblyopia OD - mild.
Atropine PX f/u 1 week

I have personally confirmed the pertinent elements of the above history and examination and discussed the findings and plan with the patient ☐ Exceptions:

Signature (attending physician):
Dictation: ☒ None ☐ Note to referring physician ☐ Entire exam ☐ Referral Rx only ☐ Other:
Copies: ☐ None ☐ as list on chart Referring physician ☐ Patient ☐ Other:

PROGNOT

WHITE - Medical Records
YELLOW - Clinic Chart

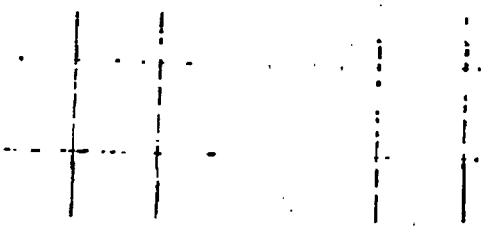
Medical College of Georgia
Department of Ophthalmology
EYE CARE SERVICES - PEDIATRICS

6/14/2005
Office visit (Page 2)

CELL, ADRIANNA D F / W
DOB: 3/17/2002 EMRN: 001241077
Acct#: 002305216 5165 S
6/14/2005 LOCATION: OPHO
*001-24-1077 *

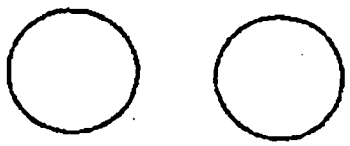
ADDITIONAL HISTORY
(Continued from other side):

EXAMINATION (Continued)
ADDITIONAL MOTILITY STUDIES



SLIT LAMP EXAM:

- [✓] Hand light exam: Normal lids, lashes, conjunctiva, cornea, iris, anterior chamber, iris
- [ ] Lids, lashes, conjunctiva (bulbar and palpebral): Normal OU
- [ ] Iris: normal shape and stroma OU
- [ ] Cornea: Normal tear film, epithelium, stroma, endothelium OU
- [ ] Anterior chamber: Normal depth, no cells or flare OU
- [ ] Lens: Clear, normal cortex and posterior capsule OU
- [ ] Anterior vitreous clear OU



INTRAOCULAR PRESSURE:

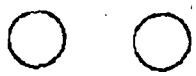
[✓] Tactile IOP normal [ ] Applanation OD: ____
[ ] Tonopen OS: ____ @ ____

VISUAL FIELDS:

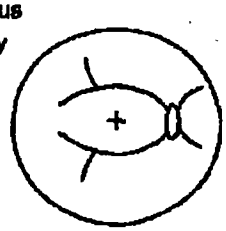
[ ] Counting fingers in all quadrants OU
[ ] Perimetry performed (separate sheet OD: ◯ OS: ◯

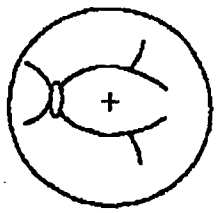
POSTERIOR SEGMENT:

Optic discs: [✓] Normal size, no edema, pallor or atrophy
[✓] nerve fiber layer and c/d within normal limits OU



Retina: [✓] Normal foveal reflex, macula, vessels, posterior vitreous
[✓] Normal near/mid periphery by indirect ophthalmoscopy
[✓] Normal far periphery by indirect ophthalmoscopy





Fundus torsion:

[✓] No abnormal torsion OU OD: NO extorsion intorsion
OS: NO extorsion intorsion

Diagnosis and recommendations: see page 1

Medical College of Georgia
and Children's Medical Center
EMERGENCY & EXPRESS CARE SERVICES
Phone: (706)721-4951

MIKELL, ADRIANNA D F
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305216 6102 S
04/12/05 LOCATION: PEMS
* 001-24-1077 *

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is: Influenza-like illness

Time 2200

You were seen today by: Allen Wicke

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only. It is not a substitute for the continuing care of a personal physician or regular clinic.
- X-rays do not always show injury or disease. Fractures may not be revealed on initial films. Additional x-rays may be required if your condition persists or worsens. X-Rays are initially read by the Emergency Physicians. An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several days. You will be contacted if culture results show you need additional treatment. You will need to follow up other pending test results at your next clinic appointment.

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete. You must make arrangements for follow-up of your problem in 4-5 days (sooner if your condition worsens). Please bring along this sheet and any prescribed medications to your follow-up appointment.

- ☒ Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you.
- ☐ Return to the MCG _____ Clinic.
  - ☐ Call the Clinic at (706)721-_____ to schedule an appointment.
  - ☐ An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____
- ☐ Call MCG Employee Health at 721-3418.
- ☐ Call Pediatric Primary Care Associates (706)312-5437.
- ☐ Call Primary Care Associates (706) 860-4004.
- ☐ Call Neighborhood Health Services Center at (706)790-4440.
- ☐ Call Community Health Center (706)828-7468.
- ☐ Call Margaret Weston Clinic in Clearwater, SC at (803)593-9283. (SC Residents)
- ☐ Call Community Mental Health at (706)771-4800.
- ☐ Contact your county health department.
- ☐ Return to the Emergency Department
  - ☐ in _____ days for re-evaluation.
  - ☐ in _____ days for suture removal.

Additional Instructions: Plenty of fluids such as Gatorade or Pedialyte. See your Pediatrician if not better in 5-7 days. Return to ER for fever or any emergent concerns.

Prescriptions Given: ☐ Yes ☒ No **Work Exeuse Given:** ☐ Yes ☒ No

PREPRINTED INSTRUCTIONS

☐ Adult ☒ Peds

☐ Abdominal & Pelvic Pain	☐ DUB	☒ Nausea & Vomiting	☐ Skin & Soft Tissue Infections
☐ Arthralgias & Myalgias	☐ Eye Problems	☐ Noncardiac Chest Pain	☐ STD's & PID
☐ Asthma	☐ Fever	☐ Otitis Media & Externa	☐ Strains & Sprains
☐ Back & Neck Pain	☐ Fractures & Dislocations	☐ Pharyngitis & Tonsilitis	☐ Syncope
☐ Bronchitis & Bronchiolitis	☐ Gastritis & PUD	☐ Pneumonia	☐ Toothache
☐ Constipation	☐ Gastroenteritis	☐ Pregnancy Complications	☐ URI & Viral Syndromes
☐ Contusion & Crush Injury	☐ Head Injury	☐ Rash	☐ UTI & Pyelonephritis
☐ Dehydration	☐ Headache	☐ Rectal & Anal Disorders	☐ Vulvovaginitis
☐ Diarrhea	☐ Hypertension	☐ Seizures ☐ Febrile Seizures	☐ Wound Care
☐ Dizziness & Vertigo	☐ Kidney Stones	☐ Sinusitis	☐ _____

I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: P Sorrell-Caroline Date: 4/12/05 Time: 2205

Signature of Nurse/Physician: _____

DCSUM

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
Pediatric Evaluation

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077 F
ACCT #: 002305216 6102 S
04/12/03 LOCATION: PEME
*** 001-24-1077 ***

CC/HPI
Exam time: 2045
3yo WF c/o cough, runny nose, fever since last night. ↓ appetite ↓PO intake ↓ UOP per mom. ⊕N/V x 1 last night, x 1 today ↓ activity

Pain ☐ Faces ☐ OBS | None 0 | Mild 1 2 3 | Moderate 4 5 6 7 | Severe 8 9 10

PMH ☐ Triage note reviewed ☐ Old chart reviewed
RAD DM SZ Surgery
None

Medications: ☐ See triage note
None

Allergies:
☒ NKDA

Family / Social HX
RAD DM HTN CAD CVA CA SZ
Grade in school____ Day care Yes No
Lives with____
~~Tobacco____ ppd~~ ☐ ~~EtOH____~~
☐ ~~Substance abuse____~~

Immunizations UTD: ☐ Yes ☐ No

ROS ☒ Unable to fully assess due to: ☐ Altered LOC ☒ Age ☐ Other:____
☐ System review otherwise unremarkable (must mark at least two systems)
Legend: Circle Pos / Slash Neg

Gen: ~~Decreased activity~~ Decreased PO intake Decreased urine output Fever
Eye: Eye pain; Eye discharge
ENT: ~~Sore throat~~; Voice change; Hoarseness; Ear pain; Runny nose
Resp: ~~Dyspnea~~; Cough; ~~Wheeze~~
CV: Chest pain; Palpitations
GI: Nausea; Vomiting x 1; Diarrhea; Abdominal pain; Constipation
Musc / Skel: Myalgia; Arthralgia; Back pain
Skin / Heme: Rash; Bruising / bleeding
Neuro: Headache; Dizziness; Weakness
Psych: Depressed; Change in behavior
Allergic / Immune: Hayfever; Eczema
GU / GYN: Dysuria; Frequency; Discharge; Hematuria; Irregular menses; Pregnant; EGA____ weeks

PHYSICAL EXAM ☒ VS reviewed ____BP ____HR ____RR ____T ____O_2 Sat

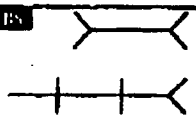
	Yes	No
Gen	☒	☐ Well-nourished
	☒	☐ Non-toxic
	☐	☐ Good state variation
	☒	☐ No distress
Eyes	☐	☐ PERRL
	☒	☐ EOMI
	☐	☐ Normal conjunctivae
	☐	☐ Normal sclerae
ENT	☒	☐ TMs normal
	☒	☐ Moist mucous membranes
	☒	☐ No rhinorrhea
	☒	☐ Normal oropharynx
Neck	☐	☐ Supple
	☐	☐ No midline tenderness
Lymph Nodes	☐	☐ Non-tender
	☐	☐ Not enlarged
Back	☐	☐ TLS spine non tender
CV	☐	☒ RRR
	☒	☐ No murmur
	☐	☐ No pulse deficit
	☐	☐ No edema
Resp	☒	☐ Non-labored
	☒	☐ Lungs CTA
Chest	☐	☐ Chest wall non-tender
Abd	☒	☐ Non-distended
	☒	☐ Non-tender
	☐	☐ Normal bowel sounds
	☐	☐ No mass / organomegaly
	☐	☐ Rectal occult blood negative
GU	☐	☐ Normal external genitalia
	☐	☐ No abnormal discharge
	☐	☐ No cervical lesions
	☐	☐ No cervical motion tenderness
	☐	☐ No adnexal mass /tenderness
	☐	☐ No CVA tenderness
	☐	☐ No bladder tenderness
Ext	☐	☐ Normal muscle tone
	☒	☐ Full range of motion
	☒	☐ Non-tender
Skin	☒	☐ No rash
	☐	☐ No petechiae / purpura
Neuro / Psych	☒	☐ Age appropriate development
	☐	☐ CN II-XII intact
	☐	☐ Normal motor function
	☐	☐ Normal sensation
	☐	☐ Normal reflexes
	☐	☐ Normal gait
	☐	☐ Oriented x____
	☐	☐ Normal mood
	☐	☐ Normal judgement

Details of pertinent physical findings:
Tachy ↓ sm

PB 572 4/03

EDH2

LABS



__S __B __L __M __E

☐ABG ☐VBG __pH __PCO_2

☐CBG __pO_2 __HCO_3

UA: __Gluc __Bili __Ket __SG __Bld
__pH __Prt __Urobil __Nit __Leuk
Micro: __WBC __RBC __Squam __Bact
Other:

Rapid strep screen: Pos Neg BHCG: Pos Neg

__PT __PTT __INR __CPK __MB __Troponin
__Mg __Ca __Phos __Amylase __Lipase
__ALT __AST __GTT __D Bill __T Bill __AlkPhos

CXs sent:
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound

EKG INTERPRETATION AND REPORT See History for clinical elements

☐ Normal rate for age — Rate
☐ Normal Sinus Rhythm — Rhythm
☐ Normal Axis — Axis
☐ Normal Intervals — Intervals
☐ Normal Segments — Segments
☐ Old EKG reviewed and no change
☐ Change from old EKG

Interpretation Narrative:
☐ Normal EKG
☐ Atrial Fibrillation
☐ LBBB
☐ Acute MI
☐ Other

PROCEDURE NOTE

Performed by Physician

☐ Laceration
☐ Central Venous Access
☐ Intubation
☐ Lumbar Puncture
☐ Foley Catheter
☐ ABG Drawn
☐ CPR
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Reduction Fracture
☐ Splint Applied
☐ IV Placement
☐ Phlebotomy
☐ Other
☐ Other

Procedure Narrative:

☐ Continued in ED Course

X-RAY RESULTS

MIKELL, ADRIANNA D
DOB: 08/17/02 EMRN: 001241077
ACCT #: 002305216 5102 B
04/12/05 LOCATION: PEME
* 001-24-1077 *

F

DIAGNOSIS

Uti
Gastroenteritis

ED COURSE AND MEDICAL DECISION MAKING

☐ Service consulted: _____ time: _____
☐ Service consulted: _____ time: _____

ED COURSE AND DECISION MAKING CONTINUED

☐ Repeat Exam Time: Findings:

SXS c/w ILI

☐ Patient and Family Education Performed Regarding Condition

DIAGNOSIS

1.
2. Flu/fever
3.

PLAN ☐ Discharge Home ☐ EDOU ☐ See Discharge Instructions Sheet

Supportive

PRESCRIPTIONS

☐ Admitted to: _____
☐ Transfer to: _____

PA/Resident Signature: _____

Care turned over to Dr. _____ at _____

ATTENDING DOCUMENTATION

Fever/rhinorrhea/cough x 36 hrs, vomit x 24 hrs. Sib c same x 4 days. No flu shot.

Sleeping, easily wakened
Neck supple, Non-Topic.
TM's nl Pharynx c erythema
Congested nose
Chest CTA, c wz rales
Abd soft/NT Good bowel sounds
No rashes

Attending critical care time: _____

Attending Faculty Signature: _____
Disposition Decision Time: _____
Care turned over to Dr. _____ at _____

EDH2

MCG Health, Inc.
Emergency and Express Care Services

☐ I
☐ II
☐ III
☒ IV ☐ ED
☐ V ☐ Exp

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 00124107
ACCT #: 002305216 6102 3
04/12/05 LOCATION: PEMB
* 001-24-1077
ADDRESSOGRAPH

TRIAGE AND ORDERS

Arrival time 2009 Triage time 20"

Times: 20" Room 203 D/C/P.A. 2045 Disch/Admit 2105

Room	Name	Date
EW	Mikell, Adrianna	4/12/05

Chief Complaint: Fever

Medical Assessment:
Diarrhea, Dizziness, vomiting

Prior treatment: Motrin 6:45 PM

PMD: Pediatrics Triage Signature:

Pain Scale Faces (3-10 yrs.) Observational Scale (0-3 yrs.)

Age	DOB	Sex	Mode of Arrival
3yr	5-17-02	F	POV

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	2005	39.3	95/57	150	24	98	Wt/Actual (kg) 11.6
							LMP

ALLERGIES: ☑ NKDA

Medications: ☐ See attached list
None

Additional History or Pertinent Information:
No PMH

☑ Immunizations UTD ☐ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? ☐ Yes ☑ No (if yes see attached explanation)
Social Services Notified? ☐ Yes ☑ No

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders	Time Ordered	Start time/ initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☐ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HGB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 ____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ initials
IV Fluids:		
Tylenol 180 PO	2115	AO 2180

Bed Request Diagnosis: Service:
Attending:
Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU
Time ordered: Time Bed Obtained:
☐ Admit / ☑ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other
Disch. by ☐ Wheelchair / ☑ Ambulatory / ☐ EMS / ☐ Other
Room #: Condition: ☑ Good / ☐ Fair / ☐ Critical / ☐ Deceased
ED Resident/PA: Triage Resident:
Attending: QA W d

HI 72 / 255622 2/05

EDTRIAGE

Medical College of Georgia
Emergency and Express Care Services

MIKELL, ADRIANNA D
DOB: 03/17/03 EMRN: 001241077
ACCT #: 002905216 5102 S
04/12/05 LOCATION: PEME
* 001-24-1077 *

OBSERVATION FORM

Date 4/12/05

Time	T	P	R	B/P	PAIN	Intake	Output	Observations and Medications
2032								Patient to room with mom & stepdad in exam room
2130					Ce			Jane Blanchard Colleen Tylenol 10 ml ↑ temp. MD Bland
2205								pt. alert - playful - D/c
								brit. to patients and understanding verbal - D/c
								home with parents

Medical College of Georgia Hospitals and Clinics

CM MRN 001 24 1077

DISCHARGE ORDER

03/17/02 W/F
ACCT 0023052162318 PH

Admission Date 11/14/02 Discharge Date KELL, ADR 11/16/02 Time
Attending Physician Dr. Moore MCG Referring MD 11/14/02 S.C. MEDICAID
Community Referring MD Name Phone/Fax
Address

Record all diagnoses/conditions/comorbidities impacting care	*Record all operations and procedures during this stay*
Principal Diagnosis 1 RSV bronchiolitis	Principal Procedure 1 Supplemental O2
Other diagnoses	Other procedures/operations
2 Iron deficient anemia	2 Albuterol Jet Nebs
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

Discharge Medications & Dosages (care chapperful)
- Fer-in-Sol Drops [125 mg (25 mg elemental Fe)/1 mL] Please give ~~½ teaspoon~~ 0.6 mL twice a day
- Albuterol Jet Nebs
- Albuterol MDI = 2 puffs 3 times a day for 1 week

Instructions to Patient at Time of Discharge *(Physical activity, medications, diet and follow-up care or recommendation for future care)*
Please use Albuterol Jet Nebs ~~three times a day for one week~~ as needed as ordered
Please take Fer-in-Sol twice a day every day It is very important that you follow up with your doctor in three months to have Adrianna's hbo hemoglobin checked. Please follow up with your doctor in one week to have Adrianna's breathing checked

Follow-up Care ☐ Clinic Physician Date/Time
☐ Clinic Dr Sonya Head Physician AIKEN Date/Time please call mon to appt mon/Tues
☐ Referring Physician Office Care
☐ Home Health Agency
☐ Extended Care Facility ☐ Other

The above has been explained to me and I have had an opportunity to ask questions.
☐ Patient/☐ Parent/☐ Guardian's signature X Allison Mckell Date 11/16/02
Physician's signature Sue Chastain MD 721-2181 Date 11/16/02
Discharge summary dictated ☐ Yes ☐ No Date 11/16/02 MIN#

MC 485 / 0827 Rev 4/97

ORDDC

White Medical Record
Canary Patient Copy
Pink Department Copy
Photocopy Community Referring Physician(s)

CH MRN 00124 1077

DEPARTMENT OF NURSING
Discharge Instruction Summary

ACCT 00230521 6-2318
MIKELL, ADRIANNA ADDRESSOGRAPH
11/14/02 S.C. MEDICAID

DATE	11/16/02	INFORMATION GIVEN

Understanding of Illness RSV bronchiolitis

Diet Same, as tolerated

Activities Same, as tolerated

Medications
1. Fer-in-sol(iron) drops - give 2.0ml twice a day
2. Albuterol MDI - 2 puffs 3 times a day for 1 week
3. Albuterol Jet nebs as needed.

Patient Teaching (Treatments/Needs)
*Please take fer-in-sol twice a day. It is very important that you follow-up with your doctor in 3 months to have Adrianna's hemoglobin checked.
*Please follow up with your ~~Doctor~~ Doctor to have Adriana's breathing checked

Referrals
Dr Sonya Head (~~Pediatr~~ (Aiken). Please call Monday to make appointment Tuesday.

Given MCG Appt Slip Yes____ No____

The above has been explained to me and I have had an opportunity to ask questions*

White copy - Patient
Yellow copy - Medical record
Pink copy - Head Nurse

Date 11/16/02
Patient X Allison Mikell
Nurse Reviewer [illegible], RN

*If additional space is needed, use consult continuation form

MC 404 / 8925 6/98

11-16-02

BTM

DCINSTR

MEDICAL COLLEGE OF GEORGIA HOSPITAL AND CLINICS

UNIVERSITY HOSPITAL
An Affiliate of University Health Care System

000729845 F 02
Mikell, Adrianna
0103762522317 11/14/2002
CPER Time ____ No ____

EMERGENCY SERVICES MEDICAL FACILITY TRANSFER FORM

Medical Assessment By Dr. S. Moore

Transfer Status ____ Nonemergency Condition
__✓__ Stabilized Emergency
____ ** Unstabilized Emergency **

Diagnosis Wheezing / Pneumonia

Initial Referral Attempt Date 11/14/02 Time 0300 (A M/P M) Time Accepted 0300 (A M/P M)

Report Called to Danya at MCG (Facility)

Accepting Physician Dr. Donna Moore at MCG (Facility)

REASON FOR TRANSFER

____ Involuntary Commitment *(No patient signature required)*
____ Voluntary Psychiatric Admission to Above Facility (Arranged by Behavioral H
____ Transfer for Pediatric Services or Burn Center (Circle appropriate service)
____ Private Physician Request
____ Return to Original Facility *(No patient signature required)*
____ Patient/Family Initiated Request to Acute Care Facility *(Patient signature required below)*

TRANSFER

Please fill in the appropriate information below and have Patient/Legally Responsible Person sign:

I have been advised of the patient risks of transfer, which include increased respiratory distress

and the benefits of transfer ~~increased~~ advanced pediatric care

I understand the above and have been informed appropriately and I am requesting to be transferred to MCG *Facility because* Physician (Dr. Moore) requested.

Patient Signature (or Legally Responsible Person) X Mila M. Douglas Date 11/14/02

MODE OF TRANSFER __✓__ Ambulance Rural Metro (Name of Service)

____ POV ____ (Name of Person Accompanying Patient)

____ Police ____ (Name of Department)

____ Other ____ (Explain)

Copies of Patient Medical Record Sent:

	Yes	No	N/A
Emergency Department Record	✓		
Laboratory Results			✓
X-Rays	✓		
EKG			✓
EMS Report	✓		
Physician KVR	✓		

Patient Discharge Vital Signs Time 0300

BP ____
Temp ____
Pulse 156
Respirations 60

Name/Title of Person Filling Out Form B Cullinan RN Date 11/14/02

– ACTIVE LABOR AND UNSTABILIZED EMERGENCY –

The transfer was made using qualified personnel and transportation equipment capable of providing life support the patient may reasonably be expected to require. Based upon the reasonable risks and benefits to the patient, and based upon the information available at this time, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual's medical condition from effecting the transfer.

Date ____ Physician Signature ____

EMERGENCY SERVICES MEDICAL FACILITY TO MEDICAL FACILITY TRANSFER

FORM NO ER-1645-X • Rev 2/02

-4 49 72

Medical College of Georgia Hospitals and Clinics

CM MRN 001 24 1077

STAFF NOTES

P 03/17/02 W/F
ACCT 00230521 6-2918 ESSOGRAPH
MIKELL, ADRIANNA
11/14/02 S.C. MEDICAID

Date/Time	
11/14/02 1630	Peds Doctors Addendum: 15.8 / 9.8 / 25.7 / 630 — 140 | 104 | 6 — 4.7 | 25 | 0.3 — 129 T. pro 5.7 Alb 3 Alk Phos 101 t. bili 0.3 35 S 27 b 23 L 1 mylas 1 prompt RSV ⊕ Will transfer to 9th floor. Sue Chastain, MD #5639
11/14/02 1830	1025: Transfer note data: 8mo ♀ RSV. Orders received to transfer to HCMC Cicely. See SCMC flowsheet for complete assessment. Obs Electronic. Report given to Diane RN. Pt transferred to 4926. Mother called to check on pt. made aware of move. Update given. Response Care assumed per Diane RN. Stephanie Higgins LW
11/14/02 2045	JMS Progress Note S: ~~She pulled out her IV foley + it was infiltrated, so left IV out.~~ Pt sitting quietly in car seat on crib. Her breathing is not labored or tachypneic, so she's off the O_2. Her O_2 sat is currently at 96% on RA. Told mother to inform nurse if she becomes tachypneic or O_2 sat drops below 92%, to put her back on O_2. O: VS: BP 110-143 / 64-84 P 104-150 R 30-36 T 36.2-37.2°C with no spikes SpO_2 95-100% Wt 5.99 kg HC 41.5 cm Ins+Outs: deferred til AM note. PE: Gen: NAD, 8 mo old WF, resting quietly, pale HEENT: slight nasal secretions Anna Elizabeth, JMS

MC 76 / 8775 8/98

PROGNOT

Date/Time	IHS Progress Note continued
11/14/02	Lungs no retractions noted, good air exchange, slight basilar wheezes b/l CV: RRR, no m/r/g Abd +BS (normactive BS), NTTP, ND, soft Skin: pale, no rashes noted, warm Labs: 11/14/02 RSV ⊕ via NP aspirate A: ① RSV bronchiolitis ③ Fever, pallor, wt loss ② Possible RAD P: ① Continue albuterol 2.5mg q3° PRN. ② ½L O2 via n.c. if O2 sat. < 92%. ③ PO feed Enfamil E Fe if RR remains < 60 Alissa Chandler, IHS Sim Chanton, MD #5634
11/15/02	Focus: Pt progress note Data: Pt admitted for RSV Bronchiolitis + pneumonia. Action: Resp Dx's per R.T as ordered. IVF's as ordered until infiltrates, then DC'd. Po fluids encouraged. Chest pulse ox on & all alarms on & set. VSq 4° & frequent checks inbetween. Response: O2 Sat >92%. Taking po fair. Good urine output. No resp distress noted. Continue present plan of care.
11/14/02 22:30	IV Note: IV access lost this shift. Pt is taking po fairly well (240 ml this shift) & not requiring IV antibiotics/meds. Will continue to monitor po intake/UOP & restart IV if needed.

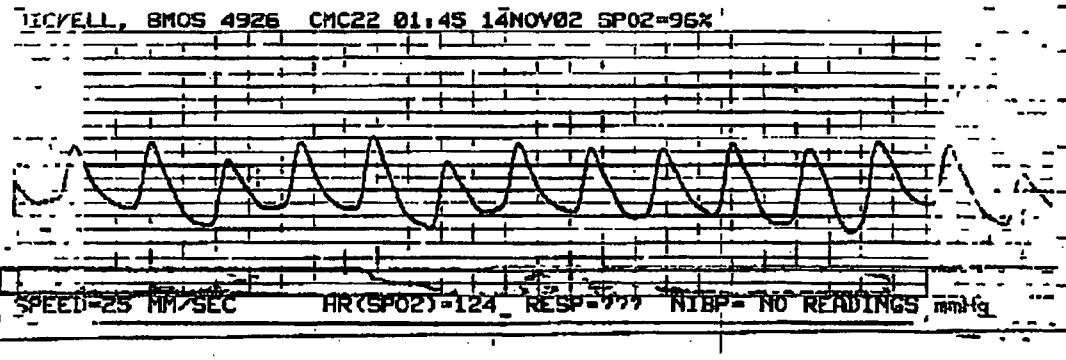
CM MRN 001 24 1077

Medical College of Georgia Hospitals and Clinics

01/17/02 W/F
ACC 00230521b-2318
MICELL, ADRIANNA
11/14/02 ADS.ASS.MED.GAHO

STAFF NOTES

Date/Time	
LATE ENTRY 11/14/02 2345	FOCUS: TRANSFER FROM 5 CMC DATA: 7 month old transferred from 5cmc @ 1900 c dx of RSV/bronchiolitis. Pt's O_2 sats upon transfer were ~97% on ½L O_2 NC Pt. was alert and acting appropriate for her age. Pt was in Ø distress (Ø retractions, Ø nasal flaring, Ø grunting) Refer to bedside chart for assessment info ACTION: Continuous pulse ox placed on pt. c parameters set per orders INF infusing @ 25cc/h per PN in Ø Foot. O_2 via NC in place @ ½ liter Ø parents @ bedside to orient to room/unit RESPONSE: Reported off to oncoming RN @ 1930. [illegible], RN



11/15/02	Crew Peds Attends Stable c Comfort Otherwise no problems. Some concern about infants would diet strategies that sliced foods have not been instituted and has already been question of ability of family to supply foods. Will contact Social Work to assess resources for [illegible] (Mother Older)

Date/Time Attending Cont

11/15/02
Family Conf done to help family with selecting food for infant
PE: Lungs: Coarse breath sounds, deep wheezes
95% on RA, RR 30-34
CV: NL S1 S2, RRR, no M
AD: RSV bronchiolitis, may have some component of RAD. PMH: ↓ O2 requirement
(2) Anemia. Consistent w/ Fe deficiency, likely related to dietary intake
(3) Underweight. likely dietary
(1) Mean cbb q 4h
(2) SW Consult
(3) Nutrition Consult
(4) Cont iron supplementation

11/15/02 1530 JMS Progress Note
S: Pt is off O2 and O2 sats > 95%. She is feeding well PO and voiding well. She's in no respiratory distress. She coughs occasionally, but is breathing easier.
O: BP 110-143/58-67 P 104-150 R 30-38
T 36.2-37.2°C w/ no spikes
Ins: 525 PO Enfamil w/ Fe = 58 cal/kg/day
267 ml D5 1/4 NS w/ 20 meq KCl/L
Outs: 505 urine x 3 BMs = 3.5 ml/kg/hr
SpO2: 97% on RA
HC 41.5 cm (99%) Wt 5.99 kg (< 3rd percentile)
PE: Gen: 8 mo old WF, NAD, laying in bed + crawling + climbing up crib to standing position
HEENT: PERRLA, EOMI, no mucosal erythema in oropharynx, nasal secretions, moist mucosal membranes
Lungs: good air exchange, diffuse b/l crackles, ø retractions

Anna Ehrlich MD PGY-3
San Anselmo, MD #5634

Medical College of Georgia Hospitals and Clinics

CM MRN 001 24 1077

03/17/02 W/F
ACCT 002305216-2318
MIKELL, ADRIANNA ADDRESSOGRAPH
11/14/02 S.C. MEDICAID

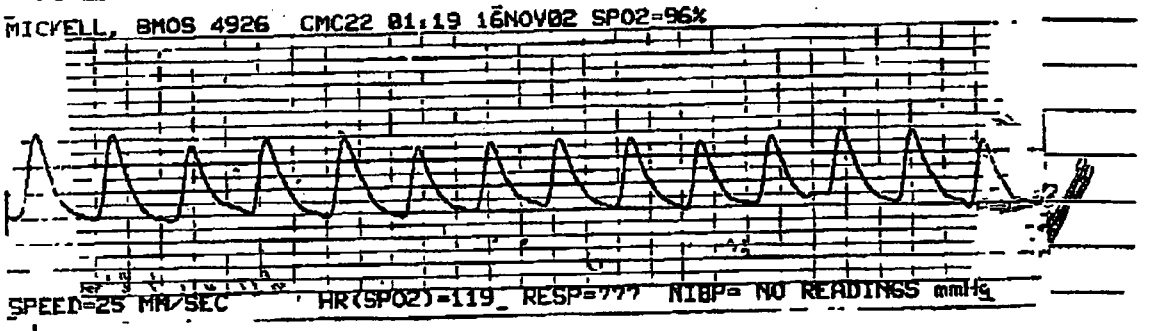
STAFF NOTES

Date/Time	
	CV: RRR, 01, SE, no m/r/g Abd normoactive BS, NT, ND, soft Extr: capillary refill < 2 sec Skin: warm, pale, ∅ rashes A: ① RSV bronchiolitis, possible RAD ② Fe-deficiency anemia → poor Fe amt in diet ③ Underweight for age → poor nutrition P: ① Will get nutrition consult to teach mother about proper diet for pt. Mother has not started pt on solid foods/baby food yet; she's on formula alone. ② Will continue elemental iron supplementation as well as iron in formula (Enfamil + Fe). ③ However diet will be changed from q 3° to q 4°. ④ Social Work consult for mother's financial status. ⑤ Will attempt to contact Dr. Sonna Head (PMD) to ask for pt's birth weight, height, and HC in order to plot growth curve. Will also measure pt's height as it is not in chart. Adriana Ehrhardt, MS
11/15/02	Agree a MS Note: Nutritional counseling was not able to be done 2° to mom not being present. Dr. Sonna Head's office did not have records of pt's weight and height. Pt was not seen only once in office. Will ask mom about patient care. Sue Chastain MD #5634

MC 78 / 8775 8/98

PROGNOT

Date/Time	
11/6/02	Issues: 2 yo pt presents awake Data: Pt admitted 2 RSV. Action: Vitals per R.T. q 4°. Cont pulse ox on 2 alarms on & set at 175 q 4°. PO fluids encouraged. Response: O2 Sats must be upper 90's on RA respirations distress noted, Continue present plan of care Signature



11/16/02 1205 JMS Progress Note

S: Pt had no problems overnight. She's breathing easier and is in no respiratory distress. She's still off O2 and O2 sat is 99% on room air. She's feeding + voiding well.

O: VS BP 78-137 / 55-86 R 24-37 P 113-166

T 35.9-36.8°C SpO2: 92-98/99 %

Ins: 54 cal/kg/day Enfamil ± Fe

Outs: 134 ml urine x 2 BMs (last 8 hours not recorded)

PE Gen: 8 mo old WF sleeping in crib

HEENT: PERRLA, EOMI, nasal secretions

CV: RRR, S1, S2, no m/r/g

Lungs: diffuse b/l crackles w/ good air exchange, ± retractions

Abd: normoactive BS, NT, ND, soft

A/P ① RSV bronchiolitis, RAD possible

② Fe-deficiency anemia

Anna Ehrlich, JMS
(Onsoms)

-4 49 7:

Medical College of Georgia Hospitals and Clinics

CM MRN 001 24 1077

STAFF NOTES

03/17/02 W/F
ACCT 00230521b-2318 ADDRESSOGRAPH
MIKELL, ADRIANNA

Date/Time

JMS Progress Note 3/17/02 and MEDICAID

③ underweight

P: ① Plan on d/c today. Pt is breathing easier today and has good air exchange. Send home on albuterol + atrovent

② Will counsel mother on nutrition.

③ Contacted Dr Heads office and was told they had no records on her since she was transferred from Dr Bland's practice. Will discuss follow-up with pt's physician with her mother.

④ Will send home on elemental Fe supplements for iron-deficiency anemia.

Agree c JMS Note. Pt ready to discharge home. Anna Ebrahimzadeh, JMS
Sue Chandler, MD Moorman
#5634

11/16/02 Cen Peds Attndg Dic Note

Pt was admitted 11/14/02 c RSV bronchiolitis. Responded to bronchodilators & cells weaned easily to O2.

Clear to Pp.

Pt Dehydrated, Small

TRIST Middle

CV NLS.s. Lungs Coarse breath sounds, ↓ retractions

Abd soft.

A ① RSV bronchiolitis - improving

② Anemia ③ Undernourishment

P ① D/c home

② Ferrous SO4 3 mg q 4°, Ferrous sol

③ Flw 1° care Dr Bland

< 30 mins spent

Moorman

MC 78 / 5778 8/98

PROGNOT

Medical College of Georgia
Hospital and Clinics

CONSULTATION REQUEST

ADDRESSOGRAPH

TO Nutrition - Marianne (CONSULTANT OR SERVICE) FROM Dr. D. Moore (ATTENDING PHYSICIAN) 8262 (PHYSICIAN ID#)

DATE 11/15/02 TIME _____ (CALLED IN) _____ (SENT) SERVICE Gen Peds LOCATION 4905

MANAGED CARE AUTHORIZATION NUMBER _____ NUMBER OF APPROVED VISITS _____

REASON FOR REQUEST 8 mo old WF presenting w/ fever, cough, pallor treated for RSV bronchiolitis vs Pneumonia. HC is 5% percentile and weight is < 3% percentile. Pt is STILL being fed formula only and has not been started on baby food/solids. Please counsel on proper nutrition. Anna Elwajeh, RMS

D Moore MD
REQUESTING PHYSICIAN SIGNATURE

OUTPATIENT ADDRESS & DAYTIME PHONE

STREET _____ PHONE ( ) _____

CITY _____ STATE _____ ZIP _____

OUTPATIENT APPOINTMENT _____ (DATE) _____ (TIME)

CONSULTATION REPORT

☐ PATIENT SEEN DATE _____ TIME _____

☐ PATIENT DID NOT KEEP APPOINTMENT

☐ APPOINTMENT RESCHEDULED _____ (DATE) _____ (TIME)

REPORT _____

CONSULTING PHYSICIAN SIGNATURE

ET 83 8819 5/95

CONSULT

John C.H. Steele, Jr.,M.D.,Ph.D.
Pathologist - Director
Clinical Pathology Labs
Department of Pathology

MCG Health, Inc. Hospitals and Clinics
1120 15th Street
Augusta, Georgia 30912

Patient Name: MIKELL, ADRIANNA Patient No: 23052162318
Age: 8M Sex: Female Race: Unit: 4C Ward: DIS/492601
Diagnosis: Physician: Moore, Donna L.
Date: 11/27/02

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< C H E M I S T R Y >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

---------- Chemistry Panels ----------

COMP MET PAN
Serum

	11/14/02 12:19	NORMALS LOW	HIGH	UNITS
Sodium	140.	134.	-146.	MEQ/L
Potassium	4.7	3.5	-5.3	MEQ/L
Chloride	104.	95.	-108.	MEQ/L
CO2	25.	23.	-31.	MEQ/L
BUN	8.	6.	-21.	MG/DL
Creatinine	0.3 L	0.6	-1.6	MG/DL
Glucose	129. H	65.	-100.	MG/DL
Calcium	9.1	8.2	-10.7	MG/DL
T. Protein	6.7 L	6.6	-8.4	GM/DL
Albumin	3.0 L	4.0	-5.1	GM/DL
AST/SGOT	52. H	13.	-45.	MU/ML
ALT/SGPT	39.	5.	-57.	MU/ML
Alk. P'tase	101.	39.	-117.	MU/ML
T.Bili	0.3	0.2	-1.2	MG/DL

John C.H. Steele, Jr.,M.D.,Ph.D.
Pathologist - Director
Clinical Pathology Labs
Department of Pathology

MCG Health, Inc. Hospitals and Clinics
1120 15th Street
Augusta, Georgia 30912

Patient Name: MIKELL, ADRIANNA Patient No: 23052162318
Age: 8M Sex: Female Race: Unit: 4C Ward: DIS/492601
Diagnosis: Physician: Moore, Donna L.
Date: 11/27/02

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< H E M A T O L O G Y >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

COMPLETE BLOOD CELL COUNT
Blood
11/14/02
12:19 @1

		NORMALS LOW	HIGH	UNITS
WBC	15.8 H	4.5	11.0	THOUS/
RBC	3.58	3.50	5.50	MILLIO
HGB	9.8 L	10.0	15.0	G/DL
HCT	28.7 L	30.0	45.0	%
MCV	80.1	80.0	98.0	fL
MCH	27.3	27.0	33.0	PG
MCHC	34.1	32.0	36.0	G/DL
RDW	12.0	11.5	18.0	%
PLT	630. H	150.	400.	THOUS/
MPV	6.8 L	7.4	10.4	fL

@1 Differential to Follow

- - - - - - - - - - - - - - - DIFFERENTIAL - - - - - - - - - - - - - -

DIFFERENTIAL
Blood
11/14/02
12:19 @1

		NORMALS LOW	HIGH	UNITS
SEGS	35.	20.	55.	%
BANDS	27. H	0.	10.	%
LYMPHS	23. L	30.	65.	%
MONOS	13.	2.	14.	%
MYELO	1.	-		%
PROMYELOCYTE	1.	-		%
PLT EST	HIGH	-		
HYPOCHR	SLIGHT	-		
MICRO	SLIGHT	-		
POIK	SLIGHT	-		
OVALO	SLIGHT	-		

@1 Test Not Billed - Audit Trail Logged

John C.H. Steele, Jr.,M.D.,Ph.D.
Pathologist - Director
Clinical Pathology Labs
Department of Pathology

MCG Health, Inc. Hospitals and Clinics
1120 15th Street
Augusta, Georgia 30912

Patient Name: MIKELL, ADRIANNA Patient No: 23052162318
Age: 8M Sex: Female Race: Unit: 4C Ward: DIS/492601
Diagnosis: Physician: Moore, Donna L.
Date: 11/27/02

<<<<<<<<<<<<<<<<<<<<<<<<<<<< M I C R O B I O L O G Y >>>>>>>>>>>>>>>>>>>>>>>>>>>>

- - - - - - - - - - - - VIROLOGY - - - - - - - - - - - -

Test Name	Collected on	Priority
RSV ANTIGEN	11/14/02 11:49	ROUTINE

Specimen : Nasopharyngeal Aspirate

@@ FINAL Completed 11/14/02 17:42

RSV Antigen by EIA
Positive for Respiratory syncytial virus

Final Archive Patient Report - Send To Medical Records

Patient Name: MIKELL, ADRIANNA
Med Rec No: 001241077 Patient No: 23052162318

PCR Print Time: 08:50
Page: 3

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

DATE: 10/11/07 Number of Pages: (Including cover sheet) 3

TO: Organization: MCG

Attention:

Fax Number: 706- 721- 7132 | 706- 721- 2191

FROM: Aiken County Department of Social Services – North Augusta Branch

Address: 802 East Martintown Road North Augusta, SC. 29841

Name: Bashonna Coates

Fax Number: (803) 202-3520 or (803) 202-3557

Telephone #: (803) 202-3500 202-3527

COMMENTS:

Transmitted by:

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date: 10/11/2007

To: MCG Medical Records - fax 706-731-7132

Re: Alexis, Brianna and Adrianna Mikell + Jeremiah Carliste

Our agency is presently investigating the family of Allison Mikell through our Child Protective Services Division. During our investigation we gathered information which leads us to believe that this client(s) may have received services from your agency/facility. Therefore, our agency is requesting any pertinent information that your agency has regarding this client/family. Please send most current and updated information and schedules for any future appointments.

If any additional information is required, please feel free to call Bashonna Coates at (803) 202-3527.

If there are any questions or concerns, please mention below.

* Also, are all the children up to date on their shots?

Thank you for your assistance.

Caseworker: **Bashonna Coates**

Supervisor: **Christine Wright**

AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

368

TRANSMISSION VERIFICATION REPORT

TIME : 10/11/2007 09:13

DATE,TIME	10/11 09:12
FAX NO./NAME	7067217132
DURATION	00:00:40
PAGE(S)	03
RESULT	OK
MODE	STANDARD

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

DATE: 10/11/07 Number of Pages: (Including cover sheet) 2

TO: Organization: Aiken Barnwell Mental Health

Attention:

Fax Number: 803-641-7713

FROM: Aiken County Department of Social Services – North Augusta Branch

Address: 802 East Martintown Road North Augusta, SC. 29841

Name: Bashonna Coates

Fax Number: (803) 202-3520 or (803) 202-3557

Telephone #: (803) 202-3500 202-3527

COMMENTS:

Transmitted by:

370

Aiken-Barnwell Mental Health Center

Dedicated to Recovery & Resilience

John C. Young, LISW
Executive Director

Aiken County Department of Social Services
Referral to ABMHC for Services

Date of Referral: 10/11/2007
DSS Case Manager: Bashonna Coates **Phone Number:** 803-202-3527
Child's Name: Adrianna Mikell **Date of Birth:** 3-17-2002
Child's Address: 1057 B Adams Avenue **Phone:** 803-270-0310
Aiken SC 29803
School: Greendale Elementary **Grade:** 5K

Guardianship Information

Child's Legal Guardian: Allison Mikell **Relationship:** Mother
Address: Same as above **Phone:** Same as above
Physical Custodian: _____ **Relationship:** _____
Address: _____ **Phone:** _____

Family of Origin Information
Biological Mother: Allison Mikell **Is she to be involved in treatment?** Yes
Address: Same as above **Phone:** 803-270-0310
Biological Father: Edward Mikell **Is he to be involved in treatment?** No
Address: Unknown **Phone:** Unknown

Additional family members to be involved in treatment:

Name	Relationship	Contact Information	Involved in treatment?

Reason for Referral
Mom, Allison believes that Adriana may have ADHD because she is acting like her sister did when they first found out she had ADHD.

Medical/Treatment History
Any psychological testing? ____ **If yes, Provider** _____ **Location** _____

Please attach court orders, safety plan and DSS Treatment Plan.
no safety plan/treatment plan availiable.

.RANSMISSION VERIFICATION REPORT

TIME : 10/11/2007 09:01

DATE,TIME	10/11 09:00
FAX NO./NAME	6417713
DURATION	00:00:19
PAGE(S)	02
RESULT	OK
MODE	STANDARD

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

DATE: 10/11/07 Number of Pages: (Including cover sheet) 2

TO: Organization: Baby Net

Attention:

Fax Number: 803-533-7132

FROM: Aiken County Department of Social Services – North Augusta Branch

Address: 802 East Martintown Road North Augusta, SC. 29841

Name: Bashonna Cooks

Fax Number: (803) 202-3520 or (803) 202-3557

Telephone #: (803) 202-3500 202-3527

COMMENTS:

Transmitted by:

BabyNet Referral

Primary referral sources, including hospitals, physicians, health care providers, social service agencies, day care providers, therapists, etc., are required to refer a child who may benefit from early intervention services to BabyNet within two working days after identification (34 CFR Sec. 303.321). The Child Abuse and Prevention Treatment Act (CAPTA) (P.L. 108-36) also requires the South Carolina Department of Social Services to refer infants and toddlers birth to three, with indicated abuse or neglect and those affected by substance abuse to the BabyNet System. Once referred, BabyNet will ask the parent(s)/guardian for consent before determining eligibility. Fields with an asterisk (*) below are required for all referrals. Shaded fields with (DSS) are required for DSS referrals. Additional information is helpful, but if not available, will not delay the referral.

1. CHILD INFORMATION

Referral Date:	*Child's Last Name:	*Child's First Name:	MI:	SSN:
10/11/2007	Carlisle	Jeremiah		658-22-2470

*DOB:	Gender:	*Address:
4/15/2006	☐ Female ☒ Male	1057 B Adams Avenue Aiken SC 29803

*City:	*State:	*Zip	County:
Aiken	SC	29803	Aiken

Medicaid #:	BabyNet #:	Other Insurance Information:

2. PARENT/FOSTER PARENT INFORMATION (USE FOSTER PARENT IF IN FOSTER CARE)

*Parent(s)/Guardian:	Relationship:	* Home Phone if Available
Allison Mikell	Mother	(803) 270-0310

Work Phone: ( )	Other Phone: ( )	E-mail Address:

Best Way to Contact Parent? Home Phone

Primary Language/Mode of Communication English * Interpreter Needed ☐ Yes ☒ No

3. REASON FOR REFERRAL

Presenting Concerns: Referral of child birth to three for (check one):

☒	Indicated child maltreatment (DSS)
☐	Identified as affected by illegal substance abuse, or withdrawals for prenatal drug exposure (DSS)
☐	Developmental delay or a condition associated with a high probability of developmental delay. Please list any medical diagnosis:
	List developmental delay or condition, (i.e. diagnosis):

Is the child currently in the Hospital?	☐ Yes	☒ No	☐ Unknown
DSS: Worker Safety/Security Precautions?	☐ Yes	☒ No	☐ Unknown

List recommended worker safety precautions and any additional referral information:

4. REFERRAL SOURCE

Name: Rashonna Coates		Title/Agency DSS	
Address: 802 E. Martintown Rd	City: North Augusta	State: SC	Zip: 29841
Phone Number: (803) 202-3537	Fax Number: (803) 202-3557	E-mail Address:	

If DSS referral, please specify type:
☒ Child Protective Services ☐ Foster Care ☐ Pre-Adoption ☐ Managed Treatment Services

5. BABYNET REFERRAL CONTACT INFORMATION

Local DHEC BabyNet Office:
Phone: (803) 533-7211 Michelle Woodall
Fax: (803) 533-7132

DHEC Care Line
Phone: (800) 868-0404
Fax: (803) 898-0896

374

RANSMISSION VERIFICATION REPORT

TIME : 10/11/2007 09:03

DATE,TIME	10/11 09:03
FAX NO./NAME	CREDIT CARD ACC
DURATION	00:00:27
PAGE(S)	02
RESULT	OK
MODE	STANDARD

Kathleen Hayes
STATE DIRECTOR

South Carolina
Department of Social Services
Aiken County

LAW ENFORCEMENT RECORD REQUEST

TO: North Augusta Public Safety
P.O. Box 6400
North Augusta, South Carolina 29841
Criminal Records Division

ROM: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta, SC. 29841

E: Name: Gerald Carlisle SSN: 251-41-4139 DOB: 4-19-79

Spouse: _____ SSN: _____ DOB: _____

Other: _____

Address: 1057 B Adams Avenue Aiken SC 29803

ne above captioned persons is/are being investigated by our Children's Protective Services Unit.

e are required to check police records of our clients. Please submit a copy of record, if any, or dicate above if none is on file. Return this form to our agency. Thank you for your assistance.

_Bashonna Coates_____
iseworker

Criminal record on file:

Yes_____ No_____

_Christine Wright_____
pervisor

ATHLEEN HAYES
TATE DIRECTOR

South Carolina
Department of Social Services
Aiken County

LAW ENFORCEMENT RECORD REQUEST

O: Aiken Public Safety
P.O. Box 1177
Aiken, South Carolina 29802
Criminal Records Division

ROM: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta, SC. 29841

: Name: Gerald Carlisle SSN: 251-41-4139 DOB: 4/19/79

Spouse: _____ SSN: _____ DOB: _____

Other: _____

Address: 1059 B Adams Avenue Aiken SC 29803

e above captioned persons is/are being investigated by our Children's Protective Services Unit.

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_Bashonna Coates_____
eworker

Criminal record on file:

Yes_____ No_____

_Christine Wright_____
ervisor

THLEEN HAYES
ATE DIRECTOR

South Carolina
Department of Social Services
Aiken County

LAW ENFORCEMENT RECORD REQUEST

Aiken County Sheriff's Department
420 Hampton Avenue, NE
Aiken, South Carolina 29801
Criminal Records Division

)M: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta, SC. 29841

Name: Gerald Carlisle SSN: 251-41-4139 DOB: 4-19-79

Spouse: _____ SSN: _____ DOB: _____

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ate above if none is on file. Return this form to our agency. Thank you for your assistance.

shonna Coates_____
worker

Criminal record on file:

Yes_____ No_____

ristine Wright _____
visor

378

Smart Document Solutions (SDS)
P.O. Box 409822
Atlanta, GA 30384-9822
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Date
10/29/2007
Request ID #
0043489672

Ship to:

AIKEN COUNTY DEPT OF SOC SVCS
AIKEN COUNTY DEPT OF SOC SVCS
802 EAST MARTINTOWN RD
NORTH AUGUSTA, SC 29841

Requested By: AIKEN COUNTY DEPT OF SOC SVCS
Patient Name: MIKELL ALLISON
SSN: 256398671
DOB: 092381

Records from:

M C G HEALTH INC
ACC BLDG FLOOR M RM 120
1120 15TH STREET
AUGUSTA, GA 30912-0004

This is **NOT** a bill !

SDS
P.O. Box 1813
Alpharetta, GA 30023-1812
Attn: Marketing

SDS processes thousands of requests for health information at over 6.500 health care facilities nationwide. If you would like to learn more about SDS or how our services can benefit your facility, please visit our website at: **www.sdshealth.com** or email us at: **marketing@sdshealth.com**

Your Name _____

Title _____

Facility Name _____

Phone Number (____) _____

Address _____

_____

City _____ State ____ Zip _____

# of Physicians _____ Specialty _____

# of Beds _____ # of Admits _____

1400826

DSS

Serving Children and Families

KATHLEEN B. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

DATE: 10/11/07 Number of Pages: (including cover sheet) 3

TO: Organization: MCG

Attention:

Fax Number: 706-721-7132 | 706-721-2191

FROM: Aiken County Department of Social Services – North Augusta Branch MAIL

Address: 802 East Martintown Road North Augusta, SC. 29841

Name: Cashonna Coates

Fax Number: (803) 202-3520 or (803) 202-3557

Telephone #: (803) 202-3500 202-3527

COMMENTS:

Transmitted by:

L-7916684

LAUREN M. HOBBS, COUNTY DIRECTOR
AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

380

1400824

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Allison Mikell, DOB 9/23/81 SSN# 256-39-8671

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: [redacted] Name: [redacted]

DOB: [redacted] DOB: [redacted]

SSN# _____ SSN# _____

Name: [redacted] Name: Jeremiah Carlisle

DOB: [redacted] DOB: 4/15/06

SSN# _____ SSN# _____

Name: [redacted] Name: _____

DOB: [redacted] DOB: _____

SSN# [redacted] SSN# _____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coates
Case Manager

Allison Mikell
Signature of Parent, Guardian, Trustee

Laurie Hobbs, Aiken County Director
AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
902 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3520

1400823881

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date: 10/11/2007

To: MCG Medical Records - fax 706-721-7132

Re: Theus, Brianna and Adrianna Mikell + Jeremiah Carlisle

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* Also, are all the children up to date on their shots?

Thank you for your assistance.

Caseworker: **Bashonna Coates**

Supervisor: **Christine Wright**

AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

PAGE 02 AIKEN CO DSS N AUG 8032023557 10/11/2007 09:12

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7291 S
LOCATION: CASU
* 001-40-0826 *

MCG Health, Inc.
DISCHARGE ORDER / Instruction Summary

Admission Date: 10/18/07 Discharge Date: 10/18/07 Discharge Time: _____
Attending Physician: Dr. Goei MCG Referring MD: _____
Primary Care MD: _____ Primary Care MD Phone/Fax: _____

Record all diagnoses/conditions/comorbidities impacting care.

Principal Diagnosis: 1. _____
Other Diagnoses:
2. _____
3. Nasolacrimal duct obstruction
4. Epiphora
5. _____
6. _____
7. _____
8. _____

Record all operations and procedures during this stay.

Principal Procedure: 1. Bilateral
Other Procedures/Operations:
2. Nasolacrimal duct probing +
3. Bilateral punctoplasty +
4. PVC Mitomycin OU
5. _____
6. _____
7. _____
8. _____

Discharge Medications and Dosages:

1. _____ Daily 2x day 3x day 4x day As Needed
2. _____ Daily 2x day 3x day 4x day As Needed
3. _____ Daily 2x day 3x day 4x day As Needed
4. _____ Daily 2x day 3x day 4x day As Needed
5. _____ Daily 2x day 3x day 4x day As Needed
6. _____ Daily 2x day 3x day 4x day As Needed
7. _____ Daily 2x day 3x day 4x day As Needed
8. Tobradex ointment tid
9. OU for 3 weeks.
10. _____
11. _____
12. _____
13. Omega #
14. 706-721-8400

INSTRUCTIONS TO PATIENT AT TIME OF DISCHARGE:

- Diet: As tolerated
- ☐ Daily Weights (All Heart Failure Patients) If weight increases _____ over target weight of _____ then _____ until weight returns to target weight. If weight decreases _____ below target weight of _____ then _____
- Call Healthcare Provider or 911 if the following symptoms worsen: _____
- Physical Activity: No restrictions.
- Smoking Cessation: ☐ Patient Counseled ☐ Other _____

Special Instruction Sheets: ☐ Angioplasty/PCI ☐ Pacemaker/Defibrillator Placement ☐ Coumadin ☐ Heart Failure

Patient Teaching (Treatments/Needs): _____

- Follow-up Care: ☐ Clinic Ped Eye Clinic Ph.# 706 721 7200 ☐ Dr. Goei Date/Time: Oct 23/07 9:00 AM
- ☐ Clinic _____ Ph.# _____ ☐ Dr. _____ Date/Time: _____
- ☐ Referring Physician Office Care: _____
- ☐ Other Agency/Facility: _____

Physician's Signature: _____ Date: 10/18/07
Discharge Summary Dictated ☐ No ☐ Yes Date: 10/18/07 MIN#: _____
Nurse Reviewer: _____ Date: 10-18-07

The above has been explained to me and I have had an opportunity to ask questions.

☐ Patient ☑ Parent ☐ Guardian's Signature: Allison Mikell Date: 10-18-07

THIS CERTIFIES THAT I HAVE BEEN RELEASED BY THE STAFF OF THE MCG HEALTH SYSTEM AND THAT I AM TAKING ALL OF MY PERSONAL BELONGINGS (VALUABLES AND CLOTHING) WITH ME.

DATE: 10-18-07 SIGNED: Allison Mikell WITNESS: _____

♥ Mandatory for heart failure patients

White- Medical Record
Canary- Patient
Pink - Department
Photocopy - Community Referring MD

MC 484/829 Rev. 8/05

ORDDC

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7291 S
LOCATION: CASU
* 001-40-0826 *

Medical College of Georgia
Hospitals & Clinics
INITIAL ASSESSMENT FORM – PART I
Medical Staff History & Physical

Date 10/16/07 *Time*

HISTORY **AGE** **CHIEF COMPLAINT**

Present Illness: 18 mo WM c recurrent NLS obst ou.

PAST MEDICAL HISTORY 37 wks gestation UTD imyations.

PAST SURGICAL HISTORY NLS probing. ϕ problem c anth

REVIEW OF SYSTEMS	NEG	POS	COMMENTS
Eyes (vision, ptosis, corrective lenses)		✓	ϕfever ϕcough.
ENT/Mouth (tongue, pharynx, tonsils, nasal discharge, teeth, speech)		✓	
CV (chest pain, CHF, edema, Hypertension, MI, pacemaker)			
Respiratory (dyspnea, pneumonia, asthma, cough, bronchitis, wheezing)			
CNS (seizures, weakness, CVA, TIAs, headaches)			
Integument (skin rashes, lesions, wounds, scarring)			
Musculoskeletal (strength, symmetry, orthopedic problems, fractures)			
Endocrine (thyroid problems, diabetes, hypoglycemia)			
Hematologic (bleeding disorders, anemia, bruising, sickle cell disease)			
GI (nausea & vomiting, diarrhea, constipation, reflux, ulcers, rectal bleeding)		✓	Hlo.
GU (dysuria, frequency, hematuria, discharge, renal failure, dialysis)			
LMP: _____ Method of birth control: _____			
Emotional or psychiatric problems			
Blood transfusion reaction			
Recent exposure to communicable disease (chickenpox, shingles, measles, mumps, rubella, pertussis, TB)			

ADVANCE DIRECTIVE *(Not required for patients under 18 years of age.)*

1. Does patient have Health Care Proxy (Living Will and/or Healthcare Power of Attorney)? ☐ Yes ☐ No If yes, is copy in chart? ☐ Yes ☐ No
   Was the directive reviewed with the patient/family? ☐ Yes ☐ No If copy is not in the chart, is there documentation in the record showing the substance or content of the directive? ☐ Yes ☐ No
2. Does patient have a Living Will? ☐ Yes ☐ No If yes, is a copy in chart? ☐ Yes ☐ No Was directive reviewed with the patient/family? ☐ Yes ☐ No
   If copy is not in the chart, is there documentation in the record showing the substance or content of the directive? ☐ Yes ☐ No Was the value and necessity of Advance Directive discussed with patient? ☐ Yes ☐ No
3. Is a DNR/DNI order in place? ☐ Yes ☐ No
4. Was patient/family/significant other advised about availability of information regarding:
   a Health Care Proxy ☐ Yes ☐ No
   b DNR ☐ Yes ☐ No
   c. Right to make resuscitation decisions? ☐ Yes ☐ No
   d. Was the value and necessity of Advance Directive discussed with patient? ☐ Yes ☐ No
5. The value of such directives was discussed with the patient/surrogate and planning assistance offered of your right to decide. ☐ Yes ☐ No

If answer to 4a through d are no, explain: _____

PAIN ASSESSMENT: Do you have pain? ☐ Yes ☐ No If yes, location(s) _____ *(Circle Pain level on scale.)*

No Pain — Moderate Pain — Severe Pain

0 1 2 3 4 5 6 7 8 9 10

SOCIAL HISTORY:

FAMILY HISTORY:

CURRENT MEDICATIONS *(Herbal and/or Over the Counter medications):* ϕ

ALLERGIES ☐ No Known ☐ Penicillin ☐ X-ray dye ☐ Latex ☑ Other Milk, Red dye

Signature/Title _____ Date/Time 10/16/07 Signature/Title _____ Date/Time _____

MC 556 / 141341 12/02

HISTPHYS

PHYSICAL EXAMINATION

VITAL SIGNS Temp 97.0 O/R/A/T Pulse 120 /min Resp ____/min B/P ____ R/L arm/leg

Height ____ cm ☐ Actual ☐ Stated Weight 8.7 Kg ☐ Actual ☐ Stated

Head circumference ____ cm *(Required for infants age < 1 year)*

Signature/Title: SS/PAC

	Normal	Abnormal	Deferred	COMMENTS
General	✓			
Skin			✓	
Head/Neck	✓			
Eyes		✓		NLS obst OU
Ears			✓	
Nose/Throat				
Lungs	✓			
Breasts			✓	
Cardiovascular	✓			
Abdomen	✓			
Genital/Rectal			✓	
Extremities	✓			
Neurologic				

LABORATORY RESULTS:

IMAGING RESULTS:

DIAGNOSIS: NLS obst OU

PLAN: NLS probing c tubes / punctoplasty OU

10/18/07 GA outpt for OR

Examiner's Signature _____ Date/Time 10/16/07

Attending Signature _____ Date/Time 10/18/07

Medical College of Georgia
Medical Center

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMR#: 001400826
ACCT #: 002484084 7291 S
LOCATION: CASU
* 001-40-0826 *
HARVARD BARCODE

AMBULATORY SURGERY PRE-OP NURSING NOTE

Date: 10-18-07 Time: 0820 Physician/procedure: Goelin / Tear duct Probing & tubes

VS: T 36.7 P 123 R 28 BP 113/58 02 sat 99% Pain 0 Wt 8.7kg

(Circle correct responses as applicable for all areas below):

Mental Status: (Alert) Responsive Confused Not responsive Apprehensive

Responsible Adult Present: (Yes) No Name of who may receive information?: father

Change in health status since pre-op assessment: Yes (No) Comments: _____

Skin Integrity Intact: (Yes) No (describe PRN): Rash Sores Bruises Decubitus Other: _____

Assistive Devices (glasses/dentures/ostomy/tubes/02/etc- list): -0-

Medications Taken before Arrival: Yes (No) Comments: _____

NPO: N/A After Midnight Comments: 2330 Solid / liquid

Allergies: NKDA (Yes) (list) _____

☐ Allergy Alert on Chart

Labs done on arrival: CBC HCG PT/PTT T&S T&C UA Chem Other: _____

IV Fluids: 500 1000 Solution: _____ Gauge: _____ Skin Wheal with Lidocaine 0.5% _____

Site: Left Right Arm Hand Started by: _____

Medications	Time	Route	Signature
Versed 5mg	0845	po	

To holding/OR via: Wheelchair (Stretcher) Crib Carried

Time to holding/OR: See OR record Signature:

PB 3408 8/03

PREOP

Date/Time	Notes
10/8/07	Family instructed to protect pt from injury falls is pre-med

PEDIATRIC (under 18) PREANESTHETIC SURVEY

UCLA Medical Center

INTERVIEW DATE	BIRTH DATE	ISOLATION PATIENT?
10/16/2007	04/16/2006	No
EMRN (MEDICAL RECORD #)	HEIGHT	EXPECTED TYPE OF VISIT
001400826	68 cm (26.77 in)	Outpatient
LAST NAME	WEIGHT	PATIENT AGE
CARLISLE	8.7 kg (19.14 lb)	18 mos
FIRST NAME	MRN (CPI #)	PLANNED PROCEDURE/SURGERY
JEREMIAH	002484064	Tear Duct Probing Righ
GENDER	ACCOUNT (VISIT #)	SURGERY DATE
Male	7289	10/18/2007

ANESTH

ANESTH

Surgical Information	
Planned Procedure/Surgery	Tear Duct Probing Right Eye, Left Eye with Tube; Punctoplasty, Both Eyes
Surgeon(s)	Goel, Stephanie MD
Surgery Date	10/18/2007

PEDS MEDICATIONS / ALLERGIES	
MEDICATION LIST in Physician H&P reviewed and verified with patient/family?	Yes. See H&P.
Herbal and Over the Counter Medications?	Yes (Tylenol PRN)
How does your child best take meds?	Liquids
MEDICATIONS (WEEK #) (LAST DOSE)	DOSE (MG) FREQUENCY
None	
ALLERGIES	TYPE OF REACTION
None known	
FOOD ALLERGIES	TYPE OF REACTION
Dairy products	hives & diarrhea
Milk	
Red dye #5	Hives
LATEX ALLERGY	TYPE OF REACTION
None known	

PEDS HEALTH HISTORY	
Previous Surgeries	1. (Tear Duct Probing OU)
During the past 3 weeks have you had?	other: (runny nose due to tear duct obstruction, according to mom)
Birth History	Spontaneous Vaginal Delivery Birth weight: (7 lb 7 oz) Post conceptual age at birth: (37 weeks)
HISTORY on Physician H & P reviewed and verified with patient/family?	Yes. See H&P.
Respiratory (asthma)	No
Cardiovascular/ Hypertension/ DVT	other (runny nose related to tear duct obstruction, according to mom)
Gastrointestinal	Reflux (hx)
Neurological/ CVA/ Stroke	No
Endocrine/ Diabetes	No
Musculoskeletal/ Arthritis/ Gout	No
Liver Disease	No
Renal	No
Cancer	No
Hematologic	No
Glaucoma	No
Other medical problems	Tear duct obstruction OU
Tobacco use/ how long/how much	Denies
Alcohol/ oz. per week/ last use	Denies
Have you been treated for alcohol-related injuries or illness in the past year?	No
Recreational drug use/ frequency	Denies
Psychological Disorder/ Emotional	No
ANES. EVALUATOR #1 SIGNATURE	ANES. EVALUATOR #2 SIGNATURE

Family History Unknown	No
Anesthesia History & Alerts	
Prior GA, Spinal, or other Anesthetic	Yes [General]
Anesthesia Alerts: Have you or a blood relative ever had a problem with anesthesia?	Yes • Prepubertal POV Risk Factors (Surgery duration greater than 30 minutes)
Physical Exam	
Dental	All Natural [Good]
Vital Signs	
PreOp Temperature	36.8 °C
Temp. Source	tympanic
PreOp Pulse	120 /min
Height	68 cm (26.77 in)
Weight	8.7 kg (19.14 lb)
Comment	unable to obtain complete vital signs
Anesthesia Plan	
LAB TESTS ORDERED / ADDITIONAL COMMENTS	
Signatures	
Evaluator	Boyd, Barbara RN <esig>
ANES. EVALUATOR #3 SIGNATURE	

0838
for the
NPO 2330

Anesthesia Record

CMC Medical Center

PATIENT NAME		GENDER
CARLISLE, JEREMIAH		Male
BIRTH DATE	PATIENT AGE	MRN (CPI #)
04/15/2006	18 mos	002484064
EMRN (MEDICAL RECORD #)		ACCOUNT (VISIT #)
001400826		7293
HEIGHT	WEIGHT	BODY SURFACE AREA
68 cm (26.77 in)	8.7 kg (19.14 lb)	0.3938 sq meters
SURGERY DATE	ANESTHETIZING LOCATION	CASE NUMBER
10/18/2007	CMC OR 06	2ZAI8330.MCG

ANESTH

ANESTH

FIO2	%		63.1	53.9	62	62	61.9	62	61.6	61.9	62.1	62.6	61	60.9	76
N2O	%		7	0.2	0.1	0	0	0	0	0	0	0	0	0	0
Sevoflurane	%		2.35	2.51	2.65	2.72	2.74	2.75	3.3	2.76	2.54	2.61	2.62	2.48	0.64
EtCO2	mmHg		39.4	42.7	46.1	43.7	43.6	44.1	45.7	44	46.1	45	43	43.9	40.8
Tidal Volume	mL		54	55	50	53	55	52	54	55	53	52	53	50	72
PEEP	cm-H2O		2.9	0.5	0.1	0	0	0.1	0.3	0	0.1	0			0.9
Ventilation			Spont												

10/18/2007 — 09:30 — 10:00 — 10:30 — 11:00 — 11:30 — 12:00 — 12:30 — 13:00

Arterial Pressure
Heart Rate
Pulmonary Pressure
General Pressure
Resp Rate
BIS

SpO2
Temp - General
BIS

Propofol	16 mg	16	
Fentanyl	10 mcg	10	
Dexamethasone	2 mg	2	
Crystalloids	150 mL	1	49	50	50

09:34 Anesthesia Start (AS)
09:34 Preop Notes:
- Preoperative evaluation, exam and anesthetic plan by attending at 0638
- Risks, benefits, complications and options discussed with father and CRNA
09:34 Patient in OR (PIR)
09:34 Pre-Induction :
- Machine and monitors checked
- Standard monitors attached and vitals checked
- Patient evaluated immediately prior to induction
09:35 Anesthesia Induction (AI)
09:35 Faculty Documentation:
- Attending present for induction.
09:35 Position:
- Supine
09:35 Induction Notes:
- Inhalation Induction
09:41 1 mL <C> LR
09:44 Intubation (Int)
09:44 Anesthesia Ready (AR)
09:44 Laryngeal Mask Insertion Notes:
- #__1.5__ Laryngeal Mask Placed, Cuff Inflated
- Inhalation Induction
09:53 Proc./Surgery Start (PST)
10:21 49 mL <C> LR
11:00 50 mL <C> LR
11:40 Proc./Surgery Finish (PF)
11:41 50 mL <C> LR
11:41 Emergence Notes:
- Laryngeal Mask Removed
11:41 Patient Out Of OR (POR)
11:41 Faculty Documentation:
- Attending present for emergence, all critical events and immediately available for the entire anesthetic.
11:41 Emergence Notes:
- Transferred patient to stretcher
- Patient to PACU, VS in PACU Record
11:48 Anesthesia Finish (AF)

printed by Weaver, Wesley CRNA

P (80x56, 4d) | C (23x08, 4) |

PERIOPERATIVE REPORT

Site: CMC

Patient Name: CARLISLE, JEREMIAH | **Medical Record:** 001400826
Case #: 181035 | **Account #:** 0024840647289 | **Sex:** M
O.R.#: OR6 | **Case Classification:** ELEC | **Age:** 1 Y

Case Date: 10/18/2007 | **Location:** HOLDING AREA | **I.D. Bracelet:** Y | **Patient Status:** OUTPATIENT
Case Type: GENERAL | **Service:** OPHTHALMOLOGY | **Via:** CARRIED
Case Status: **Time:** 23:30 | **Date:** 10/17/2007 | **Wt:** 8.90 Kg | **Blood Bank:** N/A

DRUG Allergies
NKDA

FOOD Allergies
OTHER FOOD-SEE COMMENTS;
MILK/LACTOSE

CONTACT Allergies
NO KNOWN CONTACT ALLERGIES

Allergy Comments: allergic to red dye

In Place on Arrival: SEE ANESTHESIA RECORD
ROM: WNL

Accompanying Persons: PARENT
Verification of Procedure / Time Out: YES

Preop Skin Condition
Temp: NORMAL | **Moisture:** NORMAL | **Color:** NORMAL

Preoperative Comments: Mother included in preoperative assessment and voiced understanding.

Preoperative Assessment: GIVE CLEAR AND CONCISE EXPLANATIONS
Preoperative Assessment: COMMUNICATE PATIENTS CONCERNS TO OTHER HEALTH CARE PROFESSIONALS
Preoperative Assessment: CONVEY CARING AND SUPPORTIVE ATTITUDE
Preoperative Assessment: REMAIN WITH PATIENT DURING INDUCTION
Preoperative Assessment: ENCOURAGE VERBALIZATION REGARDING PROCEDURE
Preoperative Assessment: OTHER
Preoperative Assessment Completed by: LAURIN KIZER

Date and Time of Time Out Procedure 10/18/2007 @ 0945
Surgical Team participating in Time Out Procedure
ATTENDING SURGEON/PHYSICIAN
ATTENDING ANESTHESIOLOGIST
CIRCULATING NURSE
RESIDENT SURGEON
ANESTHESIA RESIDENT OR CRNA
SCRUB TECHNICIAN

The following were confirmed during the time out:
CORRECT PATIENT POSITION
CORRECT PATIENT USING FULL NAME AND DATE OF BIRTH
CORRECT SIDE/SITE MARKED PRE-OP
AGREEMENT ON PROCEDURE TO BE PERFORMED
AVAILABILITY OF CORRECT IMPLANTS/SPECIAL EQUIPMENT

Temperature Control Aids
WARM BLANKETS
ROOM TEMP ADJUSTED

Temperature Comments: Patient temperature monitored by anesthesia -see anesthesia record.

Prep Site: N/A | **Postop Prep Site Clear:** Clear
Presence of Skin Lesion: N/A

Hair Removal Method: N/A

Position	Positioning Aide(s)	Other Position(s)	Other Positioning Aide(s)
SUPINE	BLANKET		

Positioning Comments: Patient supine on padded surgical bed in correct anatomical position; no areas of undue stress or pressure noted.

Post-op Ground Pad Site: Other : N/A

PERIOP

Time In Room: 09:34 | **Time Out Room:** 11:45

Stop	Procedure	Procedure Surgeon
11:41	PROBING	STEPHANIE GOEI

Wound Classification: CLEAN-CONTAMINATED

PERIOPERATIVE REPORT

Site: CMC

Patient Name:	CARLISLE, JEREMIAH	Medical Record:	001400826		
Case #:	181035	Account #:	0024840647289	Sex:	M
O.R.#:	OR6	Case Classification:	ELEC	Age:	1 Y

	Role
EUGENE	ATT ANESTHESIA
ER, WESLEY	CRNA
KIZER, LAURIN	CIRCULATOR RN
COE, DEMETRIA	SCRUB
BECK, LA-ANGELA	SCRUB
ESPINOSA-HEIDMANN, DIEGO	RESIDENT SURG
EARHART, NICOLE	SRNA
GOEI, STEPHANIE	ATT SU SCRUB
SMITH, CONNIE	RELIEF CIRC

Staff Comments: Amanda MaGahee- pediatric resident present

Medication	Route	Time	Ordered By	Given By	Dosage	Comment
BALANCED SALT IRRIGATION :	IRRIGATION	IntOp	GOEI	GOEI		
TOBRADEX OPHTHAL OINTM	OPHTHALMIC	IntOp	GOEI	GOEI		

Device Type:	Implant	**Expiration Date:**	08/30/2009
Description:	SELFTHREADING PVP MONOKA RITLENG	**Manufacturer:**	
Size:		**Model Name:**	
Qty:	1.00	**Serial Number:**	
Body Site:	RIGHT EYE	**Lot #:**	0451129

Time	Culture Type	Description	Source

Class	Count Types	Emp1	Emp2	Procedure	Status
CLOSING	SHARPS	LBECK	LKIZER	PROBING	Correct

Postop Wound Classification: CLEAN

Event	Time
NONE	:

Postop Skin Condition
Temp: NORMAL **Moisture:** NORMAL **Color:** NORMAL

Postop Transport to PEDIATRIC PACU **Via** STRETCHER

Accompanied By: ANESTHESIOLOGIST
ATTENDING SURGEON
CRNA
RESIDENT SURGEON
RN
SRNA

PERIOP

Safety Precautions: SIDE RAILS UP

Nursing Notes: IN01 - Attempt at lacrimal intubation OS not successful.
IN01 - *** KIZER, LAURIN (LKIZER) 10/18/2007 11:37 ***

Plan of Care: EFFECTIVE COMMUNICATION LINES WILL BE ESTABLISHED WITH THE PATIENT, FAMILY AND/OR SIGNIFICANT C
Plan of Care: PATIENT WILL BE OBSERVED FOR IDENTIFICATION OF INDIVIDUAL NEEDS
Plan of Care: PATIENT SAFETY WILL BE ENSURED THROUGH ASSESSMENT, OBSERVATION, AND IMPLEMENTATION OF SAFE
Plan of Care: PATIENT ALLERGIES WILL BE IDENTIFIED, COMMUNICATED, AND DOCUMENTED
Plan of Care: PATIENT WILL HAVE CONTINUOUS ASSESSMENT OF HIS/HER INTRAVENOUS THERAPY
Plan of Care: PATIENT'S FAMILY/SIGNIFICANT OTHER ARE ENCOURAGED TO PARTICIPATE IN THE PATIENT'S CARE

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	CARLISLE, JEREMIAH D
MRN:	001400826
Birthdate:	4/15/2006
Account Number:	0024840647291
Visit Date:	10/18/2007
Discharge date:	10/18/2007
Patient Type:	ASU
Location:	CMC Ambul Surg

Operative/Anesthesia

Operative Note

MCG Health Inc.

Name of Patient:	CARLISLE, JEREMIAH D
Medical Record #:	001400826
Date of Surgery:	10/18/2007
Job #:	798

PREOPERATIVE DIAGNOSIS:
Nasolacrimal duct obstruction, both eyes (recurrence).

POSTOPERATIVE DIAGNOSIS:
Nasolacrimal duct obstruction, both eyes (recurrence).

PROCEDURES PERFORMED:
Nasolacrimal system probing ou, punctoplasty ou, Monoka Ritleng-type tubing in the right inferior eyelid.

RESIDENT SURGEON:
Diego Espinosa-Heidmann, M.D.

TEACHING (ATTENDING) SURGEON(S):
Stephanie Goei, M.D.

TYPE OF ANESTHESIA:
General anesthesia.

COMPLICATIONS:
None.

DESCRIPTION OF PROCEDURE:
Informed consent was obtained. General anesthesia was performed. Initially, the superior and inferior punctum were dilated with the dilator in the left eye. Subsequent passes of different size probes starting with 00 to 2 were passed through the inferior canaliculi and from 00 to 4 through the superior canaliculi of the left eye. The passes through the nasolacrimal bony portion was tight on the left side. Correct placement of the probes in the nasal cavity was tested through the nose with positive metal-on-metal confirmation. Crawford tubes were attempted to be placed, starting with the superior tract, not being successful in two opportunities. It was decided at this time to attempt soft-threading the

MCG Health, Inc.
1120 15th Street
Augusta, Georgia 30912

Patient Name:	CARLISLE, JEREMIAH D
MRN:	001400826
Birthdate:	4/15/2006
Account Number:	0024840647291
Visit Date:	10/18/2007
Discharge date:	10/18/2007
Patient Type:	ASU
Location:	CMC Ambul Surg

OPERATIVE/ANESTHESIA

superior canaliculi with a soft-threading PVP Monoka through the superior canaliculi, also without any success in two opportunities. It was decided at this point that it was not possible to canalize the left side lacrimal system after two failures with the Crawford tubes and two failures with the Ritleng-type probes. Attention was turned to the left eye, and also the superior and inferior punctum were dilated with the dilator. Subsequent passes of different size probes starting from 0 to 2 were passed through the inferior and superior system successfully, but there was also nasolacrimal bony resistance. Correct placement of the probes was also tested through the nose, both through the upper and lower punctum with positive metal-on-metal confirmation. The Crawford tube was also attempted through the superior canaliculi with failure to pass through the bony portion of the nasolacrimal system. Attention was then turned to performing Ritleng-type tubing through the inferior canaliculi with several attempts. At the second attempt, the tubing was passed through the nasolacrimal bony portion, where the tube was tied to the nasal mucosa with 4-0 Prolene suture, and the proximal portion was secured at the inferior punctum. Both inferior puncta of both eyes were dilated and also punctoplasty performed with a #11 blade without any complications. The patient was cleaned. TobraDex ointment was applied to both eyes. No complications were seen during the procedure.

Both nasolacrimal bony canals were tight, more so the left eye than the right eye. There were two attempts to probe the left eye with the Crawford set and two attempts with the PVP Monoka. In the right eye, there was one attempt with the Crawford set, not being successful, and then being successful to canalize this right with the PVP Monoka through the inferior punctum.

The plan is to follow this patient next Tuesday (10/23/2007 at 9:00 a.m.) in Pediatric Eye Clinic. The parents were instructed to apply TobraDex ointment three times a day in both eyes for three weeks.

DT: DE/7373 D: 10/18/2007 T: 10/19/2007

Modified By: Stephanie L Goei MD
Date/TIme Modified: 10/22/2007 09:13 am

Electronically Signed By: Stephanie L Goei MD
Date/Time Signed: 10/22/2007 09:13 am

MCG Health, Inc.

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7291 S
LOCATION: CASU
* 001-40-0826 *

PROCEDURE NOTE

Clinical Service: Ophthalmology IP / OP / ER (CIRCLE ONE) Date of Procedure: 10 (MO) 18 (DAY) 07 (YR)

Location: OR / ASU / CMC OR / CMC PR / Clinic / Nursing Unit / Other: _____ ICD - 9 Code(s):

Pre Operative Diagnosis(es): Nasolacrimal duct obstruction OU - recurrence — 375.55

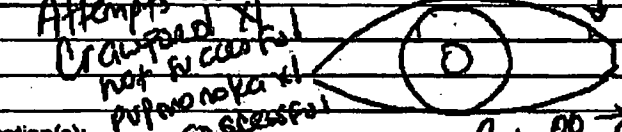
Post Operative Diagnosis(es): Nasolacrimal system probing + Crawford tube + punctoplasty.

Comorbidities: _____

Indication for Procedure(s): _____

Procedure(s): OD probed, punctoplasty + PVP monoks
OS: probed + punctoplasty w/ mono. — CPT Code(s): 68815 -50 -50

Description of Procedure(s)/Findings: Bowman OD → 4 B: 00 → 4 Attempts OS Crawford x2 PVP monoka x2 Not successful



B: 00 → 2 B: 00 → 2

Procedure Medication(s):
Anesthesia: General
EBL: _____ REPL: _____
Specimens: _____ Implants, Drains and Stents: DCR punctoplast OU. Crawford tube
Complications: Right Nasolacrimal tube > OD.

Unplanned return to OR Yes ☐ No ☐ Wound Classification: I ☐ II ☐ III ☐ IV ☐

☒ I was present for the entire procedure.

☐ I was present for the key parts of the procedure, which consisted of: _____

Plan: F/u next Tuesday peds clinic 10/23/07 9:00 AM

☐ I was supervising overlapping cases. The attending surgeon available as backup was: _____

Tobradex ointment tid OU for 3wk

Resident Surgeon(s)
D Espinoza

Attending Physician
Signature
DR #: 3048
Date: 10/18/07

____ Approv ____ PP ____ N ____ REV

Bolded items required for Joint Commission compliance.

White copy - Medical Records
Yellow & Pink copies - Billing Office

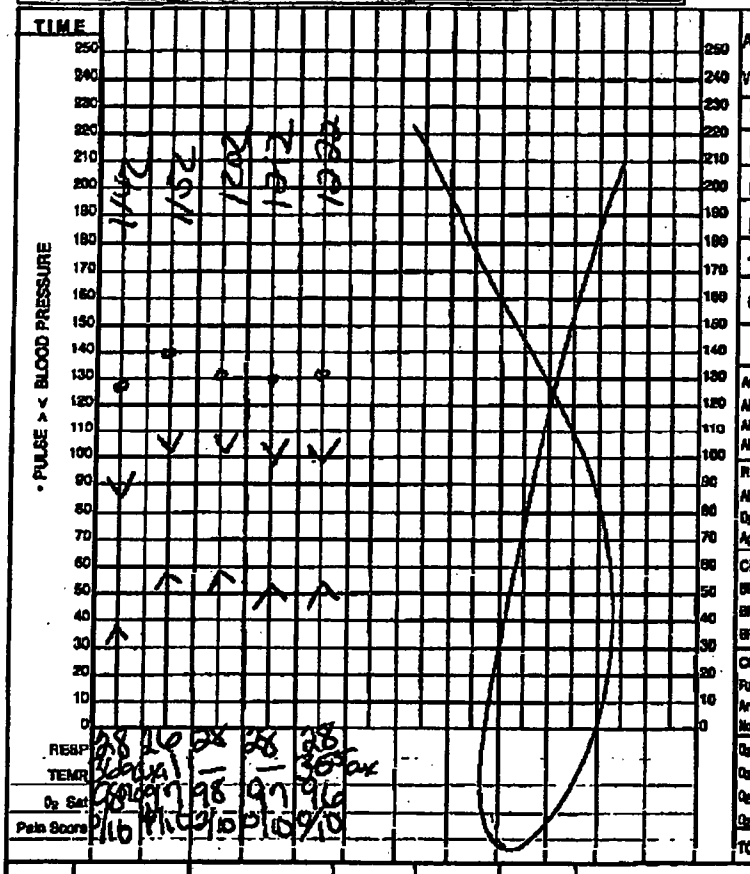
HI 612 / 11254 REV. 6/07

OPREPRT

Medical College of Georgia
Children's Medical Center
Post-Anesthesia Care Unit Nurse's Record

Date: 10/18/07 Time In: 1142 Time Out: 1224
Emergency: ☐ Yes ☑ No
Anesthesia: ☑ General ☐ Epidural ☐ IV Sedation ☐ Other:
Report received from: W. Weaver / Earhart
Procedure: Tear Duct Probing OU; Tube to OD; Punctoplasty OD
Anesthesiologist: Betty
Surgeon: S. Cook

CARLISLE, JEREMIAH D M
DOB: 04/15/06 EMRN: 001400826
ACCT #: 002484064 7291 S
LOCATION: CABU
*** 001-40-0826 ***



Allergies: NKDA / Milk, Red Dye
WT.: 8.7Kgs O2 on arrival: Blow by

Vital Signs	Pre OP	10 L
Blood Pressure	113/58	
Heart R & R	123	
Respirations	28	
Temperature	36.1	
O_2 Sat	99%	

POST ANESTHESIA RECOVERY SCORE	IN	MINUTES 15	30	60	90	OUT
ACTIVITY Able to move 4 extremities voluntarily or on command = 2 Able to move 2 extremities voluntarily or on command = 1 Able to move 0 extremities voluntarily or on command = 0	0	2	2			2
RESPIRATION Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apnea = 0	2	2	2			2
CIRCULATION BP ±20% of preanesthetic level = 2 BP ±20%-50% of preanesthetic level = 1 BP ±50% of preanesthetic level = 0	2	2	2			2
CONSCIOUSNESS Fully awake = 2 Arousable on calling = 1 Not responding = 0	0	1	1			1
O_2 Sat O_2 Sat > 92% = 2 O_2 Sat 88-92% = 1 O_2 Sat ≤ 88% = 0	2	2	2			2
TOTALS	6	9	9			9

Time	Indication	Medication	Dosage	Route	Nurse	Response to Medication
1208	crying	Morphine	0.5mg	IVP	Dr	asleep
1210	crying	Toradol	5mg	IVP	Dr	asleep

EQUIPMENT USED	ALARM LIMITS SET	TIME ON	TIME OFF
NIBP		1142	1224
Pulse Oximeter	Low Sat %	↓	↓
Cardiac Monitor	H L	↓	1158
Oxygen		↓	—
PCA or Epidural Pump			
Warm Blanket		☑ Yes ☐ No	
O2 setup, ambu, mask & suction @ bedside		☑ Yes ☐ No	
Bed locked/Siderails up X 2		☑ Yes ☐ No	
Family/other @ bedside		☑ Yes ☐ No	

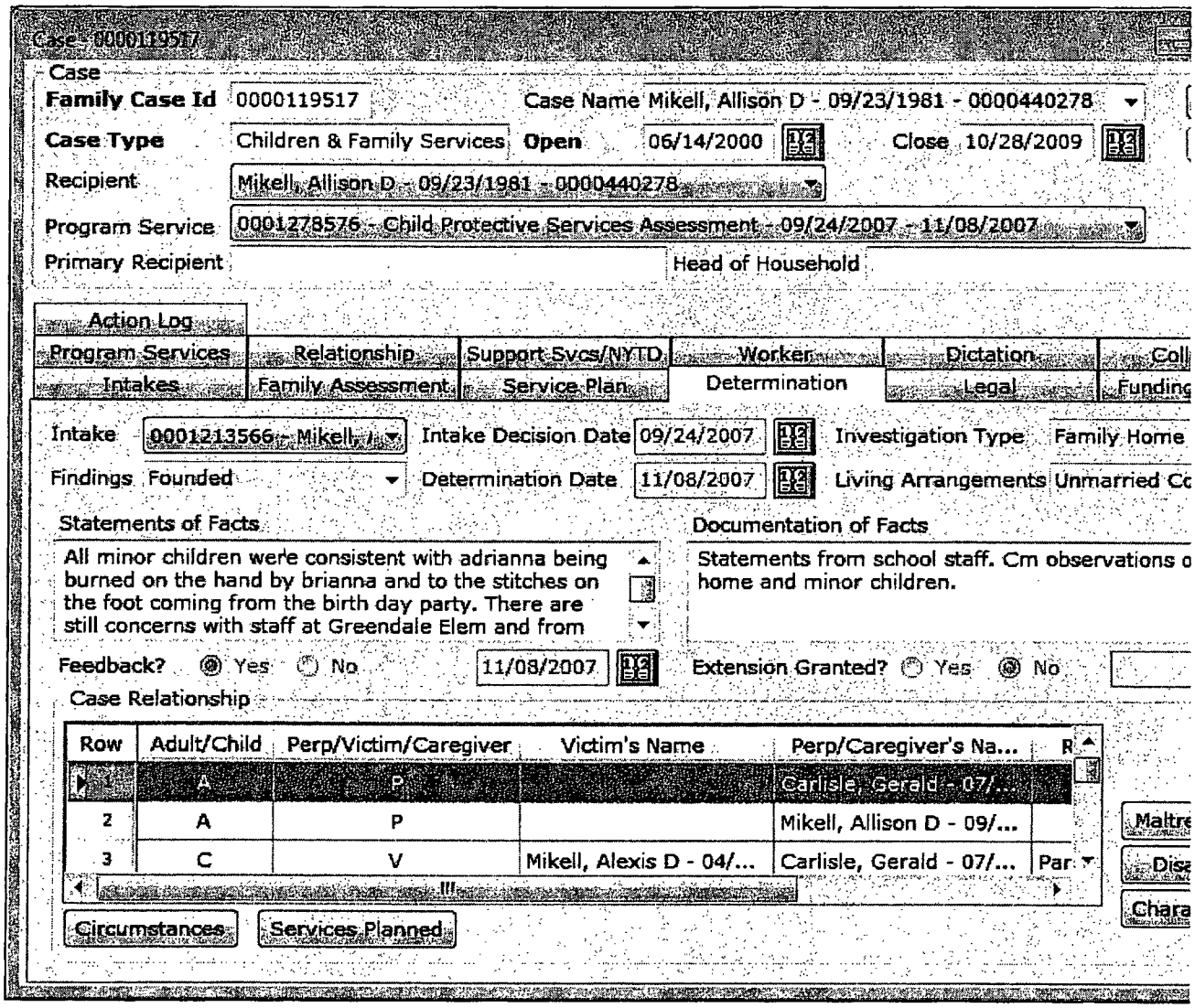
PACU Nurses

Initials	Signature Title

PB 3502 6/03

PACU

One indicated case.



Other Neglect Founded SROPN

Person Information

Person ID:	0001117335
Name:	mikell, brianna
Role:	Victim

Disabilities

Disability	Diagnosis Date	Comment

Characteristics

Maltreatments and Findings

Other Neglect Founded SROPN

Person Information

Person ID:	0001117336
Name:	Mikell, Adrianna
Role:	Victim

Disabilities

Disability	Diagnosis Date	Comment

Characteristics

Maltreatments and Findings

Other Neglect Founded SROPN

Person Information

Person ID:	0001363291
Name:	carlisle, jeremiah
Role:	Victim

396

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Disabilities

Disability	Diagnosis Date	Comment

Characteristics

Maltreatments and Findings

Other Neglect Founded SROPN

Person Information

Person ID:	0000440278
Name:	Mikell, Allison
Role:	Perpetrator

Disabilities

Disability	Diagnosis Date	Comment

Characteristics

Person Information

Person ID:	0000440280
Name:	Mikell, Alexis
Role:	Victim

Disabilities

Disability	Diagnosis Date	Comment

Characteristics

Maltreatments and Findings

Other Neglect Founded SROPN

Person Information

Person ID:	0001117335
Name:	mikell, brianna
Role:	Victim

Disabilities

Disability	Diagnosis Date	Comment

Characteristics

Maltreatments and Findings

Other Neglect Founded SROPN

Person Information

Person ID:	0001117336
Name:	Mikell, Adrianna
Role:	Victim

Disabilities

Disability	Diagnosis Date	Comment

Characteristics

Maltreatments and Findings

Other Neglect Founded SROPN

Person Information

Person ID:	0001363291
Name:	carlisle, jeremiah
Role:	Victim

Disabilities

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Disability **Diagnosis Date** **Comment**

Characteristics

Maltreatments and Findings
Other Neglect Founded SROPN

Signature/Title: Bashonna Coates
Phone Number: 803-208-3527

Date: 11/8/2007

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Kathleen Hayes
STATE DIRECTOR

South Carolina
Department of Social Services
Aiken County

LAW ENFORCEMENT RECORD REQUEST

THIS HISTORY CHECK CONTAINS RECORDS FROM JANUARY 1, 1991 UNTIL PRESENT.

TO: North Augusta Public Safety
P.O. Box 6400
North Augusta, South Carolina 29841
Criminal Records Division

North Augusta P.D., S. C.
NO RECORD: ✓
By: LH
Date: 10-23-07

FROM: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta, SC. 29841

In the future I need full name

RE: Name: Gerald Carlisle SSN: 251-41-4139 DOB: 4-19-79

Spouse: _____ SSN: _____ DOB: _____

Other: _____

Address: 1057 B Adams Avenue Aiken SC 29803

The above captioned persons is/are being investigated by our Children's Protective Services Unit.

We are required to check police records of our clients. Please submit a copy of record, if any, or indicate above if none is on file. Return this form to our agency. Thank you for your assistance.

__Bashonna Coates_____
Caseworker

Criminal record on file:

Yes_____ No_____

__Christine Wright_____
Supervisor

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Gerald L Carlisle DOB 07/19/79 SSN# 251-41-4139

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: _____ Name: _____

DOB: _____ DOB: _____

SSN# _____ SSN# _____

Name: _____ Name: _____

DOB: _____ DOB: _____

SSN# _____ SSN# _____

Name: _____ Name: _____

DOB: _____ DOB: _____

SSN# _____ SSN# _____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Ramonna Cintz
Case Manager

Gerald L Carlisle
Signature of Parent, Guardian, Trustee

402

KATHLEEN HAYES
STATE DIRECTOR

South Carolina
Department of Social Services
Aiken County

LAW ENFORCEMENT RECORD REQUEST

'O: Aiken Public Safety
P.O. Box 1177
Aiken, South Carolina 29802
Criminal Records Division

'ROM: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta, SC. 29841

'E: Name: Gerald Carlisle SSN: 251-41-4139 DOB: 4/19/79

Spouse: _____ SSN: _____ DOB: _____

Other: _____

Address: 1057 B Adams Avenue Aiken SC 29803

he above captioned persons is/are being investigated by our Children's Protective Services Unit.

'e are required to check police records of our clients. Please submit a copy of record, if any, or ıdicate above if none is on file. Return this form to our agency. Thank you for your assistance.

__Bashonna Coates ✓
aseworker

Criminal record on file:

Yes_____ No X

- No incident reports

__Christine Wright_____
ıpervisor

AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES
OCT 03 2007
NORTH AUGUSTA

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Gerald L Carlisle DOB 07/19/79 SSN# 251-41-4139

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: _____	Name: _____
DOB: _____	DOB: _____
SSN# _____	SSN# _____
Name: _____	Name: _____
DOB: _____	DOB: _____
SSN# _____	SSN# _____
Name: _____	Name: _____
DOB: _____	DOB: _____
SSN# _____	SSN# _____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Cartt
Case Manager

Gerald L Carlisle
Signature of Parent, Guardian, Trustee

City of Aiken

Department of Public Safety

Post Office Box 1177
Aiken, South Carolina 29802
(803) 642-7620

"Dedicated to the Community"

REQUEST FOR CRIMINAL RECORDS CHECK

9/28/2007
(Date of Request)

Requestor Organization: DSS-North Augusta **Phone Number:** _____

Name of Requestor: B. Coates

Subject Name: Gerald Caelisle **State DL#** _____

Social Security Number: 251-41-4139 **Date of Birth** 4/19/1979

Race: ☐ B ☐ W ☐ Other **Sex:** ☐ Male ☐ Female

****
**********DO NOT WRITE BELOW THIS LINE**********
****

X The above named individual has no record of convictions with this Department.

_____ The above named individual has the following record of convictions with this Department.

_____

_____

_____

_____

Note: **Any criminal records indicated hereon reference cases adjudicated by the City of Aiken Municipal Court. To obtain a comprehensive criminal record, a request should be made through the South Carolina Law Enforcement Division. (SLED). 803-896-7000**

Certified as a true and correct copy of original records on file with the Aiken Department of Public Safety-Municipal Court.

M. Hart

28 **day of** September, 2007

ATHLEEN HAYES
ATE DIRECTOR

South Carolina
Department of Social Services
Aiken County

AIKEN COUNTY DEPT. OF SOCIAL SERVICES
RECEIVED
OCT 4 2007
NORTH AUGUSTA

LAW ENFORCEMENT RECORD REQUEST

I: Aiken County Sheriff's Department
420 Hampton Avenue, NE
Aiken, South Carolina 29801
Criminal Records Division

OM: Aiken County Department of Social Services
North Augusta Branch
802 East Martintown Road
North Augusta, SC. 29841

Record is limited to ACSO only
Record ✓ No record ____
Checked By SMJ Date 9-28-07

: Name: Gerald Carlisle SSN: 251-41-4139 DOB: 4-19-79

Spouse: _____ SSN: _____ DOB: _____

Other: _____

Address: 1057 B Adams Avenue Aiken SC 29803

e above captioned persons is/are being investigated by our Children's Protective Services Unit.

are required to check police records of our clients. Please submit a copy of record, if any, or icate above if none is on file. Return this form to our agency. Thank you for your assistance.

ashonna Coates ✓
seworker

Criminal record on file:

Yes ✓ No ____

Aiken County Sheriff's Office
— Records Section —
420 Hampton Avenue, NE
Aiken, SC 29801

Christine Wright
pervisor RECEIVED

SEP 26 2007

ACSO - Records

Individual Data Sheet

Record# 25501

FOR: CARLISLE JR, GERALD LESLIE

Printed On: 9/28/2007 10:02 (Fri) Page: 1

Last Name: CARLISLE JR			
First Name: GERALD	Middle: LESLIE	Suffix:	Nick Name: JERRY
Address: 1057 B ADAMS AVE			
City: AIKEN SC 29803		Sex: M	Race: W
Date Of Birth: 7/19/1979	Age: 27	Height: 510	Weight: 170
Phone: 803-380-4141	SSN: 251-41-4139	Eyes: BRO	Hair: BRO
Place Of Birth: AIKEN, SC		Build: MED	Complexion: FAR
Local Id: 9072		Ethnic: N	
FBI:	Residence Status: J	Glasses:	
SBI:	SBI State:	Facial:	
SRS:		Hair Len:	
SID:	JJIS:	Dependant Count: 0	
Driver's Lic No: 007640209	SC		
Citizenship:	Marital Status:		

Associated Cases

INCIDENT#	OFFENSE	DATE REPORTED	DATE OCCURRED FROM / TO
[redacted]		[redacted]	

Names Tab Comments:

05-023123 **TELEPHONE CALLS, OBSCENE, HAR** Location: **410 GLOVER ST GLOVERVILLE SC 29851**
Involvement: **Suspect** Age At Time: **25** **5/14/2005 9:10:40 PM** **5/14/2005 8:40:00 PM** **5/14/2005 9:15:00 PM**
Remarks:

Names Tab Comments:

05-023982 **FAMILY OFFENSES, NONVIOLENT** Location: **1057B ADAMS AVE AIKEN SC 29803**
Involvement: **Suspect** Age At Time: **25** **5/19/2005 9:56:17 PM** **5/19/2005 9:56:00 PM** **5/19/2005 9:58:00 PM**
Remarks:

Names Tab Comments:

05-024005 **FAMILY OFFENSES, NONVIOLENT** Location: **1057B ADAMS AVE AIKEN SC 29803**
Involvement: **Suspect** Age At Time: **25** **5/20/2005 12:46:54 AM** **5/20/2005 12:40:00 AM** **5/20/2005 12:50:00 AM**
Remarks:

Names Tab Comments:

05-024687 **FAMILY OFFENSES, NONVIOLENT** Location: **1057B ADAMS AVE AIKEN SC 29803**
Involvement: **Suspect** Age At Time: **25** **5/23/2005 11:11:19 PM** **5/23/2005 11:00:00 PM** **5/23/2005 11:32:00 PM**
Remarks:

Names Tab Comments:

Individual Data Sheet

Record# 25501

FOR: CARLISLE JR, GERALD LESLIE

05-027847 SIMPLE ASSAULT Location: 1057 ADAMS AVE NEW ELLENTON SC 29809
Involvement: Suspect Age At Time:25 6/9/2005 6:34:16 PM 6/9/2005 6:30:00 PM 6/9/2005 6:30:00 PM
Remarks:

Names Tab Comments:

05-033709 FORCIBLE FONDLING Location: 1057-B ADAMS AVE AIKEN SC 29803
Involvement: Suspect Age At Time:25 7/10/2005 10:31:35 PM 7/10/2005 12:00:00 PM 7/10/2005 7:30:00 PM
Remarks:

Names Tab Comments:

06-006796 ALL OTHER OFFENSES Location: ASCAUGA LAKE RD AND WHITEHALL RD NORTH AUGUSTA
Involvement: Suspect Age At Time:26 2/6/2006 11:39:06 AM 2/6/2006 11:39:00 AM 2/6/2006 11:40:00 AM
Remarks:

Names Tab Comments:

06-052714 FAMILY OFFENSES, NONVIOLENT Location: 406 GLOVER ST GLOVERVILLE SC 29851
Involvement: Victim Age At Time:27 9/25/2006 6:34:51 PM 9/25/2006 6:30:00 PM 9/25/2006 6:38:00 PM
Remarks:

Names Tab Comments:

06-054870 DESTRUCTION/DAMAGE/VANDALISM Location: 410 GLOVER ST WARRENVILLE SC 29851
Involvement: Suspect Age At Time:27 10/4/2006 8:39:57 PM 10/4/2006 8:20:00 PM 10/4/2006 8:50:00 PM
Remarks:

Names Tab Comments: MIPP < $1000.00 21452DT

06-061615 LARCENY (ALL OTHER) Location: 406 GLOVER ST WARRENVILLE SC 29851
Involvement: Victim Age At Time:27 11/6/2006 5:49:47 PM 11/6/2006 2:30:00 PM 11/6/2006 5:30:00 PM
Remarks:

Names Tab Comments:

07-000378 SIMPLE ASSAULT Location: 406 GLOVER ST GLOVERVILLE SC 29851
Involvement: Victim Age At Time:27 1/2/2007 10:34:05 PM 1/2/2007 10:30:00 PM 1/2/2007 10:37:00 PM
Remarks:

Names Tab Comments:

07-002668 TRESPASS OF REAL PROPERTY Location: 231 HUDSON RD AIKEN SC 29801
Involvement: Complainant Age At Time:27 1/14/2007 10:41:24 PM 1/14/2007 10:30:00 PM 1/14/2007 11:01:00 PM
Remarks:

Names Tab Comments:

99-008599 No Offense Recorded Location:
Involvement: Suspect Age At Time:UNKNOWN to
Remarks:

Names Tab Comments:

Citations

CITATION#	DATE	VIOLATION	ORDINANCE	FINE AMT	COST AMT	TOTAL AMT	DUE DATE
90884AT	11/21/1998		UNINSURED VEHICLE OP	50.00	0.00	50.00	

Individual Data Sheet

Record# 25501

FOR: CARLISLE JR, GERALD LESLIE

Printed On: 9/28/2007 10:02 (Fri)

COURT: Central Traffic Court | COURT DATE: 12/17/1998 | COURT DAY: THU

PLATE: | STATE: | YEAR: 0 | MAKE: | MODEL:

VERDICT: GUILTY | VERDICT DATE: 12/17/1998

DISPOSITION DESCRIPTION: GUILTY/FINE/CTC

COMMENT:

CITATION#	DATE	VIOLATION	ORDINANCE	FINE AMT	COST AMT	TOTAL AMT	DUE DATE
90885AT	11/21/1998		REGISTRATION REQUIRE	50.00	0.00	50.00	

COURT: Central Traffic Court | COURT DATE: 12/17/1998 | COURT DAY: THU

PLATE: | STATE: | YEAR: 0 | MAKE: | MODEL:

VERDICT: GUILTY | VERDICT DATE: 12/17/1998

DISPOSITION DESCRIPTION: GUILTY/FINE 50.00/CTC

COMMENT:

Court Documents

DOCUMENT TYPE: Warrant | SERVE THIS PERSON?: YES | NAME TYPE: Defendant (DEF)

DOCUMENT NUMBER: F573967 | COURT NUMBER: | STATUS: Cleared

ISSUED ON: 4/27/1999 | EXPIRES ON: | SERVED ON: | SERVED BY: RANDALL, HORACE TIMOTHY

SERVED HOW: | SERVED TO: | RELATION:

PLACE SERVED:

BAIL: $0 | COURT: | JUDGE: AIKEN | FINAL DISPOSITION:

SENTENCE DATE: 6/1/1999 | FINAL DISPOSITION: | JAIL IMPOSED (Months): | JAIL SUSPENDED (Months):

SENTENCE DESCRIPTION: GUILTY/FIINE 95.00

CHARGES:

CHARGE CODE	DESCRIPTION
34-011-0060	FRAUDULENT CHECK

Description:

47 pgs 000137
*********AUTO**ALL FOR ADC 301
000000137 09 AB 1.927
ATTN: AIKEN COUNTY DEPT OF SOCIAL
AIKEN COUNTY DEPT OF SOCIAL
802 E MARTINTOWN RD
NORTH AUGUSTA SC 29841-5308

*00470000137G0 *

ATTENTION

Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding these records or any other information you have requested from SDS, please call the phone number on the attached invoice

The enclosed health information was reproduced by SDS, a health information outsourcing service. Your health care facility contracts with SDS to process authorized copies of medical records.

The reproductions have been made from the medical facility 's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover.

Some medical records contain sensitive information that cannot be released without specific patient authorization. If you need this information, please provide such authorization. If the patient has questions about the need for specific authorization, he/she must contact the medical records department of the facility.

Since this facility has chosen to outsource its medical records reproduction function, SDS serves at the facility 's instruction. Future requests for medical records must continue to be directed to the facility.

410

Smart Document Solutions (SDS)
P.O. Box 409822
Atlanta, GA 30384-9822
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Date
10/29/2007
Request ID #
0043489614

Ship to:

AIKEN COUNTY DEPT OF SOCIAL
AIKEN COUNTY DEPT OF SOCIAL
802 EAST MARTINTOWN ROAD
NORTH AUGUSTA, SC 29841

Requested By: AIKEN COUNTY DEPT OF SOCIAL
Patient Name: MIKELL ADRIANNA
DOB: 031702

Records from:

M C G HEALTH INC
ACC BLDG FLOOR M RM 120
1120 15TH STREET
AUGUSTA, GA 30912-0004

This is **NOT** a bill !

SDS
P.O. Box 1813
Alpharetta, GA 30023-1812
Attn: Marketing

SDS processes thousands of requests for health information at over 6.500 health care facilities nationwide. If you would like to learn more about SDS or how our services can benefit your facility, please visit our website at: **www.sdshealth.com** or email us at: **marketing@sdshealth.com**

Your Name _____

Title _____

Facility Name _____

Phone Number (____) _____

Address _____

_____

City _____ State ____ Zip _____

# of Physicians _____ Specialty _____

# of Beds _____ # of Admits _____

1241077 411

DSS

Serving Children and Families

KATHLEEN B. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

DATE: 10/11/07 Number of Pages: (including cover sheet) 3

TO: Organization: MCG

Attention:

Fax Number: 706-721-7132 | 706-721-2191

FROM: Aiken County Department of Social Services – North Augusta Branch MAIL

Address: 802 East Martintown Road North Augusta, SC. 29841

Name: Bashonna Coates

Fax Number: (803) 202-3520 or: (803) 202-3557

Telephone #: (803) 202-3500 202-3527

COMMENTS:

Transmitted by:

L-1241077

LAUREN M. KOIBB, COUNTY DIRECTOR
AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

PAGE 01 AIKEN CO DSS N AUG 8032023557 12:59 10/11/07

412

1241077

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Allison Mikell, DOB 9/23/81 SSN# 256-39-8671

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: [redacted] Name: [redacted]

DOB: [redacted] DOB: [redacted]

SSN# _____ SSN# _____

Name: Adrianna Mikell Name: [redacted]

DOB: 3/17/02 DOB: [redacted]

SSN# _____ SSN# _____

Name: [redacted] Name: _____

DOB: [redacted] DOB: _____

SSN# [redacted] SSN# _____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Brianna Coates
Case Manager

Allison Mikell
Signature of Parent, Guardian, Trustee

Lauren Kelly, Aiken County Director
AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3520

1241077

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

Date: 10/11/2007

To: MCG Medical Records - fax 706-721-7132

Re: Hollis, Brianna and Adrianna Mikell + Jeremiah Carlisle

Our agency is presently investigating the family of Allison Mikell through our Child Protective Services Division. During our investigation we gathered information which leads us to believe that this client(s) may have received services from your agency/facility. Therefore, our agency is requesting any pertinent information that your agency has regarding this client/family. Please send most current and updated information and schedules for any future appointments.

If any additional information is required, please feel free to call Bashonna Coates at (803) 202-3527.

If there are any questions or concerns, please mention below.

* Also, are all the children up to date on their shots?

Thank you for your assistance.

Caseworker: **Bashonna Coates**

Supervisor: **Christine Wright**

AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

PAGE 02 AIKEN CO DSS N AUG

74

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIXELL, ADRIANNA D F
DOB: 03/17/02 EMRN: 001241077
ACCT #: 00230521B 6213 P
LOCATION: PGEN
* 001-24-1077 *

Date: 8/1/06 Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: Leg pain Immunization status:
Current Meds: None Drug Allergies:
Subjective Information: 4 yo ♀ 2 year history of intermittent leg pain that occurs ~3x per week. Sitting or standing positions exacerbate the pain. Lasts 15 minutes each time and light rubbing of the leg seems to lessen the pain. Pain is normally below the knee but has also at times been in her thighs. No hx of trauma. She screams in pain during these episodes. Mom doesn't notice any swelling or inflammation during these episodes. No hx of broken bones.

Objective Information: HEIGHT: ( ) WEIGHT: 14.1 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 36 \ A-O-R PULSE: RESP: BP:

PAIN SCALE:	PAINSCORE: NML/ABN/N.E.	LOCATION:	MD NOTIFIED: NML/ABN/N.E.	INIT: ATTENDING PE
GEN APPEARANCE	☐ ☐ ☐		☑ ☐ ☐	
SKIN	☐ ☐ ☐	scratches & swelling; minor bruising on lower extremities & redness of lower extremities	☑ ☐ ☐	
HEAD/NECK	☐ ☐ ☐		☐ ☐ ☑	
EYES	☒ ☐ ☐		☐ ☐ ☑	
EARS	☒ ☐ ☐		☐ ☐ ☑	
NOSE/OP/MOUTH	☒ ☐ ☐		☐ ☐ ☑	
CHEST/LUNGS	☒ ☐ ☐		☐ ☐ ☑	
CARDIOVASCULAR	☒ ☐ ☐	cap refill 2+ LE / dorsal pedis pulses 2+ (B)	☐ ☐ ☑	
ABDOMEN	☒ ☐ ☐		☐ ☐ ☑	
LYMPHATICS	☒ ☐ ☐		☐ ☐ ☑	
NEUROLOGIC	☐ ☐ ☐	lower extremity DTR 2+ (B)	☑ ☐ ☐	
MUSCULOSKELETAL	☐ ☐ ☐	Good ROM ♀ ↓ pain noted during exam at hips, knees, ankles	☑ ☐ ☐	Thorough exam of legs and hips reveal no abnormalities
GENITAL/ANUS	☐ ☐ ☒		☐ ☐ ☑	

Assessment: 4 yo ♀ Leg pain of unknown causes — questionable "growing pains" & Anatomical problems per exam.

Plan: (1) Multivitamins
(2) ~~[illegible]~~
Motrin as needed

Attending History: Pt. presents c h/o recurrent leg pain the past 2 years. Complains intermittently of lower legs hurting c no h/o trauma or evidence of illness. Good activity, appetite.

A/P: (1) leg pain, recurrent, no disease found
Plan: Symptomatic Rx - warm baths, Therapeutic Reassurance
Ref. if problem persists or worsens

Follow up:
Time spent: 15 min.

Examiner Li Calloway JMS **Attending** [signature] Lingle, MD

MEDICAL COLLEGE OF GEORGIA
HOSPITAL AND CLINICS
Pediatric Practice Site

MIKELL, ADRIANNA D F
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002308216 6116 P
04/26/06 LOCATION: PGEN
* 001-24-1077 *

PEDIATRIC FOLLOW-UP OF PREVIOUS VISIT

Date: 4/26/06 **Patient's Phone Number:** (803) 233-9394

History/Diagnosis (Required for reimbursement): _____

Attending Physician: Moore **Fellow or Resident:** _____

Parent/Responsible Party Name: _____ **Date of Previous Visit:** _____

Normal Studies:

Laboratory : Lead - 0.7

Radiology : _____

Other : _____

Abnormal Studies:

Laboratory : _____

Radiology : _____

Other : _____

Action Taken:

___ None

___ Parent/person responsible for child notified of results: Date_____ Time _____

___ Attempt(s) to notify:

	Date	Time	Comments
1.	Enforced	another	
2.			

Recommendations/Instructions: _____

____ Parent/Person responsible for child verbalized understanding of instructions

Additional Comments: _____

5/2/06
14:30

Physician Signature (fellow or resident)

Attending Physician

PROGNOT

PB 2551 7/98

FIN: 002305216116

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, ADRIANNA D F
DOB: 09/17/02 EMRN: 001241077
ACCT #: 002205218 5116 P
04/28/06 LOCATION: PGEN
* 001-24-1077 *

Date: 4/24/06 Appointment Time: Check-in Time: 12:01 Assigned Attending:
Reason for Appointment: labs Immunization status:
Current Meds: Drug Allergies:
Subjective Information:

Objective Information: HEIGHT: ( ) WEIGHT: ( ) HEAD CIRCUMFERENCE: ( )
TEMP: A-O-R PULSE: RESP: BP:
PAIN SCALE: PAINSCORE: LOCATION: MD NOTIFIED: INIT:

	NML/ABN/N.E.	NML/ABN/N.E. ATTENDING PE
GEN APPEARANCE	☐ ☐ ☐	☐ ☐ ☐
SKIN	☐ ☐ ☐	☐ ☐ ☐
HEAD/NECK	☐ ☐ ☐	☐ ☐ ☐
EYES	☐ ☐ ☐	☐ ☐ ☐
EARS	☐ ☐ ☐	☐ ☐ ☐
NOSE/OP/MOUTH	☐ ☐ ☐	☐ ☐ ☐
CHEST/LUNGS	☐ ☐ ☐	☐ ☐ ☐
CARDIOVASCULAR	☐ ☐ ☐	☐ ☐ ☐
ABDOMEN	☐ ☐ ☐	☐ ☐ ☐
LYMPHATICS	☐ ☐ ☐	☐ ☐ ☐
NEUROLOGIC	☐ ☐ ☐	☐ ☐ ☐
MUSCULOSKELETAL	☐ ☐ ☐	☐ ☐ ☐
GENITAL/ANUS	☐ ☐ ☐	☐ ☐ ☐

not done book pad

ASSESSMENT:
H/o + lead level (26)

ATTENDING HISTORY:

PLAN:
Venous lead drawn

A/P:

FOLLOW UP:

TIME SPENT :

EXAMINER _____ ATTENDING

PB 1115A 6/02

PROGNOT

MEDICAL COLLEGE OF GEORGIA
HOSPITAL AND CLINICS
Pediatric Practice Site

MIKELL, ADRIANNA D
DOB: 03/17/03 EMRN: 001241077
ACCT #: 002305216 8109 P
LOCATION: PGEN
* 001-24-1077 *

ADDRESSOGRAPH

PEDIATRIC FOLLOW-UP OF PREVIOUS VISIT

Date: _____ **Patient's Phone Number:** _____

History/Diagnosis (Required for reimbursement): _____

Attending Physician: _____ **Fellow or Resident:** _____

Parent/Responsible Party Name: _____ **Date of Previous Visit:** _____

Normal Studies:

803-642-1687
Aiken Health Dept

Laboratory: Hgb 11.9 Hct 36

Radiology: _____

Other: _____

Abnormal Studies:

Laboratory: Lead 26.4

Radiology: _____

Other: _____

Action Taken:

___ None

✓ Parent/person responsible for child notified of results: **Date** 4/24/06 **Time** 1600

___ Attempt(s) to notify:

	Date	Time	Comments
1.			
2.			

Recommendations/Instructions: Mom to bring her tomorrow for venous lab draw. Attempted to contact health department - No answer

___ Parent/Person responsible for child verbalized understanding of instructions

Additional Comments: _____

** Parent notified
Health Department needs to be notified

Physician Signature (fellow or resident)

Attending Physician

PB 2551 7/98

PROGNOT

MCG Health, Inc.
Emergency Services Discharge Summary
Phone: (706)721-4951

MIXELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077 F
ACCT #: 002308218 5272 P
09/29/05 LOCATION: PEME
* 001-24-1077 *

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is: Scabies

Time 2350

You were seen today by: Pyne, Bell

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only. It is not a substitute for the continuing care of a personal physician or regular clinic.
- X-rays do not always show injury or disease. Fractures may not be revealed on initial films. Additional x-rays may be required if your condition persists or worsens. X-Rays are initially read by the Emergency Physicians. An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several days. You will be contacted if culture results show you need additional treatment. You will need to follow up other pending test results at your next clinic appointment.

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete. You must make arrangements for follow-up of your problem in 3-5 days (sooner if your condition worsens). Please bring along this sheet and any prescribed medications to your follow-up appointment.

- [X] Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you, or you may use the resource list provided you.
- [ ] Call Community Mental Health at (706)771-4800.
- [ ] Contact your county health department.
- [ ] Call Primary Care Associates (706) 860-4004
- [ ] Call MCG Employee Health at 721-3418.
- [ ] Call Pediatric Primary Care Associates (706)312-5437.

- [ ] Return to the Emergency Department
  - [ ] in _____ days for re-evaluation.
  - [ ] in _____ days for suture removal.
- [ ] Return to the MCG _____ Clinic.
  - [ ] Call the Clinic at (706)721-_____ If you don't hear from the clinic in 3-4 days.
- [ ] An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____

Additional Instructions: Cover entire body with Elimite Cream. Put on long sleeved clothing (that have been washed in hot water). During treatment entire household must be treated. Wash everything in hot water, dry on high heat.

Prescriptions Given: [X] Yes [ ] No **Work Excuse Given:** [ ] Yes [ ] No

PREPRINTED INSTRUCTIONS

[ ] Adult [ ] Peds

[ ] Abdominal & Pelvic Pain	[ ] DUB	[ ] Nausea & Vomiting	[ ] Skin & Soft Tissue Infections
[ ] Arthralgias & Myalgias	[ ] Eye Problems	[ ] Noncardiac Chest Pain	[ ] STD's & PID
[ ] Asthma	[ ] Fever	[ ] Otitis Media & Externa	[ ] Strains & Sprains
[ ] Back & Neck Pain	[ ] Fractures & Dislocations	[ ] Pharyngitis & Tonsillitis	[ ] Syncope
[ ] Bronchitis & Bronchiolitis	[ ] Gastritis & PUD	[ ] Pneumonia	[ ] Toothache
[ ] Constipation	[ ] Gastroenteritis	[ ] Pregnancy Complications	[ ] URI & Viral Syndromes
[ ] Contusion & Crush Injury	[ ] Head Injury	[ ] Rash	[ ] UTI & Pyelonephritis
[ ] Dehydration	[ ] Headache	[ ] Rectal & Anal Disorders	[ ] Vulvovaginitis
[ ] Diarrhea	[ ] Hypertension	[ ] Seizures [ ] Febrile Seizures	[ ] Wound Care
[ ] Dizziness & Vertigo	[ ] Kidney Stones	[ ] Sinusitis	[ ] _____

I understand and have received a copy of these instructions. I have been allowed to ask questions. I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: [signature] Date: 9/29/05 Time: 2325

Signature of Nurse/Physician: Melanie Meadows

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
Pediatric Evaluation

MIKELL, ADRIANNA D F
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305216 5272 P
09/28/05 LOCATION: PEME

*** 001-24-1077 ***

CC/HPI
Exam time: 2015

8y F ↓ rash over entire body. Pt seen here 5 days ago for same, but it'll then. Father not treated at that time.

Pain: ☐ Faces | None | Mild | Moderate | Severe
☐ OBS | 0 | 1 2 3 | 4 5 6 7 | 8 9 10

PMH ☒ Triage note reviewed ☐ Old chart reviewed
RAD DM SZ Surgery

Medications: ☒ See triage note
ϕ

Allergies: PCN ☐ NKDA

Family / Social HX
RAD DM HTN CAD CVA CA SZ
Grade in school____ Day care Yes No
Lives with Father
☐ Tobacco____ppd ☐ EtOH____
☐ Substance abuse____

Immunizations UTD: ☒ Yes ☐ No

ROS ☐ Unable to fully assess due to: ☐ Altered LOC ☐ Age ☐ Other:____
☒ System review otherwise unremarkable (must mark at least two systems)

Legend: Circle Pos / Slash Neg

Gen: Decreased activity; Decreased PO intake; Decreased urine output; Fever
Eye: Eye pain; Eye discharge
ENT: Sore throat; Voice change; Hoarseness; Ear pain; Runny nose
CV: Chest pain; Palpitations
Resp: Dyspnea; Cough; Wheeze
GI: Nausea; Vomiting; Diarrhea; Abdominal pain; Constipation
Musc / Skel: Myalgia; Arthralgia; Back pain
Skin: Rash
Heme: Bruising / bleeding
Neuro: Headache; Dizziness; Weakness
Psych: Depressed; Change in behavior
Allergic / Immune: Hayfever; Eczema
GU / GYN: Dysuria; Frequency; Discharge; Hematuria; Irregular menses; Pregnant; EGA____weeks

PHYSICAL EXAM ☒ VS reviewed ____BP ____HR ____RR ____T ____O_2 Sat

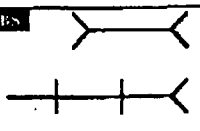
Gen: ☒ Well-nourished; ☒ Non-toxic; ☒ Good state variation; ☒ No distress
Eyes: ☒ PERRL; ☒ EOMI; ☒ Normal conjunctivae; ☒ Normal sclerae
ENT: ☐ TMs normal; ☒ Moist mucous membranes; ☒ No rhinorrhea; ☒ Normal oropharynx
Neck: ☐ Supple; ☐ No midline tenderness
Lymph Nodes: ☐ Non-tender; ☐ Not enlarged
Back: ☐ TLS spine non tender
CV: ☐ RRR; ☐ No murmur; ☐ No pulse deficit; ☐ No edema
Resp: ☒ Non-labored; ☐ Lungs CTA
Chest: ☐ Chest wall non-tender
Abd: ☒ Non-distended; ☒ Non-tender; ☐ Normal bowel sounds; ☐ No mass / organomegaly; ☐ Rectal occult blood negative
GU: ☐ Normal external genitalia; ☐ No abnormal discharge; ☐ No cervical lesions; ☐ No cervical motion tenderness; ☐ No adnexal mass /tenderness; ☐ No CVA tenderness; ☐ No bladder tenderness
Ext: ☒ Normal muscle tone; ☒ Full range of motion; ☒ Non-tender
Skin: ☐ No rash; ☒ No petechiae / purpura
Neuro / Psych: ☒ Age appropriate development; ☐ CN II-XII intact; ☐ Normal motor function; ☐ Normal sensation; ☐ Normal reflexes; ☐ Normal gait; ☐ Oriented x____; ☐ Normal mood; ☐ Normal judgement

Details of pertinent physical findings:
Diffuse rash over entire body / arms / legs / face.
No lesions seen.

PS 572 4/03

EDH2

LABS



__S __B __L __M __E

☐ABG ☐VBG ___pH ___PCO_2

☐CBG ___pO_2 ___HCO_3

UA: ___Gluc ___Bili ___Ket ___SG ___Bld
___pH ___Prt ___Urobil ___Nit ___Leuk
Micro: ___WBC ___RBC ___Squam ___Bact
Other:

Rapid strep screen: Pos Neg BHCG: Pos Neg

___PT ___PTT ___INR ___CPK ___MB ___Troponin
___Mg ___Ca ___Phos ___Amylase ___Lipase
___ALT ___AST ___GTT ___D Bili ___T Bili ___AlkPhos

CXs sent:
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound

EKG INTERPRETATION AND RESULT See History for clinical elements

☐ Normal rate for age — Rate___
☐ Normal Sinus Rhythm — Rhythm___
☐ Normal Axis — Axis___
☐ Normal Intervals — Intervals___
☐ Normal Segments — Segments___
☐ Old EKG reviewed and no change
☐ Change from old EKG___

Interpretation Narrative:
☐ Normal EKG
☐ Atrial Fibrillation
☐ LBBB
☐ Acute MI
☐ Other

PROCEDURE NOTE
Performed by Physician
☐ Laceration
☐ Central Venuous Access
☐ Intubation
☐ Lumbar Puncture
☐ Foley Catheter
☐ ABG Drawn
☐ CPR
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Reduction Fracture
☐ Splint Applied
☐ IV Placement
☐ Phlebotomy
☐ Other___
☐ Other___

Procedure Narrative:

☐ Continued in ED Course

X - RAY RESULTS

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

Scabies

ED COURSE AND MEDICAL DECISION MAKING

☐ Service consulted:___ time:___
☐ Service consulted:___ time___

ED COURSE AND DECISION MAKING CONTINUED

☐ Repeat Exam Time: Findings:

Pt instructed Aa to proper treatment & Elimite of entire household.

☑ Patient and Family Education Performed Regarding Condition

DIAGNOSIS

1. Scabies
2.
3.

PLAN ☑ Discharge Home ☐ EDOU
☐ See Discharge Instructions Sheet
Wash bedding

PRESCRIPTIONS
Elimite

☐ Admitted to:___
☐ Transfer to:___

PA/Resident Signature:___ Pgy1

Care turned over to Dr.___ at___

ATTENDING DOCUMENTATION

Obtained hx, examined pt. Agree w residents findings.

Attending critical care time:___

Attending Faculty Signature:___ L. Coule MD

Disposition Decision Time:___

Care turned over to Dr.___ at___

EDH2

MIKELL, ADRIANNA D F
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002306216 5272 P
09/29/06 LOCATION: PEME
* 001-24-1077 *

DP

MCG Health, Inc.
Emergency and Express Care Services

☐ I
☐ II
☐ III
☐ IV ☐ ED
☐ V ☐ Exp

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305216 6272 P
09/29/05 LOCATION: PEME
* 001-24-1077 *

TRIAGE AND ORDERS

Arrival time 1855 Triage time 1712

Times: Room 1940 Dis/P.A. 2018 Disch/Admit 2026

Room 24 | Name Mikell, Adrianna | Date 9-29-05

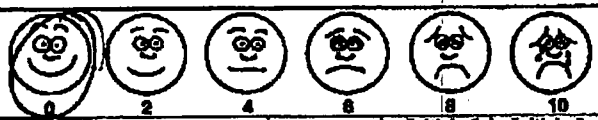
Chief Complaint: Rash

Medical Assessment: Seen here 4-5 days ago Discharged c Scabies. Only able to administer one tube of med. Rash all over. Pt. Painful.

Prior treatment: Ø

PMD: MCG Peds Triage Signature: K. Jonsen

Pain Scale Faces (3-10 yrs.) Observational Scale (0-3 yrs.)



Age 3	DOB 3-17-2002	Sex F	Mode of Arrival POV

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	1916	37.4	102/53	98	22	/	Wt/Actual (kg) 13.2
							LMP /

ALLERGIES: ☐ NKDA

Medications: ☐ See attached list

Ø

Additional History or Pertinent Information:

Ø

☐ Immunizations UTD ☐ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? ☐ Yes ☐ No (If yes see attached explanation)

Social Services Notified? ☐ Yes ☐ No

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders	Time Ordered	Start time/ Initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☐ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HGB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 ____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ Initials
IV Fluids:		

Bed Request Diagnosis: Service:

Attending:

Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU

Time ordered: Time Bed Obtained:

☐ Admit / ☐ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other

Disch. by ☐ Wheelchair / ☐ Ambulatory / ☐ EMS / ☐ Other

Room #: Condition: ☐ Good / ☐ Fair / ☐ Critical / ☐ Deceased

ED Resident/PA: Triage Resident:

Attending: QA W d.

HI 72 / 265622 2/05

EDTRIAGE

MCG Health, Inc.
Emergency and Express Care Services

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077 F
ACCT #: 002305218 6272 P
09/29/06 LOCATION: PEME
* 001-24-1077 *

OBSERVATION FORM

Date _____ **Page #** ____

Time/	T	P	R	B/P	Pain	Intake	Output	Observations and Medications
1940								5'4/0 Wt in ER to Exam Room B via stretcher
2015								pt OOC & to bed @ this time in NAD, D/C instructions given & R/T Clemsitt verbalizes understanding & instructions given — MRaederstorff

Primary Nurse: _____ **Time:** _____ **Signature:** _____ **Initials:** _____

Report to: _____ **Time:** _____ **Signature:** _____ **Initials:** _____

Report to: _____ **Time:** _____ **Signature:** _____ **Initials:** _____

HI 71/265419 7/05

EDREC

MCG Health, Inc.
Emergency Services Discharge Summary
Phone: (706)721-4951

MIKELL, ADRIANNA D F
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305216 5264 P
09/21/05 LOCATION: PEME
* 001-24-1077 *

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is: Scabies Time

You were seen today by: Taylor / Patel

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only. It is not a substitute for the continuing care of a personal physician or regular clinic.
- X-rays do not always show injury or disease. Fractures may not be revealed on initial films. Additional x-rays may be required if your condition persists or worsens. X-Rays are initially read by the Emergency Physicians. An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several days. You will be contacted if culture results show you need additional treatment. You will need to follow up other pending test results at your next clinic appointment.

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete. You must make arrangements for follow-up of your problem in _____ days (sooner if your condition worsens). Please bring along this sheet and any prescribed medications to your follow-up appointment.

- [X] Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you, or you may use the resource list provided you.
- [ ] Call Community Mental Health at (706)771-4800.
- [ ] Contact your county health department.
- [ ] Call Primary Care Associates (706) 860-4004
- [ ] Call MCG Employee Health at 721-3418.
- [ ] Call Pediatric Primary Care Associates (706)312-5437.

- [ ] Return to the Emergency Department
  - [ ] in _____ days for re-evaluation.
  - [ ] in _____ days for suture removal.
- [ ] Return to the MCG _____ Clinic.
  - [ ] Call the Clinic at (706)721-_____ If you don't hear from the clinic in 3-4 days.
- [ ] An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____

Additional Instructions: start using prescribed Medication tonight. Do not scratch!! use over the counter benedryl for itching

Prescriptions Given: [ ] Yes [ ] No **Work Excuse Given:** [ ] Yes [ ] No

PREPRINTED INSTRUCTIONS

[ ] Adult [ ] Peds

[ ] Abdominal & Pelvic Pain	[ ] DUB	[ ] Nausea & Vomiting	[ ] Skin & Soft Tissue Infections
[ ] Arthralgias & Myalgias	[ ] Eye Problems	[ ] Noncardiac Chest Pain	[ ] STD's & PID
[ ] Asthma	[ ] Fever	[ ] Otitis Media & Externa	[ ] Strains & Sprains
[ ] Back & Neck Pain	[ ] Fractures & Dislocations	[ ] Pharyngitis & Tonsillitis	[ ] Syncope
[ ] Bronchitis & Bronchiolitis	[ ] Gastritis & PUD	[ ] Pneumonia	[ ] Toothache
[ ] Constipation	[ ] Gastroenteritis	[ ] Pregnancy Complications	[ ] URI & Viral Syndromes
[ ] Contusion & Crush Injury	[ ] Head Injury	[ ] Rash	[ ] UTI & Pyelonephritis
[ ] Dehydration	[ ] Headache	[ ] Rectal & Anal Disorders	[ ] Vulvovaginitis
[ ] Diarrhea	[ ] Hypertension	[ ] Seizures [ ] Febrile Seizures	[ ] Wound Care
[ ] Dizziness & Vertigo	[ ] Kidney Stones	[ ] Sinusitis	[ ] _____

I understand and have received a copy of these instructions. I have been allowed to ask questions.
I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: Adrianna Mikell Date: 9-21-05 Time: 2048

Signature of Nurse/Physician: M Patel RN

DCSUM

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
General Evaluation

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305215 5294 P
09/21/05 LOCATION: PEME
*** 001-24-1077 ***

Chief Complaint rash x 3days

Confirm and check at least 4 elements are present in HPI
Location
Severity 0 1 2 3 4 5 6 7 8 9 10
Timing
Duration
Quality
Context
Modifying Factors
Associated signs or symptoms

Four Items must be completed

History of Present Illness:
3 y/o ♀ c rash + pruritis x 2 days tried calamine lotion, sleeps with Actr-GP Brianna, her sister. began on belly and moved to legs. ↑RP itching getting worse at night. fever of 99°F 1 day prior to onset of symptoms, sister's family across street ☑ Physician / PA time noted on triage form

PMH ☒ Triage note reviewed Old chart reviewed/ ☐ Yes ☐ No
☐ Tetanus UTD LMP:
RAD DM HTN CAD CVA CA SZ HIV None Mark at least one
Other: Ø
Surgery: Ø

Medications ☐ See triage note
Ø
Allergies: ☒ NKDA

Family History Mark at least one
RAD DM HTN CAD CVA CA SZ None

Social History
Occupation
☐ Tobacco ppd ☐ EtOH
☐ Substance abuse with
Lives with
Day /Elder Care ☐ Yes ☐ No
Two Items must be marked

ROS ☐ Unable to fully assess due to: ☐ Altered LOC ☐ Age ☐ Other:
☒ System review otherwise unremarkable (must mark at least two systems)
Legend: Circle Pos / Slash Neg
Write in other positive / negative review

Gen: Fatigue, Weight loss / Gain, Fever/Chills
Eye: Vision change, Photophobia
GI: Nausea / Vomiting, Diarrhea / Melena, Hematemesis, Hematochezia, Abdominal pain, Constipation
Skin: Rash / Pruritis
Heme: Bruising / Bleeding, Laceration / Abrasion
Allergic/ Immune: Seasonal Allergy, Eczema/Hives
ENT: Sore throat, Voice change, Rhinorrhea / Epistaxis, Hearing change, Tinnitis / Otalgia
CV: Chest pain / Angina, Palpitations / Edema, Orthostasis / Syncope
Resp: Dyspnea / Cough, Hemoptysis, Wheeze
Musc/ Skel: Myalgia / Arthralgia, Back pain
Neuro: Headache / Confusion, Dizzy / Weakness, Numbness / Tingling
Psych: Depressed / Anxious, Suicidal / Homicidal
GU / GYN: Dysuria / Frequency, Incontinence, Discharge, Menorrhagia, Metrorrhagia, Hematuria, Pregnancy
10 Systems Marked

PHYSICAL EXAM ☒ VS reviewed ____BP ____HR ____RR ____T ____O_2 Sat

Gen ☑ Well-nourished, ☑ Non-toxic, ☑ Good state variation, ☑ No distress, ☑ Awake / alert
Eyes ☐ PERRL, ☐ EOMI, ☐ Sharp discs, ☐ Normal conjunctivae, ☐ Sclerae anicteric
ENT ☐ TMs normal, ☐ No rhinorrhea, ☐ Normal oropharynx
Neck ☐ Supple, Good ROM, ☐ No midline tenderness
Lymph Nodes ☑ Non-tender, ☑ Not enlarged
Back ☐ T, L, & S spine non tender
CV ☐ RRR, ☐ No murmur, ☐ Good perfusion / pulses, ☐ No edema
Resp ☑ Non-labored, ☑ Lungs CTA
Chest ☑ Chest wall non-tender
Abd ☐ Non-distended and soft, ☐ Non-tender, ☐ Normal bowel sounds, ☐ No mass / organomegaly, ☐ Rectal occult blood negative
GU ☐ Normal external genitalia, ☐ No abnormal discharge, ☐ No cervical lesions, ☐ No cervical motion tenderness, ☐ No adnexal mass / tenderness, ☐ No CVA tenderness, ☐ No bladder tenderness
Ext ☐ Normal muscle tone, ☐ Full range of motion, ☐ Non-tender
Skin ☐ ☑ No rash, ☐ ☑ No petechiae/purpura
Neuro / Psych ☐ CN II-XII intact, ☐ Normal motor function, ☐ Normal sensation, ☐ Normal reflexes, ☐ Normal gait, ☑ Oriented x 3, ☑ Normal mood, ☑ Normal judgement

Details of pertinent physical findings:
papular lesions c excoriations on abdomen, and legs no lymphadenopathy, breath sounds clear and unlabored

8 Systems Marked

EDH2

HI 70/285417 603
FIN: 001230521652G4

LABS

S __ B __ L __ M __ E __

☐ ABG ☐ VBG pH ___ pCO_2 ___

☐ CBG pO_2 ___ HCO_3 ___

UA: Glu ___ Bili ___ Ket ___ SG ___ Bld ___
pH ___ Prt ___ Urobil ___ Nit ___ Leuk ___

Micro: WBC ___ RBC ___ Squam ___ Bact ___
Other:

PT ___ PTT ___ INR ___ CPK ___ MB ___ Troponin ___
Mg ___ Ca ___ Phos ___ Amylase ___ Lipase ___ Myoglobin ___
ALT ___ AST ___ GTT ___ D Bili ___ T Bili ___ AlkPhos ___

Wet Prep:

BHCG: Pos Neg
Rapid strep screen: Pos Neg

GXs sent:
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound
☐ All labs reviewed and interpreted see lab report forms

EKG ☐ See EKG

PROCEDURE
Performed by Physician/PA
☐ Laceration Repair
Length:
☐ Simple ☐ Layered
☐ Intubation
☐ Lumbar Puncture
☐ Central Venous Access
☐ ABG Drawn
☐ Arterial Line
☐ IV Placement
☐ Phlebotomy
☐ CPR
☐ Foley Catheter
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Fracture Reduction
☐ Splint Applied / Examined
☐ Physician/PA Microscopy
☐ Incision and Debridment
☐ Chest Tube Placement
☐ Other ___
☐ Other ___
☐ No Procedures performed by Physician or PA

Procedure Narrative:

X-RAY RESULTS

MIKELL, ADRIANNA D F
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305218 5284 P
09/21/05 LOCATION: PEME
* 001-24-1077 *

☐ None ordered

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

Must list at least two

ED COURSE AND DECISION MAKING

Same symptoms

Repeat Exam ☐ Yes ☐ No Time:

☐ Case discussed with Dr. FLY

☐ Service consulted: ___ time: ___
☐ Service consulted: ___ time: ___

DIAGNOSIS

1. Scabies
2.
3.

PLAN ☒ Discharge Home ☐ EDOU
☒ See Discharge Instructions Sheet

PRESCRIPTIONS

permethrin

☐ Admitted to: ___
☐ Transfer to: ___

PA Resident Signature & Print 24 / Patel

Care turned over to Dr. ___ at ___

ATTENDING DOCUMENTATION

Pt examined, discussed c PA.
Agree c documented H/P,
ED Course, Diag & Plan.

☐ Patient Education Performed Regarding Condition and Recommendations
☐ Case discussed with Dr. ___
☐ I was present for the key portion of the procedures documented.
Attending critical care time ___ and summary: ___

Attending Faculty Signature & Print ___ MD

Care turned over to Dr. ___ at ___ FLY

EDH2

MCG Health, Inc.
Emergency and Express Care Services

☐ I ☐ II ☐ III ☐ IV ☐ ED ☐ V ☑ Exp

MIKELL, ADRIANNA D F
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305216 5284 P
09/21/05 LOCATION: PEME
* 001-24-1077 *

TRIAGE AND ORDERS

Arrival time _____ Triage time 1716

Times: Room 18:16 D/P: 1852 Disch/Admit 2040

Room	Name	Date
E-6	Mikell, Adrianna	9/21/05

Chief Complaint: Rash - x 3 days

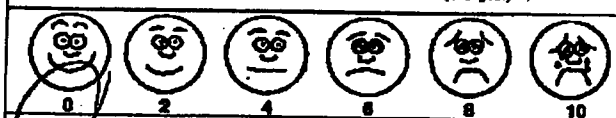
Medical Assessment:

Itching - all over body -

Prior treatment: lotion

PMD: MCG Triage Signature:

Pain Scale Faces (3-10 yrs.) Observational Scale (0-3 yrs.)



Age 3 DOB 3/17/02 Sex F Mode of Arrival Private

Vital Signs	Time	Temp	B/P	HR	Resp	O_2 Sat	Wt/Estimated
	1716	35.7	103/61	105	24		Wt/Actual (kg) 13.2
							LMP

ALLERGIES: ☒ NKDA

Medications: ☐ See attached list

clenia

Additional History or Pertinent Information:

clenia

☐ Immunizations UTD ☐ Tetanus UTD (<5yrs) ☐ Tetanus Not UTD

Have you ever been a victim of abuse? ☐ Yes ☐ No (If yes see attached explanation)

Social Services Notified? ☐ Yes ☐ No

Lab Tests	Time Ordered	Initials & Time Obtained	Initials & Time Sent
☐ CBC/diff			
☐ BMP LAB / ☐ BMP POC			
☐ CMP			
☐ Amylase			
☐ Lipase			
☐ CKMB, Trop I, Myogl POC			
☐ CKMB, Trop I, Myogl LAB			
☐ U/A ☐ Cath ☐ C&S			
☐ B-hCG Quantitative			
☐ T&S			
☐ T&C ____ Units			
☐ Blood Cultures ____ Sets			
☐ GC/Chlamydia Probe			
☐ PT / ☐ PTT / ☐ INR			
☐ ABG / ☐ VBG			

Doctor's Orders	Time Ordered	Start time/ Initials
☐ Analgesia Guideline		
☐ EKG / ☐ Cardiac Monitor / ☐ BP / ☐ O_2 sat		
☐ Nebulized meds		
☐ Bedside Glucose		
☐ Bedside HGB / Hemocue		
☐ Urine Analyzer (dip) / ☐ hCG Urine		
☐ Pelvic Setup		
☐ Rapid Strep / ☐ Throat Culture		
☐ O_2 _____ L/min by: ☐ NC / ☐ Mask		
☐ Laceration Tray setup		
☐ Saline lock		

Doctor's Orders continued	Time Ordered	Start time/ Initials
IV Fluids:		

Bed Request Diagnosis: Service:

Attending:

Bed Type: ☐ Regular / ☐ Telemetry / ☐ Oximetry / ☐ Isolation / ☐ ICU

Time ordered: Time Bed Obtained:

☐ Admit / ☑ Disch. / ☐ LWBS / ☐ AMA / ☐ EDOU / ☐ Other

Disch. by ☐ Wheelchair / ☑ Ambulatory / ☐ EMS / ☐ Other

Room #: Condition: ☑ Good / ☐ Fair / ☐ Critical / ☐ Deceased

ED Resident/PA: Triage Resident:

Attending: MD QA W d.

HI 72 / 265822 205

EDTRIAGE

C

MCG Health, Inc.
Emergency and Express Care Services

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002308216 5264 P
09/21/05 LOCATION: PEME
* 001-24-1077 *

OBSERVATION FORM

Date _____

Time	T	P	R	B/P	Pain	Intake	Output	Observations and Medications
1840								PT. IN RM E-6 c (M) A&O c3 ANAG.
								W/O. M. Figueroa EMT I
2040								D/C PT TO HOME IN CARE OF MOTHER
								EXPLAINED D/C ORDERS TO (M) SHE
								STATED SHE UNDERSTOOD NO
								CHANGES WITH PT.
								M. Figueroa EMT-I

Primary Nurse: M. Figueroa Time: 1840 Signature: M. Figueroa EMT I Initials: MEF

Report to: _____ Time: _____ Signature: _____ Initials: _____

Report to: _____ Time: _____ Signature: _____ Initials: _____

MRN 001241077

428
74

Facility: CMC

Medical College of Georgia
Children's Medical Center
Outpatient Visit Notes

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305218 3180 P
LOCATION: PGEN
* 001-24-1077 *

6-29-05

Date: Appointment Time: Check-in Time: Assigned Attending:
Reason for Appointment: ER-F-up bad cold Immunization status:
Current Meds: ø Drug Allergies:
Subjective Information:
3yo WF here for F/up 2° to ED visit yesterday - dx w viral URI
History - 4 days of fever, runny nose, cough
Post-tussive emesis x1
Symptoms seem to be improving per dad

Objective Information: HEIGHT: ( ) WEIGHT: 11.4 ( ) HEAD CIRCUMFERENCE: ( )
TEMP: 36.2 AD-R PULSE: RESP: BP:
PAIN SCALE: PAINSCORE: LOCATION: MD NOTIFIED: INIT:

	NML/ABN/N.E.	NML/ABN/N.E.
GEN APPEARANCE	☒ ☐ ☐ NAD	☐ ☐ ☐
SKIN	☒ ☐ ☐ ø rash	☐ ☐ ☐
HEAD/NECK	☒ ☐ ☐	☐ ☐ ☐
EYES	☒ ☐ ☐	☐ ☐ ☐
EARS	☒ ☐ ☐ TM's AE TM's w bilateral serous effusion	☐ ☐ ☐
NOSE/OP/MOUTH	☐ ☒ ☐ nasal congestion, erythema	☐ ☐ ☐
CHEST/LUNGS	☒ ☐ ☐ CTAB	☐ ☐ ☐
CARDIOVASCULAR	☒ ☐ ☐ RRR ø M	☐ ☐ ☐
ABDOMEN	☒ ☐ ☐	☐ ☐ ☐
LYMPHATICS	☒ ☐ ☐	☐ ☐ ☐
NEUROLOGIC	☒ ☐ ☐	☐ ☐ ☐
MUSCULOSKELETAL	☒ ☐ ☐	☐ ☐ ☐
GENITAL/ANUS	☐ ☐ ☒	☐ ☐ ☐

ATTENDING PE
Reexamined pt w/ Dr. [illegible], reviewed case & Dx w/ him. See progress note for ongoing findings, assessment & plan. She has a viral URI & AOM

Assessment:
3yo WF w viral URI / AOM

Attending History:

Plan:
1. Supportive tx
2. Fever control w Tylenol
3. Fluids
4. Amox 80 mg/kg/day x 10 days

A/P:

Follow up: 4yo PRN

Time spent:

Examiner Lee Fong, MD **Attending** [signature] White

PS 1115A 6/02

PROGNOT

MCG Health, Inc.
Emergency Services Discharge Summary
Phone: (706)721-4951

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002305216 5179 P
09/28/05 LOCATION: PEME
* 001-24-1077 *

PATIENT DISCHARGE SUMMARY AND INSTRUCTIONS

Your diagnosis is: upper respiratory infection

Time 6:20

You were seen today by: Paul Bosle

- The examination, diagnosis, and treatment you have received today are intended to deal with the present problem on an emergency basis only. It is not a substitute for the continuing care of a personal physician or regular clinic.
- X-rays do not always show injury or disease. Fractures may not be revealed on initial films. Additional x-rays may be required if your condition persists or worsens. X-Rays are initially read by the Emergency Physicians. An X-Ray specialist (Radiologist) will make the final reading on X-rays, CT Scans, Ultrasounds, and MRI's.
- Some test results (for example cultures) may not be available for several days. You will be contacted if culture results show you need additional treatment. You will need to follow up other pending test results at your next clinic appointment.

CALL RIGHT AWAY FOR A FOLLOW UP APPOINTMENT

The care of your problem is not yet complete. You must make arrangements for follow-up of your problem in _____ days (sooner if your condition worsens). Please bring along this sheet and any prescribed medications to your follow-up appointment.

- [X] Follow-up with your regular doctor, or contact your insurance carrier if you do not yet have a Primary Care Physician assigned to you, or you may use the resource list provided you.
- [ ] Call Community Mental Health at (706)771-4800.
- [ ] Contact your county health department.
- [ ] Call Primary Care Associates (706) 860-4004
- [ ] Call MCG Employee Health at 721-3418.
- [ ] Call Pediatric Primary Care Associates (706)312-5437.
- [ ] Return to the Emergency Department
  - [ ] in _____ days for re-evaluation.
  - [ ] in _____ days for suture removal.
- [ ] Return to the MCG _____ Clinic.
  - [ ] Call the Clinic at (706)721-_____ If you don't hear from the clinic in 3-4 days.
- [ ] An appointment has been made for you in the _____ Clinic on DATE_____ at TIME_____

Additional Instructions: Patient to follow-up with Regular Doctor in one week. Return for fever over 102.5, shortness of breath or any other concern

Prescriptions Given: [ ] Yes [ ] No **Work Excuse Given:** [ ] Yes [ ] No

PREPRINTED INSTRUCTIONS

[ ] Adult [ ] Peds

[ ] Abdominal & Pelvic Pain	[ ] DUB	[ ] Nausea & Vomiting	[ ] Skin & Soft Tissue Infections
[ ] Arthralgias & Myalgias	[ ] Eye Problems	[ ] Noncardiac Chest Pain	[ ] STD's & PID
[ ] Asthma	[ ] Fever	[ ] Otitis Media & Externa	[ ] Strains & Sprains
[ ] Back & Neck Pain	[ ] Fractures & Dislocations	[ ] Pharyngitis & Tonsillitis	[ ] Syncope
[ ] Bronchitis & Bronchiolitis	[ ] Gastritis & PUD	[ ] Pneumonia	[ ] Toothache
[ ] Constipation	[ ] Gastroenteritis	[ ] Pregnancy Complications	[ ] URI & Viral Syndromes
[ ] Contusion & Crush Injury	[ ] Head Injury	[ ] Rash	[ ] UTI & Pyelonephritis
[ ] Dehydration	[ ] Headache	[ ] Rectal & Anal Disorders	[ ] Vulvovaginitis
[ ] Diarrhea	[ ] Hypertension	[ ] Seizures [ ] Febrile Seizures	[ ] Wound Care
[ ] Dizziness & Vertigo	[ ] Kidney Stones	[ ] Sinusitis	[ ] _____

I understand and have received a copy of these instructions. I have been allowed to ask questions. I may return to the Emergency Department at any time, especially if my condition worsens.

Signature of Patient/Guardian: Adrianna Mikell Date: 9/28/05 Time 0610

Signature of Nurse/Physician: Paul Bosle

H 817 / 20936 2/05

DCSUM

Medical College of Georgia
and Children's Medical Center
Emergency and Express Care Services Record
General Evaluation

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002300216 5179 P
03/28/05 LOCATION: PEME
* 001-24-1077 *

Chief Complaint ear pain, cough, runny nose

Confirm and check at least 4 elements are present in HPI
Location
Severity 0 1 2 3 4 5 6 7 8 9 10
Timing
Duration
Quality
Context
Modifying Factors
Associated signs or symptoms

History of Present Illness:
3yr old female with runny nose, cough, fever x 3 days. Tmax - 101
Pt - 150 with (R) ear pain x 2-3 days

Four items must be completed

☒ Physician / PA time noted on triage form

PMH ☒ Triage note reviewed Old chart reviewed/ ☐ Yes ☐ No
☐ Tetanus UTD LMP:_____
RAD DM HTN CAD CVA CA SZ HIV None Mark at least one
Other:
Ø
Surgery:

Medications: ☐ See triage note
Ø

Allergies ☒ NKDA

Family History Mark at least one
RAD DM HTN CAD CVA CA SZ None

Social History
Occupation Ø
☐ Tobacco____ppd ☐ EtOH_____
☐ Substance abuse with_____
Lives with_____
Day /Elder Care ☐ Yes ☒ No
Two items must be marked

ROS ☐ Unable to fully assess due to: ☐ Altered LOC ☐ Age ☐ Other:_____
☒ System review otherwise unremarkable (must mark at least two systems)
Legend: Circle Pos / Slash Neg
Write in other positive / negative review

Gen: Fatigue, Weight loss / Gain, Fever/Chills
Eye: Vision change, Photophobia
ENT: Sore throat, Voice change, (Rhinorrhea) / Epistaxis, Hearing change, Tinnitis / Otalgia
CV: Chest pain / Angina, Palpitations / Edema, Orthostasis / Syncope
Resp: Dyspnea, (Cough), Hemoptysis, Wheeze
GI: Nausea / Vomiting, Diarrhea / Melena, Hematemesis, Hematochezia, Abdominal pain, Constipation
Musc/ Skel: Myalgia /Arthralgia, Back pain
Skin / Heme: Rash / Pruritis, Bruising / Bleeding, Laceration / Abrasion
Neuro: Headache / Confusion, Dizzy / Weakness, Numbness / Tingling
Psych: Depressed / Anxious, Suicidal / Homicidal
Allergic/ Immune: Seasonal Allergy, Eczema/Hives
GU / GYN: Dysuria/ Frequency, Incontinence, Discharge, Menorrhagia, Metrorrhagia, Hematuria, Pregnancy
10 Systems Marked

PHYSICAL EXAM ☒ VS reviewed ____BP 118 HR 25 RR 36.1 T 97% O_2 Sat

Gen: ☐ Well-nourished, ☐ Non-toxic, ☐ Good state variation, ☐ No distress, ☐ Awake / alert
Eyes: ☐ PERRL, ☐ EOMI, ☐ Sharp discs, ☐ Normal conjunctivae, ☐ Sclerae anicteric
ENT: ☐ TMs normal, ☐ No rhinorrhea, ☐ Normal oropharynx
Neck: ☐ Supple, Good ROM, ☐ No midline tenderness
Lymph Nodes: ☐ Non-tender, ☐ Not enlarged
Back: ☐ T, L, & S spine non tender
CV: ☐ RRR, ☐ No murmur, ☐ Good perfusion / pulses, ☐ No edema
Resp: ☐ Non-labored, ☐ Lungs CTA
Chest: ☐ Chest wall non-tender
Abd: ☐ Non-distended and soft, ☐ Non-tender, ☐ Normal bowel sounds, ☐ No mass / organomegaly, ☐ Rectal occult blood negative
GU: ☐ Normal external genitalia, ☐ No abnormal discharge, ☐ No cervical lesions, ☐ No cervical motion tenderness, ☐ No adnexal mass / tenderness, ☐ No CVA tenderness, ☐ No bladder tenderness
Ext: ☐ Normal muscle tone, ☐ Full range of motion, ☐ Non-tender
Skin: ☐ No rash, ☐ No petechiae/purpura
Neuro / Psych: ☐ CN II-XII intact, ☐ Normal motor function, ☐ Normal sensation, ☐ Normal reflexes, ☐ Normal gait, ☐ Oriented x_____, ☐ Normal mood, ☐ Normal judgement

Details of pertinent physical findings:
(+) Rhinorrhea

8 Systems Marked

LABS

S __ B __ L __ M __ E __

☐ABG ☐VBG pH___ pCO_2___

☐CBG pO_2___ HCO_3___

UA: Glue___ Bili___ Ket___ SG___ Bld___
pH___ Prt___ Urobil___ Nit___ Leuk___

Micro: WBC___ RBC___ Squam___ Bact___
Other:

PT___ PTT___ INR___ CPK___ MB___ Troponin___
Mg___ Ca___ Phos___ Amylase___ Lipase___ Myoglobin___
ALT___ AST___ GTT___ D Bili___ T Bili___ AlkPhos___

Wet Prep:

BHCG: Pos Neg
Rapid strep screen: Pos Neg

CXs sent:
☐ Blood ☐ Chlamydia / GC ☐ CSF ☐ Stool ☐ Throat ☐ Urine ☐ Wound
☐ All labs reviewed and interpreted see lab report forms

EKG ☐ See EKG

PROCEDURE

Performed by Physician/PA
☐ Laceration Repair
Length:
☐ Simple ☐ Layered
☐ Intubation
☐ Lumbar Puncture
☐ Central Venous Access
☐ ABG Drawn
☐ Arterial Line
☐ IV Placement
☐ Phlebotomy
☐ CPR
☐ Foley Catheter
☐ Cardioversion
☐ NG Tube Placement
☐ Closed Fracture Reduction
☐ Splint Applied / Examined
☐ Physician/PA Microscopy
☐ Incision and Debridment
☐ Chest Tube Placement
☐ Other_____
☐ Other_____
☐ No Procedures performed by Physician or PA

Procedure Narrative:

X RAY RESULTS

☐ None ordered

INITIAL IMPRESSIONS AND DIFFERENTIAL DIAGNOSIS

- URI

Must list 2

ED COURSE AND DECISION MAKING

Patient c URI sx's

Repeat Exam ☐ Yes ☐ No Time:

☐ Case discussed with Dr._____

☐ Service consulted:_____ time:_____
☐ Service consulted:_____ time:_____

DIAGNOSIS

1. upper respiratory infection
2.
3.

PLAN ☐ Discharge Home ☐ EDOU
☒ See Discharge Instructions Sheet

PRESCRIPTIONS

Rx

☐ Admitted to:_____
☐ Transfer to:_____

PA/Resident Signature & Print_____

Care turned over to Dr._____ at_____

ATTENDING DOCUMENTATION

34 yo F with history of URI
Symptoms present to evaluate
of illness
Seen and discussed with resident
Agree with above

☐ Patient Education Performed Regarding Condition and Recommendations
☐ Case discussed with Dr._____
☐ I was present for the key portion of the procedures documented.
Attending critical care time_____ and summary:

Attending Faculty Signature & Print_____

Care turned over to Dr._____ at_____

MIKELL, ADRIANNA D
DOB: 03/17/02 EMRN: 001241077
ACCT #: 002306218 5178 P
06/28/06 LOCATION: PEME
* 001-24-1077 *

EDH2

SOUTH CAROLINA
DEPARTMENT OF SOCIAL SERVICES
CHILD WELFARE SERVICES FACE SHEET

Date Case Opened for Service 9/24/2007

PARENT/CAREGIVER

NAME & RELATIONSHIP TO CHILDREN	DATE OF BIRTH	SOCIAL SECURITY NUMBER	EMPLOYER/ INCOME AMT	ON AFDC?	INSURANCE/ MEDICAID #
Allison Mikell	09/23/1981	256-39-8671	Waffle House	FS	
Gerald Carlisle	04/19/1979	251-41-4139	Unemployed	FS	

CHILDREN

FULL NAME	Alexis Mikell	Brianna Mikell	Adrianna Mikell	Jeremiah Carlisle
AKA NAME				
DATE OF BIRTH	04/23/1999	09/08/2000	03/17/2002	04/15/2006
SOCIAL SECURITY NUMBER	657-05-8840	657-09-2349	656-125657	658-22-2470
MEDICAID NO.				
IV-E STATUS & DATE				
AWARD NUMBER	Greendale Elem	Greendale Elem	Greendale Elem	Not in School
INCOME & SOURCE				

ADDRESSES

DATE: 09/24/2007	DATE:	DATE:	DATE:
NAME: Allison Mikell	NAME:	NAME:	NAME:
ADDRESS: 1057 B Adams Avenue Aiken SC 29803	ADDRESS:	ADDRESS:	ADDRESS:
TELEPHONE: 803-270-0310	TELEPHONE:	TELEPHONE:	TELEPHONE:
DIRECTIONS: Take Atomic Rd * turn right on beech island ave* left on sand bar ferry* left on washington rd* right on birch street* left on adams	DIRECTIONS: (L) Washington (R) Cleader (L) Adams	DIRECTIONS:	DIRECTIONS:

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES	TITLE IV-A EMERGENCY ASSISTANCE SERVICES APPLICATION/JUSTIFICATION

I. SERVICE REQUEST

Client Name:	Primary Client Number:	Address:
Allison Mikell		1057 B Adams Avenue Aiken SC 29803

I am applying for Title IV-A Emergency Assistance from the Department of Social Services because I do not have adequate resources immediately available to pay for services for myself and my family.

Parent/Guardian or Representative Signature: Date:	If applicable, indicate below the reason the applicant did not sign:

II. SERVICE ELIGIBILITY

FAMILY MEMBERS (NAMES)	DOB	RELATIONSHIP	SOCIAL SECURITY NUMBER	*
Allison Mikell	9.23.1981	256-39-8671		
Gerald Carlisle	4.19.1979	251-41-4139		
Alexis Mikell	4.23.1998	657-05-8840		
Brianna Mikell	9.08.2000	657-09-2349		
Adrianna Mikell	03-17-2002	656-12-5657		
Jeremiah Carlisle	04-15-2006	658-22-2470		

* Indicate with a check (✓) all children at risk of placement or candidates for early reunification.

CHECK THE APPROPRIATE BOX BELOW:

☑ YES	☐ NO	An emergency exists because of child abuse/neglect or "at risk" of child abuse/neglect and this emergency did not arise because the parent or other specified relative refused (without good cause) employment or training.
☑ YES	☐ NO	This child(ren) for which funds are requested has lived with a parent or other specified relative within the last six months.
☑ YES	☐ NO	This application for Emergency Assistance Services was made by a parent or other specified relative or by a Social Services Specialist on behalf of a child under 18.
☑ YES	☐ NO	This family receives AFDC, SSI, Food Stamps, Medicaid or does not have sufficient resources immediately available to pay for emergency needs.
☑ YES	☐ NO	This family has not received Emergency Assistance Services within the last 12 months.

IMPORTANT: All answers must be YES in order to be eligible for EAS. This application is:

☑ APPROVED ☐ DENIED Worker's Signature T. W. (Crane) Date

III. SERVICE PLAN

In the space below check service authorized:

____ Children's Plan service package is authorized for a period not to exceed 365 days from the date the application is approved.

____ Other (write in service plan, attach extra sheet if necessary)

ature of Social Services Specialist: T. W. Crane Date: 8/24/07 Supervisor Initials: [illegible] Authorization Period: 8/24/07 - 8/24/08

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Gerald L Carlisle DOB 07/19/79 SSN# 251-41-4139

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: _____	Name: _____
DOB: _____	DOB: _____
SSN# _____	SSN# _____
Name: Jeremiah Carliste	Name: _____
DOB: 4/15/2006	DOB: _____
SSN# 658-22-2470	SSN# _____
Name: _____	Name: _____
DOB: _____	DOB: _____
SSN# _____	SSN# _____

You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Curtis
Case Manager

Gerald Carlisle
Signature of Parent, Guardian, Trustee

AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

DSS

Serving Children and Families

KATHLEEN M. HAYES, PH.D.
STATE DIRECTOR

MARK SANFORD
GOVERNOR

AUTHORIZATION FOR RELEASE OF INFORMATION

I Allison Mikell, DOB 9/23/81 SSN# 256-39-8671

Authorize you, by copy of this form, to provide any information in your records, files, etc., to the Aiken County Department of Social Services. This authorization includes, but is not limited to, information relating to employment, physical and mental health history, finances or other individual agency, or institution whether public or private, concerning myself or children.

Name: Alexis Mikell
DOB: 4/23/99
SSN#

Name: Brianna Mikell
DOB: 9/8/00
SSN#

Name: Adrianna Mikell
DOB: 3/17/02
SSN#

Name: Jeremiah Carlisle
DOB: 4/15/06
SSN#

Name: Gerald Carlisle
DOB: 7/19/79
SSN# 251-41-4139

Name:
DOB:
SSN#

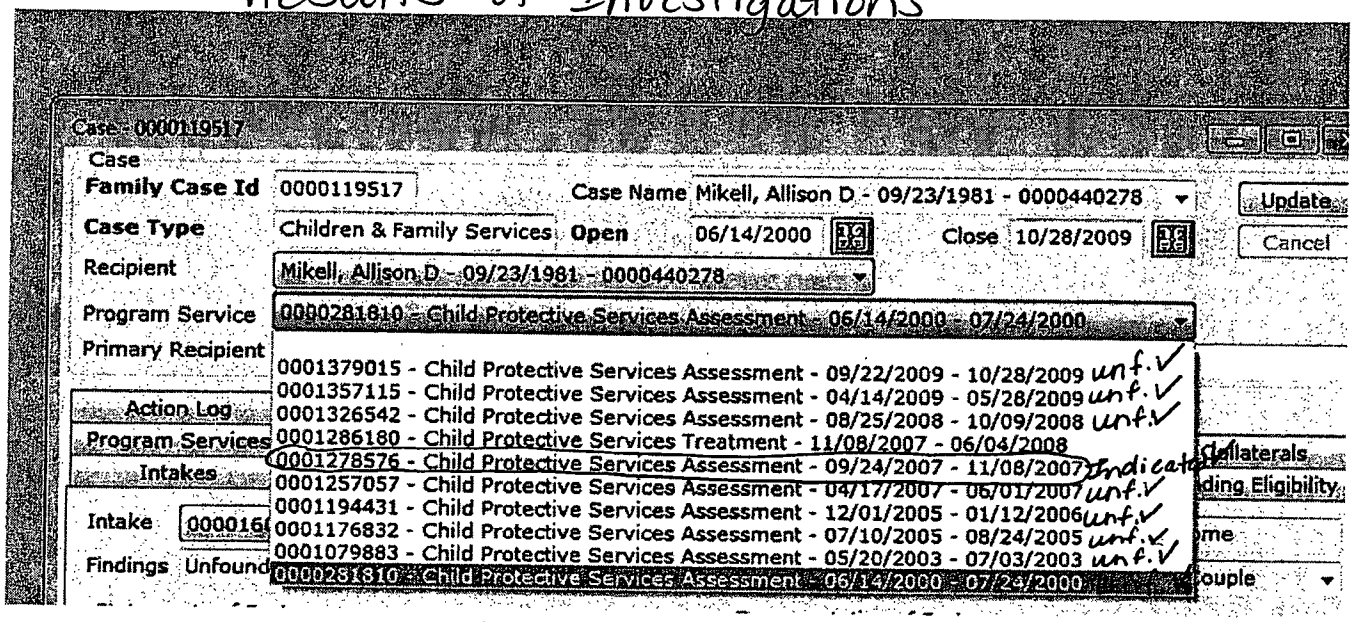
You are hereby absolved of any responsibility for disclosure of any information pursuant to this authorization and any liability is hereby waived. It is also understood that this information will be maintained by the Department of Social Services in a confident manner.

Barbara Coates
Case Manager

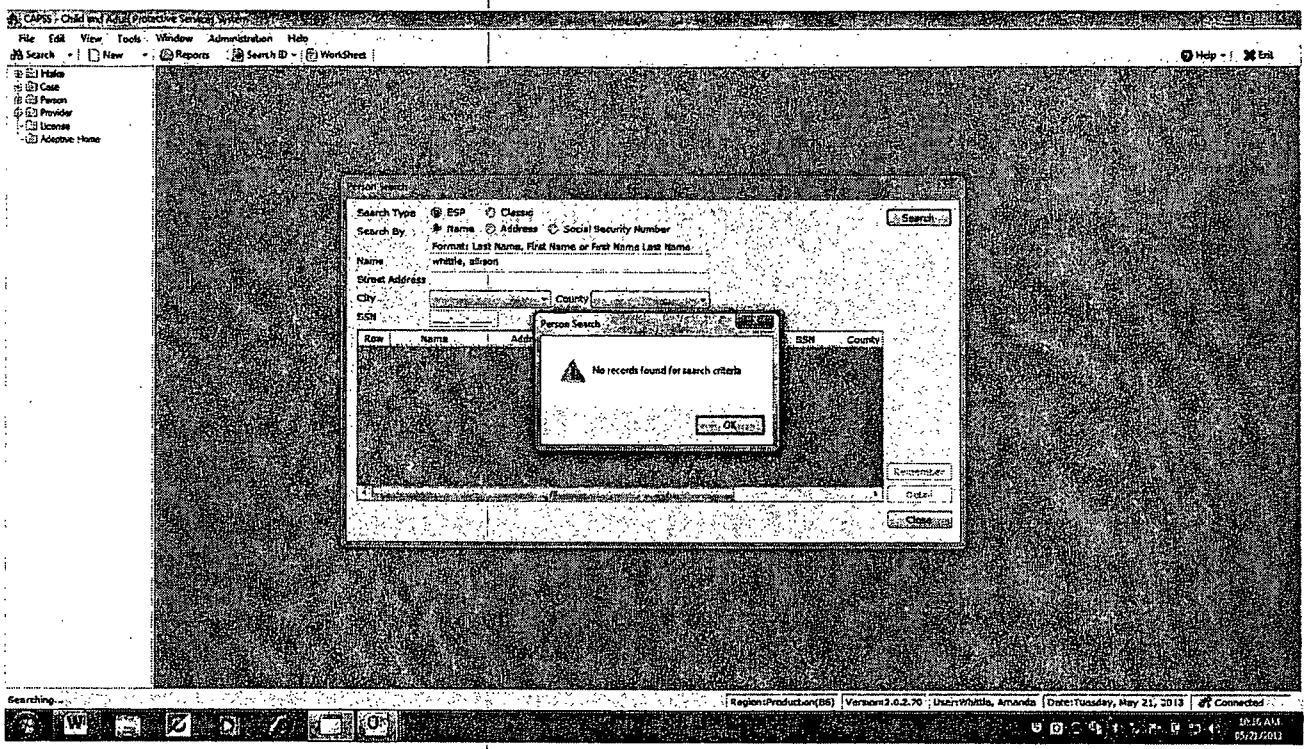
Allison Mikell
Signature of Parent, Guardian, Trustee

Lauren Hobbs, Aiken County Director
AIKEN COUNTY DEPARTMENT OF SOCIAL SERVICES, NORTH AUGUSTA OFFICE, BUSINESS TECHNOLOGY CENTER
802 EAST MARTINTOWN RD., NORTH AUGUSTA, S.C. 29841
TELEPHONE: (803) 202-3500

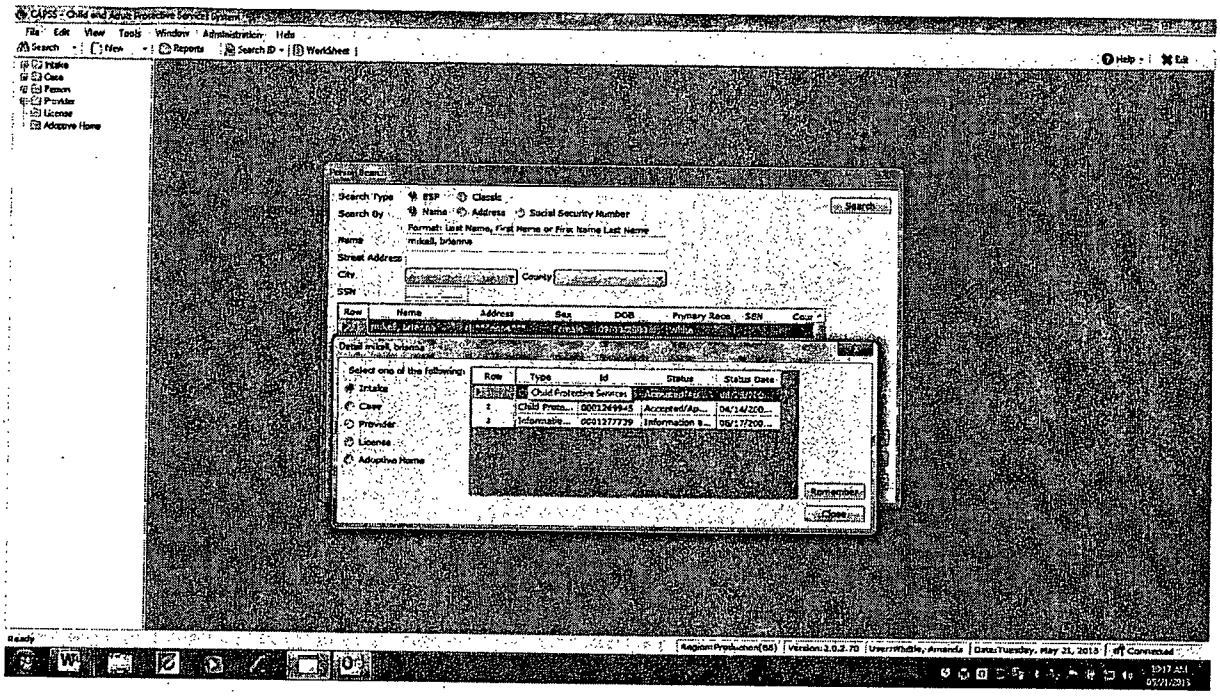
Summary - Results of Investigations



Allison Mikell (children's mother)



Allison Whittle - no information



Brianna -

	ID	
8/25/08 -	0001246854 -	Bond violation Alleg against G Carlisle Accepted for investigat.
4/14/09 -	0001269945 -	Alleg of PN at the home Accepted for investigation
6/17/09 -	00012777739	Information & Referral Onl

Intake - 0001246854

Intake ID	0001246854	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	08/25/2008	**Office Unit**	002 - 04
Intake Time	02:30 PM	**Intake Worker**	Evans Jeffery D
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker | Dictation | CPS Screening | Decision | Action Log
Worker Safety
Intake | Report | Reporter | Relationship | Address

Allegation/Request

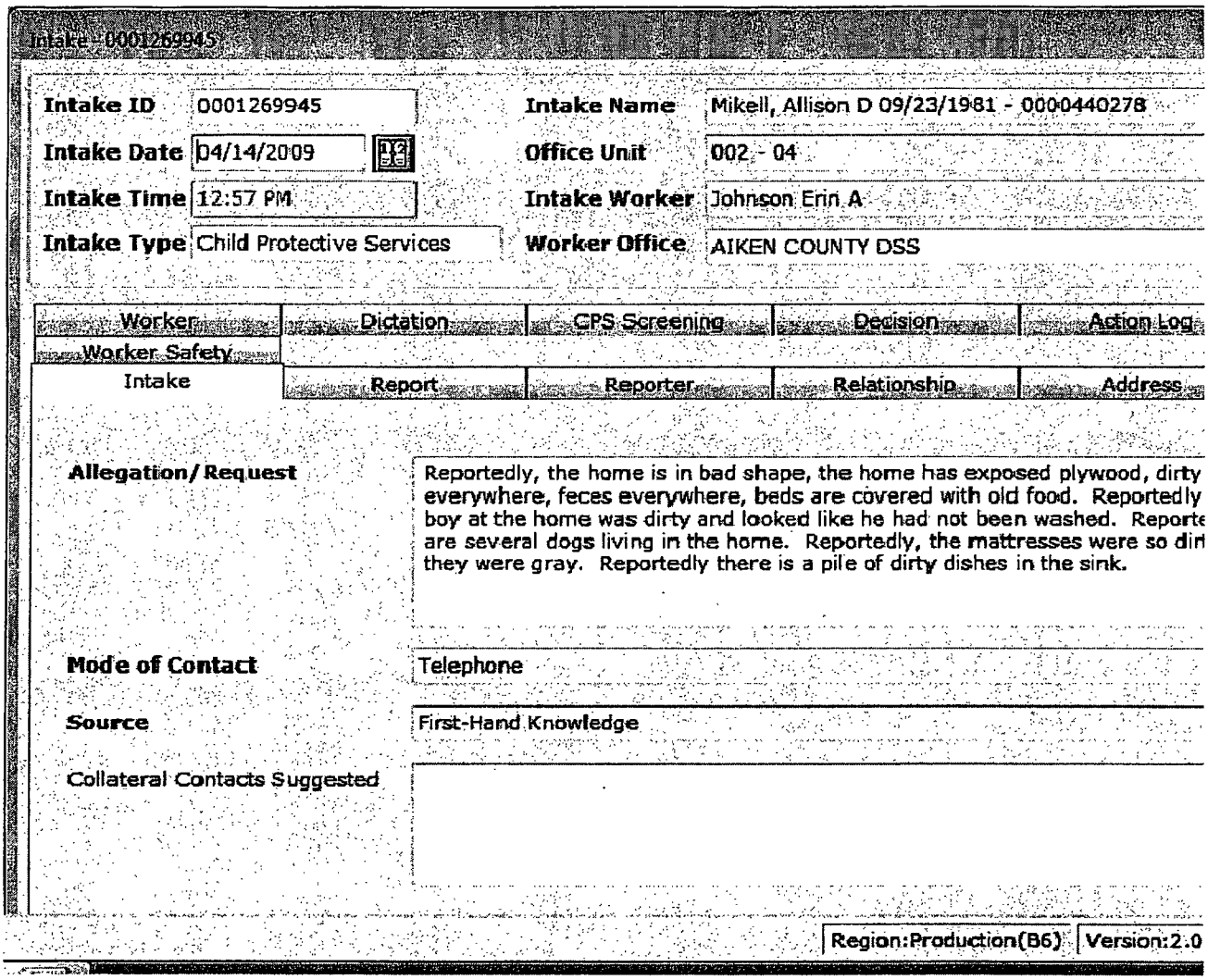
Reportedly, there are bond restrictions preventing Gerald Carlisle from havir with minor children and only having supervised contact with his own child.Re Gerald has several charges of CSC first with minor. Reportedly, he is residin home with Allison Mikell and her children(one of which is his).

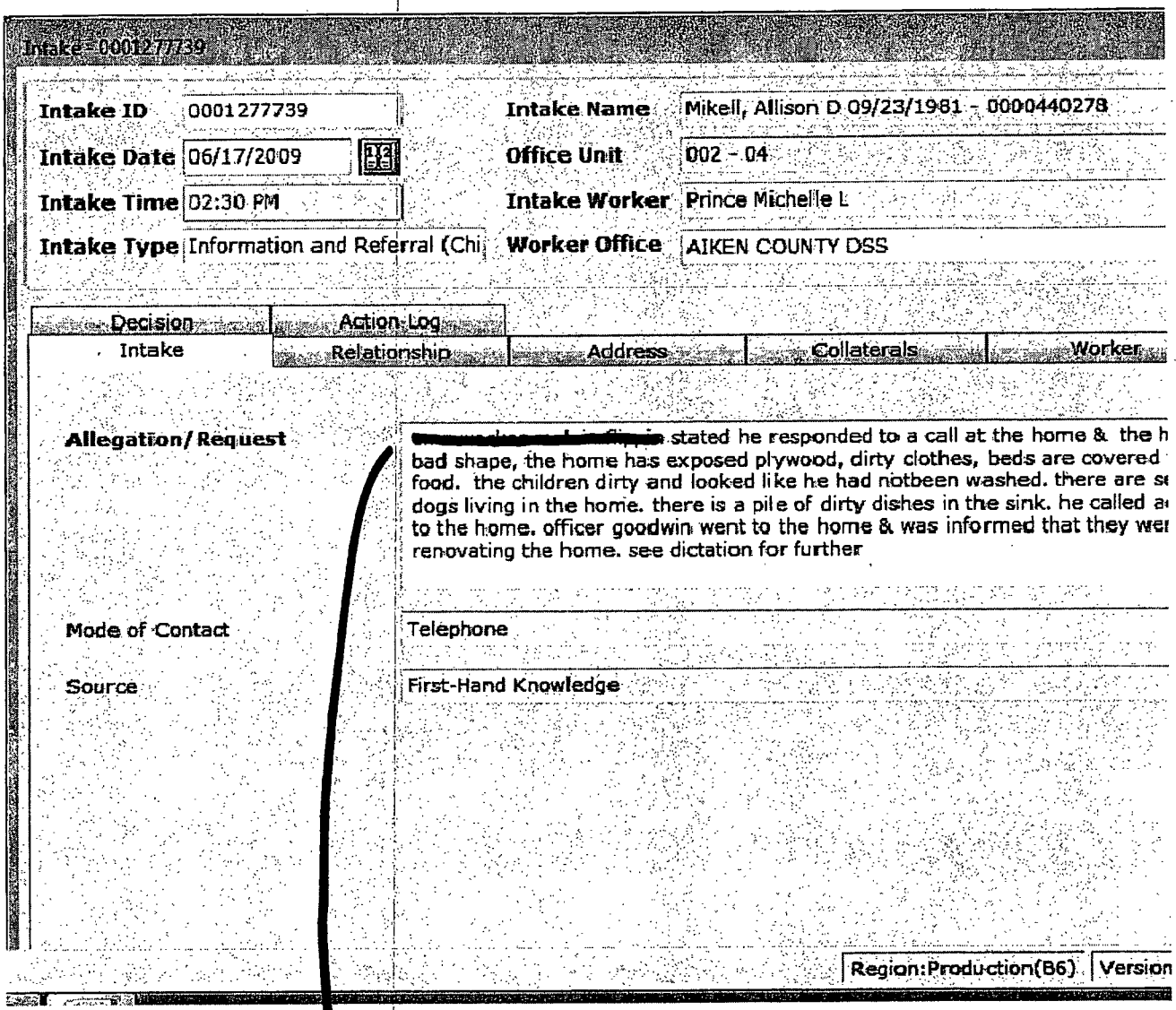
Mode of Contact Other

Source First-Hand Knowledge

Collateral Contacts Suggested

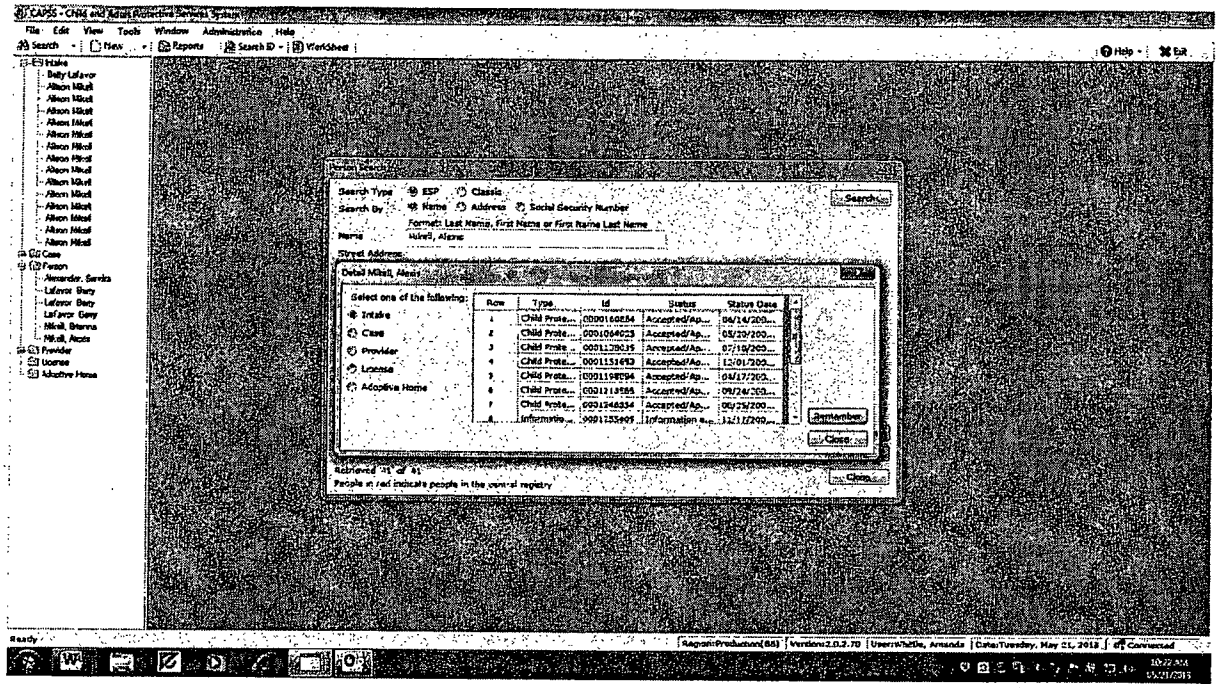
Region:Production(B6) | Ve

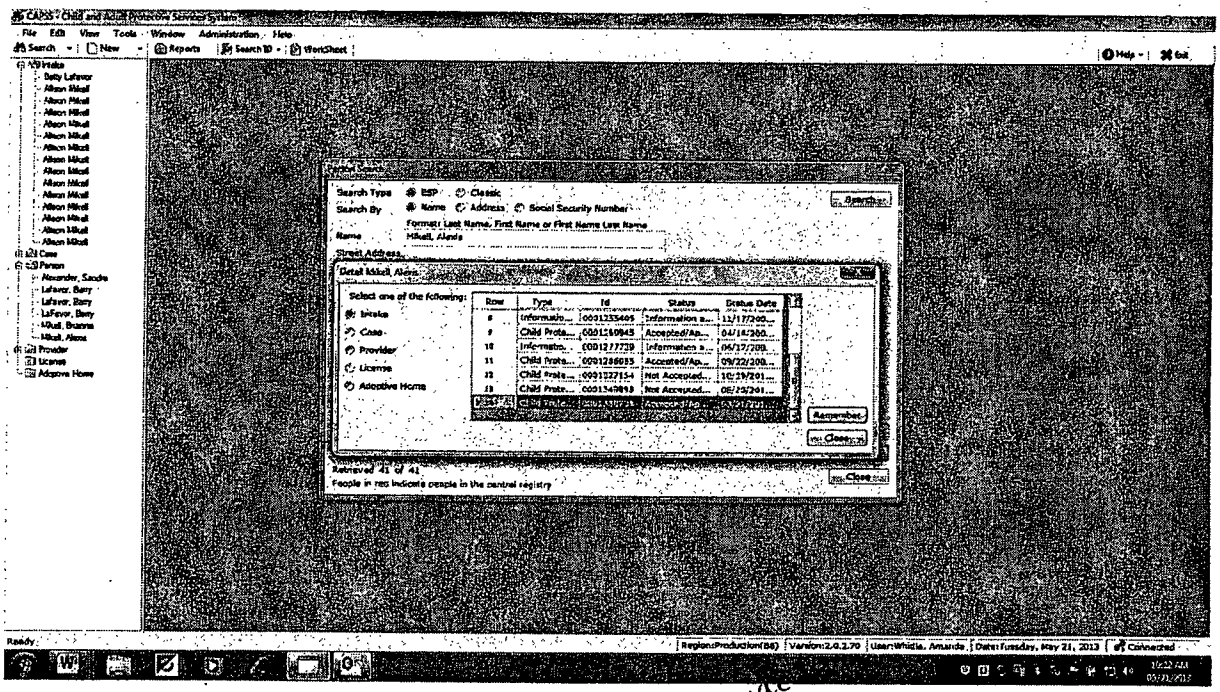

Intake - 0001269945
Intake ID 0001269945
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 04/14/2009
Office Unit 002 - 04
Intake Time 12:57 PM
Intake Worker Johnson Erin A
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS
Worker
Dictation
CPS Screening
Decision
Action Log
Worker Safety
Intake
Report
Reporter
Relationship
Address
Allegation/Request
Reportedly, the home is in bad shape, the home has exposed plywood, dirty everywhere, feces everywhere, beds are covered with old food. Reportedly boy at the home was dirty and looked like he had not been washed. Reporte are several dogs living in the home. Reportedly, the mattresses were so dir they were gray. Reportedly there is a pile of dirty dishes in the sink.
Mode of Contact
Telephone
Source
First-Hand Knowledge
Collateral Contacts Suggested
Region:Production(B6)
Version:2.0



Name of reporter omitted pursuant to Statute. Attorney Whittle is not aware of any Statute which would allow this release.

-Amanda Whittle
5-27-13





1

Alexis MiKell -

duplicate 6/14 ~~0001608544~~

duplicate 5/20 ~~0001064023~~

duplicate 4/10 ~~0001138035~~

12/1/05 0001151693

duplicate 4/14 ~~0001198094~~

duplicate 4/24 ~~0001213566~~

include here?

8/25 0001241854?

duplicate 11/14 ~~0001255405~~ ~~Info only~~

duplicate 4/14 ~~0001269945~~

duplicate 4/14 ~~0001277739~~

duplicate 4/22 ~~0001286055 Accepted~~ Info only

duplicate 4/29 ~~0001327154 not ac~~

duplicate ~~4/30~~ ~~0001349893 not acc~~

duplicate 3/21 ~~0001380731 Acc~~

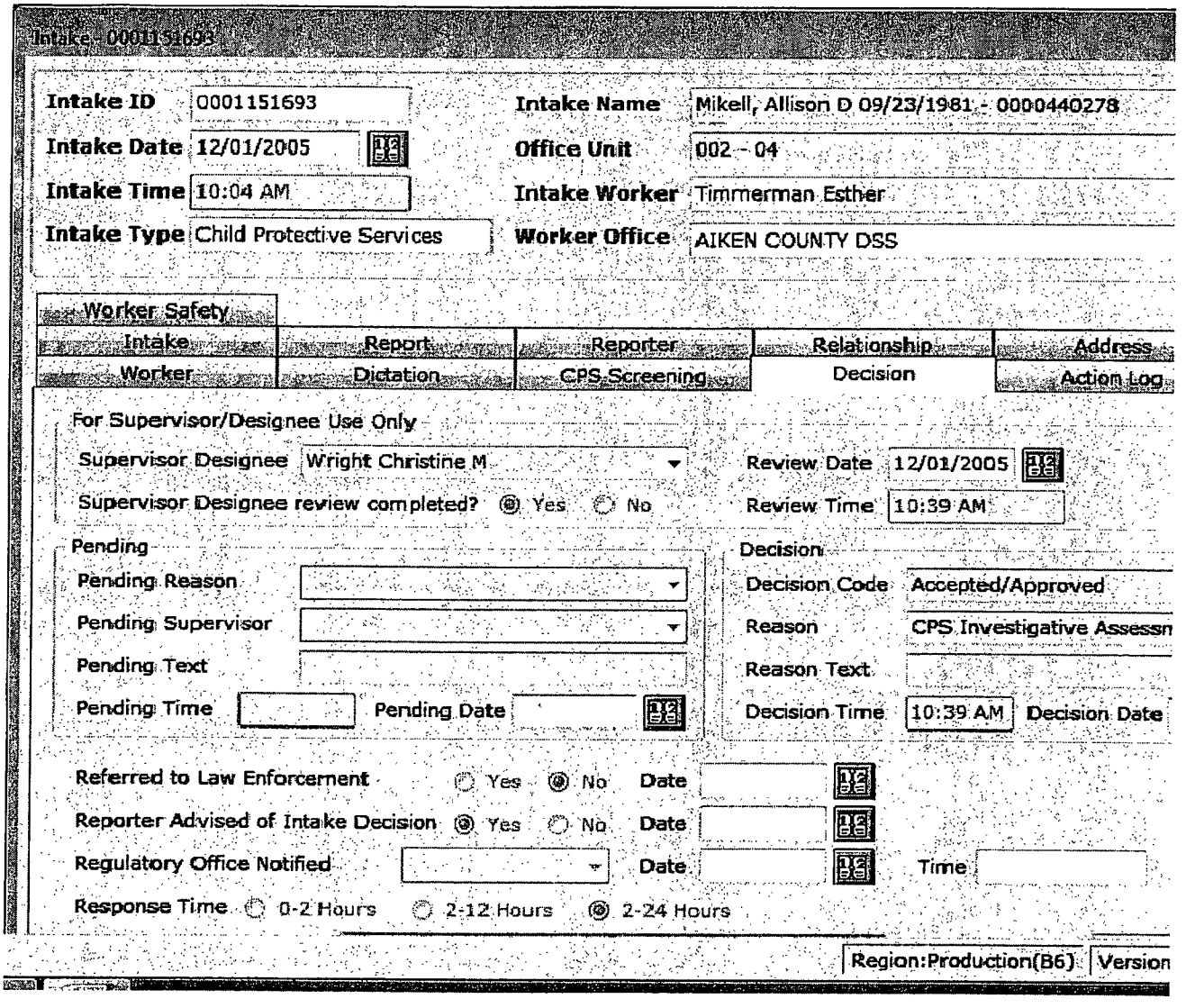
Intake - 0001151693

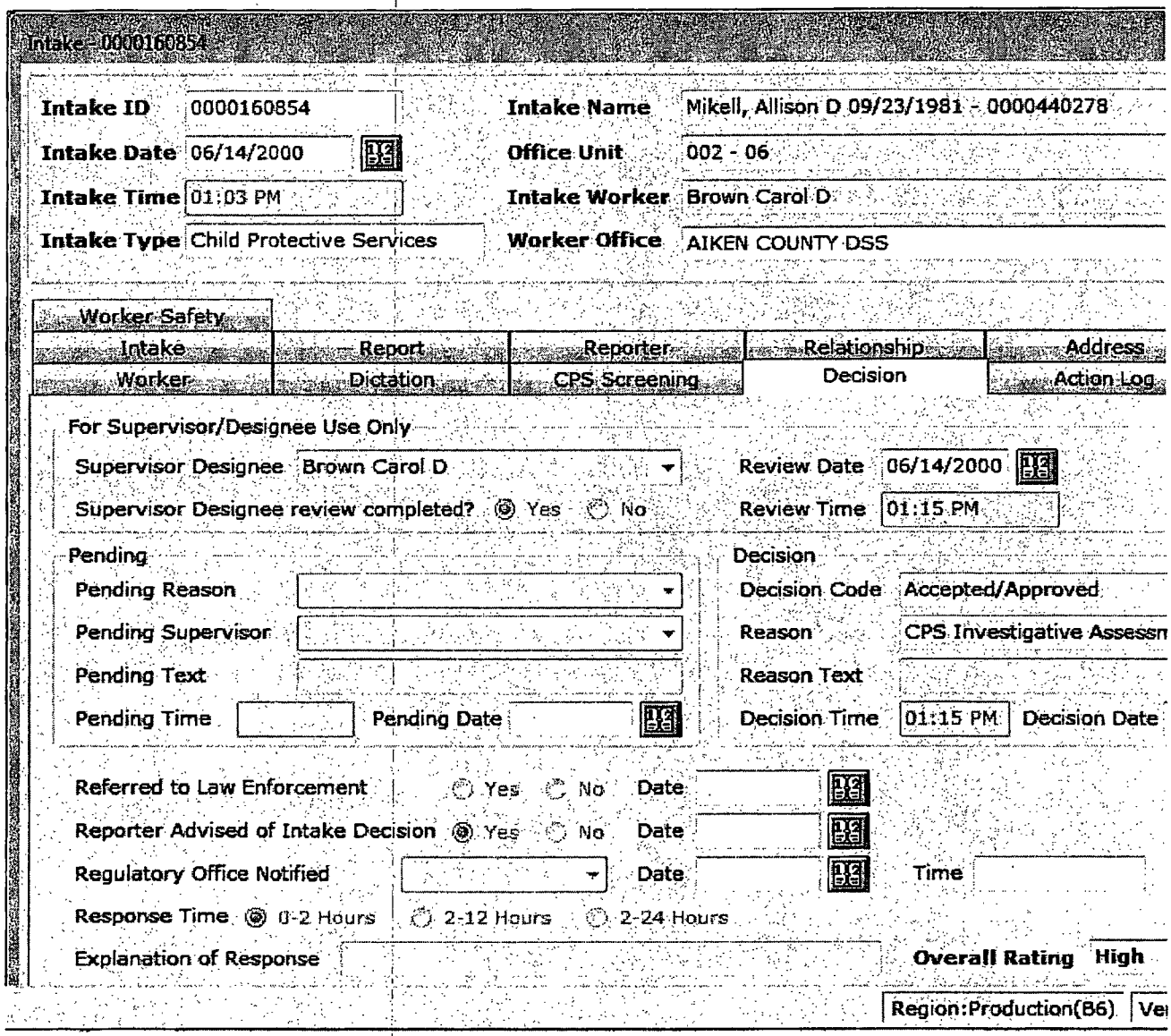
Intake ID	0001151693	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	12/01/2005	**Office Unit**	002 - 04
Intake Time	10:04 AM	**Intake Worker**	Timmerman Esther
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker | Dictation | CPS Screening | Decision | Action Log
Worker Safety
Intake | Report | Reporter | Relationship | Address

Allegation/Request	reportedly mom is incarcerated and two of her children are with an aunt and alexis is with her father. reportedly alexis is dirty, hair uncombed and she is clothes not appropriate for the weather, reportedly today she is wearing sanı no socks. reportedly her father drinks beer and sleeps all the time and there in the home.
Mode of Contact	Telephone
Source	First-Hand Knowledge
Collateral Contacts Suggested	none

Region:Production(B6) | Version


Intake - 0001151693
Intake ID 0001151693
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 12/01/2005
Office Unit 002 - 04
Intake Time 10:04 AM
Intake Worker Timmerman Esther
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS
Worker Safety
Intake
Report
Reporter
Relationship
Address
Worker
Dictation
CPS Screening
Decision
Action Log
For Supervisor/Designee Use Only
Supervisor Designee Wright Christine M
Review Date 12/01/2005
Supervisor Designee review completed? Yes No
Review Time 10:39 AM
Pending
Pending Reason
Pending Supervisor
Pending Text
Pending Time
Pending Date
Decision
Decision Code Accepted/Approved
Reason CPS Investigative Assessn
Reason Text
Decision Time 10:39 AM
Decision Date
Referred to Law Enforcement Yes No Date
Reporter Advised of Intake Decision Yes No Date
Regulatory Office Notified
Date
Time
Response Time 0-2 Hours 2-12 Hours 2-24 Hours
Region:Production(B6)
Version


Intake - 0000160854

Intake ID 0000160854
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 06/14/2000
Office Unit 002 - 06
Intake Time 01:03 PM
Intake Worker Brown Carol D
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS

Worker Safety
Intake | Report | Reporter | Relationship | Address
Worker | Dictation | CPS Screening | Decision | Action Log

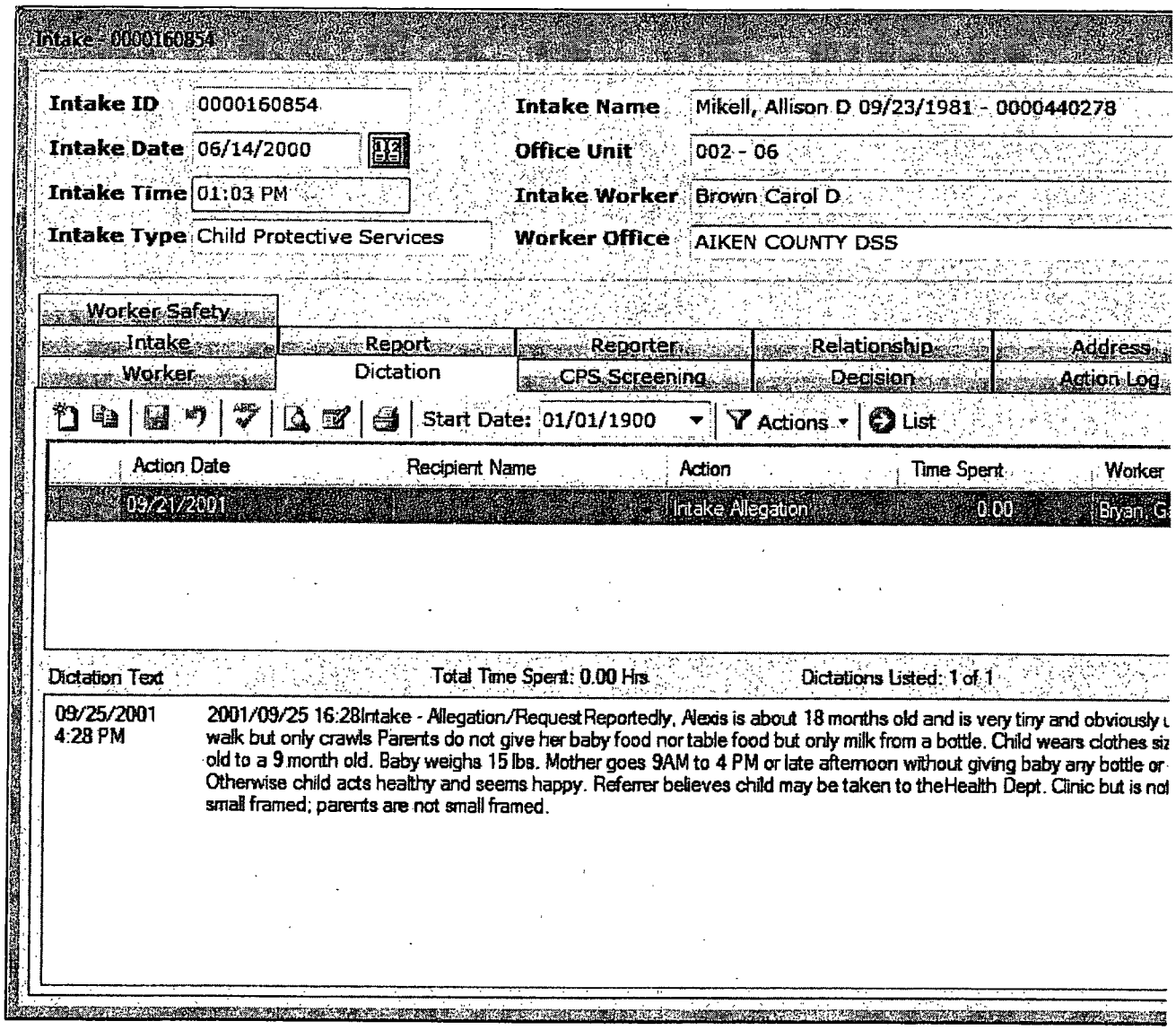
For Supervisor/Designee Use Only
Supervisor Designee Brown Carol D
Review Date 06/14/2000
Supervisor Designee review completed? (•) Yes ( ) No
Review Time 01:15 PM

Pending
Pending Reason
Pending Supervisor
Pending Text
Pending Time
Pending Date

Decision
Decision Code Accepted/Approved
Reason CPS Investigative Assessn
Reason Text
Decision Time 01:15 PM
Decision Date

Referred to Law Enforcement ( ) Yes ( ) No Date
Reporter Advised of Intake Decision (•) Yes ( ) No Date
Regulatory Office Notified Date Time
Response Time (•) 0-2 Hours ( ) 2-12 Hours ( ) 2-24 Hours
Explanation of Response
Overall Rating High

Region:Production(86) Ve



Intake - 0000160854

Intake ID	0000160854	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	06/14/2000	**Office Unit**	002 - 06
Intake Time	01:03 PM	**Intake Worker**	Brown Carol D
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker Safety | Intake | Report | Reporter | Relationship | Address
Worker | Dictation | CPS Screening | Decision | Action Log

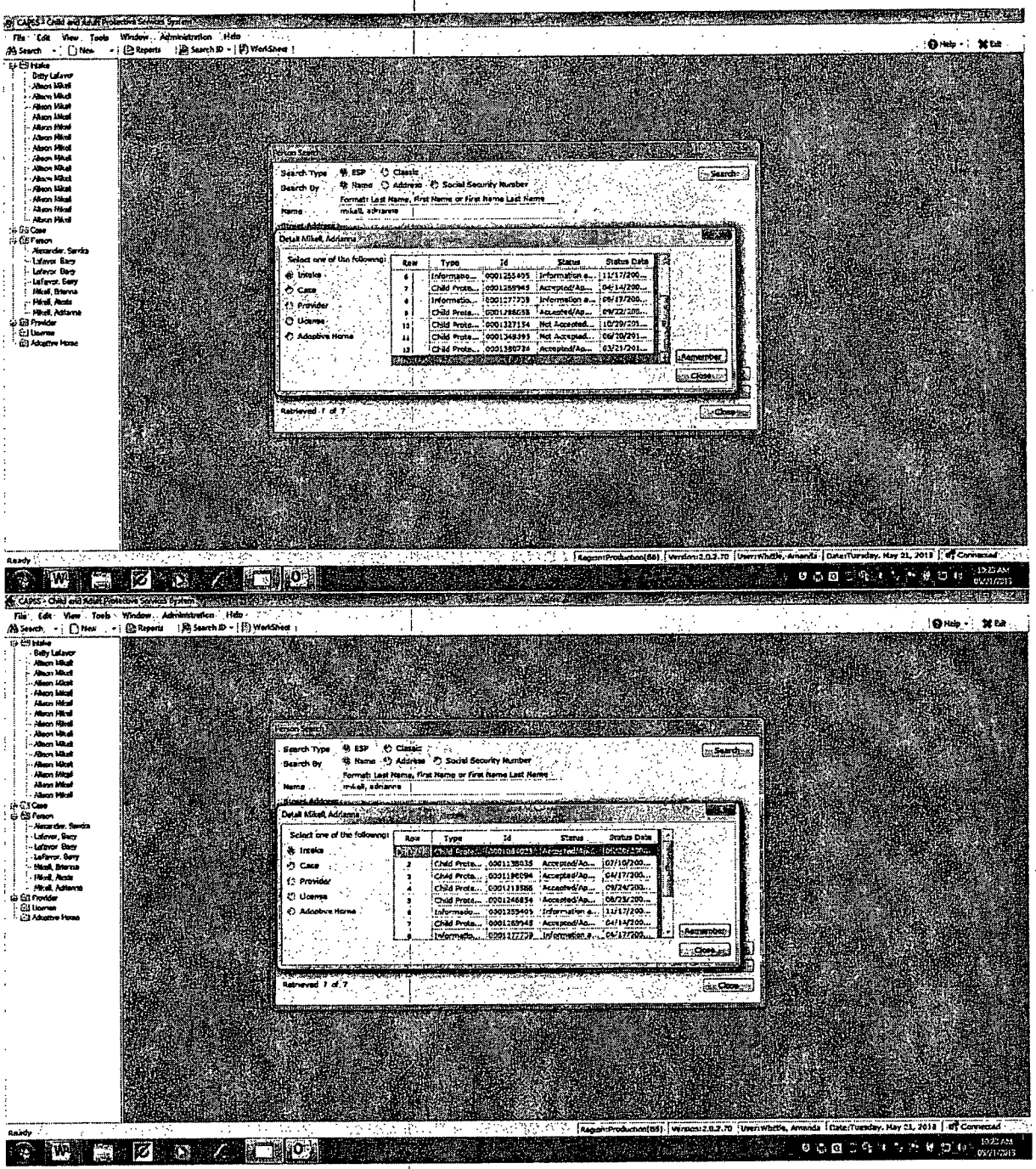
Start Date: 01/01/1900 | Actions | List

Action Date	Recipient Name	Action	Time Spent	Worker
09/21/2001		Intake Allegation	0.00	Bryan G

Dictation Text — Total Time Spent: 0.00 Hrs — Dictations Listed: 1 of 1

09/25/2001 4:28 PM

2001/09/25 16:28Intake - Allegation/Request Reportedly, Alexis is about 18 months old and is very tiny and obviously u walk but only crawls Parents do not give her baby food nor table food but only milk from a bottle. Child wears clothes siz old to a 9 month old. Baby weighs 15 lbs. Mother goes 9AM to 4 PM or late afternoon without giving baby any bottle or Otherwise child acts healthy and seems happy. Referrer believes child may be taken to theHealth Dept. Clinic but is not small framed; parents are not small framed.



Adrianna MiKell - All duplicates

~~5/20 0001064023 Acc.~~
~~7/10 0001138035 Acc.~~
~~4/17 0001198094 Acc.~~
~~9/24 0001213566 Acc.~~
~~8/25 0001246854 Acc.~~
~~11/17 0001255405 Info only~~
~~4/14 0001269945 Acc.~~

~~6/17 0001277739 Info only~~
~~9/22 0001286055 Accepted~~
~~10/29 0001327154 not acc.~~
~~6/20 0001349893 not acc.~~
~~3/21 0001380734 Acc.~~

South Carolina Department of Social Services

HRC690-R01 | **Case Dictation** | **01/22/2009 10:44:01 AM**

Case ID - 0000119517

Case ID 0000119517
Case Name: Mikell, Allison D

Actions:
Staffing With Supervisor

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - Mikell, Brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - Carlisle, Jeremiah - 04/15/2006

Action Date: 06/04/2008 **Action Time:** 12:00 AM **Time Spent:** 0.5
Input Date: 06/04/2008 **Input Time:** 09:54 AM **Worker:** Christine Wright

Service ID: 0001286180
Program Service Type: Child Protective Services Treatment
Authorization:
Support Service ID:

Targeted case management billable activity?
Primary or concurrent case management?

Dictation:
06/04/2008 9:54 AM
supervisor staffed case with worker for tx review and closure. case indicated for phy neglect due to dirty children and home. mom has been completing parenting classes at emanuel baptist church at APS and has one more class. children doing well in school and have had no new issues of neglect or hygiene problems. children go to abmh for medication follow ups. children alexis, adrianna, brianna are on medications for adhd and have improved with behavior at school. mom has become more involved withschool and teachers. no concerns from collaterals at this time. all basic needs observed being met. mom's is in agreement with case closure.

recs:
complete case closure/eval and close tx case as of 6-4-08.
turn in file for review.

HRC690-R01

South Carolina Department of Social Services
Case Dictation

06/04/2008

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Face to Face with Adult (To Review Treatment Plan)
Face to Face with child/client

Recipients:

0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 05/23/2008 **Action Time:**
Input Date: 06/04/2008 **Input Time:** 09:10AM **Time Spent:** 1.00
Worker: WIGGINS, TAMISHA

Service ID 0001286180
Program Service Type Child Protective Services Treatment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

06/04/2008 09:10:34
Cm conducted hv at Ms. Mikell residence for the purpose of assessing the safety of the minor children and monitor progress of treatment plan. CM observed that Ms Mikell , the minor children, and M Mikell friend Vickey was present during the time of visit. Mr. Carlisle is still incarcerated and will not be apart of the family houeshold when he is released.

CM observed that the home was well cleaned and organized. CM observed that the home was equipped with running water, food, and eletricity.CM did not observe any safety issues in the home.

CM observed that they children were well dressed and groomed. CM observed that the children clothing appeared to be clean and fitted them size appropiately. CM did not observe any marks or bruises on the children. Cm was informed by the children that they have been doing well in school and no one has gotten a write up on suspension. The children continue to take their medication to treat ADHD. The medication dosage has not change since last time and it seems to be working well.

CM was informed by Ms. Mikell that she has one parenting class left to complete, which is unit one. Since she started parenting classes after unit one was already taught she must wait until the nexxt group starts which is June and she will be finished with parenting.

CM will continue to monitor case.

HRC690-R01

South Carolina Department of Social Services
Case Dictation

02/11/2008

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Face to Face with child/client

Recipients:

0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002

Action Date: 01/29/2008 **Action Time:** **Time Spent:** 1.00
Input Date: 02/11/2008 **Input Time:** 10:43AM **Worker:** WIGGINS, TAMISHA

Service ID 0001286180
Program Service Type Child Protective Services Treatment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

02/11/2008 10:43:38

CM conducted face to face the minor children Brianna, Adrianna,and Alexis in response concerns from the school regarding welts on Alexis and the children being dirty.
CM observed that the children appeared to be dressed in wether appropiate clothing. CM observed that Alexis had what appeared to be make up on her clothing. CM questioned CM Alexis about spots on the clothing Alexis. Alexis reply to Cm, "That's my lipstick." Alexis contiued to informed CM that her lipstick was in her book bag and that she put her lipsstick on when she got to school. When asked if the lipstick spot were on her clothing before she left her home and Alexis informed CM that the lipstick was not on her cloting prior to her coming to school.
CM also questioned Brianna about spots that she had on her clothing. Cm was informed by CM that she was eating lunch and she got the spots on her clothing from her food at lunch. CM did not observe any spots on Adrianna cloting.
CM observed that Alexis did have red marks on her neck .CM questioned Alexis about the red marks. CM was informed by Alexis that her cat milkly did it. Alexis std that milkly likes to crawl and climb all over them. Aleix std that milkly all gave her marks on the arm and back. Cm asked Alexis to show her the marks and Alexis did. Cm question Alexis again about the marks on her. Alexis std, "I told you milkly did it." When questioned if someone else besides milkly but the marks on her Alexis replied no. CM did not obseve any marks or bruieses amongest their body.
CM consulted with Alexis teacher who informed her that she asked Alexis earlier how the marks got on her neck and she replied that her sister did it. CM was also informed by the teacher tha Alexis was in in school today. She informed CM that Alexis medication does not seem to be working at all. Cm aksed if teacher had discuss issue wtih mom. CM was informed that issues of Alexis meds had

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **02/05/2008**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Face to Face with Adult (To Review Treatment Plan)
Face to Face with child/client

Recipients:

0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 01/18/2008 **Action Time:** **Time Spent:** 1.00
Input Date: 01/25/2008 **Input Time:** 03:08PM **Worker:** WIGGINS, TAMISH

Service ID 0001286180
Program Service Type Child Protective Services Treatment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

01/25/2008 15:08:31
CM conducted fc to fc with the Ms. Mikell and the minor children for the purpose of assessing the safety of the children and to review treatment plan with parents. CM was informed by Ms Mikell that Mr. Carlisle is still in Aiken County Det. Center.
CM observed that the minor children appeared to be well dressed and groomed. CM obsereved that children had on clothing that properly fitted them.

02/05/2008 16:22:42
CM observed that the children clothing was slightly dirty. CM observed that children Brianna, Adrianna, and Alexis outside playing. CM was informed by Ms Mikell that they children did get thier clothing while playing outside. CM was informed by Mikell that she tired to keep the children inside but the wanted to play.
Once inside the home CM observed that Ms Mikell did in fact have an abundant amount of clean clothing for the children.
Cm observed that the home was equipped running water, food and, electricity. Cm observed that the home was well cleaned and organized. CM observed that Mikelll is currently having renovation completed in the home. Howeve, CM did not observe any issues of safety in the home. Ms. Mikell informed CM that she is no longer working at the Waffle house, however she does recieve food

stamps and SS check for Brianna (637) Ms Mikell has no additonal income in the home however the income she does have is sufficent to maintain household bills.

Ms Mikell informed CM that the children have had several medical appointments since CM last visit. Jermiah is currently taking antibotics fro an ear infection and brochitis. Ms Mikell had to take Jermiah to MCG on Wed.

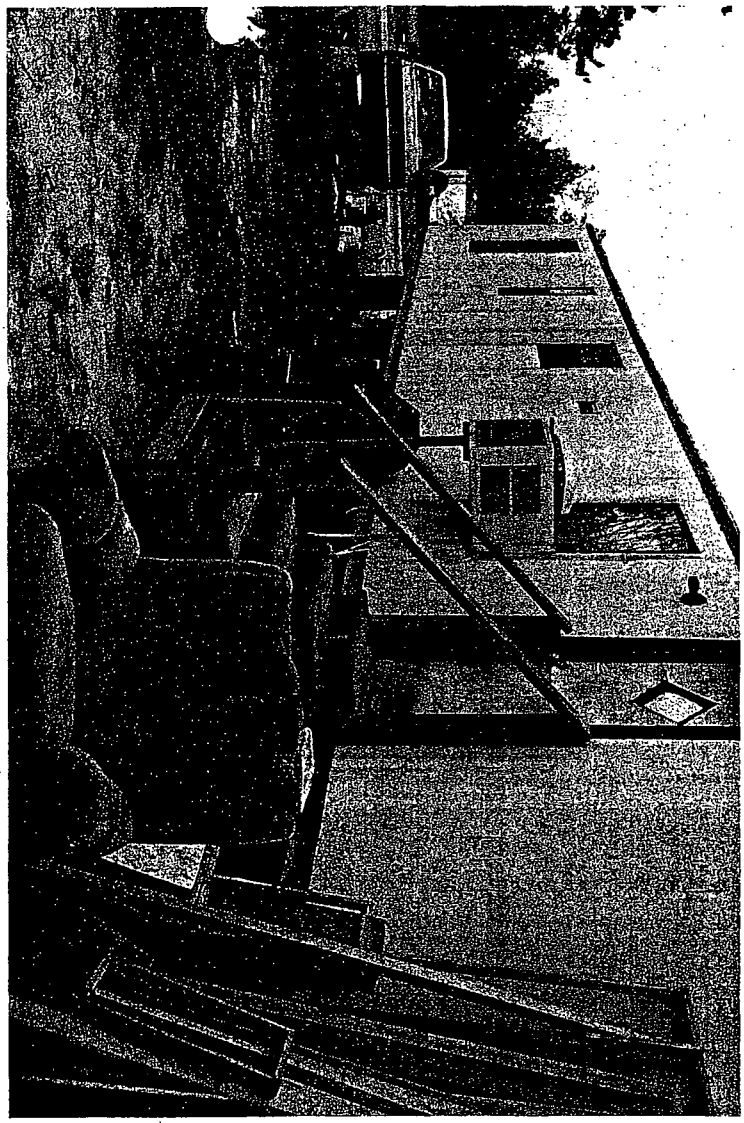
Alexis and Adrianna are both attending AMBH for services. Alexis had an appt. with Dr Ford at AMBH on 1/15 and Ms counselor Ms Lynne on 1/17. Dr . Ford did have Alexis taking Aderol, however it caused her not to eat so her prescription was changed to wellbutrine, she takes it in the mornings. Adrianna has an appt to see Dr Ford on 1/30 at 9am.
All the chldren are currently on medicaid and received ther meds via mail.
Alexis and Adrianna informed CM that they talk to Ms lynne about their behavior. Alexis was hesitant and did not want to tell CM what she discussed with Ms Lynne in counseling. Ms Mikell std that Alexis was probably shame to tell CM that she has in school suspesion. Alexis was in in school due to the tact that she was yelling out in class. This is Alexis first time having in school.

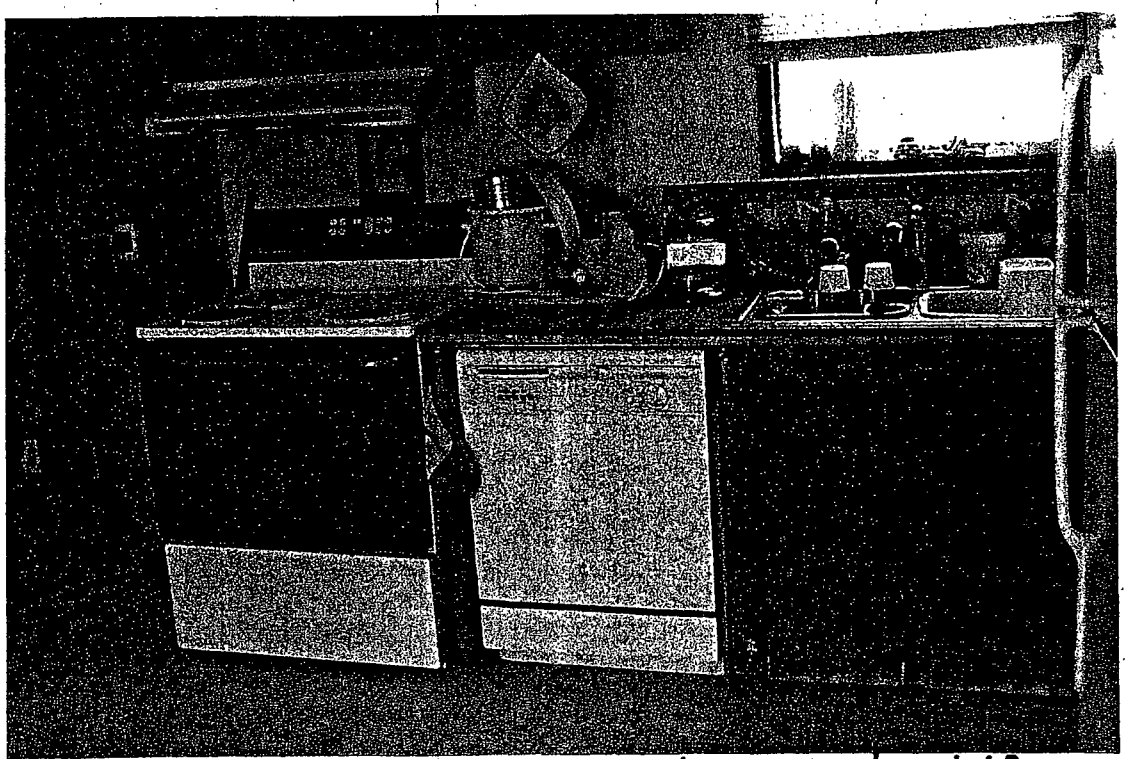
While interviewing the children CM was informed by Alexis and Brianna that they are aware tthe private parts on thier bodies. Adriann was not. CM was informed by the chldren they are aware that their private parts are not to be touched by anyone and someone does they should tell their mother or teacher , or cm. CM was informed by the children that no one has every touched thier private parts.

Ms. Mikell informed CM that Mr. Carlisle is still in aiken county detention center for alleged sexual criminal conduct against a minor. Mr Carlise is acused of violating his younger cousin when Mr. Carlise and his counsin were much younger. The incident allegedly happen 11yrs ago. Ms Mikell does not believe the allegations of sexuall abuse. CM informed Ms Mikelll that when Mr Carlise is released he will not be allow to stay in the home with her chldren and he can only have supervised contact with the children until furher notice.

CM reviewed treatment plan with Ms Mikell. CM address agency concerns with Ms Mikell and dicussed possible solutions to minimize concerns. Ms Mikell agreed that keeping her home clean and ensuring that the children mental, education, phyiscal needs including clean cloting are met. Cm obtained her signature on treatmenet plan.

CM will continue to monitor case.





HRC690-R01

South Carolina Department of Social Services
Case Dictation

01/18/2008

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Face to Face with Adult (To Review Treatment Plan)
Face to Face with child/client

Recipients:

0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 12/10/2007 **Action Time:** **Time Spent:** 1.25
Input Date: 12/12/2007 **Input Time:** 12:29PM **Worker:** WIGGINS, TAMISH

Service ID 0001286180
Program Service Type Child Protective Services Treatment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

12/12/2007 12:29:55
CM conducted visit with Ms Mikell and the minor children for the purpose of assessing the safety of the children. CM observed that Mr. Carlisle was currently incarcerated in Aiken County Detention Center.
CM observed the children outside playing. CM observed that

12/13/2007 10:22:44
the children had on clothing that did properly fit them, however the were observed to be somewhat dirty.
CM was informed by Ms Mikelll that the entire family has been sick with te stomach virus/ flu. Currenlty Adrinna has the virus now and was running a fever last night so she did not go to school today. Che hasnt taken Adrinna to the doctor because she seems to be doing better now. Ms Mikell informed CM that all the children to have medicaid.

Ms Mikell explained to CM that her brouther is helping her work on her home improvement project. Ms. Mikell is having another bedroom built. Currently the home has 2 bedrooms. Alexis and Briannan share a room and Jeremiah has his own room with a truck bed but he sleeps with Ms Mikell most of the time. A she has gotten the floors and her room and the children rooms re done

HRC690-R01

South Carolina Department of Social Services
Case Dictation

11/28/2007

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Collateral Contact
Telephone Contact

Recipients:

0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 11/28/2007 **Action Time:** 09:00AM **Time Spent:** 0.25
Input Date: 11/28/2007 **Input Time:** 10:10AM **Worker:** COATES, BASHONN

Service ID 0001286180
Program Service Type Child Protective Services Treatment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

11/28/2007 10:10:40
CM recieved telephone contact from LE Sievers and learned that Gerald is incarcerated for CSC with a minor and Lude act of a minor both times 7 and is currently in jail and does not have a bond hearing until Dec. 7, 2007. LE stated that Gerald has accounts from when he was ages 21, 23, 26, and 27. CM will transfer information to CM Wiggins since she will be the treatment worker for the case.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **11/19/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Staffing With Supervisor (Case Decision)

Recipients:

0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 11/07/2007 **Action Time:** 05:00PM **Time Spent:** 0.50
Input Date: 11/07/2007 **Input Time:** 05:10PM **Worker:** POWELL, LAURIE

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? No
Primary or concurrent case management? Unknown

Dictation:

11/07/2007 17:10:35
CM Coates staffed with PC for case decision. Case will be indicated against both parents for SRPn based on home conditions at initial contact; unkept appearance of the children; and unrealistic expectation of child responsibilities.

South Carolina Department of Social Services
Case Dictation

HRC690-R01 **11/19/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:
Education Contact
Face to Face with child/client

Recipients:
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002

Action Date: 11/05/2007 **Action Time:** 11:50AM **Time Spent:** 0.75
Input Date: 11/05/2007 **Input Time:** 04:37PM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:
11/05/2007 16:37:46
At 11:50am on 11/05/07, CM made face to face contact with Adrianna, Brianna, and Alexis. CM observed all of the minor children separately and all of the minor children stated that things were okay at home, but were very apprehensive about saying it. CM observed that Adrianna was not wearing clothes that fit and that she has a bruise on her face, her chin and a fever blister on the right corner of her mouth. CM observed that her pants were to big and that were about to fall off of her. CM observed that Alexis was not wearing weather appropriate clothing and that she was wearing flip flops, shorts, a t-shirt and a sweater.
CM interviewed with the principle and learned that the minor children have been adopted for Christmas help. CM learned that the nurse helps keep tabs on the minor children to make sure everything is okay with them and that they have not had any concerns regarding physical abuse but that there are still concerns regarding neglect especially with how fragile and small Alexis is and with the dark bags she has up under her eyes. CM will staff case with supervisor regarding case decision.

HRC690-R01

South Carolina Department of Social Services
Case Dictation

11/19/2007

Case ID: 0000119517
Case Name Mikell, Allison

Actions:
Collateral Contact
Paperwork

Recipients:
0000440278 - Mikell, Allison - 09/23/1981
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 10/26/2007 **Action Time:** 11:30AM **Time Spent:** 0.25
Input Date: 10/26/2007 **Input Time:** 11:30AM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:
10/26/2007 11:30:13
CM received closure letter from BabyNet. Allison Mikell rejected services and told them that her child does not appear to have any needs or delays at this time.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/22/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:
Telephone Contact

Recipients:
0000440278 - Mikell, Allison - 09/23/1981

Action Date:	10/22/2007	**Action Time:**	10:50AM	**Time Spent:**	0.25
Input Date:	10/22/2007	**Input Time:**	10:58AM	**Worker:**	COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:
10/22/2007 10:58:56
CM returned missed phone call from Allison and learned that Allison was turned down for a loan from the bank and was wondering if CM knew of any place that would be able to help her out with getting a new residence. CM referred Allison to Aiken Housing Authority and stated that they may be able to help her at least with information concerning HUD housing or credit/income housing. Allison thanked CM for the information. CM asked Allison how was everything coming along and learned that everything is fine with the girls and with Jeremiah. CM learned that Jeremiah just had a minor surgery and that he gets aggravated sometimes. CM stated to Allison that she will come check on them next week to see how everything is going.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/11/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Collateral Contact
Paperwork

Recipients:

0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 10/11/2007 **Action Time:** 09:50AM **Time Spent:** 0.25
Input Date: 10/11/2007 **Input Time:** 10:10AM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

10/11/2007 10:10:30
CM faxed referral to ABMH for Adriana and to BABY NET for Jeremiah and CM requested medical information from MCG Childrens Center regarding all children.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/04/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:
Paperwork

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979

Action Date: 10/04/2007 **Action Time:** **Time Spent:** 0.25
Input Date: 10/04/2007 **Input Time:** 02:59PM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:
10/04/2007 14:59:27
CM received LE records check back and observed that Gerald has an extensive criminal record from ACSD but does not have a criminal record with APS. See case file for hard copy.

South Carolina Department of Social Services
Case Dictation

HRC690-R01 **10/04/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Face to Face with Adult (To Review Treatment Plan)
Face to Face with child/client
Home/Facility Visit

Recipients:

0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 10/04/2007 **Action Time:** 09:30AM **Time Spent:** 1.00
Input Date: 10/04/2007 **Input Time:** 03:24PM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

10/04/2007 15:24:34

CM made face to face contact with Gerald and Allison and Jeremiah. CM learned fom Allison that Alexis's teacher did not want to have a yard sale and so that is the reason that she gave Alexis some clothes. Allison stated that she wanted to show CM the Alexis's agenda book so that CM could see where they had wrote back and forth about the clothes. CM asked Allison has any of the children ever went to school without shoes on and Allison stated that her children have always went to school with shoes on. Allison stated that there was one time when Briana did not wear one shoe and that was when she had her stitches in her foot because she did not want Briana foot to hurt but that was the only time. CM asked Allison where do the children go to the doctor at and learned that the children go to MCG Children's Center and that all minor children are up to date on their shots and that Alexis just went recently to get her medicine for her ADHD and for a well-being check up. Allison asked CM could she make a referral to ABMH because she could not get an appt made. CM stated that she would make the referral to ABMH and also make a referral to Baby Net for Jeremiah. Allison stated that she wanted Adriana to get checked also because she has started to act like Alexis did and thinks she might have ADHD also. CM learned that Briana has speech and hearing problems and that she is 2 years behind and that she takes resource classes at school and that she has a IEP program, both her and Alexis.

CM asked Allison about the lighter incident and what happened. CM learned that Alexis got into trouble that night and that she told Alexis that she would punish her in the morning. Allison stated that they were suppose to be in bed and that she heard Allison start crying and she went to see what

was going on and thats when she noticed that they Adriana had been burned. CM asked Allison how did she punish Alexis and learned that she had spanked her 3 times on the butt and that she made her stand in the corner. CM asked Allison what happened with Briana's foot and learned that they had went to her niece's birthday party and her nephew ran over Briana's foot with a toy car. CM asked Allison is she sure it was a toy care and explained that the perception she received was that Briana's foot had got ran over from a powerwheel toy car. Allison stated no and that it was a toy car and her nephew Winston was playing with the car and somehow cut her foot with the car and she had to get two stitches. CM learned that they are trying to move to HWY 19 so that they can be closer to her job. CM observed that inside the home it was alot cleaner than it was the last time that CM had visited. However, CM had noticed that there was a lot of trash located beside the porch and asked what was going on with the trash. Allison stated that they are going to take the trash out today and that she had been piling that trash up since this morning. CM asked Allison why were they trying to move and Allison stated that she does not like living beside Gerald's parents and that she wants to move away from them and get a bigger trailer. CM asked Allison how does she punish the minor children and learned that Adriana and Briana have to stand in the corner while Alexis also has to stand in the corned but if she continues to mis behave then she will get spank 3 times on the butt area. CM asked Allison does Alexis have to do any chores and Allison stated that Alexis does have to load up the dishwasher and that sometimes she helps fold up clothes but that they do not make her fold up the clothes. CM explained that she will make a home visit next week to check on how things are going. Allison stated that she understood. Gerald did not say anything during the visit and he let Allison do the talking. CM had already spoken with Gerald on a previous occasions. CM observed Jeremiah trying to walk and he was babbling something. CM did not observe any marks or bruises on Jeremiah.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **10/08/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:
Staffing With Supervisor (Case Decision)

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002

Action Date: 09/28/2007 **Action Time:** 03:01PM **Time Spent:** 0.25
Input Date: 09/28/2007 **Input Time:** 03:10PM **Worker:** POWELL, LAURIE

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? No
Primary or concurrent case management? Unknown

Dictation:
09/28/2007 15:10:40
CM staffed with PC for 5 day staffing. CM initiated on 9-24-07 with all family members except mom. Cm reports Alexis was playing with a lighter which accidentally burned Brianna. Brianna has stitched in her foot after being at a cousin's home and getting her foot run over by a hot wheels vehicles. Both girls were interviewed at school and their explanations for the injuries to brianana are consistent with the explanantions given by the fa. The school has provided clothing and shoes for the children in the past. There are multiple unexcused tardies for all children. Recs. from this staffing include: interview mom and include questions about Alexis' household responsibilities; obtain LE checks; conduct at least one additional unannounced; request medical eval. or obtain recent medical records; restaff for case decision within two weeks.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **11/19/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Education Contact
Initial Face to Face With Child/Client

Recipients:

0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002

Action Date:	09/26/2007	**Action Time:**	01:00PM	**Time Spent:**	0.75
Input Date:	09/27/2007	**Input Time:**	05:04PM	**Worker:**	COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

09/27/2007 17:04:53

CM made intial contact with minor children Alexis, Briana and Adrianna. CM learned from all of the minor children that they love school, better than they love home. Cm asked Alexis, why did she love school more than she loved home and Alexis stated that she loves school better than home because mommy is mean because mommy wakes her up early to go to school and that she loves school because her teacher gives her clothes to wear. Alexis stated that she does not have fun at home because she always has to do chores. Cm asked the minor children do they get any spankings. CM learned that Alexis gets spankings on her butt by daddy when mommy does not feel good. CM asked Adrianna what happened to her thumb and she stated that Alexis burned her with a lighter. CM asked how did that happened and as Adrianna was trying to tell CM, Alexis told her to hush. Cm asked Alexis why did she tell her to hush and Alexis stated that her mom said we were coming to take them away and so she was scared to talk. CM told Alexis that she was just there to talk to them and that if something was wrong then she needed to tell CM. Alexis was still scared to talk. Alexis told CM that if she did not make it back to class on time then she would not be able to try on clothes given to her by her teacher and that she would not be able to take the clothes home. Alexis then asked CM could she go back to class. CM asked Alexis is she sure there was something she wanted to tell CM and Alexis stated that she did not have anything. CM observed that Alexis was very apprehensive and was scared to talk. CM observed the clothes to be clean on all of the minor children, however, Alexis was wearing clothes that were given to her by her teacher.

CM check attendance for the minor children and learned that they have 7 unexcused tardys. The

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **09/27/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Collateral Contact
Education Contact

Recipients:

0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 09/26/2007 **Action Time:** 01:00PM **Time Spent:** 0.75
Input Date: 09/27/2007 **Input Time:** 05:10PM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

09/27/2007 17:10:30
CM made collateral contact with Priciple Koelker and learned that Adrianna finger was burned because the girls were playing with a paper and a lighter and that Adrianna was holding the paper when Alexis burned it and that is how her finger got burned. CM learned that the girls come to school wearing clothes that are sometimes dirty and that the school has had to give them clothes to wear, and shoes to wear. CM asked the Ms. Koelker were there any other concerns and learned that there were some concerns and that she felt also that something was not right, but she did not know what it was. Ms. Koelker did state the kids seem fragile and that she felt they were to small i size. CM learned that Ms. Allison came to the school upset because DSS was allowed to talk with her children. Ms. Koelker stated that she explained that DSS has the right to come talk with the students without the parents permission.

Ms. Koelker stated she would call CM if she had any other concerns and that CM could call her if she had any other concerns.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **09/24/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:
Paperwork

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979

Action Date: 09/24/2007 **Action Time:** 04:30PM **Time Spent:** 0.25
Input Date: 09/24/2007 **Input Time:** 04:30PM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:
09/24/2007 16:30:25
CM mailed off LE papers for Gerald Carlisle.

South Carolina Department of Social Services

HRC690-R01 **Case Dictation** **09/24/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:
Background Summary

Recipients:
0000290889 - Carlisle, Gerald - 07/19/1979
0000440278 - Mikell, Allison - 09/23/1981
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 09/24/2007 **Action Time:** 03:30PM **Time Spent:** 1.00
Input Date: 09/24/2007 **Input Time:** 04:25PM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:
09/24/2007 16:25:07
CM reviewed past history with the Mikell family.

South Carolina Department of Social Services
Case Dictation

HRC690-R01 **09/24/2007**

Case ID: 0000119517
Case Name Mikell, Allison

Actions:

Brochure Given
Home/Facility Visit
Initial Face to Face With Child/Client
Initial Face to Face With Family

Recipients:

0000290889 - Carlisle, Gerald - 07/19/1979
0001363291 - carlisle, jeremiah - 04/15/2006

Action Date: 09/24/2007 **Action Time:** 02:30PM **Time Spent:** 1.00
Input Date: 09/24/2007 **Input Time:** 04:24PM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:

09/24/2007 16:24:03

CM made face to face contact with Gerald and Jeremiah Carlisle. CM was unable to make contact with Allison because she was at work. CM was unable to make contact with the other minor children because they had not arrived home for their after school program.

CM Coates was accompanied by CM Jordan.

CM introduced herself to Mr. Gerald and explained the allegations as to why CM was there. CM asked Gerald if he had any thing that he would like to add to that. CM learned at that moment that Brianna stitches on her foot were caused by her cousin running over her foot with one of the play motorized cars that are now made for kids and that it happened while she was at her cousin's party. CM asked about the lighter burn on Adrianna and learned that Alexis had got a hold of Allison's lighter and that she somehow or another burned Adrianna. CM asked how did Alexis burn Adrianna and learned that Mr. Gerald and Ms. Allison have not been able to get a clear answer. CM informed Mr. Gerald that they should put lighters and anything other item that may be a safety hazard to the minor children in a safe place. CM learned at that time that the Mr. Gerald keeeps his lighters in a drawer but that on that day Ms. Allison had left a lighter on the table and Alexis got a hold to it.

CM asked Mr. Gerald whether or not the clothes that the minor children wear to school were diry. Mr. Gerald stated that they do not wear dirty clothes to school. Mr. Gerald stated that sometimes

one of the girls may wear some play clothes to school by accident, but that they never send the girls to school with dirty clothes on. CM learned that some of their clothes may have some stains on them but that they are never dirty. Mr. Gerald showed CM that he had just washed clothes and hung the clothes out. CM observed the clothes on the fench drying out.

CM learned that Ms. Allison was not at home at the moment and that she works at Waffle House on Hwy 19 and that she works from 2-9 o'clock. Mr. Gerald stated that he was unemployed. CM asked Mr. Gerald how do the minor chidlren get to school everyday. CM learned that Mr. Gerald takes them to school and that after school they attend an after school program at Christ Central and that he picks them up from there when it is over. Mr. Gerald stated that he has no concerns about the children wearing dirty clothes to school because they wash their clothes and they do not send the girls to school with dirty clothes on. CM learned that Mr. Gerald has been living in his trailer for 3 years and that Ms. Allison and the kids moved into the trailer with him. Mr. Gerald stated that they were living in Jackson but Allison had got expedited to Delawar for check fraud and went to jail because someone had wrote a bad check in her name. CM learned that Ms. Allison had a handwriting specialist do work with that charge and it was concluded that it was not Ms. Allison's handwriting.

CM learned that Jeremiah is Mr. Gerald's only child and that the father to the girls were Edward Mikell. CM asked Mr. Gerald if him and Ms. Allison were married and learned that they are not married and that they are waiting on the finalization of Ms. Allison's divorce before they can get married.

CM asked Mr. Gerald how do they discipline the children and learned that they try not to spank the children but when they do they spank them on their hands. CM also learned that they may use alternative methods such as corners or making them do extra chores.

CM observed the home to be messy and there was alot of trash and debris on the floor. CM asked Mr. Gerald why were there a big pile of trash in the middle of the floor and learned that he is in the middle of cleaning up from the weekend and in the middle of washing clothes and that it would be clean up before CM made next visit because he was working on it then. CM explained to Mr. Gerald that he need to clean up the debris and the trash and pick up the clothes that were laying about before CM's next visit. Mr. Gerald stated that he understood and that it would be clean.

CM explained the investigation process and gave Mr. Gerald the required booklet and phamplets to Mr. Gerald and explained that CM would make random visits throughout the investigation to see how everything was going. CM will make home visit with Ms. Allison to interview with her.

South Carolina Department of Social Services
Case Dictation

HRC690-R01

09/24/2007

Case ID: 0000119517
Case Name Mikell, Allison

Actions:
Education Contact
Initial Contact Attempted

Recipients:
0000440280 - Mikell, Alexis - 04/23/1999
0001117335 - mikell, brianna - 09/08/2000
0001117336 - Mikell, Adrianna - 03/17/2002

Action Date: 09/24/2007 **Action Time:** 02:15PM **Time Spent:** 0.75
Input Date: 09/24/2007 **Input Time:** 03:57PM **Worker:** COATES, BASHONN

Service ID 0001278576
Program Service Type Child Protective Services Assessment
Authorization
Support Service ID

Targeted case management billable activity? Yes
Primary or concurrent case management? Primary

Dictation:
09/24/2007 15:57:04
CM attempted to make initial contact with minor children at Greendale Elementary but they were already loading for the bus before CM could make contact. CM will make contact on 09/25/2007.

Aiken County Detention Center

Arrest Information

Search Again

Arrest Number:	2007002149
Name:	CARLISLE JR, GERALD LESLIE
Person File:	9072
Birthdate:	1979-07-19
Agency:	ACSO
Incident Number:	
Status:	OPEN
Booking Date/Time:	2007-11-20 19:20
Arrest Date/Time:	16:40
Scheduled Release Date:	
Actual Release Date:	
Juvenile:	No
How arrest made:	
Where arrested:	
Offense:	
Weapon Type:	
Total Bond:	
Total Bail:	0.00
Arraigned:	No
Court Date/Time:	
Weekender:	No

28yrs old

mother's boyfriend /paramour

Case#	Description	Bail	Arraignment	Disposition	Date	Warrant#
07-061175	CRIMINAL SEXUAL CONDUCT W/MINOR 1ST	0.00				HOLD

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DSS

Serving Children and Families

LILLIAN KOLLER, J. D.
STATE DIRECTOR

NIKKI HALEY
GOVERNOR

May 28, 2013

The Honorable Doyet A. Early, III
Circuit Court Judge
Second Judicial Circuit

RE: State v. Lafavor (Case No. 13-GS-02-00586)

Dear Judge Early:

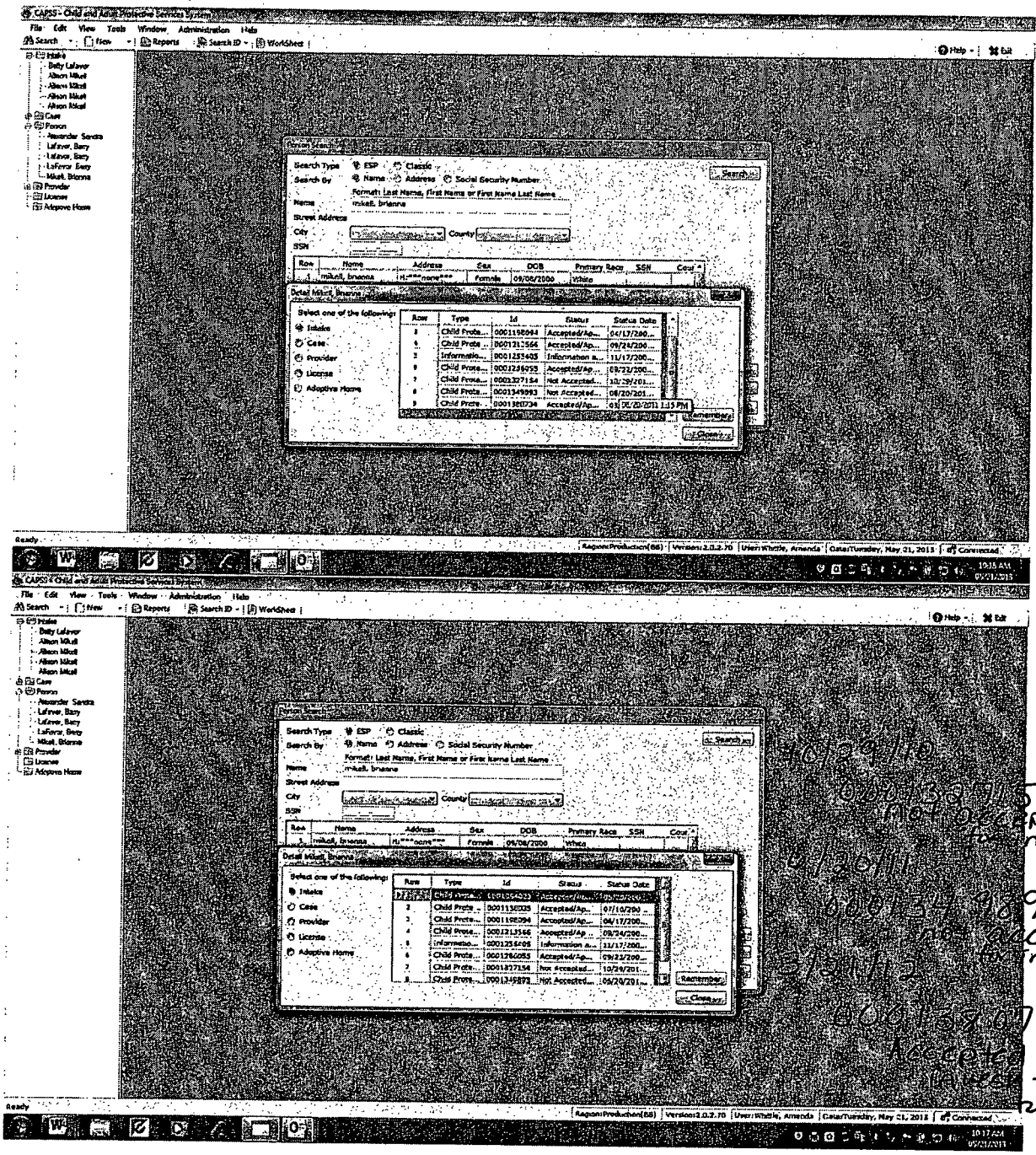
Please find enclosed the order I have prepared from the May 21, 2013 hearing; a summary of DSS records; a copy of all dictation in the DSS computer system (CAPSS); and a copy of the complete case file from the one indicated case.

Please let me know if you need additional information and if you would like for me to prepare a protective order for the release of information. Thank you for your consideration.

Yours truly,

Amanda F. Whittle
Attorney for the Dept. of Social Services
803-643-1910

Enclosures
Redacted copy of letter:
Ashley Agnew, Esquire
Michael Routzong, Esquire



Brianna -

5/20/03 0001064023 Acc. for invest. - unf. / unable to locate

7/10/05 0001138035 Acc. for invest - unf. / no exam completed due to mom

G. Carlisle & A. McKell — 4/17/07 0001198094 - Acc. for invest - unf

9/24/07 0001213566 - Acc for invest - Indicated

11/17/08 0001255405 Info only

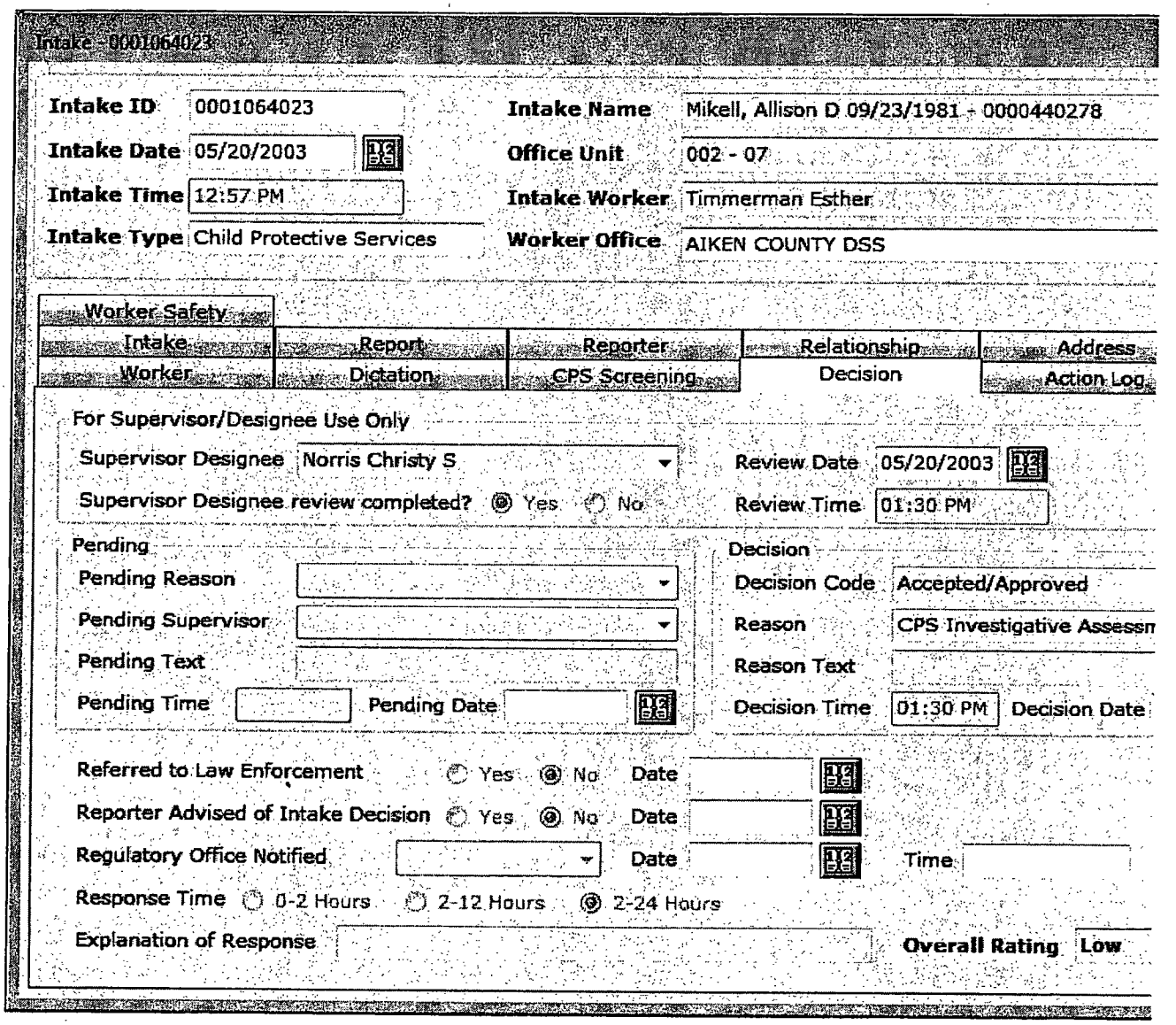
9/22/09 0001286055 - Acc. for invest.

Intake - 0001064023

Intake ID	0001064023	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	05/20/2003	**Office Unit**	002 - 07
Intake Time	12:57 PM	**Intake Worker**	Timmerman Esther
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker | Dictation | CPS Screening | Decision | Action Log
Worker Safety
Intake | Report | Reporter | Relationship | Address

Allegation/Request	reportedly house is filthy, there is an awful smell of urine and feces. reporte children alexis 4, brianna 2 and adrianna 1 are not being kept clean. reporte children are dirty all the time. mom does not bathe them regularly.
Mode of Contact	In Person
Source	First-Hand Knowledge
Collateral Contacts Suggested	none


Intake - 0001064023

Intake ID 0001064023
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 05/20/2003
Office Unit 002 - 07
Intake Time 12:57 PM
Intake Worker Timmerman Esther
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS

Worker Safety | Intake | Worker | Report | Dictation | Reporter | CPS Screening | Relationship | Decision | Address | Action Log

For Supervisor/Designee Use Only

Supervisor Designee Norris Christy S
Review Date 05/20/2003
Supervisor Designee review completed? (•) Yes ( ) No
Review Time 01:30 PM

Pending

Pending Reason
Pending Supervisor
Pending Text
Pending Time
Pending Date

Decision

Decision Code Accepted/Approved
Reason CPS Investigative Assessm
Reason Text
Decision Time 01:30 PM
Decision Date

Referred to Law Enforcement ( ) Yes (•) No Date
Reporter Advised of Intake Decision ( ) Yes (•) No Date
Regulatory Office Notified Date Time
Response Time ( ) 0-2 Hours ( ) 2-12 Hours (•) 2-24 Hours
Explanation of Response
Overall Rating Low

Intake - 0001138035

Intake ID	0001138035	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	07/10/2005	**Office Unit**	002 - 01
Intake Time	10:00 PM	**Intake Worker**	Guyton Sharon P
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker | Dictation | CPS Screening | Decision | Action Log
Worker Safety
Intake | Report | Reporter | Relationship | Address

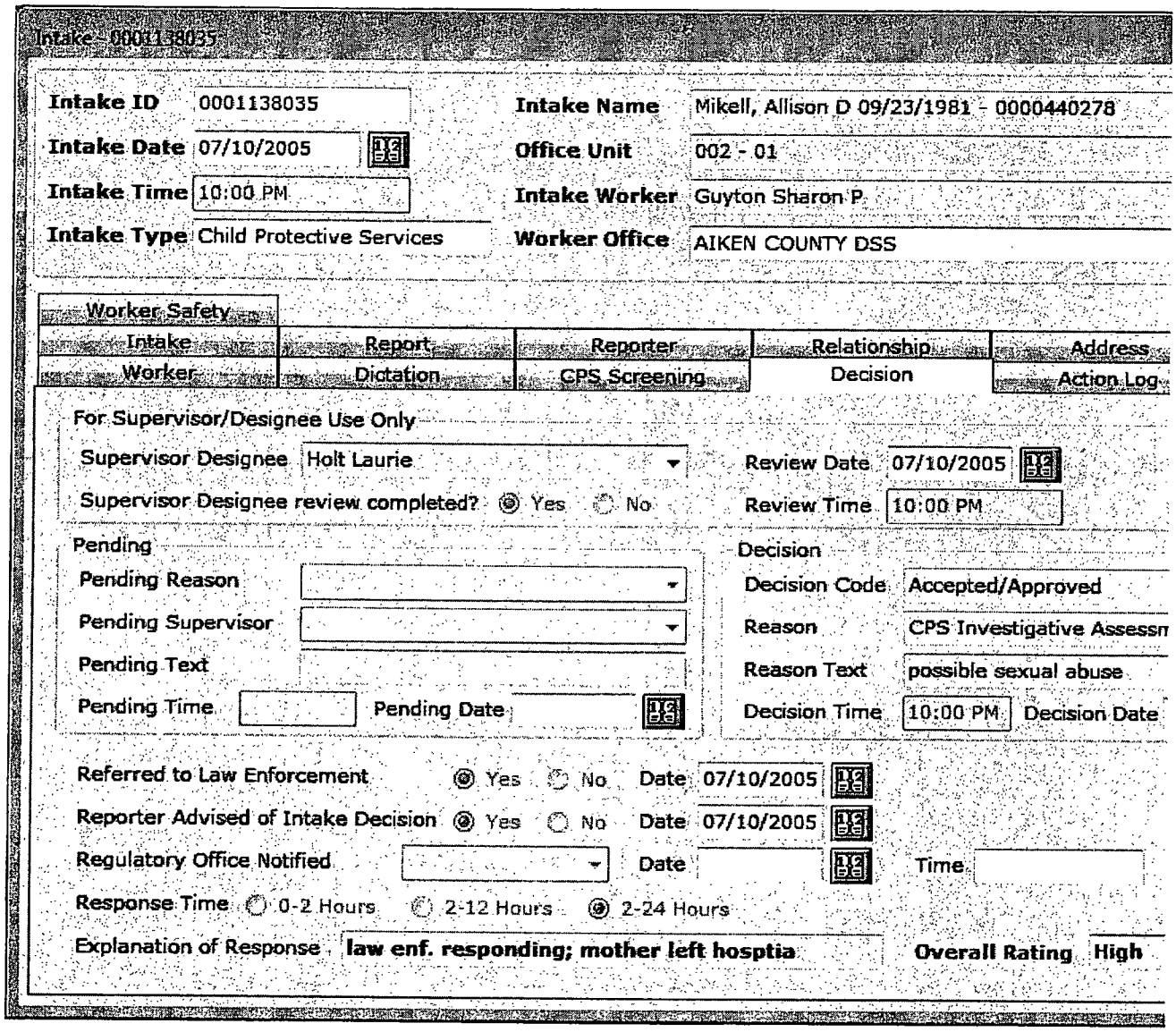
Allegation/Request

Reportedly six yr. old Alexis stated that her pee pee hurts and that her mom
Mikell) boyfriend took her (Alexis) to the bedroom with her (Alexis) pants do
and her two sisters (Brianna and Adrianna) were taken to the emergency ro
mom but when mom found out how detailed the examination would be, mom
the girls. Mom std that Alexis lied and that she (mom) just wouldn't leave th
alone with her boyfriend again.

Mode of Contact In Person

Source First-Hand Knowledge

Collateral Contacts Suggested


Intake - 0001138035
Intake ID 0001138035
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 07/10/2005
Office Unit 002 - 01
Intake Time 10:00 PM
Intake Worker Guyton Sharon P
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS
Worker Safety
Intake
Report
Reporter
Relationship
Address
Worker
Dictation
CPS Screening
Decision
Action Log
For Supervisor/Designee Use Only
Supervisor Designee Holt Laurie
Review Date 07/10/2005
Supervisor Designee review completed? Yes No
Review Time 10:00 PM
Pending
Pending Reason
Pending Supervisor
Pending Text
Pending Time
Pending Date
Decision
Decision Code Accepted/Approved
Reason CPS Investigative Assessn
Reason Text possible sexual abuse
Decision Time 10:00 PM
Decision Date
Referred to Law Enforcement Yes No Date 07/10/2005
Reporter Advised of Intake Decision Yes No Date 07/10/2005
Regulatory Office Notified
Date
Time
Response Time 0-2 Hours 2-12 Hours 2-24 Hours
Explanation of Response law enf. responding; mother left hosptia
Overall Rating High

Intake - 0001198094

Intake ID	0001198094	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	04/17/2007	**Office Unit**	002 - 01
Intake Time	12:30 PM	**Intake Worker**	Evans Jeffery D
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker | Dictation | CPS Screening | Decision | Action Log | Worker Safety

Intake | Report | Reporter | Relationship | Address

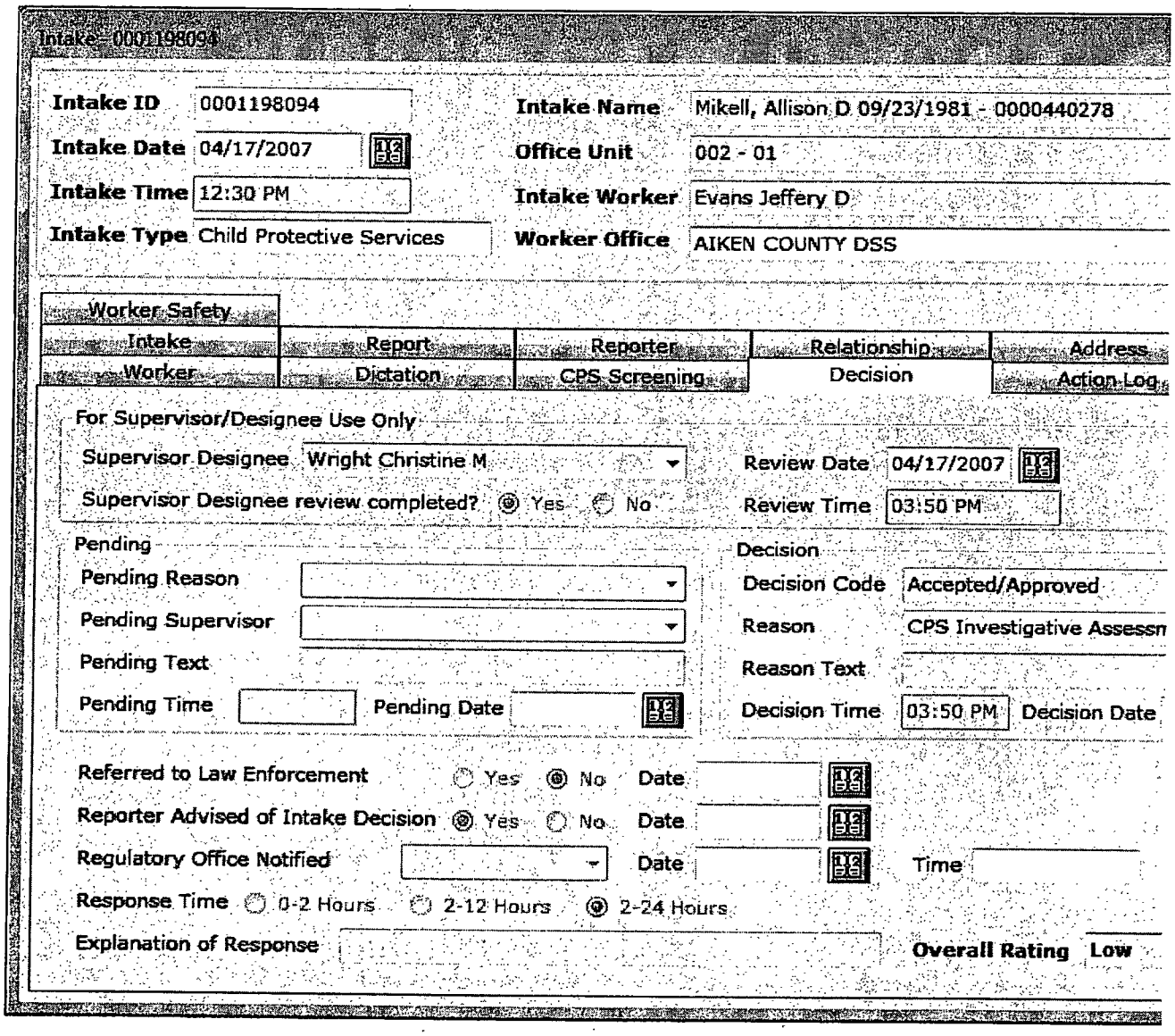
Allegation/Request

Reportedly, children have dirty hands, filthy faces and hair not brushed. Rep the oldest hair is so bad there is a birdnest in the back. Reportedly, Brianna strong urine smell today. Reportedly, the children did not get to school on tin Reportedly, children are always wearing clothing that is dirty and they wear s when the weather is cold with no socks. Reportedly, mother sent Alexis to sc after she was sent home with a fever.

Mode of Contact Telephone

Source First-Hand Knowledge

Collateral Contacts Suggested


Intake - 0001198094

Intake ID 0001198094
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 04/17/2007
Office Unit 002 - 01
Intake Time 12:30 PM
Intake Worker Evans Jeffery D
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS

Worker Safety
Intake | Report | Reporter | Relationship | Address
Worker | Dictation | CPS Screening | Decision | Action Log

For Supervisor/Designee Use Only
Supervisor Designee Wright Christine M
Review Date 04/17/2007
Supervisor Designee review completed? Yes No
Review Time 03:50 PM

Pending
Pending Reason
Pending Supervisor
Pending Text
Pending Time
Pending Date

Decision
Decision Code Accepted/Approved
Reason CPS Investigative Assessn
Reason Text
Decision Time 03:50 PM
Decision Date

Referred to Law Enforcement Yes No Date
Reporter Advised of Intake Decision Yes No Date
Regulatory Office Notified Date Time
Response Time 0-2 Hours 2-12 Hours 2-24 Hours
Explanation of Response
Overall Rating Low

Intake - 0001213566

Intake ID	0001213566	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	09/24/2007	**Office Unit**	002 - 01
Intake Time	09:15 AM	**Intake Worker**	Evans Jeffery D
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker | Dictation | CPS Screening | Decision | Action Log

Worker Safety

Intake | Report | Reporter | Relationship | Address

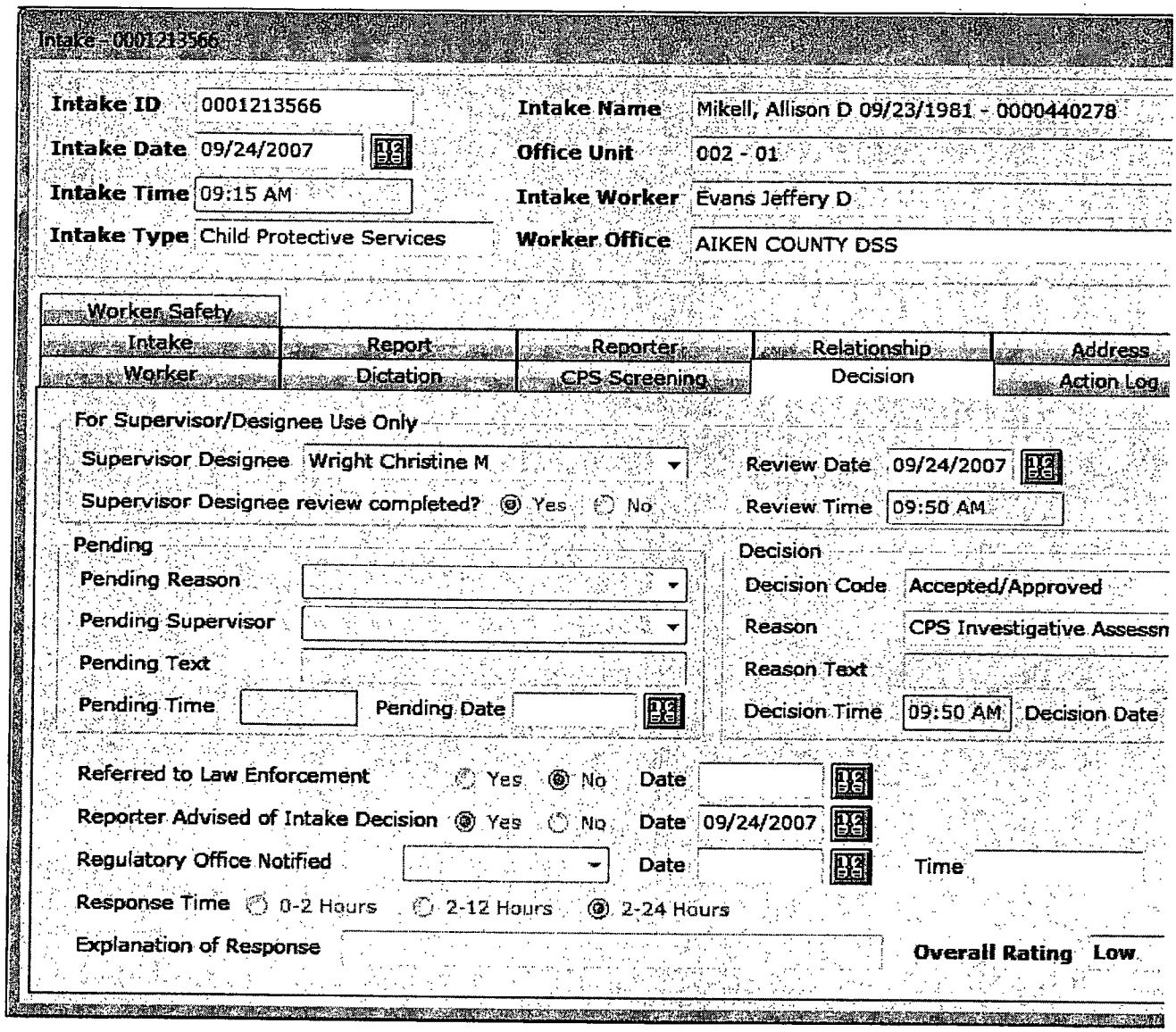
Allegation/Request

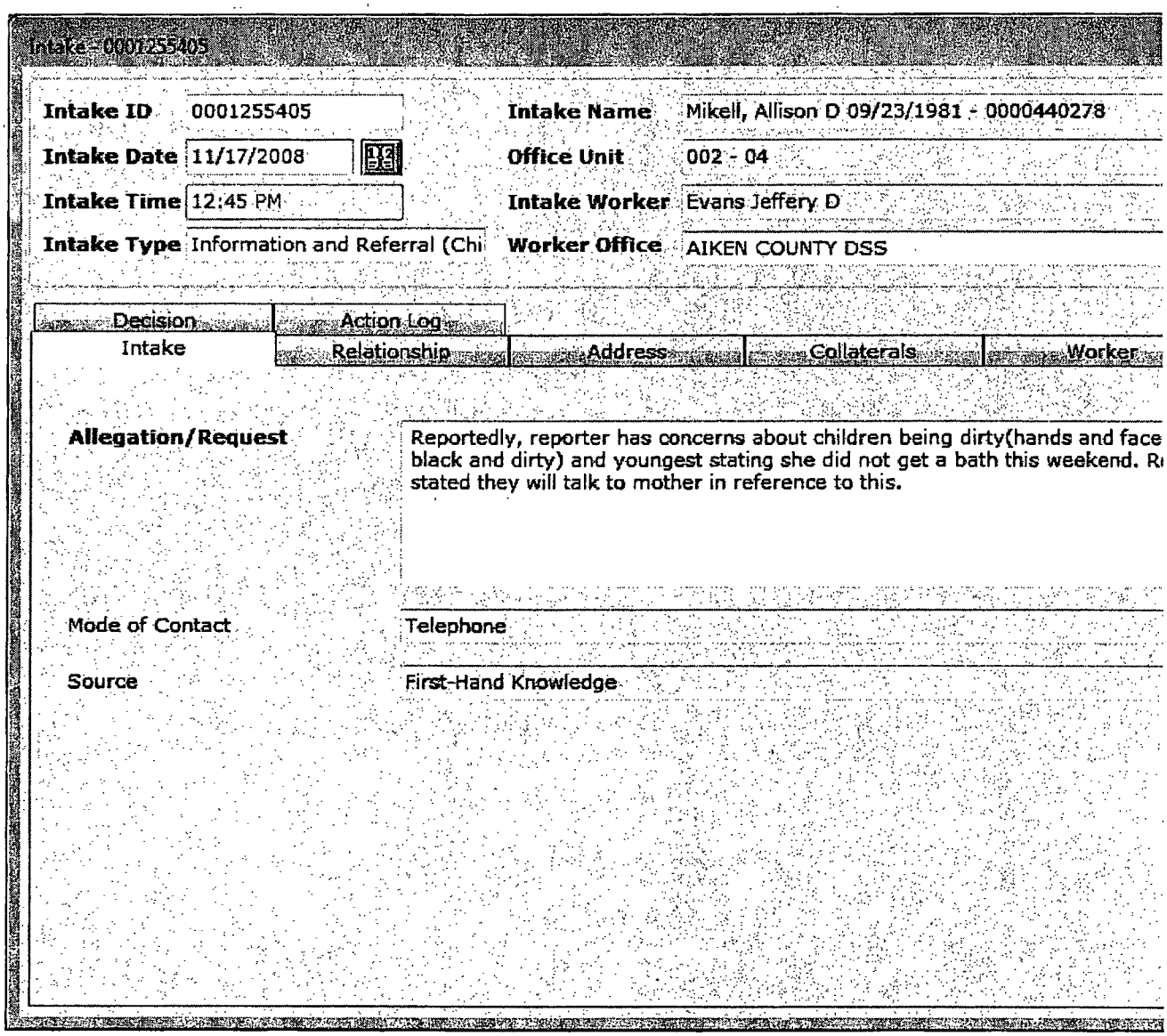
Reportedly, Adrianna has a burn on her thumb that is red and blistered from burned while her sister Alexis was playing with a cigarette and lighter. Repor Brianna has stitches in her hand(unknown from what). Reportedly, the childr unkempt and wear clothes that are dirty and shoes that do not fit(last today ongoing).

Mode of Contact: Telephone

Source: First-Hand Knowledge

Collateral Contacts Suggested


Intake - 0001213566
Intake ID 0001213566
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 09/24/2007
Office Unit 002 - 01
Intake Time 09:15 AM
Intake Worker Evans Jeffery D
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS
Worker Safety
Intake
Report
Reporter
Relationship
Address
Worker
Dictation
CPS Screening
Decision
Action Log
For Supervisor/Designee Use Only
Supervisor Designee Wright Christine M
Review Date 09/24/2007
Supervisor Designee review completed? Yes No
Review Time 09:50 AM
Pending
Pending Reason
Pending Supervisor
Pending Text
Pending Time
Pending Date
Decision
Decision Code Accepted/Approved
Reason CPS Investigative Assessn
Reason Text
Decision Time 09:50 AM
Decision Date
Referred to Law Enforcement Yes No Date
Reporter Advised of Intake Decision Yes No Date 09/24/2007
Regulatory Office Notified
Date
Time
Response Time 0-2 Hours 2-12 Hours 2-24 Hours
Explanation of Response
Overall Rating Low



Intake - 0001255405

Intake ID	0001255405	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	11/17/2008	**Office Unit**	002 - 04
Intake Time	12:45 PM	**Intake Worker**	Evans Jeffery D
Intake Type	Information and Referral (Chi	**Worker Office**	AIKEN COUNTY DSS

Decision | Action Log

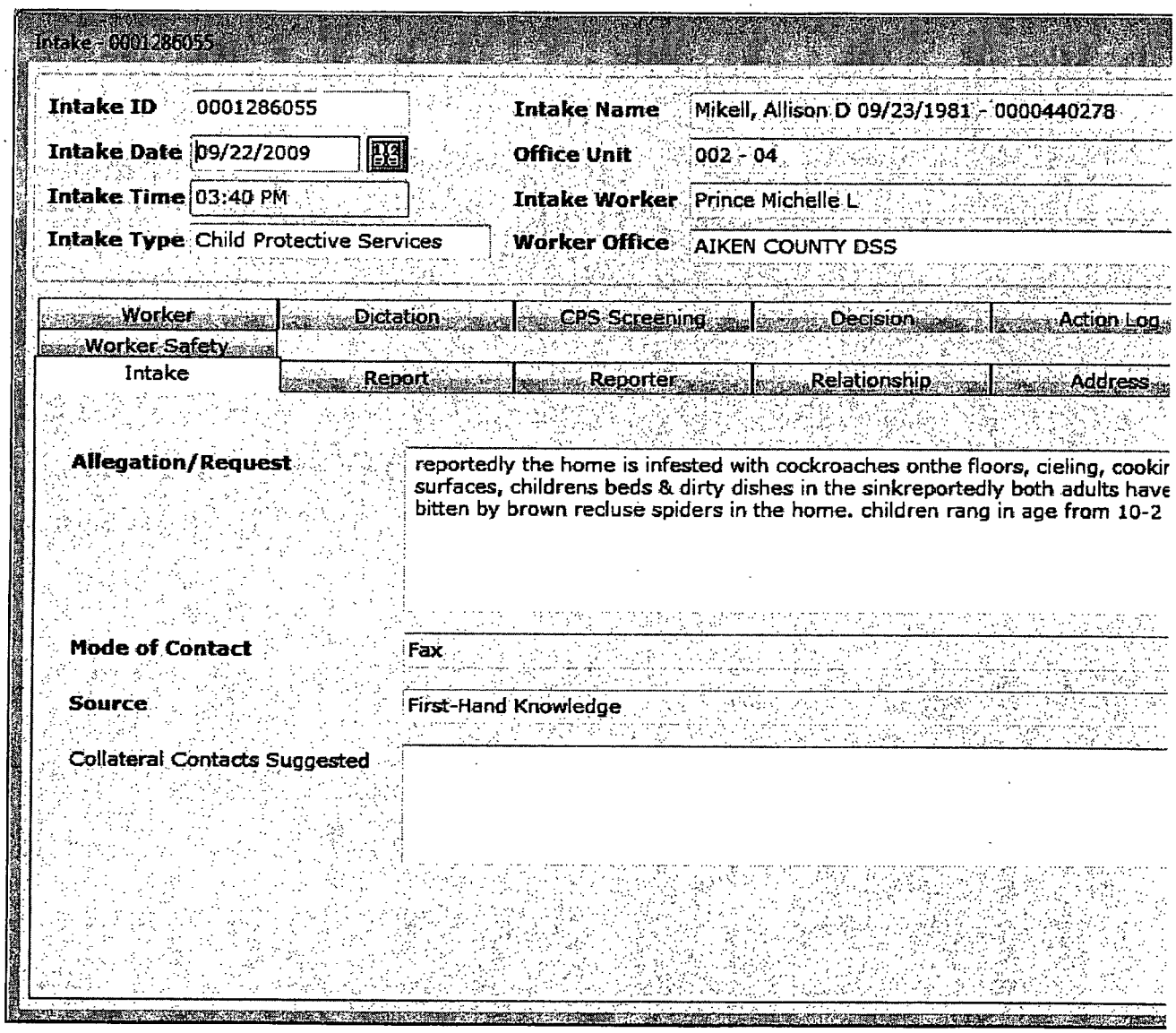
Intake | Relationship | Address | Collaterals | Worker

Allegation/Request

Reportedly, reporter has concerns about children being dirty(hands and face black and dirty) and youngest stating she did not get a bath this weekend. R stated they will talk to mother in reference to this.

Mode of Contact: Telephone

Source: First-Hand Knowledge



Intake - 0001286055

Intake ID	0001286055	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	09/22/2009	**Office Unit**	002 - 04
Intake Time	03:40 PM	**Intake Worker**	Prince Michelle L
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker | Dictation | CPS Screening | Decision | Action Log
Worker Safety
Intake | Report | Reporter | Relationship | Address

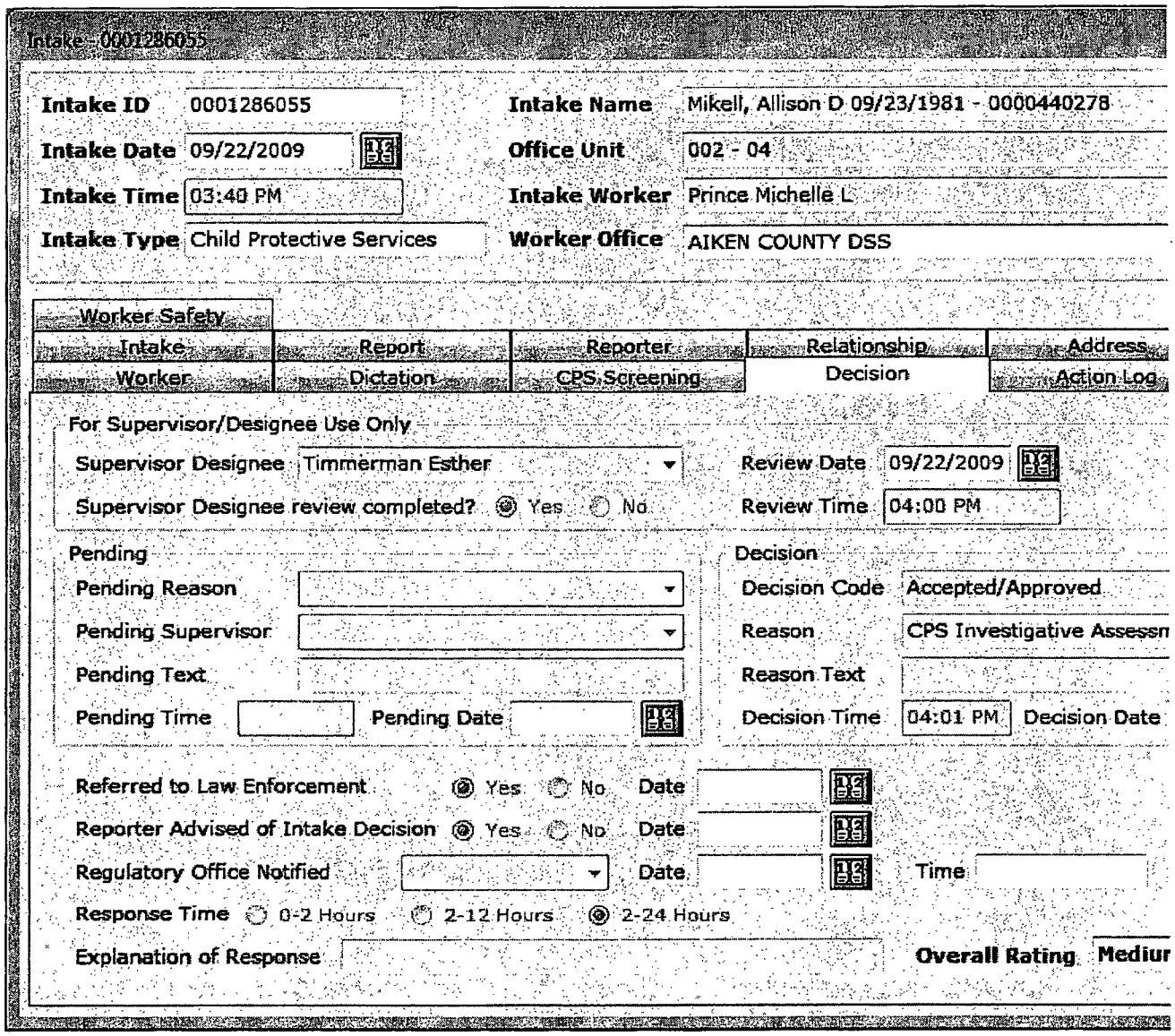
Allegation/Request

reportedly the home is infested with cockroaches onthe floors, cieling, cookir surfaces, childrens beds & dirty dishes in the sinkreportedly both adults have bitten by brown recluse spiders in the home. children rang in age from 10-2

Mode of Contact Fax

Source First-Hand Knowledge

Collateral Contacts Suggested


Intake - 0001286055

Intake ID 0001286055
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 09/22/2009
Office Unit 002 - 04
Intake Time 03:40 PM
Intake Worker Prince Michelle L
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS

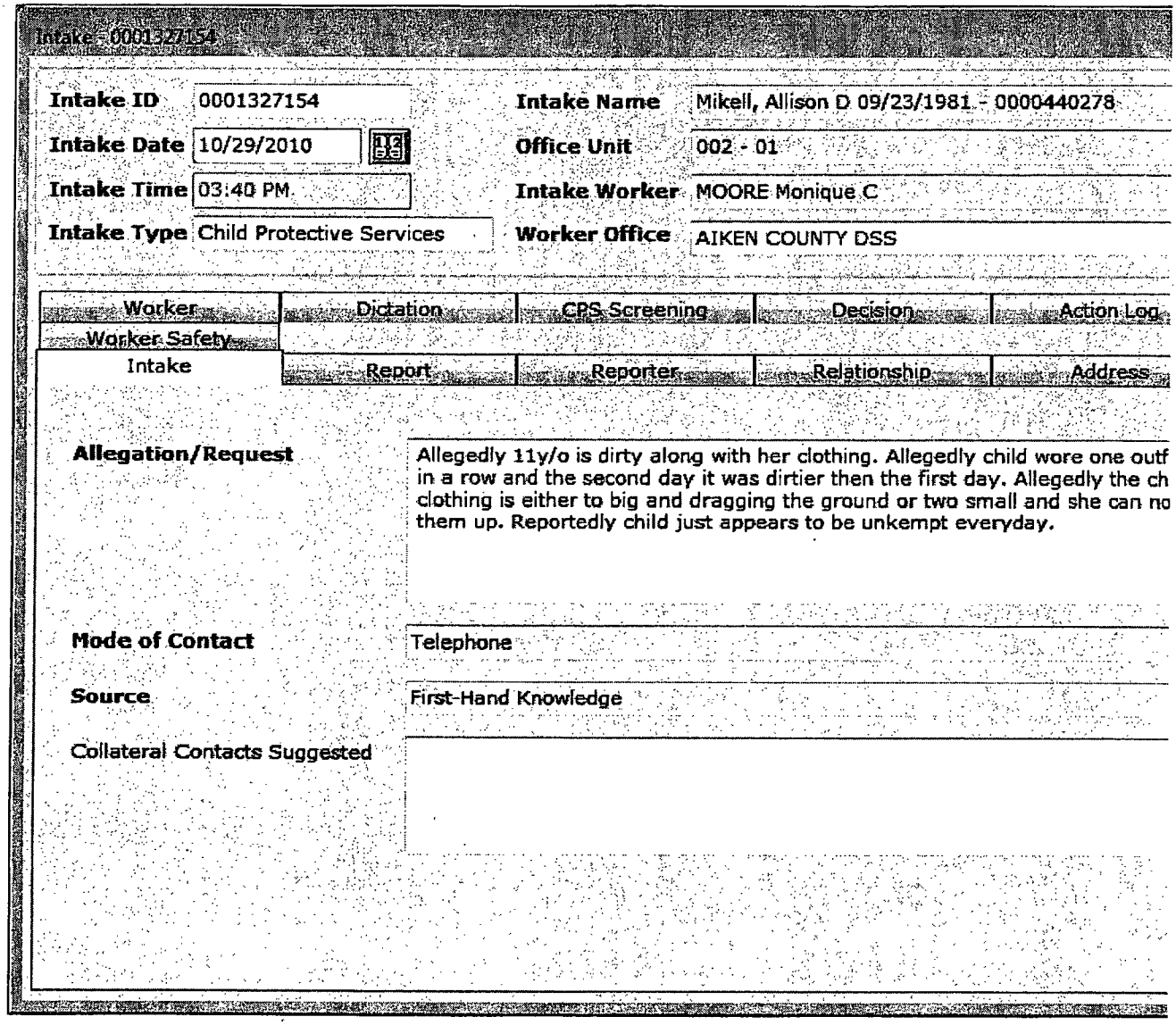
Worker Safety
Intake | Report | Reporter | Relationship | Address
Worker | Dictation | CPS Screening | Decision | Action Log

For Supervisor/Designee Use Only
Supervisor Designee Timmerman Esther
Review Date 09/22/2009
Supervisor Designee review completed? Yes No
Review Time 04:00 PM

Pending
Pending Reason
Pending Supervisor
Pending Text
Pending Time
Pending Date

Decision
Decision Code Accepted/Approved
Reason CPS Investigative Assessn
Reason Text
Decision Time 04:01 PM
Decision Date

Referred to Law Enforcement Yes No Date
Reporter Advised of Intake Decision Yes No Date
Regulatory Office Notified Date Time
Response Time 0-2 Hours 2-12 Hours 2-24 Hours
Explanation of Response
Overall Rating Mediur



Intake - 0001327154

Intake ID	0001327154	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	10/29/2010	**Office Unit**	002 - 01
Intake Time	03:40 PM	**Intake Worker**	MOORE Monique C
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker | Dictation | CPS Screening | Decision | Action Log
Worker Safety
Intake | Report | Reporter | Relationship | Address

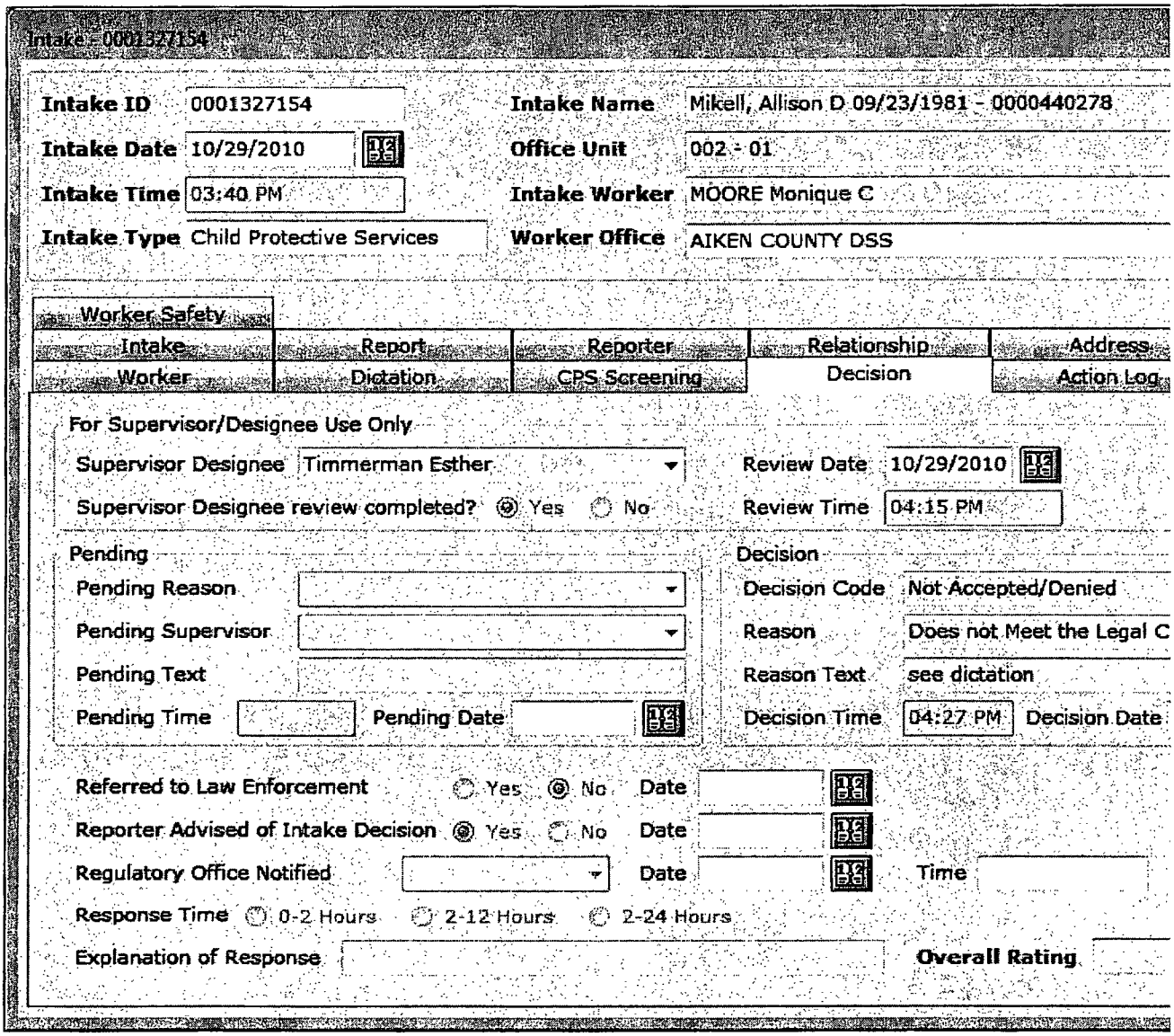
Allegation/Request

Allegedly 11y/o is dirty along with her clothing. Allegedly child wore one outf in a row and the second day it was dirtier then the first day. Allegedly the ch clothing is either to big and dragging the ground or two small and she can no them up. Reportedly child just appears to be unkempt everyday.

Mode of Contact Telephone

Source First-Hand Knowledge

Collateral Contacts Suggested


Intake - 0001327154

Intake ID 0001327154
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 10/29/2010
Office Unit 002 - 01
Intake Time 03:40 PM
Intake Worker MOORE Monique C
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS

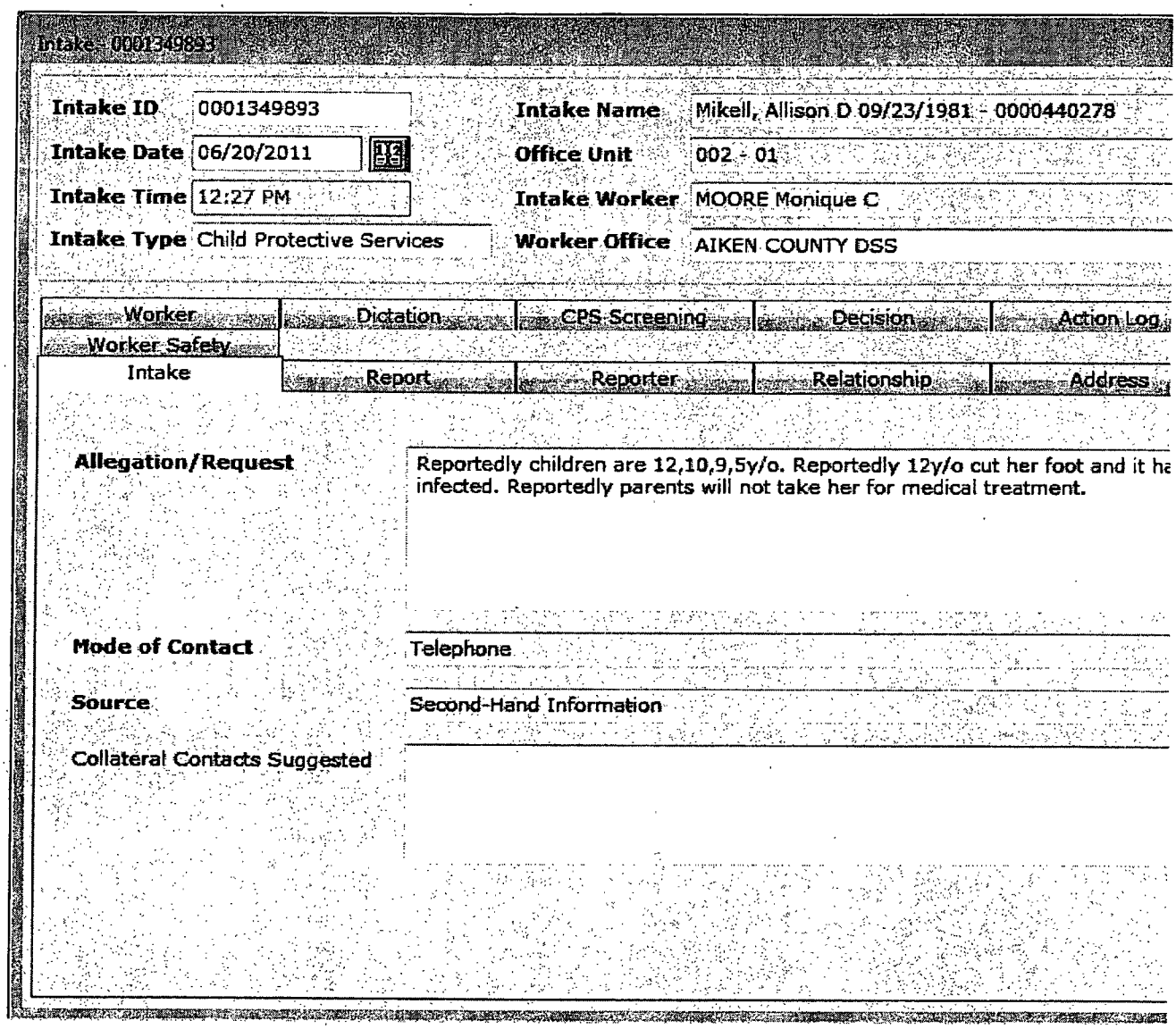
Worker Safety
Intake | Report | Reporter | Relationship | Address
Worker | Dictation | CPS Screening | Decision | Action Log

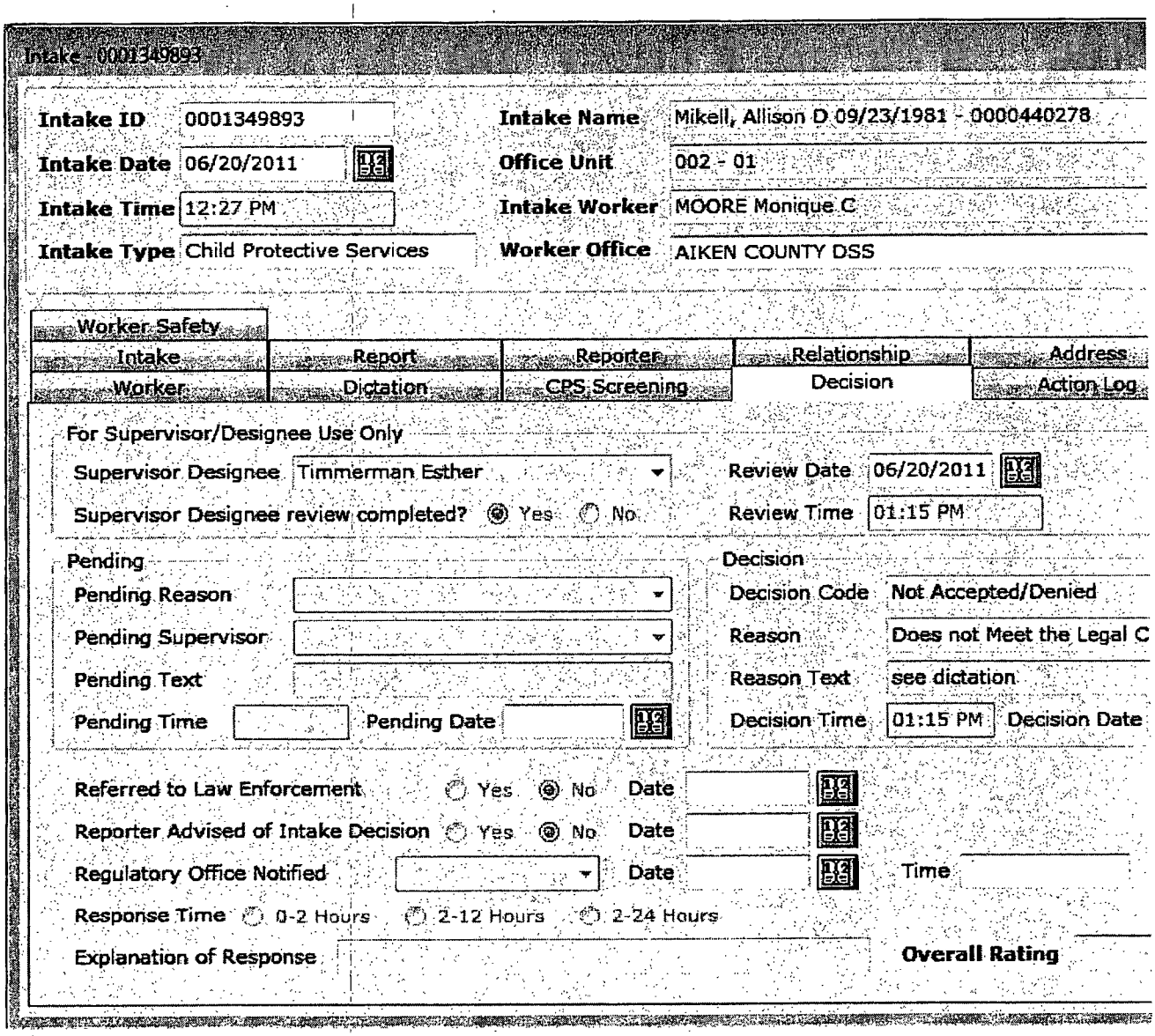
For Supervisor/Designee Use Only
Supervisor Designee Timmerman Esther
Review Date 10/29/2010
Supervisor Designee review completed? (•) Yes ( ) No
Review Time 04:15 PM

Pending
Pending Reason
Pending Supervisor
Pending Text
Pending Time
Pending Date

Decision
Decision Code Not Accepted/Denied
Reason Does not Meet the Legal C
Reason Text see dictation
Decision Time 04:27 PM
Decision Date

Referred to Law Enforcement ( ) Yes (•) No Date
Reporter Advised of Intake Decision (•) Yes ( ) No Date
Regulatory Office Notified Date Time
Response Time ( ) 0-2 Hours ( ) 2-12 Hours ( ) 2-24 Hours
Explanation of Response
Overall Rating


Intake - 0001349893
Intake ID 0001349893
Intake Name Mikell, Allison D 09/23/1981 - 0000440278
Intake Date 06/20/2011
Office Unit 002 - 01
Intake Time 12:27 PM
Intake Worker MOORE Monique C
Intake Type Child Protective Services
Worker Office AIKEN COUNTY DSS
Worker
Dictation
CPS Screening
Decision
Action Log
Worker Safety
Intake
Report
Reporter
Relationship
Address
Allegation/Request
Reportedly children are 12,10,9,5y/o. Reportedly 12y/o cut her foot and it ha
infected. Reportedly parents will not take her for medical treatment.
Mode of Contact
Telephone
Source
Second-Hand Information
Collateral Contacts Suggested



Intake - 0001349893

Intake ID	0001349893	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	06/20/2011	**Office Unit**	002 - 01
Intake Time	12:27 PM	**Intake Worker**	MOORE Monique C
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker Safety | Intake | Report | Reporter | Relationship | Address | Worker | Dictation | CPS Screening | Decision | Action Log

For Supervisor/Designee Use Only

Supervisor Designee: Timmerman Esther — Review Date: 06/20/2011

Supervisor Designee review completed? (•) Yes ( ) No — Review Time: 01:15 PM

Pending

Pending Reason:

Pending Supervisor:

Pending Text:

Pending Time: — Pending Date:

Decision

Decision Code: Not Accepted/Denied

Reason: Does not Meet the Legal C

Reason Text: see dictation

Decision Time: 01:15 PM — Decision Date

Referred to Law Enforcement ( ) Yes (•) No — Date:

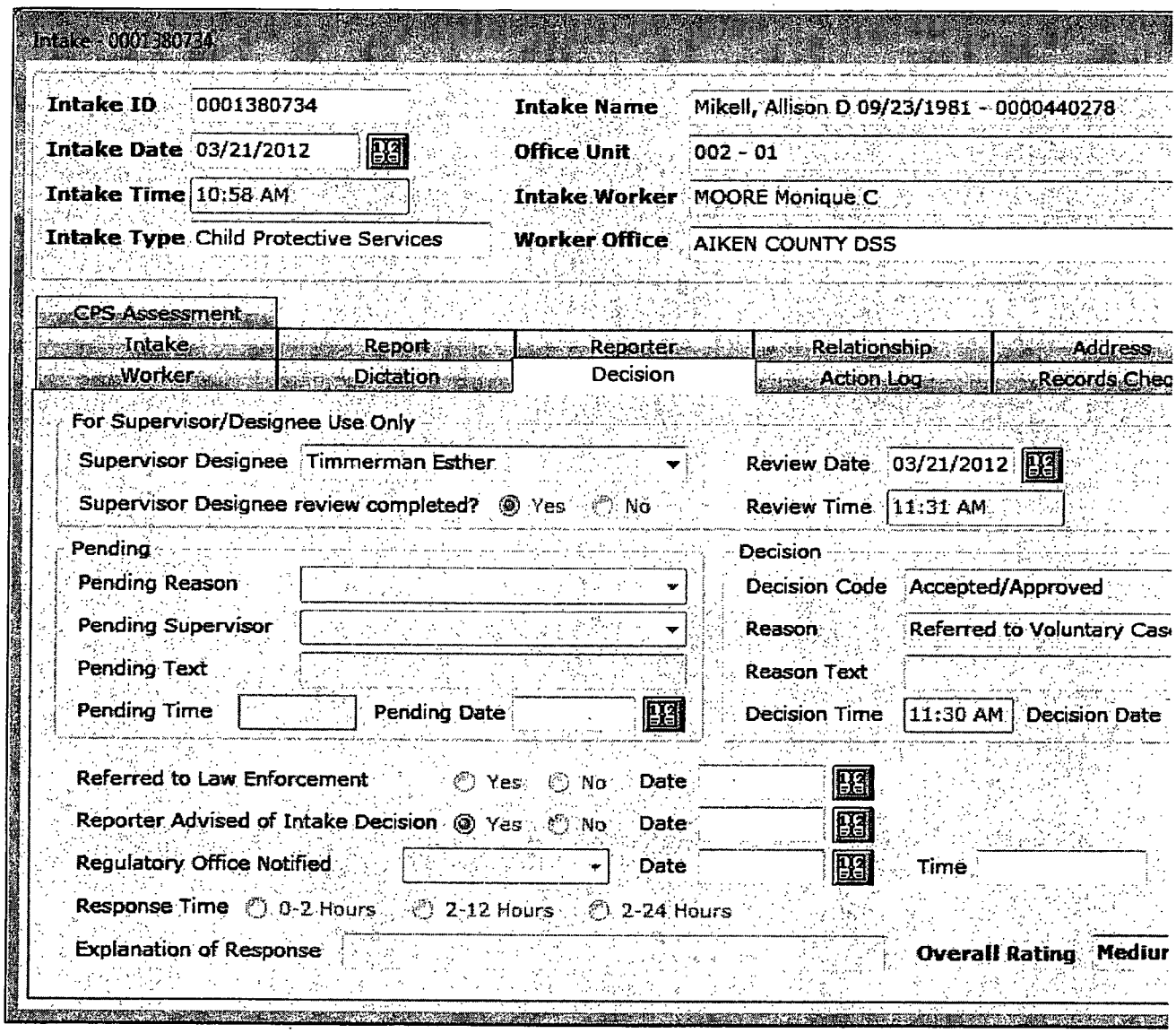
Reporter Advised of Intake Decision ( ) Yes (•) No — Date:

Regulatory Office Notified: — Date: — Time:

Response Time ( ) 0-2 Hours ( ) 2-12 Hours ( ) 2-24 Hours

Explanation of Response:

Overall Rating



Referred to voluntary case management for voluntary treatment services no investigation - no dictation in DSS system.

Intake - 0001380734

Intake ID	0001380734	**Intake Name**	Mikell, Allison D 09/23/1981 - 0000440278
Intake Date	03/21/2012	**Office Unit**	002 - 01
Intake Time	10:58 AM	**Intake Worker**	MOORE Monique C
Intake Type	Child Protective Services	**Worker Office**	AIKEN COUNTY DSS

Worker | Dictation | Decision | Action Log | Records Chec

CPS Assessment

Intake | Report | Reporter | Relationship | Address

Allegation/Request	Reportedly children are 12,11,10,6y/o. Reportedly the home condition is poo there is sewage backed up in the front yard. Allegedly all four children are sl a small mattress in living room.
Mode of Contact	Telephone
Source	First-Hand Knowledge
Collateral Contacts Suggested	

CERTIFICATE OF COUNSEL FOR APPELLANT

Counsel for appellant certifies that this Supplemental Record on Appeal Filed Under Seal contains all material proposed to be included by any of the parties and not any other material and that this Record on Appeal complies to the best of my ability with the April 15, 2014 order from the South Carolina Supreme Court entitled "Revised Order Concerning Personal Identifying Information and Other Sensitive Information in Appellate Court Filings."

May 18, 2016

Lara M. Caudy
Appellate Defender

South Carolina Commission on Indigent Defense
Division of Appellate Defense
P.O. Box 11589
Columbia, S. C. 29211-1589
(803) 734-1330

ATTORNEY FOR APPELLANT

CERTIFICATE OF COUNSEL FOR APPELLANT

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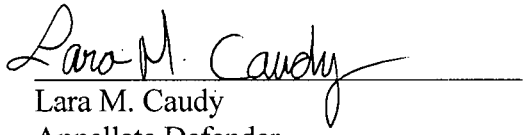
May 18, 2016



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