

RECEIVED
FEB 13 2013
SC Court of Appeals

my name is Danny Ray Pittman
and I am writing to you in regards of my Direct
Appral. I didn't Directly know exactly what the
Direct appral meant but as I've Done some Reserch
I feel the need to pursue the Direct appral. I
am enclosing some Documents that you may find
Helpful whire considering my appral. I know that
I wrote A letter to you explaining that I didn't
understand the Direct appral and Direct knew what
the nonsequences were. I wish to provide these
Medical Documents and several of those Detective
Statements where I feel that Detective Carson Neely
and Captain Hoffman were not very truthful in
Court when making testimony. These medical Documents
and Detective statements will show the conflict of
these statements. They stated that it was the worst crime
scene and had they come up later it would have been
a double homicide. Detectives statements from police invest.
gator show that the victim was indeed alive and well
and gave oral consent for the police to search the
premises of the property. Also victims stated in the
court room that they had a series of Headache and
migraine problems now and that the second victim
suffered from speech impairment. I am enclosing the
medical Documents from admission Date on 2-2-12
As to the history of illness that they had before
The assault took place. Also I want to note that
I Brought this to my public Defenders attention -

RECEIVED
FEB 13 2013
SC Court of Appeals

The day before court as we discussed the facts of the case and the strategic event to take place against some of the things that I knew were gonna be taking place in the court. My lawyer did not speak upon nothing that we had discussed prior to my court arraignment. When the judge asked me was I satisfied with my lawyer. "I was" up until the real arguments took place in the court. He neither presented any type of argument against some of the medical things that were being said. I know that I was pleading guilty but he could have presented paperwork or a ledgible argument to show the judge that we did indeed have facts to prove what was said was untruthful in light of his decision on the sentence that Judge Nettles gave me. Also he made it aware to me that I needed to go in front of Judge Nettles because he is a lieutenant judge and "I" know him personally. He told me that mr Nettles wife was receiving cancer treatments from Duke University and that he used to be a Defense attorney and that mr Nettles would look at my situation better because of those factors. He also explained to me that since his wife was receiving cancer treatment at Duke that something could very well happen to her and if she became Disceased then he might not be lieutenant on me. Also he kept telling me that "you know" Danny that if you go in front of Judge Hayes of Judge Alford that you will receive 30 years

continued page 3.

IN prison. well I received 25 years IN prison
By going IN front of Judge nettles I would receive
A Real light sentence because of those situations that
Harry Dest Brought Before Him in court. The same
week that I went to court on December 20th 2012
Judge nettles gave James Diago 40 years for first
Degree murder and a female that had voluntary
manslaughter 4 years and another young man
Had Attempted murder assault High Aggravated nature
weapon During a violent crime and firing into occupied
Dwelling and He received ~~40~~ 16 years for those
Crimes. I went in front of the Judge with 2
Assault High Aggravated and received 25 years.
That's 21 years more than manslaughter, 15 years
less than murder and these people took Human
lives that can never be again. I understand that
I have a record. But all of them are property
Crimes. also I asked Harry Dest to speak in
The courtroom to the Judge on record that
I did not have any violent crimes on my record.
NO victim advocate. I understood that background
Records Do not help with sentencing but I feel
they help or hurt you if you have more than one
offense and are a repeat offender. Harry Dest
Also sent me this piece of paper stating that
someone got 10 years under the alford plea.
I don't understand the reverence of this paper
unless it is caused for a Bribery to plead
guilty. Also I was never explained to

next page

Exactly what the Affidavit Is and what It's for. I asked Mr Best to send me copy of the Affidavit times in writing and orally and to no avail Did I ever get it so I could understand It. I also thought that It would have been better for me to plead guilty Instead of trying to pull the wool over the Judges eyes and not really admit to my guilt. Also I asked my lawyer that if they had DNA evidence that they would try next to drop the charges from attempted murder to High Assault. He gave me no answer said he could not speak for the solicitor. Now comes the solicitor. Upon opening statements the solicitor read the plea agreement but not to its entirety As I have on my plea agreement. Now when she spoke about the straight up plea agreement it was not aware to me that she would be telling the judge that they were dropped charges from attempted murder as to that situation my lawyer did not explain to me. She stated that law enforcement would be present and want to give those regards to sentencing. I advised my lawyer that there was not a significant difference between the prosecutor and law enforcement because they are all on the same team and one cannot build a case without the other. next page

my lawyer then explained to me that there was a difference. He said the judge would know the difference because he was a Defense lawyer and he knows that the Detectives always try to get all they can get. He said he told the judge over to tell the Detectives if they want to they pass them tell them "to get 7 fucking years off Higher education") Also she stated (sollicitor) that she was allowing my lawyer to pick the judge that he wanted the case tried before. That's about like saying the sollicitor is the judge he just gets to say the sentencing for him. I find a conflict about some of the things that she (sollicitor) stated on record. She stated that I had beat the victims with a Baseball bat but that proved to be untrue. Also she stated that 11 year old little girl made 911 calls "thank god he didn't hurt her" Also read a statement about I called my sister and told her that "I killed that bitch and her son" but that proved to be untrue. Also that the Blackwood said that I did it. that proved not true. All these things that I have alleged are not facts. they are here say so I think that the plea agreement is void because of the misrepresentation of the plea as stated.

continued page 6

In the court proceeding. the fact pattern is that the people were assaulted and the circumstances ARE as they ARE suffering (medical physical psychological ~~EXT~~ Ect. The solicitor said that she will allow Request a sentence of if to 8 to 10 years on behalf of your client given the unique circumstances of the case. now to my knowledge There was nothing unique about my case as it was never explained to me before court, or during the court procedure. Also It was never explained to me by my lawyer what the mitigating circumstances ARE IN my case and how they may help. Also I am enclosing A copy of the Request for medical records from solicitor Lisa G. Collins. She ~~is~~ Does not list Her work phone # or fax # all she list is her cell phone # for personal Buisness and ~~this~~ this is not personal" it involves personal feelings for Her then she should not be prosecutor Also I am enclosing A letter that I feel Breached my Attorney/Client privileges Between lawyer/public Defender Investigator and myself. Also A letter that the South Carolina Bar sent Back in Response to me. next page.

About what they can and cannot do. this

letter was written on July 24th 2012 IN

the York county Detention center. I recently

wrote to the bar and asked them to send

me a copy of the letter that I wrote and

they sent me the original back to me.

Please be advised as you go over my

transcript and look at those documents

that you will see exactly why I think

the Judge made the Decision that he did.

1. Detectives false testimony

2. Solicitors Breach of contract

3. my lawyers failure to object to any arguments

4. The victims testimony where I caused the headaches

and migraines and made the other victim have

Speech Impairment.

5. failure to disclose my background with no violence.

X I have underlined the facts in the medical Reports

and the Detective Reports so you can get a

clear understanding.

I'll be waiting in Hopes of Good news

from this dept. with Kind regards.

Respectfully submitted

Carlyle

Date: 2-11-2013

#294081

Continued page 8

I also would like to understand why I got 20 years for one charge of assault and battery for Kimberly Dawn Fair and I only got 5 years for Christopher Fair.

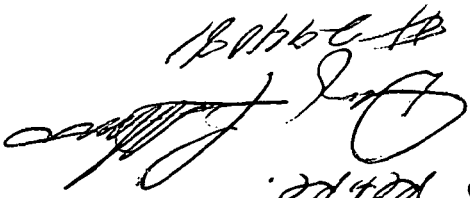
The male victim in this case had the worse injuries between the 2 victims. She had one fracture to the head while the had several fractures to the head and stayed hospitalized the longest between the 2 of them. He chose not to get up and speak against me in

The courtroom and the Judge gave me 5 years. Here notably the female victim chose to speak and I received 20 years. The most sentence imposed by the Judge. The charge is the same and the INJURIES ~~similar~~ similar. But the sentences are not. I somehow think there was not a just cause for that sentencing procedure. I think it was done

Because of the local news channels along with the Charlotte News Channel and that to be given a harsh sentence so it will look like the Judge is tough on crime and is securing a permanent seat as Judge in York County cause Hayes is about to retire.

look at the Indictment Numbers and the Appraisal papers.

Date: - 2-11-2013

 #299091

201200003630
2/2/12
Deputy R. B. Gladden

this IS on the scene

On 2/1/12, I was dispatched to 1473 Elder Road to an assault. While en route, I was advised by dispatch that the caller, an eleven year old female named Stephanie, stated her mother was bleeding and there was an injured unidentified male subject lying in the back yard of the residence. Upon arrival, I located Stephanie and her mother, Kimberly Faile, at the front door of the residence. Kimberly was bleeding from the head and appeared to be confused and in shock. Stephanie advised the male subject was still in the back yard. Deputy Clark and I located the male subject, later identified as Christopher Faile, lying on the ground beside the porch in the back yard. Christopher was covered in blood and moaning. I then re-entered the residence to secure the scene. Neither Stephanie nor Kimberly were able to advise if any other persons were inside the residence. Sgt. Clevenger arrived on scene and we then cleared the residence. While clearing the residence, I observed blood on pillows in Kimberly's bed. I also observed blood in the bathroom.

I did not observe any indication of forced entry or an altercation, and Stephanie stated Kimberly, Christopher and Danny Pitman were the only people at the residence on 2/1/12. Stephanie stated she was in her bedroom and heard moaning outside her bedroom window. According to Stephanie, she went outside and observed a male subject lying on the ground. Stephanie stated she then went inside and woke Kimberly after finding her bleeding from the head. Stephanie stated Kimberly then went to the restroom. Stephanie advised she did not hear any altercation.

I then spoke with Kimberly, who stated she went to sleep and did not awake until Stephanie woke her prior to calling 911. Kimberly advised she was unsure how she sustained the injury to her head. Kimberly then advised when she went to sleep, Stephanie, Christopher and Danny were inside the residence. Kimberly advised there was no argument or assault between any parties at the residence prior to her falling asleep. Kimberly's hands and face were covered in blood. Kimberly then gave oral consent to search the premises. Danny was not on scene, and Kimberly advised he did not own a vehicle. Throughout my interview with Kimberly, I observed she appeared confused and disoriented. Kimberly advised she did not consume any alcoholic beverages or narcotics on 2/1/12.

Sgt. Clevenger requested CID, FSU and K-9 units. Deputy Clark spoke with Christopher prior to EMS transporting him to PMC. EMS also transported Kimberly. Margaret Faile, Stephanie's grandmother, arrived on scene to take possession of Stephanie.

Rachel Gladden

On February 1, 2012 at approximately 2320 hours, Deputy Gladden and I responded to 1473 Elder Road in Rock Hill, SC in reference to a suspect bleeding from the head. Deputy Gladden arrived on scene seconds before I did. As we walked up the driveway, a female child came to the front door very frantically. She was eventually identified as Stephanie Bryant. As we approached the door, an adult female appeared. She was later identified as Kimberly Faile. She had an obvious laceration to her forehead. She was conscious and moving around. She would not say what happened. Deputy Gladden asked Stephanie what had happened. Stephanie said that she did not know. She said that she heard someone outside moaning and she found a man lying on the ground near the porch in the backyard. She also saw Faile's laceration. Deputy Gladden and I went through the kitchen and opened the back door. The door was unlocked and there was an unlocked screen door. We looked around the porch until I saw a male subject lying on the ground at the right corner of the porch. He appeared unresponsive. After I got closer to him, I could see a large amount of blood covering his entire head. I also saw blood on his arms and a pool of blood on the ground beside his head. I began shouting at him. He faintly responded. I asked him numerous questions but did not get coherent responses. I was able to get his name from him. He said that he was Chris Faile. He would not say what happened or who hit him. Sgt. Clevenger arrived on scene and assisted Deputy Gladden in securing the remainder of the residence. Chris continued mumbling negative responses to most of my questions. He wouldn't answer hardly any questions for paramedics either. After he was loaded into the ambulance, he was able to provide his date of birth. Chris never provided any additional details on the incident. He was transported from the scene by Piedmont EMS. I then began the crime scene log and identified personnel on scene. While recording on the log, I noticed that there was blood on the front door bell. FSU, K-9, and CID all responded to the scene. I eventually left the scene and turned the log over to Deputy Gladden. EOS-----

ON
the
scene

Deputy J. A. Clark

/Clark

This Does not coincide with what the Ambulance Driver says and paramedic says in the next papers.

Report # 201200003630
1473 Elder Rd.

I, Sgt. D. H Clevenger of the York County Sheriff's Office, responded to 1473 Elder Rd., Rock Hill, SC, 29732 in reference to two subjects with head injuries. As I pulled up I could hear Dep. A. Clark in the back yard talking. As I went through the gate to the back yard I could see Dep. A. Clark standing over a young white male that was lying on the ground in a large puddle of blood. I asked where Dep. Gladden was and Clark stated that she was inside. I looked at the residence and both of the wood doors on the rear and side of the house were open. I entered the side screen door. I assisted Dep. Gladden in clearing the rest of the house. Kimberly Faile was sitting on the couch in the living room with a lot of blood on her head and hands. Her daughter Stephanie was sitting beside her. After clearing the house I went to my patrol car to get my camera to assist with getting a few pictures before the victims were removed. Dep. Gladden received a verbal consent to search the house and property from Kimberly. Kimberly was in no condition to write on any paper at that time due to the amount of blood on her hands. I took pictures of both victims. I attempted to ask Kimberly what happened. Kimberly stated that she did not know and that she did not know anything. I then went to ask Chris Faile, her son and victim outside, what happened. He was very unresponsive. I went back in and Stephanie stated that Chris, Kimberly, Dan Dan (Danny Ray Pittman) and her were the only ones in the house. Stephanie stated that she was lying in the bed and heard someone moaning, looked out the window and saw a man lying on the ground. She got up and found her mother in the bed bleeding. Stephanie got her mother up and called 911. She said that she heard nothing leading up to that. I asked her if Dan and Kimberly had been fighting earlier in the night and she responded no. I then had dispatch contact on call for CID, FSU and K9. Stephanie stated that Dan did not have a car and may have walked off. After some further discussion it was discovered that a blue Kia Sorrento that belonged to Kimberly was missing. I had dispatch put out a BOLO for Danny Ray Pittman for questioning in the case. Detective Martin arrived on scene and I turned the investigation over to him.

D. H. Clevenger

Heath Clevenger
2-2-2012

These ARE 3 different
Detectives that Responded
TO THE SCENE. There
Statements Do not
Coincide with the condition
These people were suppose
to Be IN AS. A Double
Homicide as Det CARSON
Neely put it.

PATIENT INFORMATION

Procedure Date: 02/02/2012 OR Room: CMC OR 31
Patient Identification Confirmed: (126) Y Inpatient Room: 6008
Confirmed Method: Armband/Guardian Verbal Blood Alert: N/A Case Type: Emergent
Patient Assessment Performed / PreOp Checklist Verified: NA Blood Bank ID: History & Physical on Chart: Y
Consent Signed: EMERG Procedure Risks/Benefits Documented: EMERGENCY Verifies Allergies (123): Y
Assessment Comments: assessment by D. Hudson, family @ bedside, psoriasis BUE/ BLE, scalp laceration rt. and left posterior head
Allergies: Allergy Comments: Latex Allergy:

Health Considerations:

Special Needs:

Patient Information Comments:

UNIVERSAL PROTOCOL CHECKLIST - PROCEDURE I

Procedure I: Left Parietal Craniotomy for depressed Skull Fracture
Life Threatening Injury/Condition: N TIMEOUT PROCEDURE I Conducted: 07:20
Patient / Procedure I Verified with: HP and/or MD order: Y Procedure Consent: N/A
Patient / Procedure I Verified Verbally with Patient / Responsible Adult: Y
Op Sites / Laterality / Levels Verified with Patient: N
Visualization That Site Marked with YES: N/A
Patient, Procedure, Site, Position Verified Verbally on Arrival to OR: Y Provider: Deshmukh, Vinay
Anesthesia Provider: Pollard, Richard J, MD
Procedure I Operative Site Verified with Imaging Studies: Y Registered Nurse: Hudson, Deborah, RN
Implant(s) Available: Y Scrub / 2nd RN: Cook, Thorey, CST
Special Equipment Available: Y Resident:
Reason for Incomplete Universal Protocol for Procedure I:
d/t emergency procedure
Universal Protocol Comments:

CASE INFORMATION

ASA Classification: Mild but controlled disease Anesthesia Type: General
Preoperative Diagnosis: Depressed Skull Fracture

Provider: Deshmukh, Vinay Operative Procedure: Elevation of Open Left Depressed Skull Fracture, Closure of Right Frontal Scalp Laceration, Closure of Right parietooccipital Scalp laceration, Closure of Right Inion Scalp laceration/Left occipital Scalp Laceration
Site: Left Laterality:
Postoperative Diagnosis: depressed skull fracture

CASE TIMES

Transportation to OR via: Bed Timeout Procedure I: 07:20 Anes. Turnover Patient to Surgeon:
Patient In OR Time: 06:45 Patient Out of OR Time: 09:36
Procedure I Start: 07:20 Procedure I End: 09:20 Surgeon In Room: 07:00 Surgeon Out Room: 09:06

OR PERSONNEL

OR Staff: Hudson, Deborah, RN Clinical Role: Circulator-Primary Time In: 06:00 Time Out: 09:36
Coleman, Terissa, ST Scrub- Primary 06:00 09:36
Bynum, Rebecca, RN Scrub- Intern 06:00 09:36
OR Staff Comments:

ANESTHESIA PERSONNEL

Anesthesiologist: Pollard, Richard J, MD CRNA: Lowry, Cherie S, CRNA SRNA:
OTHER PERSONNEL

Carolinas Medical Center



Carolinas HealthCare System
Intraoperative Nursing Record

Patient Name: LUXURY, TRAUMA
History #: 0905749680
Account #: C8100042157
Sex: M Age: 142 Yrs
Date of Birth: 01/01/1870
Printed: 02/02/2012 9:34 Page: 1

IS use: 549565

If the surgery or the victims injuries were life threatening then from 11:15 on 2-1-2012 to 7:20 on 2-2-2012 to perform surgery. that is 8 hours later.

PIEDMONT MEDICAL CENTER
222 South Herlong Avenue
Rock Hill, South Carolina 29732
(803)329-1234

PATIENT NAME: FAILE, KIMBERLY D
MEDICAL REC#: M000105162
ACCT #: E73933558

BIRTHDATE: 01/13/1977
ADW/SVC DATE: 02/10/12
DISCHARGE DATE: 02/12/12

DISCHARGE SUMMARY

ADMISSION DIAGNOSES:

1. Increased confusion and mental status changes.
2. Recent history of skull fracture secondary to trauma, status post surgery done at CMC.
3. History of migraine.
4. Tobacco abuse.
5. Asymptomatic chronic low blood pressure.

DISCHARGE DIAGNOSES:

1. Increased confusion and mental status changes.
2. Recent history of skull fracture secondary to trauma, status post surgery done at CMC.
3. History of migraine.
4. Tobacco abuse.
5. Asymptomatic chronic low blood pressure.
6. Cerebral edema leading to mental confusion and forgetfulness.
7. Urinary tract infection secondary to yeast.
8. Asymptomatic bradycardia.

CONSULTANTS INVOLVED: Include Vinay Deshmukh, M.D., from neurosurgery.

COURSE DURING HOSPITALIZATION: This is a 35-year-old white female patient who recently had a skull injury and fracture for which she had surgery done at CMC about a week ago and was discharged. She was noted to be having increased forgetfulness for which her cousin brought her to the ER for evaluation. CAT scan of the brain was done and that did show some worsening of cerebral edema in the frontal lobe, which was likely the cause of her confusion. She was admitted and was started on steroids and was evaluated by neurosurgery. No other repeat CAT scans were felt necessary as per neurosurgery during the course of hospitalization since the patient was symptomatically improving. She did have some asymptomatic bradycardia for which no interventions are needed. At the same time, she does have chronic asymptomatic low blood pressure, which is stable. She was noted to have a UTI secondary to yeast for which she is being discharged on fluconazole. Since the patient was symptomatically improving, she is being discharged on Keppra and Medrol Dosepak as per neurosurgery with a repeat CAT scan of the head to be done after a few days. Patient is clinically and hemodynamically stable at the time of discharge.

DISCHARGE MEDICATIONS AND INSTRUCTIONS: Patient has been discharged on the following:

1. Keppra 500 mg p.o. b.i.d.
2. Medrol Dosepak p.o. as directed.

PATIENT NAME: FAILE, KIMBERLY D
MEDICAL REC#: M000105162
LOCATION: PCUA 353-A
PROVIDER: Uchit V Bhalodia MD

DISCHARGE SUMMARY

23:52	A. Thompson	Assessment Paramedic	BLS	N/A	N/A	N/A	N/A	No
		Ongoing/ Secondary						
23:53	A. Thompson	IV Start	ALS1	N/A	N/A	N/A	1	Yes
23:57	A. Thompson	IV Start	ALS1	N/A	N/A	N/A	1	No
00:02	A. Thompson	Respiratory Oxygen Cannula	BLS	2.00	LPM	N/A		N/A

FlexFields:

FlexField	Value
Vitals: SPO2 [1] - SPO2	Room Air
Vitals: SPO2 [2] - SPO2	Oxygen
Vitals: SPO2 [3] - SPO2	Oxygen
Vitals: SPO2 [4] - SPO2	Oxygen

Flow Chart: Treat Code [5] - IV SIZE/LOCATION
 SIZE 20 GA

Flow Chart: Treat Code [5] - IV SIZE/LOCATION
 SIZE 20 GA
 LOCATION LEFT ANTECUBITAL
 LOCATION RIGHT ANTECUBITAL
 IV Fluid Saline Lock
 IV Fluid NS

Flow Chart: Treat Code [2] - SPINAL IMMOBILIZATION
 LSB Yes
 KED No
 PediBoard No
 Head Immobilized Yes
 Body Immobilized Yes
 Neck Immobilized Yes
 Immobilized with Head Blocks Yes
 Secured with straps Yes
 MSC Before Yes
 MSC After Yes
 C Collar Adult

Narrative History Text:

GENERAL CALL DESCRIPTION

TRANSPORTED A 35 YEAR OLD FEMALE WITH A CHIEF COMPLAINT OF TRAUMA INJURY WHICH STARTED ON FEB 01 2012 2310:00.

PARAMEDIC PERFORMED INITIAL PATIENT ASSESSMENT.

ADDITIONAL COMMENTS

UNABLE TO SIGN COMMENTS: PT. IN FULL SPINAL PROTOCOL

PT. FOUND WALKING AT CALL LOCATION WITH BLOOD COVERING HER FACE AND HEAD. PT. CAOX4 HOWEVER SHE DOES NOT REMEMBER THE INCIDENT THAT LED TO INJURY. PT. CC'S OF HEAD PAIN. PT. PLACED IN FULL SPINAL PROTOCOL AND PLACED IN AMBULANCE. BLEEDING CONTROLLED. DUE TO LARGE AMOUNT OF BLOOD MATTED HAIR, EMS IS UNABLE TO COMPLETELY VISUALIZE INJURY. PT. DOES COMPLAIN OF PAIN WHEN HEAD IS PALPATED, NO HEMATOMA OR OBVIOUS DEFORMITY NOTED DURING PALPATION.

73892861



Admission Date: 2/2/2012 Time: 0027 Transfer Date: 2/2/2012 Time: 0250

SECTION I Patient Acknowledgment / Request - Check ONE of the following:

- (A) **TRANSFER ACKNOWLEDGEMENT**
I understand that I have / the patient has a right to receive medical screening, examination and evaluation by a physician, or other appropriate personnel, without regard to my / the patient's ability to pay, prior to any transfer from this hospital. I have / the patient has the right to be informed of the reason(s) for any transfer. I acknowledge that I have / the patient has received medical screening, examination, and evaluation by a physician, or other appropriate personnel, and that I / have been informed of the reason(s) for my / the patient's transfer.
- (B) **PATIENT REQUEST FOR TRANSFER**
I request a transfer and acknowledge that I have been informed of the risks and consequences potentially involved in the transfer, the possible benefits of continuing treatment at this hospital, and the alternatives (if any) to the transfer I am requesting. I also acknowledge the obligation of this hospital to provide such further examination and treatment, within its available staff and facilities, as may be required to stabilize my / the patient's medical condition. I hereby releases the attending physician, any other physicians involved in the patient's care, the hospital and its agents and employees, from all responsibility for any ill effect(s) which may result from the transfer or the delay involved in the transfer.

PATIENT / SURROGATE DECISIONMAKER'S SIGNATURE: [Signature] Signature Kim D. Faile

Relationship if other than patient: n/a Date: 2/2/2012 Date 2-2-2012

Time: 0208 Witness: [Signature] RN

SECTION II Physician Certification - Check ONE of the following:

- (A) **TRANSFER OF STABILIZED PATIENT:**
Based on the examination and the information available to me at this time, I have concluded that, as of the time of the transfer, the patient's emergency medical condition, if any, has been stabilized such that no material deterioration of the patient's condition is likely, within reasonable medical probability, to result from or occur during the transfer of the patient. For psychiatric emergencies, this means the patient is protected and prevented from injuring himself/herself or others prior to or during transfer.
- (B) **TRANSFER OF UNSTABILIZED PATIENT: (If Checked, Section III must be completed.)**
Based on the examination, the information available to me at this time, and the reasonable risks and benefits to the patient, I have concluded for the reasons which follow that, as of the time of the transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment / care at another facility outweigh the increased risks (if any) to the patient and, if in labor, to the unborn child, from effecting the transfer.

Reason for Transfer: higher level of specialty care (neurology)
Communitel de medical facility to hospital / SDH

All transfers have inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain, turbulence, and the limitations of equipment and personnel present in the vehicles.

Risks of Transfer: x mvc. deterioration

Benefits of Transfer: x neurosurgical evaluation / stabilization / Treatment
Name and addresses of on-call physicians who refused or failed to appear within a reasonable time, thus necessitating a transfer:

I certify that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risks to the individual and, in the case of labor, to the unborn child from effecting the transfer.
Physician / QMP Signature: [Signature] Date/Time: 0200 2/2/12

Physician's Countersignature, if applicable: _____ Date/Time: _____

Hospital Transfer Information Form
(Page 1 of 2)
Piedmont Medical Center
Rock Hill, South Carolina

Addressograph

DOB: 01/13/1977

ACCT# 67349444 MR # M000105162
FAILE, KIMBERLY D 35Y F
Lee, John 02/02/2012
PIEDMONT MEDICAL CENTER

Operative/Procedure Documentation

DOCUMENT NAME:

Operative/Procedure Reports

Operative Note

BALLARD, NIRA 5749684

DATE OF SURGERY: 02/02/2012

PREOPERATIVE DIAGNOSES:

1. Open depressed left-sided parietal skull fracture.

POSTOPERATIVE DIAGNOSIS:

1. Open depressed left-sided parietal skull fracture.

PROCEDURE:

1. Left-sided craniotomy for elevation of open depressed skull fracture.
2. Irrigation and debridement of scalp laceration.
3. Repair of dural defect.

SURGEON: Deshmukh.

ASSISTANT: Lauren Waldron.

ANESTHESIA: General endotracheal anesthesia.

ESTIMATED BLOOD LOSS: 150 mL.

COMPLICATIONS: None.

DISPOSITION: The patient was transferred to the PACU in stable condition.

STATEMENT OF MEDICAL NECESSITY: The patient is a victim of an aggravated assault who presents GCS of 15 with open scalp laceration, and on CT imaging found to have a depressed skull fracture. The degree of depression is greater than the thickness of the calvarium. The patient was felt to require urgent irrigation and debridement of her wound and elevation of her skull fracture and closure of her wound. This patient's clinical malady was discussed with her and her family at length. We discussed with her the risks, benefits, indications, alternatives and usual postoperative course. Questions were encouraged and answered. No functional recovery or pain relief guarantees were made. We discussed risk of wound infection as well.

DESCRIPTION OF PROCEDURE: The patient was brought to the OR where general endotracheal anesthesia was obtained by the anesthetic staff. The patient was placed in the supine position, head turned to the right side. The left scalp was clipped, prepped and draped in the standard fashion. The patient's open scalp laceration was aggressively debrided of foreign material. We extended the scalp laceration at the poles and placed a self-retaining retraction in the wound and used Raney clips for hemostasis on the scalp. We then debrided foreign material from the skull. We placed a single parietal bur hole with a perforator bit and performed a left parietal craniotomy with a craniotome. We then reconstructed

Admit Date: 2/2/2012 08:15 EST

Disch Date: 2/7/2012 14:58 EST

Admitting: HUYNH, TOAN T

Attending: DESHMUKH, VINAY MD

Printed: 11/8/2012 09:09 EST

Pt Name: FAILE, KIMBERLY DAWN

MRN: 0004248310 Acct#: 8100042158

DOB: 1/13/1977 Age: 35 years Sex: Female

Location: 9TC

Print ID: 37899321

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Operative/Procedure Documentation

the fracture fragments which were around 3 cm and were reconstructed using CranioFIX. Please note that upon elevation of the depressed skull fracture, we identified a dural defect but no obvious subjacent brain injury. The dural defect was repaired with 4-0 nurulon. We then replaced the reconstructed bone flap with CranioFIX after irrigating the bone flap and the wound thoroughly with antibiotic solution. Please note that we also obtained meticulous epidural hemostasis. We then placed a single subgaleal drain brought out through a separate stab wound and reapproximated the galea with 2-0 Vicryl and the skin with running and interrupted 3-0 nylon. There were no complications during this case. The patient awoke neurologically stable.

D: 02/03/2012 06:51AM VINAY DESHMUKH, MD

T: 02/03/2012 07:16AM NTS

Job # 6403336/Conf # 5275657

cc:

Electronically Signed By: DESHMUKH, VINAY MD
02/13/2012 02:19 PM

*This is the whole surgical
procedure, not even a whole page
of stuff they said IN the courtroom.*

Admit Date: 2/2/2012 08:15 EST
Disch Date: 2/7/2012 14:58 EST
Admitting: HUYNH, TOAN T
Attending: DESHMUKH, VINAY MD
Printed: 11/8/2012 09:09 EST

Pt Name: FAILE, KIMBERLY DAWN
MRN: 0004248310 Acct#: 8100042158
DOB: 1/13/1977 Age: 35 years Sex: Female
Location: 9TC
Print ID: 37899321

23:35	T. O'Neill	Bleeding Control	BLS	N/A	N/A	N/A	N/A No
23:40	T. O'Neill	Trauma Spinal Immobilization	BLS	N/A	N/A	N/A	N/A No
23:45	S. Roscoe	Respiratory Oxygen Mask	BLS	N/A	N/A	N/A	N/A No
23:45	D. Loftin	IV Start	ALS1	N/A	N/A	N/A	N/A No
23:45	S. Roscoe	Assessment Paramedic	BLS	N/A	N/A	N/A	N/A No
		Ongoing/ Secondary					
23:45	S. Roscoe	Cardiac EKG monitored (4 lead)	ALS1	N/A	N/A	N/A	N/A No
23:48	S. Roscoe	Assessment Paramedic Primary	BLS	N/A	N/A	N/A	N/A No

FlexFields:

FlexField	Value
Vitals: SPO2 [1] - SPO2	Room Air
Vitals: SPO2 [2] - SPO2	Oxygen
Vitals: SPO2 [3] - SPO2	Oxygen
Vitals: SPO2 [4] - SPO2	Oxygen

Flow Chart: Treat Code [4] - IV SIZE/LOCATION

SIZE	18 GA
LOCATION	RIGHT ANTECUBITAL
IV Fluid	Saline Lock

Flow Chart: Treat Code [2] - SPINAL IMMOBILIZATION

LSB	Yes
KED	No
PedBoard	No
Head Immobilized	Yes
Body Immobilized	Yes
Neck Immobilized	Yes
Immobilized with Head Blocks	Yes
Secured with straps	Yes
MSC Before	Yes
MSC After	Yes
C Collar	Adult

Narrative History Text:

GENERAL CALL DESCRIPTION

TRANSPORTED A 16 YEAR OLD MALE WITH A CHIEF COMPLAINT OF HEMORRHAGE - TRAUMATIC WHICH STARTED ON FEB 01 2012 2300:00.

PARAMEDIC PERFORMED INITIAL PATIENT ASSESSMENT.

DISPATCHED P1 TO THIS LOCATION FOR UNCONTROLLED BLEEDING. DISPATCH ADVISED SCENE NOT SECURE, STAGED FOR PD TO ARRIVE. ON OUR ARRIVAL WE ARE MOTIONED TO THE BACK YARD. WE FOUND A 16 YR OLD MALE LYING ON THE GROUND BLEEDING FROM THE HEAD. APPROX 50-75 CC OF BLOOD WAS ON THE GROUND. PT WOULD RESPOND TO VERBAL STIMULI BUT REFUSED TO TELL US WHAT HAPPENED TO HIM. PT DENIED ANY ALCOHOL OR DRUG USE. PT TOLD US HIS NAME AND BIRTHDAY AND THAT HE KNEW WHERE HE WAS. PT WOULD FOLLOW COMMANDS SUCH AS "SQUEEZE MY FINGERS". WE WERE ABLE TO LOCATE A LACERATION TO THE BACK OF HIS HEAD AND BLEEDING WAS CONTROLLED WITH BANDAGES. PT WAS PLACED IN FULL SPINAL PROTOCOL AND TAKEN TO AMBULANCE. FURTHER EXAM SHOWS NO OTHER INJURIES. PT WILL NOT COOPERATE BUT IS CONSCIOUS AND BREATHING NORMALLY. PT DID TELL ME HE HAD NO MEDICAL HISTORY, TAKES NO MEDS AND NO ALLERGIES. VITAL SIGNS ARE TAKEN AND ARE WITHIN NORMAL LIMITS. PT TRANSPORTED TO PMC P2. AS WE ARE PULLING INTO THE HOSPITAL, PT BEGINS TO VOMIT. THE BACKBOARD IS TILTED TO PREVENT ASPIRATION. PT 2 OF THIS CALL WAS TREATED AND TRANSPORTED BY EMS 3.



this is the male victim

Detective said He was Almost Double Homicide

73892803

But this confirms different

Office/Clinic Visit Notes

DOCUMENT NAME:

Rehab Clinic Note

FAILE, CHRISTOPHER

5295026

CLINIC NOTE

DATE OF VISIT: 02/28/2012.

PRECEPTOR: Dr. Lori Grafton

CHIEF COMPLAINT: "I was assaulted."

HISTORY OF PRESENT ILLNESS: This is a 16-year-old right-handed male who on 02/02/2012 was found down in the yard, apparently struck by a baseball bat several times by his mother's boyfriend. He initially at the scene was found to have a Glasgow Coma Scale of 3, but then in the ER his Glasgow Coma of 14 with some positive loss of consciousness. He was initially brought to Piedmont Medical Center and then had a CT revealing multiple skull fractures and also skull fracture depressed with a left open skull fracture with overlying lacerations. The patient was evaluated by neurosurgery at that time. He required surgical elevation. The patient comes today for evaluation. Since then, the patient states that he has been having headaches, but they have decreased significantly in frequency and also in severity. He stated that he is doing well. He has some history of speech impairment and a history of ADHD. He is saying that after his injury his speech has become worse. He also denies any irritability or any problems with sleeping. He does report having some phonophobia, denies any photophobia. Upon questioning on how he feels about concentration, he is stating that he is doing okay, but as mentioned prior he still feels that he has some issues with his speech and with word finding.

PAST MEDICAL HISTORY: History of attention deficit hyperactivity disorder.

PAST SURGICAL HISTORY: The patient had several tympanic placement.

SOCIAL HISTORY: The patient lives with his mother. He is in school. He is a B student. No history of alcohol abuse or drug abuse or any smoking.

FUNCTIONAL HISTORY: Prior to this, the patient was independent in all areas.

FAMILY HISTORY: Mother has a history of brain injury sustained on the same day, otherwise healthy.

ALLERGIES: Allergic to Augmentin and morphine.

MEDICATIONS:

- 1. Keppra 500 mg
- 2. Percocet 7.5/325 mg.

Shows that He already has speech Impairment and that I was not the primary cause of It as the victims stated.

REVIEW OF SYSTEMS: As per HPI, otherwise 10 other systems negative.

Admit Date: 2/28/2012 13:43 EST
 Disch Date: 2/28/2012 23:59 EST
 Admitting: GRAFTON, LORI MD
 Attending: GRAFTON, LORI MD
 Printed: 11/8/2012 11:24 EST

Pt Name: FAILE, CHRISTOPHER MIKEL
 MRN: 0005295026 Acct#: 1205800050
 DOB: 6/20/1995 Age: 16 years Sex: Male
 Location: RGNC
 Print ID: 37915097

lawyer Refused to acknowledge this in the courtroom even as we spoke upon it the Day Before. He let the victims and the Detectives say without objection.

Piedmont Medical Center - Rock Hill, SC 29732

Patient: FAILE, CHRISTOPHER M DOB: 6/20/1995
 MR #: 000093224 Age/Gender: 16y M
 DOS: 2/2/2012 00:12 Acct #: 73889636
 Private Phys: ED Phys: John W. Lee, MD

HEMOGLOBIN	N	15.3	G/DL	14.0-18.0	F
HEMATOCRIT	H	44.2	%	30.0-43.0	F
MEAN CELL VOLUME	N	92.6	FL	80.0-94.0	F
MEAN CELL HEMOGLOBIN	H	32.0	PG	27.0-31.0	F
MEAN CELL HGB CONC.	N	34.5	mmol/L	33.0-37.0	F
RED CELL DIST. WIDTH	N	13.6	%	11.5-14.5	F
PLATELET COUNT AUTO	N	200	K/MM3	150-400	F
MEAN PLATELET VOLUME	N	9.4	FL	7.4-10.4	F

Reviewed By: John W. Lee, MD 2/2/2012 01:23

Category: Toxicology; Test: DRUG SCREEN MEDICAL, URINE; Collected by nurse/physician: Yes John W. Lee, MD

Result 2/2/2012 01:48 < User N. Interface 2/2/2012 1:48 AM >

Test	Unit	Value	Unit	Ref Range	Status	Comments
------	------	-------	------	-----------	--------	----------

DRUG SCREEN MEDICAL(In-House)	N				I	
COCAINE	N	NEGATIVE		NEGATIVE	F	
MARIJUANA METABOLITES, URINE	H	POSITIVE		NEGATIVE	E	
BARBITURATES	N	NEGATIVE		NEGATIVE	F	
BENZODIAZEPINES	N	NEGATIVE		NEGATIVE	F	
OPIATES METABOLITES	N	NEGATIVE		NEGATIVE	F	
AMPHETAMINES, URINE	N	NEGATIVE		NEGATIVE	F	
PHENCYCLIDINE (PCP)	N	NEGATIVE			F	
CREATININE	N	177.5	MG/DL	20.0-400.0	F	
SPECIFIC GRAVITY	N	1.025		1.003-1.030	F	
URINE PH	N	5.0		4.5-8.0	F	
DRUG IN NOTE	H	NOTE			E	

*** Screening procedures for URINE BENZODIAZEPINES ***
 WILL NOT DETECT ATTIVAN (Lorazepam).
 Testing must be performed by Gas Chromatography when ATTIVAN is suspected. A specific test for Ativan can be sent to a reference lab for analysis.

The IN HOUSE URINE drug screen panel is for medical purposes only and gives presumptive positive results. Results are not confirmed by Piedmont Healthcare Laboratory. Any presumptive positive specimen is sent to a reference

He could have brought this to the Judges attention IN chambers or even IN the Court room Because Judge Nettles stated Mr. Pittman these people are going to have to live with these problems the rest of there life. I think that had a big Impact on the Decision He made to give me 20 years and 5 years.

Printed By User N. Interface on 2/4/2012 7:26 AM

Medical Chart with Audits

Office/Clinic Visit Notes

PHYSICAL EXAMINATION:

VITALS: Blood pressure 118/74, pulse rate 104, temperature 97.9.

GENERAL: Patient in no apparent distress. He is awake, alert and oriented x3. He is able to follow multiple commands. The patient stutters.

HEENT: The patient has some head surgical defect after skull fracture. Moist oral mucosa. Extraocular movement intact.

HEART: Regular rate and rhythm.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Soft and depressible.

EXTREMITIES: No clubbing, no cyanosis, no edema.

NEUROMUSCULOSKELETAL: The patient is alert and oriented x3. He was able to spell the word world forward, but had difficulty spelling it backwards, particularly he had a right on the second trial. He had difficulty with processing speed and also with saying the months of the year backwards. Memory: He was able to say three things immediately and three things after five minutes. He was able to isolate movements with bilateral upper extremity and lower extremities. Strength was 5/5 throughout. Balance was of good.

ASSESSMENT AND PLAN: This is a 16-year-old male status post closed head injury and a skull fracture.

1. Cognitive impairment. At this time, in light of patient's prior history of ADHD and this new trauma, I feel patient will benefit from Ritalin 5 mg p.o. b.i.d. This was discussed with the patient and his mother. Also, patient will benefit from speech therapy to give strategies
2. School. At this time, the mother feels that he will do well in home schooling. We agree with this as the intensity will be less and it will help with his recovery from.
3. Patient is not interested in psychology at this time for adjustment, but we will continue to follow this closely.

Please note more than 25 minutes were spent coordinating care of this patient, where more than 50% of the time was on counseling and coordination of care.

D: 02/28/2012 06:04PM GEMAYARET ALVAREZ GONZALEZ, MD

T: 02/29/2012 06:51AM NTS

Job # 6528331/Conf # 906178

cc:

Admit Date: 2/28/2012 13:43 EST
Disch Date: 2/28/2012 23:59 EST
Admitting: GRAFTON, LORI MD
Attending: GRAFTON, LORI MD
Printed: 11/8/2012 11:24 EST

Pt Name: FAILLE, CHRISTOPHER MIKEL
MRN: 0005295026 Acct#: 1205800050
DOB: 6/20/1995 Age: 16 years Sex: Male
Location: RGNC
Print ID: 37915097

State of South Carolina

Kevin S. Brackett
Solicitor



Office of the Solicitor
Sixteenth Judicial Circuit

FAX COVER SHEET

TO: Susan Larsen
RE: Release and Subpoena for Medical Records
FAX NO: 985-4684
DATE: October 25, 2012
FROM: Lisa Collins, Assistant Solicitor
PAGES: 3 (including this cover sheet)
COMMENTS:

*Thank you!
Susan!*

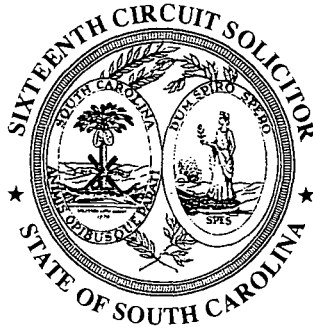
Susan - Please note that these are 2 separate subpoenas for 2 separate victims (Christopher Faile and Kimberly Dawn Faile), although the defendant is the same for both victims. Thank you Susan!

Thank you, as always, for your assistance in this matter. Please call me at (803) 627-1656 (my cell number) when these records are ready and I will come and pick them up. I will bring you the original subpoenas in both cases for your files at that time. Thanks again!

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL LISA COLLINS AT (803)-627-1656. THANK YOU.

The information contained in this facsimile is confidential and is intended only for the use of the individual or the entity to which it is addressed. If you are not the intended recipient or the person responsible for delivering it to the intended recipient, do not use or disclose this facsimile. If you have received this facsimile in error, please immediately notify us by telephone, and return the original to the Solicitor's office via the United States Postal Service. Thank You.

*now the solicitor. This may not mean anything
But she does have a professional Direct line and a
Answering staff from her office. why the importance that she
be reach by her cell phone.
Is it a secure line for talk?*



KEVIN S. BRACKETT
SOLICITOR

November 30, 2012

Harry A. Dest
Circuit Public Defender
Moss Justice Center - 1675 York Highway
York, S.C. 29745

Re: Plea Offer – State of South Carolina vs. Danny Pittman

Dear Mr. Dest:

Pursuant to our plea discussions in the above-referenced case, this is to confirm that your client Danny Pittman will be pleading guilty to two counts of Assault and Battery of a High and Aggravated Nature (under South Carolina Code 16-3-600 - reduced from the original charges of two counts of Attempted Murder) and will also plead "as charged" to one count of Grand Larceny (value more than \$2,000 but less than \$10,000). As the plea will be "straight up" to these charges, the ultimate sentence will be in the discretion of the judge. As discussed, in further consideration of your client's plea I will remain silent as prosecutor as to the sentence to be given by the Court. However, please note that the victims will be present at the plea and I expect that law enforcement will also be present at the plea, and they will all address the judge in regard to their requests for sentencing.

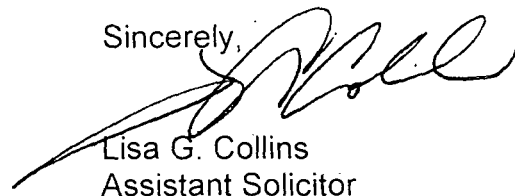
As discussed, in addition to reducing the Attempted Murder charges to ABHAN charges, I have allowed you to select the judge for the plea hearing. Pursuant to your request, I have scheduled the plea to be in front of Judge Nettles on Thursday December 20, 2012 at approximately 2 pm. As with all major cases, we can discuss this case with Judge Nettles in chambers prior to the plea, to review with him the fact pattern and circumstances in the case as well as your client's prior record. We will also discuss with the judge any mitigation which you may have on behalf of your client. Of course, we will present all of this formally on the record as well during the plea hearing itself.

*She stated we will discuss the mitigating circumstances.
She only discussed some things that were not true.*

As discussed, the sentence will be in the discretion of the judge and I understand that you will be requesting a minimal sentence on behalf of your client. I also understand from our discussions that you may request a sentence in the range of eight (8) to ten (10) years on behalf of your client given the unique circumstances of this case. Of course such a request by the defense is allowed under the terms of the plea agreement. Again, while the ultimate sentence will be up to the judge and I can't agree to such a sentence, I will remain silent as prosecutor as to the sentence. Again, we can go in chambers with the judge prior to the plea so that you can discuss the mitigating circumstances in detail with the judge on behalf of your client. Moreover, your client is entitled to credit for the 315 days he would have served in jail as of the date of his plea hearing, and therefore I will make the judge aware of this time served so that he can receive credit for this time against any sentence ordered by the Court.

Thank you. If you need any additional information please do not hesitate to contact me.

Sincerely,

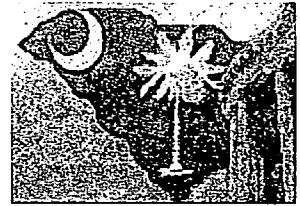


Lisa G. Collins
Assistant Solicitor

I stood IN the courtroom during a plea hearing to plead guilty for over an hour and 10 minutes. She the solicitor treated this like a trial instead of a plea of guilt. All the stuff she said about the 11 year old girl and the statement I killed that Bitch and the Blackheads statement in the courtroom and that I beat the victims with a baseball bat. All that was for antics and show because the cameras was in the courtroom. They treated it like a high profile case of murder or something and it was just assaults. I think all the above plus the cameras gave the judge a big influence on his decision upon sentencing.



York County 16th Judicial Circuit Public Index Search



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[County Home Page](#)

Case Number: 2009GS4603127

Court Agency: York County General Sessions

Filed Date: 08/10/2009

Case Type: Criminal-Clerk

Case Sub Type:

Status: Pled Guilty

Issuing Judge: Clerk Of Court,

Disposition Judge: Hayes, C. John

Disposition: Pled Guilty

Finalized: No

Disposition Date: 08/10/2009

Date Received: 08/10/2009

Arrest Date: 04/28/2007

Law Enf. Case:

True Bill Date:

No Bill Date:

Prosecutor Case:

Indictment Number: 2009GS4603127

Waiver Date:

Probation Case:

[Parties](#) [Charges](#) [Sentencing](#) [Associated Cases](#)

Sentencing

And/Or	Description	Amount	Units	Begin Date	End Date	Completion Date	Consecutive or Concurrent
	Under Alford: sentence deferred until 8-24-09 at 2pm (or when afternoon court session starts on that day) SENTENCED 08-24-2009 10 yrs s/o 7 yrs and 5 yrs prob Rest held open; CFTS 49 DAYS ATU						



950 Taylor Street
PO Box 608
Columbia, SC 29202-0608
803-799-6653 Phone
803-799-4118 Fax
www.scbar.org

ADVANCING JUSTICE,
PROFESSIONALISM
AND UNDERSTANDING
OF THE LAW.

July 27, 2012

Danny Ray Pittman
York County Detention Center
Moss Justice Center # 54454-A
1675-3A York Hwy, York SC 29745

RE: Letter to SC Bar

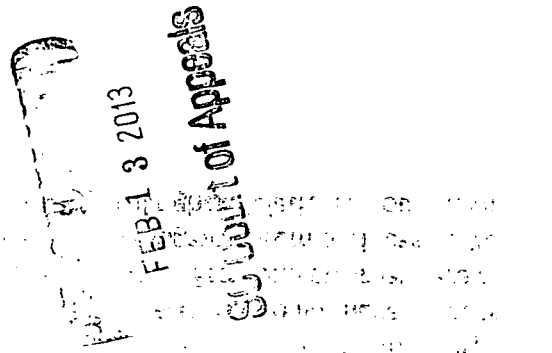
Dear Mr. Pittman:

Unfortunately there is very little our office can do to help you. We do not have any authority over the actions of the public defenders or public defender investigators. Also, we do not have licensed attorneys on staff so we are not authorized to give any legal advice. Pro Bono attorneys are not available for inmates seeking to remove public defenders or investigators from their cases. You can contact the ACLU, as they sometimes take on cases involving civil rights violations. You can write to them at:

ACLU of SC
PO Box 20998
Charleston, SC 29413

Sincerely,

Client Assistance Program
South Carolina Bar
PO Box 608
Columbia, SC 29202-0608



SECTION 16-3-29. Attempted murder.

A person who, with intent to kill, attempts to kill another person with malice aforethought, either expressed or implied, commits the offense of attempted murder. A person who violates this section is guilty of a felony, and, upon conviction, must be imprisoned for not more than thirty years. A sentence imposed pursuant to this section may not be suspended nor may probation be granted.

WILEY
FEB 13 2013
SOUTH CAROLINA

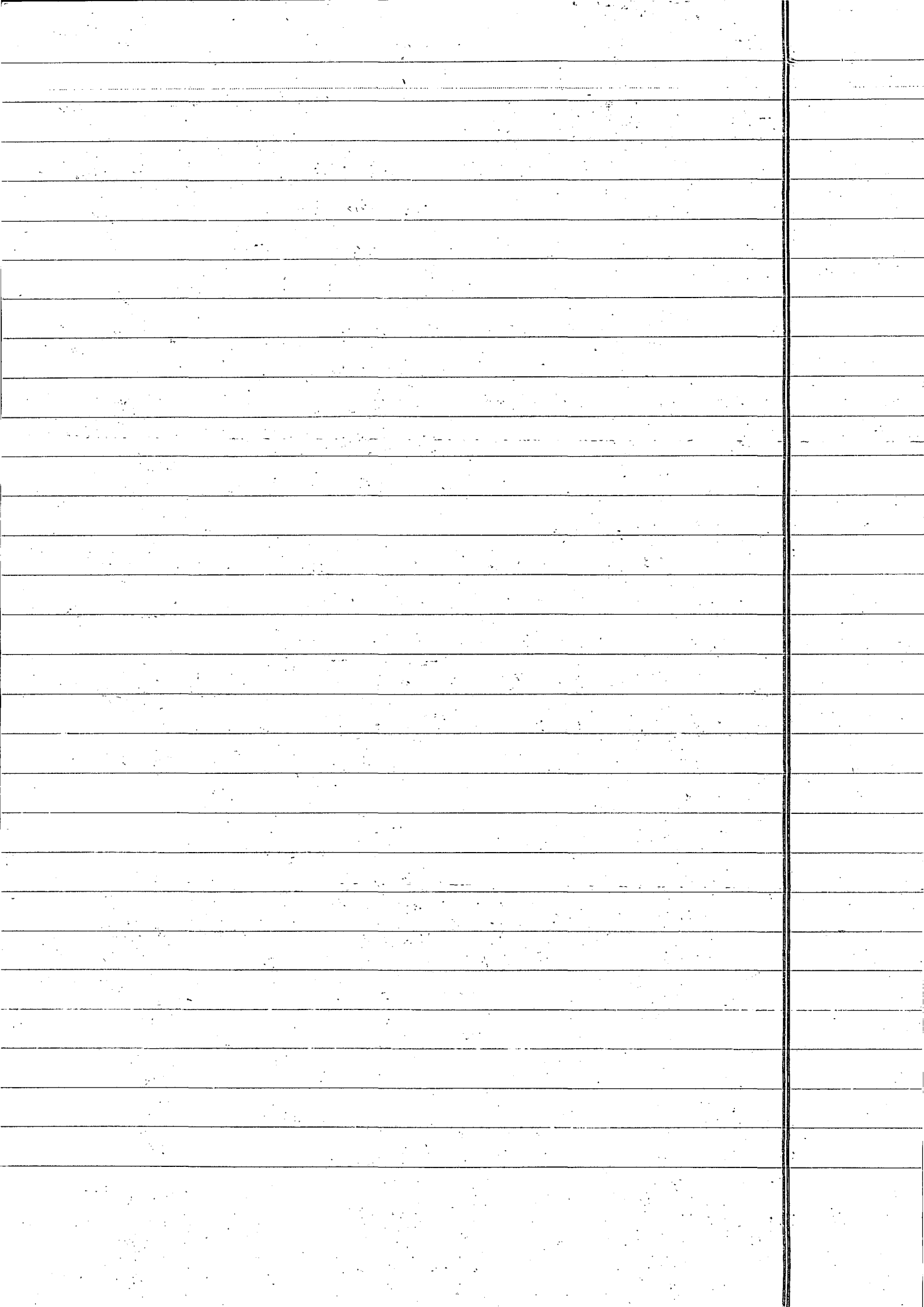
FEB 1 8 2013

TO WHOM IT MAY CONCERN,

①

7-24-12

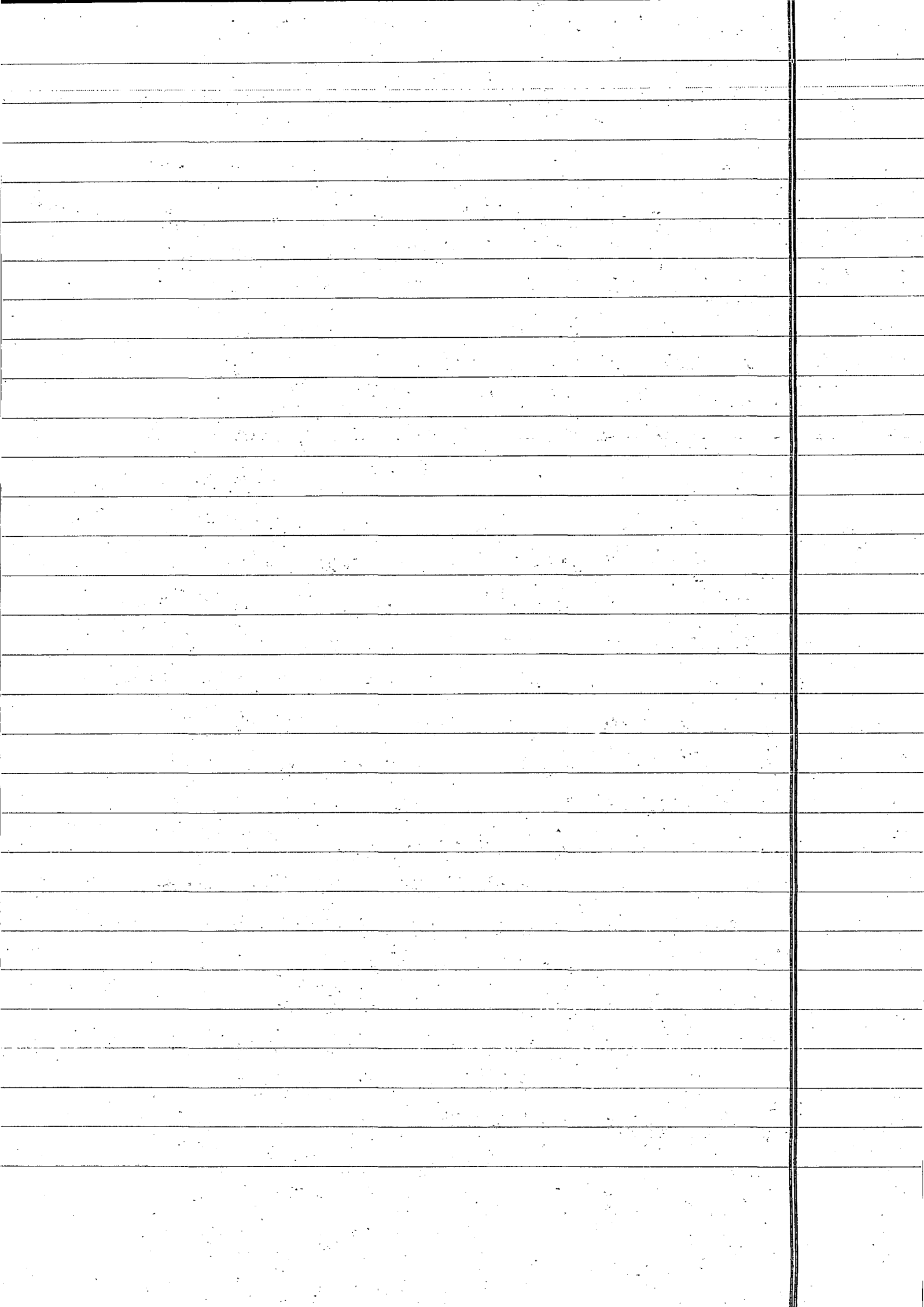
My name is Danny Ray Pittman. I am incarcerated in the York County Detention Center awaiting trial on two counts of attempted murder. However I have a high profile case. Charlotte Channel 3 News and Charlotte Channel 9 News plus the local news in Rock Hill CN2, plus all the surrounding newspapers. The matter that I am writing about is that my Attorney/Client privileges have been Breached. Me my lawyer Harry Dest (Respected lawyer) and public Defender investigator Patrick Kieffer had a privilege conversation about some incriminating evidence that came back from sled. we spoke for an hour or so. me, Harry Dest and pat Kieffer. I specifically told my lawyer Dest and Kieffer to not speak with anyone about my case and they both agreed to keep it between us. I told them not to tell my mother or my girlfriend Jona Payne anything about my case, that I would tell them when I cleared my head up. also we spoke of a Bond hearing to see if I could



(2)

7-24-12

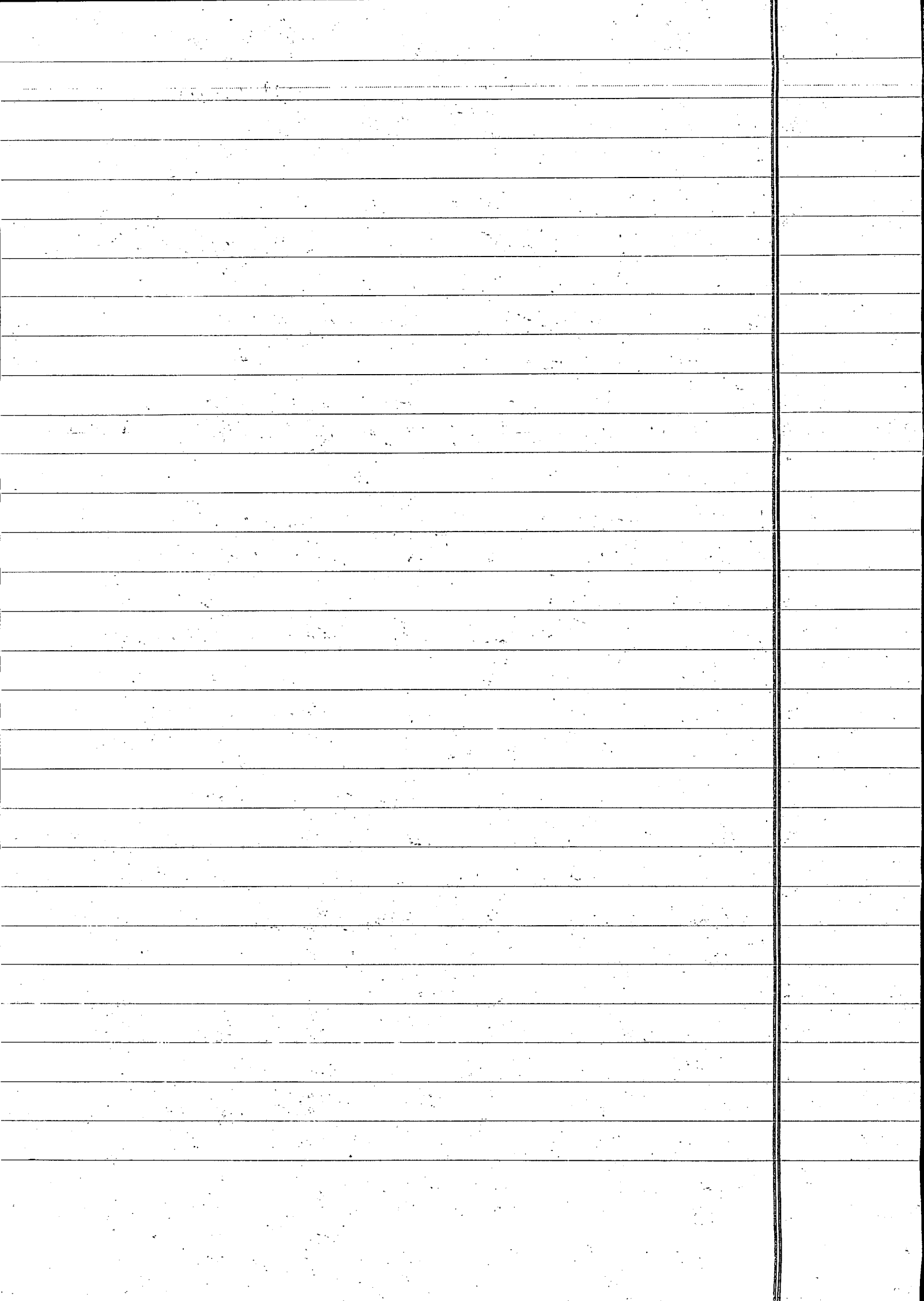
make Bond OR Be granted one.
Harry Dest is my lawyer and I want
to keep him as my lawyer. I
feel he is the Best Representation
and he has not committed any
violation at all about my case so
theres no need to say anything
to hurt his Job OR anything. he
did not Breach our agreement.
however I must say that after
Kiefer Dest and myself agreed
that they would not tell my mother
OR my girl about anything said
OR anything paper work that was
mentioned in our Room. my
girlfriend Jona Payne came to
see me on my visitation tuesday
the 24th of July. when she left
she went to the public Defenders
office to see when my Bond
Hearing was. she asked to speak
to Harry Dest but he wasn't
in his office so she spoke
with investigator Patrick Keiffer
and he pulled her outside and
told her everything that he
discussed about my case in that
conference room. I told my lawyer
and him that I would tell my family



③

7-24-12

about the DNA from sted when I felt the time was right that I had to clear my head up. Kieffer has been employed by the York County Sheriff's Dept for 20 years and made the bank of Lta however just this year he went to work for the public defenders office to complete his 20th year and Retire. By him Breaching the attorney Client/privilege he has caused me and my girlfriend arguments and my mother. the ladies think I am keeping information from them. I can not understand what brought BR Keifer to Breach this but I want action taking because he has now caused me a conflict on my family and me. that act was very unprofessional and a huge mistake on his part. I feel that he should be removed from my case and for that matter not investigate anymore cases before there is some serious issue starts to build. you may contact Harry Dest and ask him Did I not ask them both him and Keifer to not tell my mother.



(4)

7-24-12

get out before court, this matter has caused me strife and turmoil because of him talking. I would like to understand why he did talk to Jona Payne and tell her about the evidence of my case and that I would receive no bond. he has been a Lt officer at the sheriffs Dept for nearly 20 years so he should have professionalism down to a science. however I don't feel very trusting of him after he leaked my case outside of the public Defenders office to Jona Payne. I would like him removed from that office as I feel that my case is in jeopardy as well as others if he continues to be in that office and extract information from clients. in his mind he is an investigator but in his heart he still is an officer of the law so his first instinct is to help put criminals away. please help me with this request and please send me a letter of recognition upon receipt of this letter thank you

Respectfully yours
Dany Ray Fuller

