



MICHAEL SIRAGUSA  
COUNTY ATTORNEY

# COUNTY OF ERIE

**MARK C. POLONCARZ**  
COUNTY EXECUTIVE

MICHELLE PARKER  
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOTH  
SECOND ASSISTANT COUNTY ATTORNEY

DEPARTMENT OF LAW

## MEMORANDUM

**TO: Robert Graber, Clerk, Erie County Legislature**

**FROM: Anthony B. Targia, Assistant County Attorney**

**DATE: January 10, 2012**

**RE: Transmittal of New Claims Against Erie County**

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Mr. Graber:

In accordance with the Resolution passed by the Erie County Legislature on June 25, 1987 (Int. 13-14), attached please find nine (9) new claims brought against the County of Erie. The claims are as follows:

Claim Name

Raymond Wylie, as PNG of Elizabeth Wylie vs Town of Sardinia and County of Erie  
Raymond and Aline Powell vs County of Erie  
Pauline Scordato vs County of Erie, et al.  
Delia and Miguel Fernandez vs County of Erie  
Rachel Smith vs Town of Orchard Park and County of Erie  
Jason Kester vs Erie County, et al.  
Mark McCann vs County of Erie, et al.  
Robert J. Bernard, Jr. vs County of Erie, et al.  
Tadeusz Skarbek vs County of Erie, et al.

ABT/crj

Attachments

cc: Michael Siragusa, Erie County Attorney

ECLEG JAN2112 4:10:03



# COUNTY OF ERIE

MICHAEL SIRAGUSA  
ERIE COUNTY ATTORNEY

**MARK C. POLONCARZ**

COUNTY EXECUTIVE  
DEPARTMENT OF LAW

MICHELLE PARKER  
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOTH  
SECOND ASSISTANT COUNTY ATTORNEY

January 9, 2012

Mr. Robert M. Graber, Clerk  
Erie County Legislature  
92 Franklin Street, 4th Floor  
Buffalo, New York 14202

Dear Mr. Graber:

In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

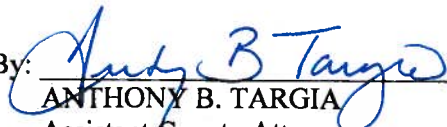
File Name:	<i>Wylie, Raymond as PNG of Elizabeth Wylie, an infant vs Town of Sardinia and County of Erie</i>
Document Received:	Notice of Claim
Name of Claimant:	Raymond Wylie 10297 Maple Grove Road Delevan, New York 14042
Claimant's attorney:	James M. O'Keefe, Esq. 6720 Main Street, Suite 100 Williamsville, New York 14221

Should you have any questions, please call.

Very truly yours,

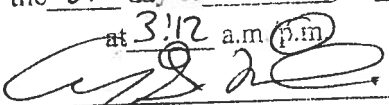
MICHAEL SIRAGUSA  
Erie County Attorney

By:

  
ANTHONY B. TARGIA  
Assistant County Attorney  
Anthony.Targia@erie.gov

ABT/mow  
Enc.

cc: Michael Siragusa, Erie County Attorney

This paper received at the  
Erie County Attorney's Office  
from Allison Cullens on  
the 17th day of December, 2011  
at 3:12 a.m. (p.m.)  
  
Assistant County Attorney

**IN THE MATTER OF THE CLAIM OF:**

RAYMOND WYLIE, as PARENT AND NATURAL  
GUARDIAN OF ELIZABETH WYLIE, an INFANT,

Claimant,

v.

TOWN OF SARDINIA and COUNTY OF ERIE,

Respondents.

**NOTICE OF  
CLAIM**

PLEASE TAKE NOTICE that RAYMOND WYLIE, as PARENT AND NATURAL  
GUARDIAN OF ELIZABETH WYLIE, an INFANT, hereby makes claim against the TOWN OF  
SARDINIA and the COUNTY OF ERIE, and in support thereof alleges:

1. That the undersigned, RAYMOND WYLIE, as PARENT AND NATURAL  
GUARDIAN OF ELIZABETH WYLIE, an INFANT, residing at 10297 Maple Grove Road,  
Delevan, New York 14042, by and through her attorney, JAMES M. O'KEEFE, ESQ.  
6720 Main Street, Suite 100, Williamsville, New York 14221-5986, claims damages against the  
Respondents, TOWN OF SARDINIA and COUNTY OF ERIE, for personal injuries, pain and  
suffering, general and special damages, medical expenses and property damages sustained by her.

2. That the said injuries were sustained by ELIZABETH WYLIE in a motor vehicle  
accident that occurred on October 8, 2011 at approximately 9:52 a.m. at Route 16 which is  
commonly referred to as Olean Road, at its intersection with Route 39, which is commonly  
referred to East Schutt Road, in the Town of Sardinia, Erie County, and State of  
New York. A copy of the police report is attached as Exhibit A.

2. The vehicle in which Claimant, ELIZABETH WYLIE, rode at the time of the incident attempted to make a left turn from the northbound lane of Route 16 (Olean Road) onto the westbound Route 39 (East Schutt Road), when another vehicle, a 2009 Subaru that was operated by Jeffrey Domster and owned by Carolyn Domster, that was traveling south on Route 16 (Olean Road) collided with the passenger side of the Wylie vehicle.

3. The intersection was hazardous because the northbound traffic lanes of Route 16 do not include a left-turn lane nor a left-turn arrow. Moreover, both the northbound and southbound lanes of Route 16 have sight lines that make it impossible for such traffic to see one another.

4. Respondents are aware of the high frequency of motor vehicle accidents at the intersection described in this Notice. Respondents have been aware for a sufficient period of time to remedy the hazardous condition, but failed to exercise due care to investigate, study, or make safe the hazardous condition.

5. Upon information and belief, the intersection of Route 16 (Olean Road) and Route 39 (East Schutt Road) in the Town of Sardinia, Erie County, and State of New York was controlled, designed, constructed, and maintained by agents, servants and/or employees of the Respondents.

6. That the Claimant's damages and injuries occurred as a result of the negligence, carelessness and reckless disregard for the safety of others including Claimant,

ELIZABETH WYLIE, by Respondents, its servants, agents or employees in failing to provide a safe location to transit along with the other acts of negligence, carelessness and recklessness.


7. That the aforesaid Respondents, by and through its agents, servants and employees, had actual or constructive notice of the dangerous condition and hazard caused by said activity.

8. Upon information and belief, as a result of the aforesaid incident, the claimant ELIZABETH WYLIE sustained severe bodily injuries and was painfully and seriously injured; was rendered sick, sore, lame and disabled; and more particularly, claimant ELIZABETH WYLIE sustained multiple fractures. The permanency and full extent of these injuries is unknown at this time. Upon information and belief, the aforementioned injuries are permanent and progressive in nature, and may require further medical treatment with all risks attendant thereto.

10. That as a result of the foregoing, the Claimant, ELIZABETH WYLIE, sustained severe and serious permanent injuries including a "serious injury" and will seek damages for pain and suffering, mental and emotional distress, unreimbursed or uncompensated medical expenses and every other item of like general damages as may properly be proven at a trial of this action.

11. That the said injuries were occasioned as a result of the negligence of the Respondents and through its agents, servants and employees and without any negligence on the part of the Claimant contributing thereto.

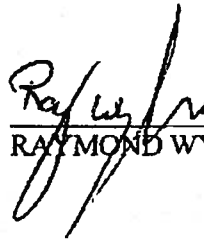
DATED:       Williamsville, New York  
              December 8, 2011

  
\_\_\_\_\_  
JAMES M. O'KEEFE, Esq.  
Attorney for Claimant  
6720 Main Street, Suite 100  
Williamsville, NY 14221-5986  
(716) 633-3535

STATE OF NEW YORK )  
COUNTY OF ~~CATTARAUGUS~~ ss:

Wyoming

RAYMOND WYLIE, as PARENT AND NATURAL GUARDIAN OF ELIZABETH WYLIE, an INFANT, being duly sworn, depose and say that he is the Claimant in this action; that he has read the foregoing Notice of Claim and know the contents thereof; that the same is true to the knowledge of deponents, except as to matters therein stated to be alleged on information and belief, and that as to those matters he believes them to be true.

  
RAYMOND WYLIE

Sworn to before me this  
5 day of December, 2011.

  
Notary Public

CHERYLA. STORY  
No. 01ST6010005  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires JUN 5 2014



# COUNTY OF ERIE

MICHAEL SIRAGUSA  
ERIE COUNTY ATTORNEY

**MARK C. POLONCARZ**

COUNTY EXECUTIVE  
DEPARTMENT OF LAW

MICHELE PARKER  
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOTH  
SECOND ASSISTANT COUNTY ATTORNEY

January 6, 2012

Mr. Robert M. Graber, Clerk  
Erie County Legislature  
92 Franklin Street, 4th Floor  
Buffalo, New York 14202

Dear Mr. Graber:

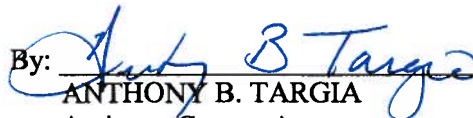
In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Powell, Raymond and Aline, individually and as husband and wife vs County of Erie</i>
Document Received:	Notice of Claim
Name of Claimant:	Raymond Powell 100 Meadowview Drive Roanoke Rapids, North Carolina 27870
Claimant's attorney:	Sarles, Frey & Joseph 5800 Main Street Williamsville, NY 14221

Should you have any questions, please call.

Very truly yours,

MICHAEL SIRAGUSA  
Erie County Attorney

By:   
ANTHONY B. TARGIA  
Assistant County Attorney  
Anthony.Targia@erie.gov

abt/mow

Enc.

cc: Michael Siragusa, Erie County Attorney



NOTICE OF CLAIM

TO: COUNTY OF ERIE

Your Claimants, Raymond Powell and Aline Powell, individually and as husband and wife, residing at 100 Meadowview Drive, Roanoke Rapids, North Carolina 27870, by and through their attorneys, Sarles, Frey & Joseph, 5800 Main Street, Williamsville, New York 14221, respectfully show your Honorable Body:

1. That on August 20, 2011 at approximately 9:50 p.m., the Claimant, Raymond Powell, parked his car in a handicap parking space located to the east of the AMTRAK Train Station, 75 Exchange Street, Buffalo, New York. The Claimant's vehicle was parked facing south in the handicap parking space (i.e. the space closest to the building).

2. That after parking his vehicle, Mr. Powell exited his vehicle out of the driver's side front door. Once outside of his vehicle, Mr. Powell proceeded in a southerly direction along the driver's side of his vehicle and toward a sidewalk that existed south of his parking space and north of the train tracks.

3. That as Mr. Powell reached the front driver side corner of his vehicle, he stepped in a "gully" and as a result thereof, lost his balance and fell forward on to the ground below.

4. That the "gully" Mr. Powell stepped in was located at the southeast corner of his parking space near where the surface of the parking lot met the sidewalk located south of where he had parked his vehicle.

This paper received at the  
Erie County Attorney's Office  
from Jean Cora on  
the 14 day of Nov, 2011  
at 1:10 a.m./p.m.  
Kelly Brunkewitz  
Assistant County Attorney

5. That upon information and belief, the "gully" was created by the absence of a large piece of curb that was supposed to be located between the sidewalk and the parking lot surface described above.

6. That at the time of this incident, as the Claimant, Raymond Powell, was stepping from the surface of the parking lot toward the sidewalk described above, he was located approximately 20 feet east of the eastern wall of the AMTRAK station building located at 75 Exchange Street, Buffalo, New York, approximately 3 inches north of the sidewalk described above and approximately on the white line that ran along the east side of the parking space.

7. That the exact area where the Claimant was walking is depicted in the photographs attached hereto as Exhibit "A". The exact spot of the Claimant's fall is marked with an "X" on each photograph.

8. That on or before August 20, 2011 at approximately 9:50 p.m., the area described above was owned by and/or operated by and/or inspected by and/or maintained by and/or constructed by and/or repaired by the County of Erie, its agents, servants and/or employees.

9. That as a result of the above fall, the Claimant, Raymond Powell was caused to sustain very serious injuries.

10. That upon information and belief, the incident described above was caused by and through the negligence of the County of Erie, its agents, servants and/or employees, in that the County of Erie did not take all adequate, necessary and proper steps to provide for the safety of the Claimant. That specifically, the County of Erie, its agents, servants and/or employees was careless, negligent and

reckless by allowing the area described above and specifically, the parking lot, curb and sidewalk described above to become dangerous to walk on and/or near and as a result causing the Claimant to fall; by allowing a gully to exist due to the absence of a curb; by failing to properly care for and maintain said curb and/or parking lot and/or sidewalk so as to keep the same in proper and safe condition for travel thereon; by failing to properly inspect said curb and/or sidewalk and/or parking lot; by allowing a dangerous condition to exist in and about said curb and/or sidewalk and/or parking lot knowing that pedestrians, such as the Claimant, would be using the same to travel on; by failing to use all reasonable care to protect pedestrians known to use said curb and/or sidewalk and/or parking lot; by failing to provide adequate safeguards for the protection of the Claimant; by encouraging pedestrians such as the Claimant to use said curb and/or sidewalk and/or parking lot knowing that a dangerous condition existed with regard thereto and specifically, by allowing the absence of a curb to create a gully; by failing to rectify said dangerous condition described above which condition had existed for a considerable length of time prior to the Claimant's fall and/or which condition had been made known to the County of Erie, its agents, servants and/or employees; by failing to respond to numerous request to repair said curb and/or sidewalk and/or parking lot; by failing to take any and all adequate, reasonable and necessary steps to provide for the safety of the Claimant; by allowing a dangerous and hazardous condition to exist with regard to curb and/or sidewalk and/or parking lot in that a large piece of the curb was not in existence thereby creating a gully which was a dangerous and hazardous condition that caused the Claimant to fall; by failing to provide the Claimant with an

adequate and safe place for travel near said curb and/or sidewalk and/or parking lot; by failing to insure adequate lighting so as to allow the Claimant to see the dangerous and hazardous condition at night; by failing to have any lights on at the time of this incident and/or adequate lighting in and about said area so as to allow the Claimant to see the dangerous and hazardous condition that existed prior to his fall; by failing to adequately light said area; by having inadequate lighting in and around said area in terms of the location of lights, the illumination of lights and the brightness of lights; by failing to take any and all steps to remove and/or reduce and/or rectify said dangerous condition described above; and by otherwise failing to use all reasonable care to protect the Claimant.

11. That as a result of said fall, the Claimant, suffered multiple serious injuries including, but not limited to fractured fingers in and about his right hand all of which has left him with permanency the extent of which is still to be determined.

12. That the Claimant, Raymond Powell, has incurred various medical bills, will incur medical bills in the future, and is continuing to treat with his physicians.

13. That the Claimant, Raymond Powell, makes claim against the County of Erie for his personal injuries, permanency, pain and suffering and medical expenses that have been incurred in the past and that will be incurred in the future.

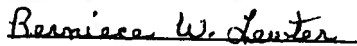
14. That the Claimant, Aline Powell, is the wife of the Claimant, Raymond Powell, and has incurred and will continue to incur loss of consortium and loss of services as a result of injuries her husband has suffered.


15. That the Claimant, Aline Powell, makes claim against the County of Erie for her loss of her consortium and loss of services both in the past and future.

PLEASE TAKE NOTICE, that your Claimant, Raymond Powell, intends to commence an action for his personal injuries, permanency, pain and suffering (past and future) and medical expenses as set forth above if the above claim is not adjusted and the Claimant, Aline Powell, intends to commence an action for her loss of services and loss of consortium both in the past and future as set forth above if the above claim is not adjusted. All of the above allegations have been given upon information and belief.

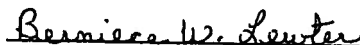
  
RAYMOND POWELL

Sworn to before me this  
9<sup>th</sup> day of November, 2011

  
NOTARY PUBLIC

  
ALINE POWELL

Sworn to before me this  
9<sup>th</sup> day of November, 2011

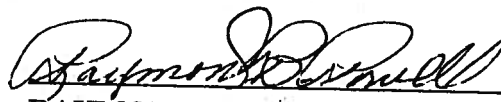
  
NOTARY PUBLIC

My Commission Expires 5/21/12

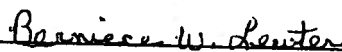
STATE OF NEW YORK )  
COUNTY OF ERIE ) ss:  
CITY OF BUFFALO )

I, Raymond Powell, being duly sworn, deposes and says:

1. That I am the Claimant above named.
2. That I have read the foregoing Notice of Claim against the County of Erie and know its contents.
3. That the same is true to my own knowledge except as to those matters herein stated to be upon information and belief, and then as to those matters I believe it to be true.

  
RAYMOND POWELL

Sworn to before me this  
9<sup>th</sup> day of November, 2011.

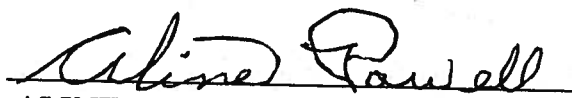
  
NOTARY PUBLIC

My Commission Expires 5/21/12

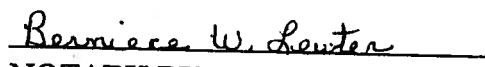
STATE OF NEW YORK )  
COUNTY OF ERIE ) ss:  
CITY OF BUFFALO )

I, Aline Powell, being duly sworn, deposes and says:

1. That I am the Claimant above named.
2. That I have read the foregoing Notice of Claim against the  
County of Erie and know its contents.
3. That the same is true to my own knowledge except as to those matters  
herein stated to be upon information and belief, and then as to those  
matters I believe it to be true.

  
ALINE POWELL

Sworn to before me this  
9<sup>th</sup> day of November, 2011.

  
NOTARY PUBLIC

My Commission Expires 5/21/12



# COUNTY OF ERIE

MICHAEL SIRAGUSA  
ERIE COUNTY ATTORNEY

**MARK C. POLONCARZ**  
COUNTY EXECUTIVE  
DEPARTMENT OF LAW

MICHELLE PARKER  
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOTH  
SECOND ASSISTANT COUNTY ATTORNEY

January 6, 2012

Mr. Robert M. Graber, Clerk  
Erie County Legislature  
92 Franklin Street, 4th Floor  
Buffalo, New York 14202

Dear Mr. Graber:

In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Scordato, Pauline vs Town of Cheektowaga, County of Erie, Erie County Water Authority, Buffalo Sewer Authority and Erie County Division of Sewerage Management</i>
Document Received:	Notice of Claim
Name of Claimant:	Pauline Scordato 52 Roswell Road Cheektowaga, New York 14215
Claimant's attorney:	Sara T. Wallitt, Esq. William K. Mattar, P.C. 6720 Main Street, Suite 100 Williamsville, New York 14221-5986

Should you have any questions, please call.

Very truly yours,

MICHAEL SIRAGUSA  
Erie County Attorney

By:   
ANTHONY B. TARGIA  
Assistant County Attorney  
Anthony.Targia@erie.gov

ABT/mow  
Enc.

cc: MICHAEL SIRAGUSA, Erie County Attorney



---

**IN THE MATTER OF THE CLAIM OF:**

**PAULINE SCORDATO**

52 Roswell Road  
Cheektowaga, NY 14215

Claimant,

-against-

**NOTICE OF CLAIM**

**TOWN OF CHEEKTOWAGA**

3301 Broadway Street  
Town Hall  
Cheektowaga, NY 14227,

**COUNTY OF ERIE**

95 Franklin Street  
Buffalo, NY 14202,

**ERIE COUNTY WATER AUTHORITY**

295 Main Street, Room 350  
Buffalo, NY 14203,

**BUFFALO SEWER AUTHORITY**

65 Niagara Square, #1038  
Buffalo, NY 14202,

and

**ERIE COUNTY DIVISION OF SEWERAGE  
MANAGEMENT,**

95 Franklin Street,  
Buffalo, NY 14202,

---

**Respondents.**

**PLEASE TAKE NOTICE** that **PAULINE SCORDATO**, hereby makes a claim against the **TOWN OF CHEEKTOWAGA , COUNTY OF ERIE, ERIE COUNTY WATER AUTHORITY, BUFFALO SEWER AUTHORITY and ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT** and in support thereof alleges:

1. That the undersigned, **PAULINE SCORDATO**, residing at 52 Roswell Road, Cheektowaga, NY 14215, by and through her attorneys, **WILLIAM MATTAR, P.C.**, 6720 Main Street, Suite 100, Williamsville, NY 14221-5986, claims damages against the **TOWN OF CHEEKTOWAGA , COUNTY OF ERIE, ERIE COUNTY WATER AUTHORITY, BUFFALO SEWER AUTHORITY and ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT** for personal injuries, pain and suffering, general and special damages, medical expenses, and property damages sustained by her.

2. That the said injuries were sustained by **PAULINE SCORDATO** on July 30, 2011 at approximately 3:00 am on Cleveland Drive, just west of its intersection with Marsdale Road, in the Town of Cheektowaga, County of Erie and State of New York. On that day and approximate time, Claimant was riding her bicycle on Cleveland Drive near this intersection when her bicycle, suddenly and without warning, was caused to topple due to a deep recess in the roadway surface around a manhole cover. For a further reference point, the manhole cover is located on the roadway in front of Temple Baptist Church.

3. That the Claimant's damages and injuries occurred as a result of the negligence, carelessness, and reckless disregard for the safety of others including Claimant, **PAULINE SCORDATO**, by the **TOWN OF CHEEKTOWAGA , COUNTY OF ERIE, ERIE COUNTY**

WATER AUTHORITY, BUFFALO SEWER AUTHORITY and ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT and its servants, agents or employees in failing to provide a safe roadway; failing to correct a known safety risk at the general location of the accident herein mentioned; improperly maintaining, managing, operating, controlling, supervising and/or repairing, along with the other acts of negligence, carelessness and recklessness, causing the accident at issue and all subsequent injuries suffered by the Claimant, PAULINE SCORDATO.

4. That the aforesaid TOWN OF CHEEKTOWAGA , COUNTY OF ERIE, ERIE COUNTY WATER AUTHORITY, BUFFALO SEWER AUTHORITY and ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT by and through its agents, servants and employees had actual and/or constructive notice of the dangerous condition and hazard, or caused the same.

5. That, as a result of the foregoing, the Claimant, PAULINE SCORDATO, sustained very serious injuries, including broken shins, ankle and foot, scarring, psychological damage and trauma, and other injuries that are just now being able to be discerned, due to her unstable and serious medical condition for months after the accident. Some of these injuries will be of a permanent or indefinite duration, and Claimant, PAULINE SCORDATO, was and will in the future be forced to expend sums of money for hospitals, doctors and other medical expenses.

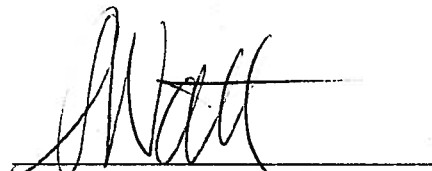
6. That the said injuries were occasioned solely and wholly as a result of the negligence of the TOWN OF CHEEKTOWAGA , COUNTY OF ERIE, ERIE COUNTY WATER AUTHORITY, BUFFALO SEWER AUTHORITY and ERIE COUNTY DIVISION OF

SEWERAGE MANAGEMENT and through their agents, servants, and employees and without any negligence on the part of the Claimant contributing thereto.

WHEREFORE, Claimant PAULINE SCORDATO requests that her claim be allowed and paid by the TOWN OF CHEEKTOWAGA , COUNTY OF ERIE, ERIE COUNTY WATER AUTHORITY, BUFFALO SEWER AUTHORITY and ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT.

PLEASE TAKE FURTHER NOTICE that unless said claim is adjusted and paid by the TOWN OF CHEEKTOWAGA , COUNTY OF ERIE, ERIE COUNTY WATER AUTHORITY, BUFFALO SEWER AUTHORITY and ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT within thirty (30) days from the date of service of the Notice of Claim, said Claimant intends to commence an action in the Supreme Court of the State of New York against the TOWN OF CHEEKTOWAGA , COUNTY OF ERIE, ERIE COUNTY WATER AUTHORITY, BUFFALO SEWER AUTHORITY and ERIE COUNTY DIVISION OF SEWERAGE MANAGEMENT, seeking a sum which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction, together with interest, costs and disbursements.

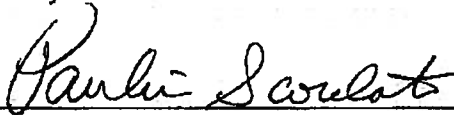
DATED:           Williamsville, New York  
                  October 20~~th~~ 2011



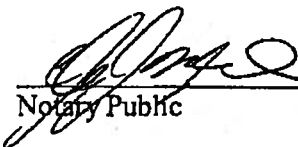
Sara T. Wallitt, Esq.  
WILLIAM MATTAR, P.C.  
Attorney for Claimant  
Office and P.O. Address  
6720 Main Street  
Suite 100  
Williamsville, NY 14221-5986

STATE OF NEW YORK     )  
COUNTY OF ERIE        ) ss:

PAULINE SCORDATO, being duly sworn, depose and say that she is the Claimant in this action; that she has read the foregoing Notice of Claim and know the contents thereof; that the same is true to the knowledge of deponents, except as to matters therein stated to be alleged on information and belief, and that as to those matters they believe them to be true.

  
\_\_\_\_\_  
PAULINE SCORDATO

Sworn to before me this  
26 day of October, 2011.

  
\_\_\_\_\_  
Notary Public

**Cheryl M. Reed**  
**Notary Public, State of New York**  
**Qualified in Erie County**  
**No. 02RE6220324**  
**My Commission Expires**  
**April 12, 2014**



# COUNTY OF ERIE

JEREMY A. COLBY  
ERIE COUNTY ATTORNEY

**MARK C. POLONCARZ**

COUNTY EXECUTIVE  
DEPARTMENT OF LAW

MARTIN A. POLOWY  
FIRST ASSISTANT COUNTY ATTORNEY

THOMAS F. KIRKPATRICK, JR.  
SECOND ASSISTANT COUNTY ATTORNEY

January 6, 2012

Mr. Robert M. Graber, Clerk  
Erie County Legislature  
92 Franklin Street, 4th Floor  
Buffalo, New York 14202

Dear Mr. Graber:

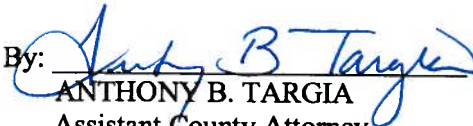
In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Fernandez, Delia and Miguel, Individually and as husband and wife vs County of Erie</i>
Document Received:	Notice of Claim
Name of Claimant:	Delia Fernandez 1016 Sycamore Street Buffalo, New York 14212
Claimant's attorney:	Joshua I. Ramos, Esq. Law Offices of Wayne C. Felle, P.C. 6024 Main Street Williamsville, New York 14221

Should you have any questions, please call.

Very truly yours,

MICHAEL SIRAGUSA  
Erie County Attorney

By:   
ANTHONY B. TARGIA  
Assistant County Attorney  
Anthony.Targia@erie.gov

ABT/mow  
Enc.

cc: Michael Siragusa, Erie County Attorney

---

**IN THE MATTER OF THE CLAIM OF  
DELIA FERNANDEZ and MIGUEL FERNANDEZ,  
Individually and as Husband and Wife,**

*Claimants/Plaintiffs,*

-vs-

**COUNTY OF ERIE,**

*Defendant.*

---

**NOTICE OF CLAIM AND  
INTENTION TO SUE**

This paper received at the  
Erie County Attorney's Office  
from Jessica Ramez on  
the 16<sup>th</sup> day of December 20 11  
at 10:53 a.m./p.m.  
Jessica M. Ramez  
Assistant County Attorney

**TO: COUNTY OF ERIE**

PLEASE TAKE NOTICE, that, DELIA FERNANDEZ and MIGUEL FERNANDEZ, pursuant to the statute in such cases made and provided, do hereby make claims against the COUNTY OF ERIE, and in support of such claims do state the following:

1. The claimants, DELIA and MIGUEL FERNANDEZ, reside at 1016 Sycamore Street, Buffalo, New York 14212.
2. The claimants is represented by THE LAW OFFICES OF WAYNE C. FELLE, P.C., 6024 Main Street, Williamsville, New York 14221.
3. This claim is one for money damages on behalf of the claimant, DELIA and MIGUEL FERNANDEZ, for injuries received as a result of a trip and fall on November 8, 2011.
4. The trip and fall occurred on a defective and dangerous sidewalk, walkway and/or entranceway created and/or caused by the COUNTY OF ERIE, and known to the COUNTY OF ERIE to exist, which based upon information and belief led the COUNTY OF ERIE to attempt repair of the condition, at or around 307 Sobieski, in the City of Buffalo, County of Erie and State of New York.

5. It is alleged that the Erie County Board of Elections had selected 307 Sobieski as a voting location and had negligently, carelessly and/or recklessly selected this specific site as a voting location because the sidewalk near and/or around the location created a hazard to pedestrians attempting to vote at the above stated location.

6. Upon information and belief, the COUNTY OF ERIE failed to provide adequate lighting of the defective condition which could have safeguarded ingress/egress from this described voting location by the COUNTY OF ERIE.

7. Upon information and belief, a substantial factor in causing the aforesaid incident was negligent, careless and/or reckless selection of this voting location by COUNTY OF ERIE, which caused and/or contributed to the claimant sustaining serious personal injuries. It is further alleged that COUNTY OF ERIE, should have taken action to warn voters of the hazard and/or create an alternate route of ingress/egress from the voting location, 307 Sobieski, in the City of Buffalo, County of Erie, State of New York.

7. Claimant, MIGUEL FERNANDEZ, as the husband of DELIA FERNANDEZ, asserts a claim for loss of consortium, companionship, societal benefit, and championship resulting from the aforementioned negligence.

8. Notice is hereby given that in the event that these claims for money damages is not paid within thirty (30) days of the service herein, it is my intention to commence litigation to recover for the damages which have been sustained.

DATED: December 16, 2011  
Williamsville, NY

**THE LAW OFFICES OF  
WAYNE C. FELLE, P.C.**

  
**JOSHUA I. RAMOS, ESQ.**

*Attorneys for Claimant*

6024 Main Street  
Williamsville, NY 14221

(716) 505-2700



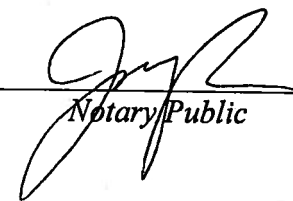
**VERIFICATION**

STATE OF NEW YORK     )  
COUNTY OF ERIE        )     ss.:

DELIA FERNANDEZ, being duly sworn deposes and says that I am the lead plaintiff in this action, that I have read the foregoing Notice of Claim and knows the contents thereof; that the same is true to my knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.

  
\_\_\_\_\_  
**DELIA FERNANDEZ**

Sworn to before me this 16<sup>th</sup>  
day of December, 2011.

  
\_\_\_\_\_  
Notary Public

JOSHUA I. RAMOS  
Notary Public, State of New York  
Qualified in Niagara County  
My Commission Expires Sept. 6, 2015



# COUNTY OF ERIE

MICHAEL SIRAGUSA  
ERIE COUNTY ATTORNEY

**MARK C. POLONCARZ**

COUNTY EXECUTIVE  
DEPARTMENT OF LAW

MICHELLE PARKER  
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOTH  
SECOND ASSISTANT COUNTY ATTORNEY

January 6, 2012

Mr. Robert M. Graber, Clerk  
Erie County Legislature  
92 Franklin Street, 4th Floor  
Buffalo, New York 14202

Dear Mr. Graber:


In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Smith, Rachel vs Town of Orchard Park, New York and County of Erie, New York</i>
Document Received:	Notice of Claim
Name of Claimant:	Rachel Smith 95 Dobbin Street, Apt. 101 Brooklyn, New York 11222
Claimant's attorney:	Harry J. Forrest, Esq. Gross Shuman Brizdle & Gilfillan, P.C. 465 Main Street Suite 600 Buffalo, New York 14203

Should you have any questions, please call.

Very truly yours,

MICHAEL SIRAGUSA  
Erie County Attorney

By:   
ANTHONY B. TARGIA  
Assistant County Attorney  
Anthony.Targia@erie.gov

ABT/mow  
Enc.

cc: Michael Siragusa, Erie County Attorney

---

IN THE MATTER OF THE CLAIM OF

RACHEL SMITH  
95 Dobbin Street, Apt. 101  
Brooklyn, New York 11222

Claimant

against

**NOTICE OF CLAIM**

THE TOWN OF ORCHARD PARK, NEW YORK  
4295 South Buffalo Road  
Orchard Park, New York 14127

and

THE COUNTY OF ERIE, NEW YORK  
95 Franklin Street, Room 1634  
Buffalo, New York 14202

Respondents

---

To: TOWN OF ORCHARD PARK, NEW YORK  
Town Attorney  
Leonard Berkowitz, Esq.  
4295 South Buffalo Road  
Orchard Park, New York 14127

COUNTY OF ERIE, NEW YORK  
Corporation Counsel  
Jeremy A. Colby, Esq.  
95 Franklin Street, Room 1634  
Buffalo, New York 14202

**PLEASE TAKE NOTICE**, that the undersigned Claimant, Rachel Smith, pursuant to General Municipal Law §50-e, and such other statutes as may be applicable herein, does hereby

make a claim against the Town of Orchard Park, New York and Erie County, New York for damages and in support of such claim states the following:

1. The name of the Claimant is Rachel Smith and her address is 95 Dobbin Street, Brooklyn, New York, 11222. The name of Claimant's attorneys are Gross, Shuman, Brizdle & Gilfillan, P.C. (Harry J. Forrest, Esq., of Counsel) and the attorney's post office address is 465 Main Street, Suite 600, Buffalo, New York, 14203.
2. Upon information and belief, the time when the claim arose and time when the injuries were sustained by the Claimant, was approximately 3:00 p.m. on September 1, 2011.
3. The particular place where the incident occurred and the injuries were sustained was on the north shoulder of Milestrip Road at a water drainage concrete tile just east of 6640 Milestrip Road in the Town of Orchard Park, County of Erie and State of New York.
4. The claim of Claimant is for personal injuries, medical expenses, pain and suffering, loss of enjoyment of life, and other damages and losses for which the proximate and contributing cause was the negligence of the Town of Orchard Park, New York and County of Erie, New York, their agents, servants and/or employees.
5. Upon information and belief, the Respondents, their agents, servants and/or employees, were negligent, careless and reckless, among other things, in the construction, ownership, operation, possession, management, maintenance, snow and debris removal, repair and control of the subject roadway, shoulder and concrete drainage tile at the aforementioned location, particularly in: failing to take the proper precautions to ensure the safety of persons utilizing the shoulder area where the subject accident occurred; failing to maintain said shoulder area in a safe and proper

condition; failing to warn of said dangerous condition; failing to make the necessary observations and inspections of said shoulder and roadway to determine the existence of the dangerous and unsafe condition; failing to correct the dangerous and unsafe condition within a reasonable time; causing, permitting and/or allowing the subject shoulder and roadway area to exist in an unsafe, dangerous and hazardous condition; allowing and permitting said dangerous condition to exist when the Respondents had both the knowledge and notice, or in the exercise of reasonable care, could and should have known of such dangerous condition; failing to comply with applicable laws, rules and regulations; and failing to give Claimant and others any notice and/or warning of the dangerous and hazardous condition existing.


6. The Claimant was free of any and all negligence or fault in connection with the incident out of which this instant claim arose.

7. As a result of the aforesaid occurrence, the injuries and damages sustained consist of severely fractured left arm and elbow requiring surgical repair, reduction and instrumentation; left shoulder injury; head injury involving concussion and loss of consciousness; hand, arm, shoulder, face and head abrasions, lacerations and contusions; pain, suffering, including loss of enjoyment of life, and emotional upset, all of which caused Claimant to seek medical attention, including necessary surgical intervention for the left arm and elbow, was caused to be confined to her home, and to be incapacitated from her usual employment, education and activities.

**WHEREFORE**, the Claimant requests that this claim be allowed and paid by the Respondents, Town of Orchard Park, New York and Erie County, New York.

**PLEASE TAKE FURTHER NOTICE**, that unless the claim is adjusted and paid by the Respondents, Town of Orchard Park, New York and Erie County, New York, within thirty (30) days from the date of service of this Notice of Claim, the Claimant intends to commence an action in the Supreme Court, State of New York, County of Erie against Town of Orchard Park, New York and Erie County, New York, for a sum which exceeds the jurisdictional limit of all lower courts, which would otherwise have jurisdiction, together with interest, costs and disbursements.

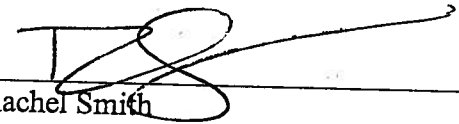
Dated: Buffalo, New York  
November 11, 2011

  
RACHEL SMITH

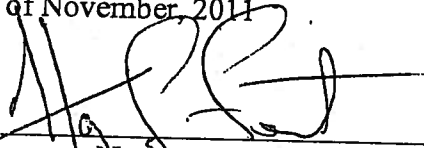
VERIFICATION

STATE OF NEW YORK     )  
COUNTY OF ERIE        ) SS.:

Rachel Smith, being duly sworn, states that she is the Claimant in the above-entitled claim. She has read the foregoing Notice of Claim and knows the factual contents thereof; that the same are true to the best of her own knowledge, except as to matters therein stated to be alleged upon information and belief, and as to those matters she believes them to be true.

  
\_\_\_\_\_  
Rachel Smith

Sworn to before me this 11<sup>th</sup> day  
of November, 2011

  
\_\_\_\_\_  
Notary Public

**HARRY J. FORREST**  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires July 10, 2014

**AFFIDAVIT OF SERVICE BY MAIL**

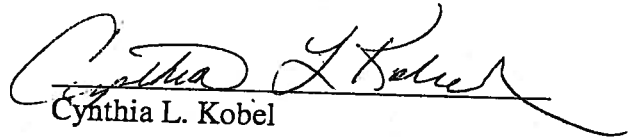
STATE OF NEW YORK     )  
  )SS.:  
COUNTY OF ERIE        )

Cynthia L. Kobel, being duly sworn, deposes and says; deponent is not a party to the action, is over 18 years of age and resides at Wheatfield, New York. On the 14<sup>th</sup> day of November, 2011, I served a copy of the within Notice of Claim on the following:

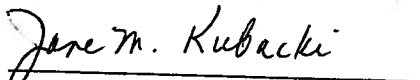
Town of Orchard Park, New York  
4295 South Buffalo Road  
Orchard Park, NY 14127  
Attention: Leonard Berkowitz, Esq., Town Attorney

County of Erie, New York  
95 Franklin Street, Room 1634  
Buffalo, NY 14202  
Attention: Jeremy A. Colby, Esq., Corporation Counsel

at the addresses designated for that purpose by depositing a true copy of same enclosed in a postpaid properly addressed wrapper, in an official depository, under the exclusive care and custody of the United States Postal Service within the State of New York.

  
Cynthia L. Kobel

Sworn to before me this  
14<sup>th</sup> day of November, 2011.

  
Notary Public

Doc # 351027.1

**JANE M. KUBACKI**  
No. 01K04999388  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires July 18, 2014





# COUNTY OF ERIE

MICHAEL SIRAGUSA  
ERIE COUNTY ATTORNEY

MARK C. POLONCARZ  
COUNTY EXECUTIVE  
DEPARTMENT OF LAW

MICHELLE PARKER  
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOIH  
SECOND ASSISTANT COUNTY ATTORNEY

January 6, 2012

Mr. Robert M. Graber, Clerk  
Erie County Legislature  
92 Franklin Street, 4th Floor  
Buffalo, New York 14202

Dear Mr. Graber:

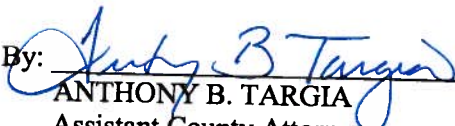
In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Kester, Jason vs Erie County, Erie County Sheriff's Dept. and Erie County Sheriff's Deputy John Doe</i>
Document Received:	Notice of Claim
Name of Claimant:	Jason Kester 3231 Porter Center Road Youngstown, New ork 14174
Claimant's attorney:	Robert J. Maranto, Jr., Esq. Andrews, Bernstein & Maranto, LLP 69 Delaware Avenue, Suite 1200 Buffalo, New York 14202

Should you have any questions, please call.

Very truly yours,

MICHAEL SIRAGUSA  
Erie County Attorney

By:   
ANTHONY B. TARGIA  
Assistant County Attorney  
Anthony.Targia@erie.gov

ABT/mow  
Enc.

cc: Michael Siragusa, Erie County Attorney

**STATE OF NEW YORK  
SUPREME COURT : ERIE COUNTY**

---

JASON KESTER  
3231 Porter Center Road  
Youngstown, New York 14174

Claimant,

vs.

**NOTICE OF CLAIM**

ERIE COUNTY SHERIFF'S DEPUTY  
a.k.a. JOHN DOE  
10 Delaware Avenue  
Buffalo, New York 14202

ERIE COUNTY  
95 Franklin Street, Suite 1634  
Buffalo, New York 14202

ERIE COUNTY SHERIFF'S DEPARTMENT  
10 Delaware Avenue  
Buffalo, New York 14202

Respondents.

---

**PLEASE TAKE NOTICE**, that the Claimant, JASON KESTER, hereby intends to file a claim with the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE, and in support of said claim states the following:

1. The Post Office address of the Claimant is 3231 Porter Center Road, Youngstown, New York 14174.
2. The attorneys for the Claimant are Andrews, Bernstein & Maranto, LLP, 69 Delaware Avenue, Suite 1200, Buffalo, New York 14202, Telephone (716) 842-2200.
3. The Claim arose as follows: On December 5, 2011, Claimant was a passenger in a vehicle owned and operated by Respondents, their agents, servants and/or

employees, , and was being transported by an Erie County Sheriff's Deputy a.k.a. John Doe, from the Erie County Holding Center to the Correctional Facility in Alden, New York. The claimant was constrained in handcuffs. The Respondents vehicle collided with another vehicle while traveling on Walden Avenue in the Town of Cheektowaga, New York, causing Claimant to sustain injuries to his lower back.

4. This incident was caused by the negligence, carelessness, and recklessness on the part of the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE and/or their agents, servants and/or employees as follows:

- a. the defendants and/or its agents, servants, or employees were negligent in operating a vehicle at a dangerous and imprudent rate of speed under the circumstances then and there existing;
- b. the defendants and/or its agents, servants, or employees were negligent in failing to keep a proper lookout for other users of the highway;
- c. the defendants and/or its agents, servants, or employees were negligent in failing to observe other vehicles on the highway;
- d. the defendants and/or its agents, servants, or employees were negligent in failing to heed and observe the conditions then and there existing upon the aforesaid highway and driving a vehicle in accordance therewith;
- e. the defendants and/or its agents, servants, or employees were negligent in that he failed to have and keep the vehicle under proper and adequate control or under such control as to stop the

vehicle to avoid the collision;

- f. the defendants and/or its agents, servants, or employees were negligent in failing to slow down or stop the vehicle with reasonable care and diligence on approaching the place where the accident occurred so as to avoid injuring the plaintiff;
- g. the defendants and/or its agents, servants, or employees were negligent in that they failed to operate the vehicle in a reasonably safe manner and under proper control and they operated the said vehicle in a reckless and negligent manner in the circumstances then and there existing;
- h. the defendants and/or its agents, servants, or employees were negligent in failing to exercise due care in operating the vehicle in accordance with the conditions prevailing then and there existing;
- i. the defendants and/or its agents, servants, or employees were negligent in his driving of said vehicle without keeping a proper lookout ahead and to the sides, and without observing and heeding the road and traffic conditions then and there existing;
- j. that the defendants and/or its agents, servants, or employees were negligent by failing to observe the rules of the road governing the movement of travelers on the highway; and
- k. that the defendants and/or its agents, servants, or employees were otherwise negligent.

5. The claim for JASON KESTER is for personal injuries, conscious physical and emotional pain and suffering, medical expenses, no-fault benefits, as well as

consequential damages.

6. By virtue of the negligence, carelessness and recklessness of the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE, Claimant, JASON KESTER, was caused to suffer serious, significant and permanent injuries from this incident, including a lower back injury. Claimant, JASON KESTER, also suffered other injuries and complications as yet undetermined as a result of this accident and, and by reason of the same, Claimants sustained damages in an amount which cannot be reasonably calculated at this time.

7. By virtue of the negligence, carelessness, and recklessness of the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE, Claimant has also incurred hospital and medical expenses, loss of income and other necessary related expenses, the amount of which is undetermined to date

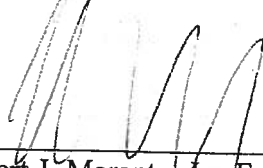
8. This Claim is for no-fault coverage pursuant to New York State law.

9. A copy of our client's completed no-fault application is enclosed.

**WHEREFORE**, Claimant requests that the Respondents provide Claimant with no-fault coverage pursuant to New York State law. Also, Claimant requests that the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE compensate Claimant, JASON KESTER, for his injuries.

Dated: Buffalo, New York  
December 20, 2011

Yours, etc.,



By:

Robert J. Maranto, Jr., Esq.

**ANDREWS, BERNSTEIN & MARANTO, LLP**  
*Attorneys for Claimant*

69 Delaware Avenue, Suite 1200

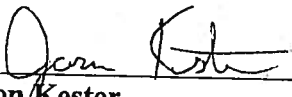
Buffalo, New York 14202

(716) 842-2200

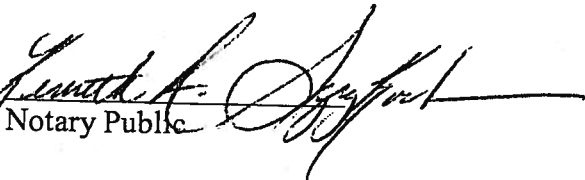
VERIFICATION

STATE OF NEW YORK :  
COUNTY OF ERIE : ss.  
CITY OF BUFFALO :

**JASON KESTER**,, being duly sworn, depose and say that they are the Claimants in this action for; that they have read the foregoing Notice of Claim in this action and know the contents thereof; that the same is true to the knowledge of deponent; except as to the matters therein stated to be alleged on information and belief, and that as to those matters, they believe them to be true.

  
\_\_\_\_\_  
Jason Kester

Sworn to before me this 12<sup>th</sup>  
day of DECEMBER, 2011

  
Notary Public

**KENNETH A SZYSZKOWSKI**  
Notary Public, State of New York  
Qualified in Erie County <sup>15</sup>  
My Commission Expires October 24, 20



MICHAEL SIRAGUSA  
ERIE COUNTY ATTORNEY

## COUNTY OF ERIE

MARK C. POLONCARZ

COUNTY EXECUTIVE  
DEPARTMENT OF LAW

MICHELIE PARKER  
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOTH  
SECOND ASSISTANT COUNTY ATTORNEY

January 9, 2012

Mr. Robert M. Graber, Clerk  
Erie County Legislature  
92 Franklin Street, 4th Floor  
Buffalo, New York 14202

Dear Mr. Graber:


In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>McCann, Mark vs County of Erie, Erie County Sheriff's Department and Erie County Sheriff's Deputy a/k/a John Doe</i>
Document Received:	Notice of Claim
Name of Claimant:	Mark McCann 95 Maple Avenue Hamburg, New York 14075
Claimant's attorney:	Robert J. Maranto, Jr., Esq. Andrews, Bernstein & Maranto, LLP 69 Delaware Avenue, Suite 1200 Buffalo, New York 14202

Should you have any questions, please call.

Very truly yours,

MICHAEL SIRAGUSA  
Erie County Attorney

By:   
ANTHONY B. TARGIA  
Assistant County Attorney  
Anthony.Targia@erie.gov

ABT/mow

Enc.

cc: Michael Siragusa, Erie County Attorney



**STATE OF NEW YORK  
SUPREME COURT : ERIE COUNTY**

---

MARK McCANN  
95 Maple Avenue  
Hamburg, New York 14075

Claimant,

**NOTICE OF CLAIM**

vs.

ERIE COUNTY SHERIFF'S DEPUTY  
a.k.a. JOHN DOE  
10 Delaware Avenue  
Buffalo, New York 14202

COUNTY OF ERIE  
95 Franklin Street, Suite 1634  
Buffalo, New York 14202

ERIE COUNTY SHERIFF'S DEPARTMENT  
10 Delaware Avenue  
Buffalo, New York 14202

Respondents.

---

**PLEASE TAKE NOTICE**, that the Claimant, MARK McCANN, hereby intends to file a claim against the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE, and in support of said claim states the following:

1. The Post Office address of the Claimant is 95 Maple Avenue, Hamburg, New York 14075.
2. The attorneys for the Claimant are Andrews, Bernstein & Maranto, LLP, 69 Delaware Avenue, Suite 1200, Buffalo, New York 14202, Telephone (716) 842-2200.
3. The Claim arose as follows: On December 5, 2011, Claimant was a passenger in a vehicle owned and operated by Respondents, their agents, servants and/or

employees, and was being transported by an Erie County Sheriff's Deputy a.k.a. John Doe, from the Erie County Holding Center to the Correctional Facility in Alden, New York. The claimant was constrained in handcuffs. The Respondents vehicle collided with another vehicle while traveling on Walden Avenue in the Town of Cheektowaga, New York, causing Claimant to sustain injuries to his head and left eye.

4. This incident was caused by the negligence, carelessness, and recklessness on the part of the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE, and/or their agents, servants and/or employees as follows:

- a. the defendants and/or its agents, servants, or employees were negligent in operating a vehicle at a dangerous and imprudent rate of speed under the circumstances then and there existing;
- b. the defendants and/or its agents, servants, or employees were negligent in failing to keep a proper lookout for other users of the highway;
- c. the defendants and/or its agents, servants, or employees were negligent in failing to observe other vehicles on the highway;
- d. the defendants and/or its agents, servants, or employees were negligent in failing to heed and observe the conditions then and there existing upon the aforesaid highway and driving a vehicle in accordance therewith;
- e. the defendants and/or its agents, servants, or employees were negligent in that he failed to have and keep the vehicle under proper and adequate control or under such control as to stop the

vehicle to avoid the collision;

- f. the defendants and/or its agents, servants, or employees were negligent in failing to slow down or stop the vehicle with reasonable care and diligence on approaching the place where the accident occurred so as to avoid injuring the plaintiff;
- g. the defendants and/or its agents, servants, or employees were negligent in that they failed to operate the vehicle in a reasonably safe manner and under proper control and they operated the said vehicle in a reckless and negligent manner in the circumstances then and there existing;
- h. the defendants and/or its agents, servants, or employees were negligent in failing to exercise due care in operating the vehicle in accordance with the conditions prevailing then and there existing;
- i. the defendants and/or its agents, servants, or employees were negligent in his driving of said vehicle without keeping a proper lookout ahead and to the sides, and without observing and heeding the road and traffic conditions then and there existing;
- j. that the defendants and/or its agents, servants, or employees were negligent by failing to observe the rules of the road governing the movement of travelers on the highway; and
- k. that the defendants and/or its agents, servants, or employees were otherwise negligent.

5. The claim for, MARK McCANN is for personal injuries, conscious physical and emotional pain and suffering, medical expenses, no-fault benefits, as well as

consequential damages.

6. By virtue of the negligence, carelessness and recklessness of the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE, Claimant, MARK McCANN, was caused to suffer serious, significant and permanent injuries from this incident, including a head and left eye injury. Claimant, MARK McCANN, also suffered other injuries and complications as yet undetermined as a result of this accident and, and by reason of the same, Claimants sustained damages in an amount which cannot be reasonably calculated at this time.

7. By virtue of the negligence, carelessness, and recklessness of the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE, Claimant has also incurred hospital and medical expenses, loss of income and other necessary related expenses, the amount of which is undetermined to date

8. This Claim is also for no-fault coverage pursuant to New York State law.

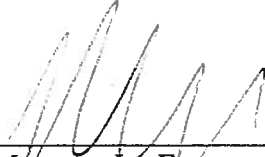
9. A copy of our client's completed no-fault application is enclosed.

**WHEREFORE**, Claimant requests that the Respondents provide Claimant with no-fault coverage pursuant to New York State law. Also, Claimant requests that the ERIE COUNTY SHERIFF'S DEPARTMENT, ERIE COUNTY SHERIFF'S DEPUTY a.k.a. JOHN DOE, and the COUNTY OF ERIE compensate Claimant, MARK McCANN, for his injuries.

Dated: Buffalo, New York  
December 20, 2011

Yours, etc.,

By:



Robert J. Maranto, Jr., Esq.

**ANDREWS, BERNSTEIN & MARANTO, LLP**

*Attorneys for Claimant*

69 Delaware Avenue, Suite 1200

Buffalo, New York 14202

(716) 842-2200

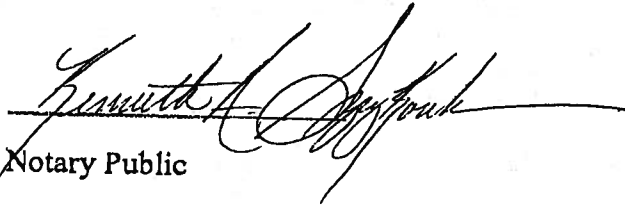
VERIFICATION

STATE OF NEW YORK :  
COUNTY OF ERIE : ss.  
CITY OF BUFFALO :

MARK McCANN, being duly sworn, deposes and says that he is the Claimant in this action; that he has read the foregoing Notice of Claim in this action and knows the contents thereof; that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and that as to those matters, he believes them to be true.

  
MARK McCANN

Sworn to before me this 8<sup>th</sup>  
day of December, 2011

  
Notary Public

KENNETH A SZYSZKOWSKI  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires October 24, 2015



# COUNTY OF ERIE

**MARK C. POLONCARZ**

COUNTY EXECUTIVE  
DEPARTMENT OF LAW

MICHAEL SIRAGUSA  
ERIE COUNTY ATTORNEY

MICHELLE PARKER  
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOTH  
SECOND ASSISTANT COUNTY ATTORNEY

January 9, 2012

Mr. Robert M. Graber, Clerk  
Erie County Legislature  
92 Franklin Street, 4th Floor  
Buffalo, New York 14202

Dear Mr. Graber:

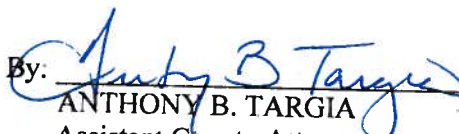
In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Bernard, Robert J. Jr., Ind. and by his attorneys-in-Fact, Beth Benedict and Laura Zorn vs County of Erie, ECMCC, et al.</i>
Document Received:	Notice of Claim
Name of Claimant:	Robert J. Bernard, Jr. 5 Terry Street Middleport, New York 14105
Claimant's attorney:	William P. Smith, Jr., Esq. Woods Oviatt Gilmann LLP 700 Crossroads Building 2 State Street Rochester, New York 14614

Should you have any questions, please call.

Very truly yours,

MICHAEL SIRAGUSA  
Erie County Attorney

By:   
ANTHONY B. TARGIA  
Assistant County Attorney  
Anthony.Targia@erie.gov

ABT/mow  
Enc.

cc: Michael Siragusa, Erie County Attorney

ROBERT J. BERNARD, JR., Individually and by his  
Attorneys-in-Fact, BETH BENEDICT and  
LAURA ZORN,

Claimant,

v.

**NOTICE OF INTENTION  
TO FILE A CLAIM**

COUNTY OF ERIE, ERIE COUNTY MEDICAL  
CENTER CORPORATION, HAROLD TANENBAUM,  
M.D., DAVID L. PIERCE, M.D., CHARLES E. WILES,  
III, M.D., JOHN DOE NOS. 1 THROUGH 10, JANE DOE  
NOS. 1 THROUGH 10, STATE OF NEW YORK,  
SCHOOL OF MEDICINE AND BIOMEDICAL  
SCIENCES OF THE STATE UNIVERSITY OF NEW  
YORK AT BUFFALO, JOHN DOE NOS. 11 THROUGH  
20, and JANE DOE NOS. 11 THROUGH 20,

Respondents.

---

**PLEASE TAKE NOTICE** that ROBERT J. BERNARD, JR., Individually (“Claimant”),  
and by and through his Attorneys-in-Fact, BETH BENEDICT and LAURA ZORN, hereby  
makes a claim against Respondents, COUNTY OF ERIE, ERIE COUNTY MEDICAL CENTER  
CORPORATION, HAROLD TANENBAUM, M.D., DAVID L. PIERCE, M.D., CHARLES E.  
WILES, III, M.D., JOHN DOE NOS. 1 THROUGH 10, and JANE DOE NOS. 1 THROUGH 10,  
pursuant to New York’s General Municipal Law; and

**PLEASE TAKE FURTHER NOTICE** that ROBERT J. BERNARD, JR., Individually  
 (“Claimant”), and by and through his Attorneys-in-Fact, BETH BENEDICT and LAURA  
ZORN, intends to file a claim against Respondents, STATE OF NEW YORK and SCHOOL OF  
MEDICINE AND BIOMEDICAL SCIENCES OF THE STATE UNIVERSITY OF NEW  
YORK AT BUFFALO, JOHN DOE NOS. 11 THROUGH 20, and JANE DOE NOS. 11



THROUGH 20, pursuant to Sections 10 and 11 of New York's Court of Claims Act, and in support of such claims, states the following:

1. The post office address of Robert J. Bernard, Jr., the Claimant herein, is 5 Terry Street, Middleport, New York 14105. The post office address of Robert J. Bernard, Jr.'s attorney-in-fact, Beth Benedict, is 1130 Middle Road, Rush, New York 14543. The post office address of Robert J. Bernard, Jr.'s attorney-in-fact, Laura Zorn, is 5373 Oakwood Drive, North Tonawanda, New York 14120.

2. With respect to the negligence and medical malpractice claim against Respondents, Claimant serves this Notice of Intention to File a Claim pursuant to Sections 10 and 11 of New York's Court of Claims Act, and the accompanying Notice of Claim pursuant to Article 4 of New York's General Municipal Law.

3. The attorneys for the Claimant herein are William P. Smith, Jr., Esq., Christian N. Valentino, Esq., and Amy R. Coté, Esq. of Woods Oviatt Gilman LLP, which has its principal place of business at the post office address, 700 Crossroads Building, 2 State Street, Rochester, New York 14614.

4. Upon information and belief, Respondent, the County of Erie, New York, is a municipal corporation that, among other things, passed a Home Rule resolution that initiated the creation of Respondent, the Erie County Medical Center Corporation ("ECMCC").

5. Upon information and belief, ECMCC is a public benefit corporation created by state law to operate a tertiary care facility in Western, New York pursuant to New York's Public Authorities Law § 3628.

6. Upon information and belief, ECMCC is affiliated with Respondent, the School of Medicine and Biomedical Sciences of the State University of New York at Buffalo ("SUNYAB").

7. Upon information and belief, ECMCC's relationship with the SUNYAB includes an affiliation agreement that requires ECMCC to provide clinical settings and staffing to assist SUNYAB in pursuing its educational and research missions.

8. Upon information and belief, Respondent, Harold Tanenbaum, M.D. is a physician that provided medical care, treatment, and diagnostic services, although negligently, or should have provided non-negligent medical care, treatment, and diagnostic services, to Claimant on October 7, 2011, and may have provided medical care and treatment to Claimant on and since October 8, 2011.

9. Upon information and belief, Respondent, David L. Pierce, M.D. is an attending physician that provided medical care, treatment, and diagnostic services, although negligently, or should have provided non-negligent medical care, treatment, and diagnostic services, to Claimant on October 7, 2011, and may have provided medical care and treatment to Claimant on and since October 8, 2011.

10. Upon information and belief, Respondent, Charles E. Wiles, III, M.D. is a physician that provided medical care, treatment, and diagnostic services, although negligently, or should have provided non-negligent medical care, treatment, and diagnostic services, to Claimant on October 7, 2011, and may have provided medical care and treatment to Claimant on and since October 8, 2011.

11. Upon information and belief, Respondents, John Doe Nos. 1-20 and Jane Doe Nos. 1-20, are physicians, nurses, or other medical treatment providers working for or as an agent to the other named Respondents that provided medical care, treatment, and diagnostic services, although negligently, or should have provided non-negligent medical care, treatment, and diagnostic services, to Claimant on October 7, 2011, and may have provided medical care and treatment to Claimant on and since October 8, 2011.

## **I. TIME AND PLACE WHERE CLAIM AROSE**

12. The times and places where the negligence and medical malpractice occurred, out of which this claim arises, are as follows:

a) The first instances of negligence and medical malpractice occurred on October 7, 2011 from approximately 5:30 p.m., or when Claimant, Robert J. Bernard, Jr., first came under the medical care and treatment of Respondents at the Erie County Medical Center ("ECMC") on October 7, 2011, until Claimant was discharged from Respondents' medical care and treatment at ECMC at approximately 7:45 p.m. or when Claimant, Robert J. Bernard, Jr. was discharged from Respondents' medical care and treatment on October 7, 2011.

b) The second and ongoing instances of negligence and medical malpractice have occurred, and continue to occur, from October 8, 2011, when Claimant was admitted to ECMC for medical care and treatment, until the present. Claimant, Robert J. Bernard, Jr., is still inpatient and being treated by medical treatment providers at ECMC.

c) All of the alleged negligence and medical malpractice, discussed more fully below, has occurred and continues to occur at ECMC, located at 462 Grider Street, Buffalo, New York 14215.

## **II. NATURE OF CLAIM & MANNER IN WHICH CLAIM AROSE**

13. On October 7, 2011, Claimant, Robert J. Bernard, Jr., was involved in a violent, one-car motor vehicle accident (Claimant's vehicle rolled over 3 times) at approximately 4:40 p.m. in Gasport, New York.

14. On that same date, Claimant's spine was stabilized by emergency first responders, and Claimant was subsequently transported by Mercy Flight to ECMC for medical care, treatment, and diagnosis.

15. Upon information and belief, Claimant arrived at ECMC at approximately 5:30 p.m. on October 7, 2011 and was provided medical care and treatment, although negligently, by Respondents. A copy of Claimant's medical records from ECMC for October 7, 2011, which were provided to Claimant in response to a request for the same, are attached hereto as **Exhibit "A"** and incorporated herein.

16. As part of Claimant's medical treatment, imaging studies were ordered by Respondents and images taken of Claimant's cervical spine, among other body parts.

17. Upon information and belief, Claimant's imaging studies were or should have been read, reviewed, and interpreted by Respondent, Harold Tanenbaum, M.D. ("Dr. Tanenbaum") and/or others on October 7, 2011 and prior to Claimant's discharge from ECMC.

18. Upon information and belief, Respondent, Dr. Tanenbaum and/or others misread and/or failed to properly interpret and report on the medical images taken of Claimant's cervical spine.

19. More specifically, Dr. Tanenbaum and/or others opined and reported that there were no fractures or dislocations of Claimant's cervical spine and that the heights of the vertebral bodies were adequately maintained, among other opinions, all of which are contained within the medical records attached hereto as **Exhibit "A,"** which are incorporated herein.

20. Upon information and belief, copies of the medical imaging records of Claimant's cervical spine, and the other medical imaging records of Claimant's other body parts, were sent, or should have been sent, to Respondent, David L. Pierce, M.D., and/or to Respondent, Charles E. Wiles, III, M.D., and/or others for review.

21. Despite the violent nature of the motor vehicle accident, and despite Claimant's complaints to Respondents of severe pain in his back, pain in his upper back, posterior neck pain, an inability to walk upright, among other telling symptoms and signs of a

severe injury to Claimant's cervical spine, Respondents prematurely and negligently discharged Claimant from ECMC, and further failed to take the required actions necessary to properly and appropriately stabilize Claimant's unstable spinal fracture.

22. Upon information and belief, Claimant was negligently discharged from ECMC's care and treatment on October 7, 2011 at approximately 7:45 p.m. – only two hours and fifteen minutes after his arrival at ECMC by Mercy Flight – with instructions to follow up with his primary care physician within 5-7 days; Claimant was then escorted by Respondents to a family member's vehicle, while he continued to complain of significant pain.

23. The following day, October 8, 2011, while attempting to collect personal effects from his damaged vehicle, Claimant felt a tingling sensation in his neck and extremities followed by severe pain in his back and neck. Claimant subsequently collapsed to the ground and no longer had sensation in his extremities.

24. Emergency responders were called, and Claimant was transported by Mercy Flight to ECMC for medical care and treatment.

25. Upon information and belief, on October 8, 2011, Respondents re-read the same imaging studies of Claimant's cervical spine from October 7, 2011, and determined that Claimant did, in fact, suffer from an unstable fracture to his cervical spine at the time that he was a patient at ECMC on October 7, 2011 prior to being discharged to his home by the medical treatment providers at ECMC. More specifically, it was determined that "[u]pon review of [Claimant's] CT scan of the cervical spine from 10/07/2011, there appears to be a fracture of the left C6-C7 facet with perched C-7 facet." Furthermore, it was determined that, "[i]n summary, [Claimant] has a C6-C7 fracture, possible dislocation." A copy of one of Claimant's medical records from ECMC from October 8, 2011 in which ECMC admits the error is attached hereto as **Exhibit "B"** and incorporated herein.

26. Claimant appears to have suffered additional injuries as a result of being prematurely and negligently discharged from ECMC on October 7, 2011, including but not limited to: a spinal fracture and possible dislocation; spinal cord injury; neck injury and bilateral interfacetal dislocation at C6-C7; a severe hyperflexion injury with bilateral interfacetal dislocation at C6-C7, resulting in severe spinal cord compression at C6-C7; severe injury to the posterior longitudinal ligament and at least a strain to the anterior longitudinal ligament; hyperintense T2/STIR signal at C5 and C6 and C7 with associated gradient signal suggesting a hemorrhagic cord contusion; the intervertebral disc at C6-C7 was ruptured and extruded posterior superiorly to the C6 vertebral body; acute superior endplate fracture and avulsion fracture from the superior endplate of C7; acute nondisplaced fracture to the superior endplate of T1; small to moderate-sized acute prevertebral hematoma/soft tissue swelling spanning C6-T1; multilevel acute posttraumatic disc herniations; moderate to severe spinal canal stenosis at C5-C6 from acute central and left paradigm disc protrusion; nerve damage; progressive numbness and weakness in the bilateral lower extremities; paralysis; respiratory distress; pneumothorax; atelectasis and/or pneumonia; physical pain and suffering; mental and emotional pain and suffering; and anxiety, among other injuries recited in Claimant's medical records, of which Respondents are in possession.

27. As a proximate result of Respondents' negligence and medical malpractice, Claimant has suffered through numerous medical procedures and surgeries, including but not limited to: mechanical ventilation; bronchoscopy and bronchoalveolar lavage; posterior spinal instrumentation of the cervical spine for decompression and fusion; a laminectomy for decompression of the spinal canal at C6-C7; insertion of hardware necessary for spinal fusion; posterior arthrodesis, C5-C6-C7-T1-T2; application of local autogenous bone graft and allograft bony putty C5-T2; insertion of a tracheostomy tube, subclavian line and nasogastric

tube, among other tubes referenced in Claimant's medical records, among other procedures and surgeries recited in Claimant's medical records, of which Respondents have possession.

28. Upon information and belief, Respondents were negligent and committed medical malpractice by deviating from the required standard of medical care and treatment when providing medical treatment and diagnosis to Claimant on October 7, 2011, and such negligence and medical malpractice proximately caused Claimant's injuries listed above, among other injuries.

29. The actions and omissions of Respondents, which form the basis for Claimant's claim of negligence and medical malpractice include, but are not limited to, the following:

- a) Failing to properly and adequately provide the required medical care, treatment, and diagnostic services to Claimant on October 7, 2011;
- b) Deviating from the required standard of medical care, treatment, and diagnostic services related to Claimant's medical treatment on October 7, 2011;
- c) Deviating from the required standard of medical care, treatment, and diagnostic services related to the medical practice area of radiological medicine and Claimant's medical treatment on October 7, 2011;
- d) Deviating from the required standard of medical care, treatment, and diagnostic services related to the medical practice area of emergency medicine and Claimant's medical treatment on October 7, 2011;
- e) Deviating from the required standard of medical care, treatment, and diagnostic services related to the medical practice area neurosurgery and Claimant's medical treatment on October 7, 2011;

f) Deviating from the required standard of medical care, treatment, and diagnostic services related to the medical practice area of orthopedics and Claimant's medical treatment on October 7, 2011;

g) Failing to properly and adequately listen, review, understand, consider, and incorporate the documents and information relating to Claimant and provided to Respondents by Mercy Flight WNY on October 7, 2011;

h) Failing to properly and adequately care for, treat, and diagnose Claimant's injuries on October 7, 2011;

i) Failing to employ the necessary and available means and conduct the necessary and available procedures to properly and adequately care for, treat, and diagnose Claimant's injuries on October 7, 2011;

j) Failing to employ the necessary means and procedures to care for, treat, and diagnose Claimant's fractured and dislocated cervical spine and other injuries on October 7, 2011;

k) Failing to order, prepare, and interpret the necessary and proper imaging studies, including but not limited to X-rays, CT scans, and MRIs so as to adequately care for, treat and diagnose Claimant's fractured and dislocated cervical spine, other spinal injuries, and other bodily injuries on October 7, 2011;

l) Failing to care for, treat, and diagnose Claimant's fracture and dislocation of his cervical spine, other spinal injuries, and other bodily injuries on October 7, 2011;

m) Failing to properly, adequately, and correctly read, review, interpret, and communicated regarding the medical imaging studies of Claimant's cervical spine and other body parts on October 7, 2011;



- n) Failing to have a knowledgeable and capable radiologist take, read, review, interpret, and communicate Claimant's medical imaging studies prior to Claimant's discharge from ECMC to his home on October 7, 2011;
- o) Failing to have the resident physician read, review, interpret, and communicate Claimant's medical imaging studies prior to Claimant's discharge from ECMC to his home on October 7, 2011;
- p) Failing to have the attending physician read, review, interpret, and communicate Claimant's medical imaging studies prior to Claimant's discharge from ECMC to his home on October 7, 2011;
- q) Incorrectly asserting and recording that Claimant did not suffer an unstable spinal fracture and other spinal injuries on October 7, 2011;
- r) Incorrectly treating Claimant as if he did not suffer an unstable spinal fracture and other spinal injuries on October 7, 2011;
- s) Failing to provide Claimant with the medical treatment necessary to correctly and adequately treat Claimant's unstable spinal fracture and other injuries on October 7, 2011;
- t) Failing to convey to the other medical treatment providers within ECMC the correct and accurate medical information relating to Claimant's injuries on October 7, 2011;
- u) Failing to identify and/or note Claimant's midline tenderness on October 7, 2011;
- v) Failing to interpret Claimant's complaints of neck and back pain as symptoms and an indication of a spinal fracture on October 7, 2011;

w) Failing to employ the required standard medical care, treatment, and diagnostic services necessary on October 7, 2011 to prevent Claimant's spinal cord injury;

x) Failing to employ the required standard medical care, treatment, and diagnostic services necessary on October 7, 2011 to prevent Claimant's paralysis and other injuries;

y) Failing to properly and adequately stabilize Claimant's spine, back, and neck on October 7, 2011 prior to Claimant's discharge from ECMC;

z) Failing to perform the appropriate surgical or other medical treatment to Claimant's spinal fracture and other injuries on October 7, 2011 and prior to Claimant's discharge from ECMC;

aa) Failing to consult with the appropriate medical professionals regarding Claimant's spinal fracture prior to discharge on October 7, 2011, including not limited to other radiologists, emergency medicine specialist, a neurosurgeon, and an orthopedic specialist;

bb) Failing to have Claimant treated by the appropriate medical professionals regarding Claimant's spinal fracture prior to discharge on October 7, 2011, including not limited to other radiologists, emergency medicine specialist, a neurosurgeon, and an orthopedic specialist, among other appropriate medical professionals;

cc) Negligently discharging Claimant from ECMC and to his home on October 7, 2011;

dd) Negligently discharging Claimant from ECMC and to his home on October 7, 2011 with instruction to follow up with his primary care physician within 5 to 7 days;

ee) Failing to discharge Claimant with the appropriate, necessary, and/or required medical equipment and/or devices to stabilize his fractured spine on October 7, 2011 while a patient at ECMC and upon discharge from ECMC;

ff) Failing to provide Claimant with the appropriate discharge instructions on October 7, 2011; and

gg) Respondents were otherwise negligent and breached the applicable and required standard of medical care and treatment owed to Claimant, and committed medical malpractice with respect to Claimant's medical care and treatment on October 7, 2011 while at ECMC.

30. Since October 8, 2008 and to the present, Claimant has been, and continues to be, medically treated for the catastrophic injuries caused by Respondents' negligence and medical malpractice. Claimant remains at ECMC and is currently under the care and treatment of Respondents. Upon information and belief, Respondents have been negligent and have committed medical malpractice by deviating from the required standard of medical care and treatment when providing medical treatment to Claimant from October 8, 2011 to the present.

31. As a result of the above-referenced negligence, gross negligence, and medical malpractice, Respondents, individually and through their respective officers, agents and employees, were, and are, fully or partially responsible for Claimant's: personal injuries; past, present, and future conscious pain and suffering; past, present, and future mental and emotional pain and suffering and anxiety; paralysis; permanency of injuries; limitations; disabilities; loss of enjoyment of life; loss of past, present, and future income and other economic damages; past, present, and future medical expenses; past, present, and future expenses necessary to provide Claimant with the necessary services and accommodations given his current and future medical

condition, paralysis, limitations, and disabilities; and all other damages resulting from Claimant's negligent actions and omissions and medical malpractice on October 7, 2011; and from Respondent's negligent actions and omissions and medical malpractice from October 8, 2011 until the present.

32. Given the above, Claimant hereby serves Respondents with this Notice of Intention to File a Claim for an amount necessary to compensate Claimant for his: personal injuries; past, present, and future conscious pain and suffering; past, present, and future mental and emotional pain and suffering and anxiety; paralysis; permanency of injuries; limitations; disabilities; loss of enjoyment of life; loss of past, present, and future income and other economic damages; past, present, and future medical expenses; past, present, and future expenses necessary to provide Claimant with the necessary services and accommodations given his current and future medical condition, paralysis, limitations, and disabilities; and all other damages resulting from Claimant's negligent actions and omissions and medical malpractice on October 7, 2011; and from Respondent's negligent actions and omissions and medical malpractice from October 8, 2011 until the present.

**WHEREFORE**, Claimant hereby notifies STATE OF NEW YORK and SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO of Claimant's intention to file such claims.

Dated: December 29, 2011

**WOODS OVIATT GILMAN LLP**

By 

William P. Smith, Jr., Esq.

Christian Valentino, Esq.

Amy R. Coté, Esq.

**Attorneys for Claimant**

700 Crossroads Building

2 State Street

Rochester, New York 14614

585.987.2800

TO: STATE OF NEW YORK  
New York State Attorney General  
Department of Law  
144 Exchange Boulevard  
Suite 200  
Rochester, New York 14614

THE SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES OF  
THE STATE UNIVERSITY OF NEW YORK AT BUFFALO  
Michael E. Cain, M.D.  
V.P. for Health Sciences and Dean, School of Medicine and Biomedical Sciences  
155 Biomedical Education Building  
University at Buffalo  
Buffalo, New York 14214-3013  
716.829.3955

CC: COUNTY OF ERIE  
Chris Collins, County Executive  
95 Franklin Street, 16<sup>th</sup> Floor  
Buffalo, New York 14202  
716.858.8500

COUNTY OF ERIE  
Jeremy A. Colby, Esq., County Attorney  
95 Franklin Street, Room 1634  
Buffalo, New York 14202  
716.858.2200

ERIE COUNTY MEDICAL CENTER CORPORATION  
Jody Lomeo, CEO  
462 Grider Street  
Buffalo, New York 14215  
716.898.3000

ERIE COUNTY MEDICAL CENTER CORPORATION  
Ann Victor-Lazarus, MS, RN, CPHRM, V.P. Patient Advocacy/Risk Management  
462 Grider Street  
Buffalo, New York 14215  
716.898.3162

HAROLD TANENBAUM, M.D.  
Saturn Radiology Associates  
462 Grider Street  
Buffalo, New York 14215  
716.898.3313

DAVID L. PIERCE, M.D.  
BGH Emergency Medicine Department  
100 High Street  
Buffalo, New York 14203  
716.859.1993

CHARLES E. WILES, III, M.D.  
University at Buffalo Surgeons, Inc.  
462 Grider Street/DKM Building  
3rd Floor  
Buffalo, NY 14215  
716.898.5283

ROACH, BROWN, McCARTHY, & GRUBER, P.C.  
John P. Danieu, Esq.  
1920 Liberty Building  
424 Main Street,  
Buffalo, New York 14202-3619  
716.852.0400

**ATTORNEY VERIFICATION**

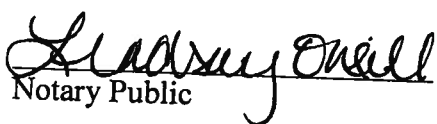
STATE OF NEW YORK )  
COUNTY OF MONROE ) ss.:

CHRISTIAN N. VALENTINO, ESQ. being duly sworn, deposes and says: That he is one of the attorneys for the Claimant, ROBERT J. BERNARD, JR., in the above-entitled Notice of Intention to File a Claim, with offices located at 700 Crossroads Building, 2 State Street, City of Rochester, County of Monroe, State of New York; that he has read the foregoing Notice of Intention to File a Claim and knows the contents thereof; that the same is true to his knowledge, except as to those matter stated to be alleged upon information and belief, and that as to those matters he believes them to be true.

That the reason why this verification is made by deponent instead of the Claimant is because Claimant does not reside and is not within the County of Monroe, which is the county where deponent has his office. Deponent further says that the grounds of his belief as to all matters in the Notice of Intention to File a Claim not stated to be upon his knowledge are based upon a review and investigation of this file

  
Christian N. Valentino

Sworn to before me this  
29<sup>th</sup> day of December, 2011.

  
Notary Public

**LINDSAY A. O'NEILL**  
Notary Public, State of New York  
Qualified in Genesee County  
Reg. No. 010NS282444  
{13 Commission Expires December 05, 2015

Woods Oviatt Gilman LLP  
700 Crossroads Building  
2 State Street  
Rochester, New York 14614



# Authorization for the use and disclosure of protected health information

This form implements the requirements for patient authorization to use and disclose health information protected by the federal health privacy law 45 C.F.R. parts 160, 164. Except as otherwise permitted or required by the privacy law, a healthcare provider subject to the privacy law may not use or disclose protected health information without an authorization that complies with the requirements of 45 C.F.R., Section 164.508.

Patient/Resident Name: ROBERT BERNARD JR Date of Birth: 06/12/1977  
Address: 5 TERRY ST., MIDDLEPORT, N.Y. 14105  
Phone: (716) 479-1639

I hereby authorize the use or disclosure of protected health information as follows:

**1. The information that may be used or disclosed includes (initial applicable line):**

(Initials)  All treatment records. (If this is initialed, patient must also separately initial the categories below if Behavioral Health records, Drug and Alcohol Treatment records, and/or HIV-related records are to be used or disclosed.)

(Initials)  Record of treatment during the following time period: 10/08/01 - 11/07/11 - discharge

(Initials)  Radiology request for the date of service of: \_\_\_\_\_

(Initials)  Behavioral Health/Psychiatric records, discharge summary, and information below:  
\_\_\_\_\_  
\_\_\_\_\_

If you authorize the release of behavioral health information, the disclosing party named above will disclose such information in accordance with Sections 33.13 and 33.16 of the Mental Hygiene Law.

(Initials)  Drug and Alcohol Treatment records, discharge summary, and information indicated below:  
\_\_\_\_\_  
\_\_\_\_\_



5. The purpose of disclosure is:

RLB Request of the individual who is the subject of the record or his/her personal representative  
(Initials)

\_\_\_\_\_ Other (describe) \_\_\_\_\_  
(Initials)

6. It is understood that this authorization may be revoked. To revoke this authorization, a written request should be made to the facility's Privacy Officer at the address stated below. Information disclosed before an authorization is revoked may not be retrieved. If action was taken in reliance on the authorization, the person who relied on the authorization may continue to use or disclose protected health information as needed to complete the work that began because the authorization was given. To revoke this authorization, please write to:

Erie County Medical Center  
462 Grider Street  
Buffalo, NY 14215  
Attn: Privacy Officer

Erie County Home  
11580 Walden  
Alden, NY 14004  
Attn: Privacy Officer

7. It is understood that information used or disclosed pursuant to this authorization (other than Drug and Alcohol Treatment records, HIV-related records, and Behavioral Health records) may be redisclosed by the recipient of the information. Most healthcare providers and all health benefit plans must follow federal rules protecting the privacy of health information. Those rules do not apply to other organizations.

8. You have a right to refuse to sign this authorization. Your healthcare, the payment for your healthcare, and your healthcare benefits will not be affected if you do not sign this form.

9. You have a right to see and copy the information described on this authorization form in accordance with facility policies. You also have a right to receive a copy of this form after you have signed it.

Patient Request

1. If the patient is a minor over the age of twelve, the patient may be informed of this request prior to granting the review.
2. The treating physician will be informed of this request. The treating physician may grant access to a prepared summary of this information if, in her/his opinion, the review may endanger my life or physical safety or may cause substantial harm to others.
3. The cost is \$.75 per page.

Do not sign a blank form. (You or your personal representative should read and complete this form before signing.)

Rosemary L. Bernard  
Signature

Rosemary L. Bernard 11-17-11  
Print Name of Patient or Personal Representative Date

Mother of Robert J. Bernard Jr.  
Description of Personal Representative's Authority

Francis J. MSAW  
Facility Witness (for disclosure of all records)

ERIE COUNTY MEDICAL CENTER  
HEALTHCARE NETWORK

462 Grider Street

Buffalo, New York 14215

DEPARTMENT OF IMAGING SERVICES

PT NAME: BERNARD JR, ROBERT  
MRN: M001119365  
DOB: 06/12/1977 Sex: M  
Service Date: 10/07/11 Time: 1746  
Requisition No: 11-0099782  
Procedures:  
1007-0121 CT/CTA CH+CTABD+CTPEL W/CONTRAST

Pt Type: REG ER Pt Location: ER  
Attending:  
Referring: BEHRENS, TORSTEN (RES)  
Primary Care: STAHL, DAVID MD, (RF)  
Account Number: V00003224270  
REPORT NO: 1007-0415

MVC with injury.

CTA of the chest was performed with contiguous slices in the axial plane from the apices through the diaphragms. Multiplanar reformatted images were obtained. A rapid infusion of intravenous contrast was utilized. The heart is normal in size. There is no mediastinal adenopathy or hematoma. The aorta is normal in size. The pulmonary arteries are normal in size. There are no demonstrable filling defects.

The lung fields are clear.

There is no evidence of effusion or pneumothorax.

The visualized portions of the bony thorax are unremarkable.

IMPRESSION: Normal study.

CT scan of the abdomen and pelvis with intravenous contrast was performed with contiguous slices from the diaphragms through the synthesis pubis. The gallbladder and bile ducts are normal in size and there are no demonstrable gallstones.

The liver, adrenals, kidneys, pancreas, and spleen are normal in size and density.

There is no evidence of adenopathy or ascites. The bowel is unremarkable.

The urinary bladder is contracted around a catheter. The prostate is normal in size.

The visualized osseous structures of the abdomen and pelvis do not demonstrate any evidence of fracture or lytic or blastic lesions.

IMPRESSION: Normal study.

Films reviewed and dictated by:  
Signed by:  
Sign date / time:

HAROLD TANENBAUM MD 10/07/11 1831  
<Electronically signed by HAROLD TANENBAUM MD>  
10/07/11 1840

10/07/11 1831 XXX

Copies To: PIERCE, DAVID L MD  
Printed:

PT NAME: BERNARD JR, ROBERT  
DEPARTMENT OF IMAGING SERVICES

MEDICAL RECORD NUMBER: M001119365  
REPORT NO: 1007-0415

ERIE COUNTY MEDICAL CENTER  
HEALTHCARE NETWORK

462 Grider Street

Buffalo, New York 14215

DEPARTMENT OF IMAGING SERVICES

PT NAME: BERNARD JR, ROBERT

MRN: M001119365

DOB: 06/12/1977 Sex: M

Service Date: 10/07/11 Time: 1746

Requisition No: 11-0099782

Procedures:

1007-0122 CT/CT CERV+THOR+LUMB SP W/O CON

Pt Type: REG ER Pt Location: ER

Attending:

Referring: BEHRENS, TORSTEN (RES)

Primary Care: STAHL, DAVID MD, (RF)

Account Number: V00003224270

REPORT NO: 1007-0411

HISTORY: MVC with injury.

CT scan of the cervical spine with intravenous contrast was performed with contiguous slices in the axial plane. Sagittal and coronal reconstructions were performed. There are no demonstrable fractures or dislocations. The heights of the vertebral bodies are adequately maintained.

Osteophytes cause mild bilateral foramina stenosis at C4-C5 and C5-C6.

The remaining disc spaces from C2-T1 are otherwise unremarkable.

The visualized paravertebral soft tissues are unremarkable.

IMPRESSION: Degenerative changes with mild bilateral foramina stenosis C4-C5 and C5-C6.

CT scan of the thoracic spine with intravenous contrast was performed with contiguous slices in the axial plane. Sagittal and coronal reconstructions were performed. There are no demonstrable fractures or dislocations. The heights of the vertebral bodies are adequately maintained. The disc spaces do not demonstrate any evidence of herniation or bulge. No central or foraminal stenosis is demonstrated.

The visualized paravertebral soft tissues are unremarkable.

IMPRESSION: Normal study.

CT scan of the lumbar spine without intravenous contrast was performed with contiguous slices in the axial plane. Sagittal and coronal reconstructions were performed. There are no demonstrable fractures or dislocations. The heights of the vertebral bodies are adequately maintained. The disc spaces from L1 to S1 do not demonstrate any evidence of herniation or bulge. No central or foraminal stenosis is demonstrated.

The visualized paravertebral soft tissues are unremarkable.

IMPRESSION: Normal study.

Films reviewed and dictated by:

Signed by:

Sign date / time:

HAROLD TANENBAUM MD 10/07/11 1839

<Electronically signed by HAROLD TANENBAUM MD>

10/07/11 1839

PT NAME: BERNARD JR,ROBERT  
DEPARTMENT OF IMAGING SERVICES

MEDICAL RECORD NUMBER: M001119365  
REPORT NO: 1007-0411

10/07/11 1839 XXX

Copies To: PIERCE, DAVID L MD  
Printed:

ERIE COUNTY MEDICAL CENTER  
HEALTHCARE NETWORK

462 Grider Street

Buffalo, New York 14215

DEPARTMENT OF IMAGING SERVICES

PT NAME: BERNARD JR, ROBERT

MRN: M001119365

DOB: 06/12/1977 Sex: M

Service Date: 10/07/11 Time: 1745

Requisition No: 11-0099782

Procedures:

1007-0120 CT/CT FACIAL BN W/O CONTRST 70486

Pt Type: REG ER Pt Location: ER

Attending:

Referring: BEHRENS, TORSTEN (RES)

Primary Care: STAHL, DAVID MD, (RF)

Account Number: V00003224270

REPORT NO: 1007-0413

HISTORY: MVC with injury.

CT scan of the facial bones without intravenous contrast was performed with contiguous slices in the axial plane. Coronal and sagittal reconstructions were performed. There are no demonstrable fractures or dislocations. No osseous destructive lesions are demonstrated.

The frontal, ethmoid, maxillary, and sphenoid sinuses are clear.

The globes are normal. The ocular muscles and nerves are symmetrical. There is no retrobulbar hemorrhage.

IMPRESSION: Normal study.

Films reviewed and dictated by:

Signed by:

Sign date / time:

HAROLD TANENBAUM MD 10/07/11 1824

<Electronically signed by HAROLD TANENBAUM MD>

10/07/11 1840

10/07/11 1824 XXX

Copies To: PIERCE, DAVID L MD

Printed:

ERIE COUNTY MEDICAL CENTER  
HEALTHCARE NETWORK

462 Grider Street

Buffalo, New York 14215

DEPARTMENT OF IMAGING SERVICES

PT NAME: BERNARD JR, ROBERT

MRN: M001119365

DOB: 06/12/1977 Sex: M

Service Date: 10/07/11 Time: 1743

Requisition No: 11-0099782

Procedures:

1007-0119 CT/CT HEAD W/O CONTRAST 70450

Pt Type: REG ER Pt Location: ER

Attending:

Referring: BEHRENS, TORSTEN (RES)

Primary Care: STAHL, DAVID MD, (RF)

Account Number: V00003224270

REPORT NO: 1007-0412

HISTORY: MVC with injury.

CT scan of the brain without intravenous contrast was performed with contiguous slices in the axial plane. The ventricles, sulci, and cisterns are normal in size and position. No high or low density lesions are identified. There is no evidence of intracranial edema or hemorrhage.

The cranial vault is unremarkable.

IMPRESSION: Normal study

Films reviewed and dictated by:

Signed by:

Sign date / time:

HAROLD TANENBAUM MD 10/07/11 1821

<Electronically signed by HAROLD TANENBAUM MD>

10/07/11 1840

10/07/11 1821 XXX

Copies To: PIERCE, DAVID L MD

Printed:

ERIE COUNTY MEDICAL CENTER  
HEALTHCARE NETWORK

462 Grider Street

Buffalo, New York 14215

DEPARTMENT OF IMAGING SERVICES

PT NAME: BERNARD JR,ROBERT  
MRN: M001119365  
DOB: 06/12/1977 Sex: M  
Service Date: 10/07/11 Time: 1735  
Requisition No: 11-0099778  
Procedures:  
1007-0077 ERAD/ER CHEST PORTABLE 71010

Pt Type: REG ER Pt Location: ER  
Attending:  
Referring: PIERCE, DAVID L MD  
Primary Care: STAHL,DAVID MD, (RF)  
Account Number: V00003224270  
REPORT NO: 1007-0416

HISTORY: MVC with injury.

Examination of the chest in the frontal view demonstrates that the heart, aorta, trachea, and mediastinum are normal. There is no evidence of consolidation, effusion, or pneumothorax.

The visualized portions of the bony thorax are unremarkable.

IMPRESSION: Normal study.

Films reviewed and dictated by: HAROLD TANENBAUM MD 10/07/11 1831  
Signed by: <Electronically signed by HAROLD TANENBAUM MD>  
Sign date / time: 10/07/11 1840

10/07/11 1831 XXX

Copies To: PIERCE, DAVID L MD  
Printed:



ERIE COUNTY MEDICAL CENTER  
HEALTHCARE NETWORK

462 Grider Street

Buffalo, New York 14215

DEPARTMENT OF IMAGING SERVICES

PT NAME: BERNARD JR, ROBERT

MRN: M001119365

DOB: 06/12/1977 Sex: M

Service Date: 10/07/11 Time: 1735

Requisition No: 11-0099778

Procedures:

1007-0076 ERAD/ER PELVIS 1 OR 2V 72170

Pt Type: REG ER Pt Location: ER

Attending:

Referring: PIERCE, DAVID L MD

Primary Care: STAHL, DAVID MD, (RF)

Account Number: V00003224270

REPORT NO: 1007-0417

HISTORY: MVC with injury.

Examination of the pelvis in the frontal view does not demonstrate any fractures or dislocations. The joint spaces are adequately maintained. There are no bony erosions or periosteal reactions. The visualized soft tissues are unremarkable.

IMPRESSION: Normal study

Films reviewed and dictated by:

Signed by:

Sign date / time:

HAROLD TANENBAUM MD 10/07/11 1832

<Electronically signed by HAROLD TANENBAUM MD>

10/07/11 1840

10/07/11 1832 XXX

Copies To: PIERCE, DAVID L MD

Printed:

Allergy/AdvReac: No Known Allergies

Blood Bank - Blood Bank Tests

Blood Product Summary

Blood Bank Tests

Transfusion History

	10/7/11 17:30
Blood Type	O POSITIVE
Antibody Screen	NEGATIVE

Record List

Other Visit

Special Panels

24 Hour

Vital Signs

I & O

Notes

Medications

Order History

Laboratory

Microbiology

Blood Bank

Pathology

Imaging

Other Reports

Care Trends

Care Activity

History

Summary

Encounters

Referrals

Discharge

Orders

Document

Med Reconciliation

Sign

Back

Later

Graph  
My Data

Cancel

Save



Bernard JR, Robert -

DOB: 6/12/77 34 M  
V00003224270 / M001119365  
Emergency Room DEP ER

Allergy/AdvReac: No Known Allergies

Laboratory - Hematology

Selected Visit Lifetime Summary

Hematology Coagulation Urines Other Body Source Miscellaneous  
Blood Gas Chemistry Toxicology Immunology Serology

	10/7/11 17:30	10/7/11 17:36
WBC	8.0	
RBC	4.78	
Hgb	14.6	
Hct	41.8 L	
PDC Hct		43
MCV	87.4	
MCH	30.5	
MCHC	34.9	
RDW	42.0	
RDW Coeff of Var	13.1	
Plt Count	210	
MPV	10.6 H	
Neut %	53.8	
Lymph %	35.4	
Mono %	9.3	
Eos %	1.0	
Baso %	0.5	
Neut #	4.3	
Lymph #	2.8	
Mono #	0.7	
Eos #	0.1	
Baso #	0.0	
Nucleated RBC %	0.0	
Nucleated RBCs #	0.0	

- Record List
- Other Visit
- Special Panels
- 24 Hour
- Vital Signs
- I & C
- Notes
- Medications
- Order History
- Laboratory
- Microbiology
- Blood Bank
- Pathology
- Imaging
- Other Reports
- Care Trends
- Care Activity
- History
- Summary
- Encounters
- Referrals
- Discharge
- Orders
- Document
- Med Reconciliation
- Sign

Earlier Later Graph My Data Cancel Save ?

Allergy/AdvReac: No Known Allergies

Laboratory - Coagulation

Selected Visit

Lifetime Summary

- Hematology
- Coagulation
- Urinis
- Other Body Source
- Miscellaneous
- Blood Gas
- Chemistry
- Toxicology
- Immunology
- Serology

	10/7/11
	17:30
PT	13.8
INR	1.0
PTT	24.0

Record List  
Other Visit

Special Panels

24 Hour

Vital Signs

I & O

Notes

Medications

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Microbiology

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Sign

Earlier

Later

Graph  
My Data

Cancel

Save



Allergy/AdvReac: No Known Allergies

Laboratory - Blood Gas

Selected Visit Lifetime Summary

Hematology Coagulation Urines Other Body Sources Miscellaneous  
Blood Gas Chemistry Toxicology Immunology Serology

	10/7/11 17:35
Specimen Type	ARTERIAL
Bicarbonate Standard	29 H
ABG pH	7.53 H
ABG pCO2	34 L
ABG pO2	119
ABG HCO3	28 H
ABG Total CO2	29
ABG O2 Saturation	99
ABG Base Excess	5.2 H
Oxygen Content	20.5 H
Inspired O2	UNKNOWN

Record List

Other Visit

Special Panels

24 Hour

Vital Signs

I & O

Notes

Medications

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Laboratory

Microbiology

Blood Bank

Pathology

Imaging

Other Reports

Care Trends

Care Activity

History

Summary

Encounters

Referrals

Discharge

Orders

Document

Med Reconciliation

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Earlier

Later

Graph

Cancel

Save

My Data





Allergy/AdvReac: No Known Allergies

Laboratory - Chemistry

Selected Visit Lifetime Summary

Hematology Coagulation Urines Other Body Sources Miscellaneous  
 Blood Gas Chemistry Toxicology Immunology Serology

	10/7/11 17:30	10/7/11 17:30	10/7/11 17:36
POC Sodium			146 H
POC Potassium			2.9 L
POC Chloride			107
POC Total CO2			27
POC Anion Gap			12
POC BUN			4 L
POC Creatinine			1.0
Estimated GFR			86 Q
POC Glucose			129 H
Calcium	9.4		
POC WB Ioniz Calcium			4.4 L
Phosphorus	2.5 L		
Magnesium	2.06		
Total Bilirubin	0.4		
Direct Bilirubin	0.1		
AST	38 Q		
ALT	28		
Alkaline Phosphatase	62		
Troponin T		< 0.01 Q	
Total Protein	6.6		
Albumin	4.6		
Lipase	33		

Record List

Other Visit

Special Panels

24 Hour

Vital Signs

I & O

Notes

Medications

Order History

Laboratory

Microbiology

Blood Bank

Pathology

Imaging

Other Reports

Care Trends

Care Activity

History

Summary

Encounters

Referrals

Discharge

Orders

Document

Med Reconciliation

Sign

Earlier

Later

Graph  
My Data

Cancel

Save



RUN DATE: 11/17/11  
 RUN TIME: 1108

ERIE COUNTY MEDICAL CENTER  
 DEPARTMENT OF LABORATORY MEDICINE  
 462 GRIDER STREET BUFFALO, NY 14215-3098

\*\*\* Summary Discharge Report \*\*\*

Patient: BERNARD JR, ROBERT  
 Med Rec: M001119365  
 DOB: 06/12/1977 Age/Sex: 34/M  
 Account: V00003224270  
 Status: DEP ER

Client: ECMC HEALTHCARE NETWORK  
 Location: ER  
 Room-Bed:  
 Dr: PIERCE, DAVID L MD  
 Sub Dr:

Printed: 11/17/11  
 Time: 1108

CHEMISTRY WHOLE BLOOD ANALYSIS

==== ARTERIAL BLOOD GAS ====

Date	Time	SPECIMEN TYPE	INSPIRED O2 %	ABG PH (7.36-7.44)	ABG-PCO2 (36-44) mmHg	ABG PO2 (>80) mmHg
10/7/11	1735	ARTERIAL	UNKNOWN	7.53 H	34 L	119

Date	Time	ABG-BICARB (22-26) mmol/L	ABG-O2SAT (>90) %	ABG-TOT CO2 (19-30) mmol/L	ABG-SBE (-3.0-3.0) mmol/L	ABG-STD BIC (22-26) mmol/L
10/7/11	1735	28 H	99	29	5.2 H	29 H

Date	Time	ABG-O2 CONT (15-17) mL/dL
10/7/11	1735	20.5 H

CHEMISTRY - POC TESTS

==== WHOLE BLOOD ANALYSIS ====

Date	Time	NA (135-143) mmol/L	K (3.3-5.1) mmol/L	CL (97-109) mmol/L	WB ICA (4.5-5.5) mg/dL	CO2 (19-30) mmol/L
10/7/11	1736	146 H	2.9 L	107	4.4 L	27

Date	Time	I-GLU (65-95) mg/dL	BUN (6-20) mg/dL	CREAT (0.7-1.2) mg/dL	I-HCT-B (42-52) %	ANION GAP (7-18)
10/7/11	1736	129 H	4 L	1.0	43	12

Footnotes

L = Low, H = High, CL = Critical Low, CH = Critical High, \* = Abnormal, d = Delta  
 S = Susceptible, I = Intermediate, R = Resistant, BLac = Beta Lactamase

RUN DATE: 11/17/11  
RUN TIME: 1108

ERIE COUNTY MEDICAL CENTER  
DEPARTMENT OF LABORATORY MEDICINE  
462 GRIDER STREET BUFFALO, NY 14215-3098

\*\*\* Summary Discharge Report \*\*\*

Patient: BERNARD JR, ROBERT  
Med Rec: M001119365  
DOB: 06/12/1977 Age/Sex: 34/M  
Account: V00003224270  
Status: DEP ER

Client: ECMC HEALTHCARE NETWORK  
Location: ER  
Room-Bed:  
Dr: PIERCE, DAVID L MD  
Sub Dr:

Printed: 11/17/11  
Time: 1108

CHEMISTRY - POC TESTS (continued)

==== WHOLE BLOOD ANALYSIS (continued) ====

I-eGFR

Date Time

10/7/11 1736 86(A)

(A) INTERPRETIVE DATA FOR GFR

Multiply eGFR by 1.212 if race is African American (e.g., African-American). Interpretation applies to adults only. Estimates of GFR assume serum creatinine is stable.

>90 Normal

60-90 Possible Chronic Kidney Disease (CKD)

30-59 Stage 3 CKD

15-29 Stage 4 CKD

<15 Kidney failure

eGFR 60-90: Possible Chronic Kidney Disease (CKD).

Currently, the presence of CKD can only be established on the basis of the GFR alone when GFR is lower than 60mL/min.

For GFR >60mL/min there must be independent evidence of a kidney problem, as defined by abnormalities of blood and urine testing (hematuria, proteinuria) or abnormalities on kidney imaging. An eGFR of 60-90mL/min can be seen as part of the "normal" aging process.

Reference: Nat'l Kidney Foundation. K/DOQI. Am J. Kid Dis 39;S1-S200, 2002.

Footnotes

L = Low, H = High, CL = Critical Low, CH = Critical High, \* = Abnormal, d = Delta  
S = Susceptible, I = Intermediate, R = Resistant, BLac = Beta Lactamase



RUN DATE: 11/17/11  
RUN TIME: 1108

ERIE COUNTY MEDICAL CENTER  
DEPARTMENT OF LABORATORY MEDICINE  
462 GRIDER STREET BUFFALO, NY 14215-3098

\*\*\* Summary Discharge Report \*\*\*

Patient: BERNARD JR, ROBERT

Client: ECMC HEALTHCARE NETWORK

Med Rec: M001119365

Location: ER

DOB: 06/12/1977 Age/Sex: 34/M

Room-Bed:

Account: V00003224270

Dr: PIERCE, DAVID L MD

Printed: 11/17/11

Status: DEP ER

Sub Dr:

Time: 1108

CHEMISTRY - BLOOD

==== GENERAL ====

Date	Time	CA (8.4-10.2) mg/dL	PO4 (2.7-4.5) mg/dL	MG (1.69-2.73) mg/dL	TOTAL BILI (<1.1) mg/dL	DIRECT BILI (<0.4) mg/dL
10/7/11	1730	9.4	2.5 L	2.06	0.4	0.1

Date	Time	TOTAL PROTEIN (6.6-8.7) g/dL	ALB (3.4-4.8) g/dL
10/7/11	1730	6.6	4.6

==== ENZYMES ====

Date	Time	AST (<38) Units/L	ALT (<42) Units/L	ALK PHOS (40-129) Units/L	LIP (13-60) Units/L
10/7/11	1730	38 (B)	28	62	33

(B) Specimen SLIGHTLY hemolyzed

Footnotes

L = Low, H = High, CL = Critical Low, CH = Critical High, \* = Abnormal, d = Delta  
S = Susceptible, I = Intermediate, R = Resistant, BLac = Beta Lactamase

RUN DATE: 11/17/11  
RUN TIME: 1108

ERIE COUNTY MEDICAL CENTER  
DEPARTMENT OF LABORATORY MEDICINE  
462 GRIDER STREET BUFFALO, NY 14215-3098

\*\*\* Summary Discharge Report \*\*\*

Patient: BERNARD JR, ROBERT  
Med Rec: M001119365  
DOB: 06/12/1977 Age/Sex: 34/M  
Account: V00003224270  
Status: DEP ER

Client: ECMC HEALTHCARE NETWORK  
Location: ER  
Room-Bed:  
Dr: PIERCE, DAVID L MD  
Sub Dr:

Printed: 11/17/11  
Time: 1108

CHEMISTRY - BLOOD (continued)

==== CARDIAC MARKERS ====

Date	Time	TROP T (<0.03) ng/mL
------	------	----------------------------

10/7/11 1730 < 0.01 (C)

(C) INTERPRETIVE DATA FOR TROPT

< 0.03 ng/mL: Not suggestive of cardiac injury.

0.03 - 0.09 ng/mL: Possible cardiac injury; repeat sample recommended.

> = 0.10 ng/mL: Suggestive of cardiac injury; interpret result with the clinical presentation. Troponin T may be slightly elevated in renal failure patients on dialysis when levels are drawn post dialysis.

HEMATOLOGY

==== CBC ====

Date	Time	WBC (4.8-10.8) K/cumm	RBC (4.70-6.10) M/cumm	HGB (14.0-18.0) g/dL	HCT (42.0-52.0) %	MCV (80.0-99.0) fL
10/7/11	1730	8.0	4.78	14.6	41.8 L	87.4

Date	Time	MCH (27.0-31.0) pg/mL	MCHC (33.0-37.0) g/dL	RDW CV (11.5-14.5) %	RDW SD (35.1-46.3) fL	PLT COUNT (130-400) K/cumm
10/7/11	1730	30.5	34.9	13.1	42.0	210

Footnotes

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S = Susceptible, I = Intermediate, R = Resistant, BLac = Beta Lactamase

RUN DATE: 11/17/11  
RUN TIME: 1108

ERIE COUNTY MEDICAL CENTER  
DEPARTMENT OF LABORATORY MEDICINE  
462 GRIDER STREET BUFFALO, NY 14215-3098

\*\*\* Summary Discharge Report \*\*\*

Patient: BERNARD JR, ROBERT

Client: ECMC HEALTHCARE NETWORK

Med Rec: M001119365

Location: ER

DOB: 06/12/1977 Age/Sex: 34/M

Room-Bed:

Account: V00003224270

Dr: PIERCE, DAVID L MD

Printed: 11/17/11

Status: DEP ER

Sub Dr:

Time: 1108

HEMATOLOGY (continued)

==== CBC (continued) ====

Date	Time	MPV (7.4-10.4) fL	
10/7/11	1730	10.6	H

==== DIFFERENTIAL, AUTOMATED ====

Date	Time	BASO% (0.0-2.0) %	EOS% (0.5-11.0) %	NEUT% (40.0-75.2) %	LYMPH% (16.0-51.0) %	MONO% (1.7-12.0) %
10/7/11	1730	0.5	1.0	53.8	35.4	9.3

Date	Time	NRBC% (0-0) /100 WBC	BASO# (<0.2) K/cumm	EOS# (<0.7) K/cumm	NEUT# (1.4-7.0) K/cumm	LYMPH# (1.0-4.0) K/cumm
10/7/11	1730	0.0	0.0	0.1	4.3	2.8

Date	Time	MONO# (0.1-1.0) K/cumm	NRBC# ABS (0-0) K/cumm
10/7/11	1730	0.7	0.0

Footnotes

L = Low, H = High, CL = Critical Low, CH = Critical High, \* = Abnormal, d = Delta  
S = Susceptible, I = Intermediate, R = Resistant, BLac = Beta Lactamase

RUN DATE: 11/17/11  
RUN TIME: 1108

ERIE COUNTY MEDICAL CENTER  
DEPARTMENT OF LABORATORY MEDICINE  
462 GRIDER STREET BUFFALO, NY 14215-3098

\*\*\* Summary Discharge Report \*\*\*

Patient: BERNARD JR, ROBERT  
Med Rec: M001119365  
DOB: 06/12/1977 Age/Sex: 34/M  
Account: V00003224270  
Status: DEP ER

Client: ECMC HEALTHCARE NETWORK  
Location: ER  
Room-Bed:  
Dr: PIERCE, DAVID L MD  
Sub Dr:

Printed: 11/17/11  
Time: 1108

COAGULATION

==== COAGULATION ====

Date	Time	PT (11.5-15.5) secs	INR	PTT (23.2-36.0) secs
10/7/11	1730	13.8	1.0 (D)	24.0

(D) The International Normalized Ratio [INR] is only applicable to patients receiving Coumadin drugs [Warfarin therapy].

RECOMMENDED THERAPEUTIC RANGES:

Prophylaxis; treatment of venous thrombosis;  
prevention of embolism INR 2.0 - 3.0  
Prevention of embolism from mechanical heart valves;  
recurrent thromboembolism INR 2.5 -3.5

BLOOD BANK

COLLECTED: Oct 7, 2011 5:30pm

BLOOD TYPE O POS  
ANTIBODY SCREEN NEGATIVE

Cancelled Specimens

1007:CU00065S CAN, Coll: 10/07/11-1735 Recd: - (R02148472) PIERCE, DAVID L MD  
Ordered: UR TOTAL  
Comment: Cancelled via OE: PATIENT DEPARTED  
1007:PC00735S CAN, Coll: 10/07/11-1735 Recd: - (R02148473) PIERCE, DAVID L MD  
Ordered: (NO REPORTABLE TESTS)  
Comment: Cancelled via OE: PATIENT DEPARTED

Footnotes

L = Low, H = High, CL = Critical Low, CH = Critical High, \* = Abnormal, d = Delta  
S = Susceptible, I = Intermediate, R = Resistant, BLac = Beta Lactamase

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT  
OF BENEFITS**



Name: **BERNARD JR, ROBERT**  
Med. Rec. #: **M001119365** Date of Birth: **06/12/1977** Age: **34**  
Visit #: **V00003224270** Insurance: **NO FAULT NO INFO**  
Service Date: **10/07/11** Service Time: **1834** Room:

(FOR ACCIDENTS OCCURRING ON AND AFTER 3/1/02)

I, BERNARD JR, ROBERT ("Assignor") hereby assign to Erle County Medical Center Corp. ("Assignee")  
(Print patient's name) (Print hospital or health care provider name)

all rights privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained due to the motor vehicle accident which occurred on 10/07/11, not withstanding any other agreement to the contrary.  
(Print accident date)

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack of coverage and/ or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

BERNARD JR, ROBERT  
(Print name of Patient)

VERDAL  
(Signature of Patient)

5 TERRY STREET  
MIDDLEPORT, NY 14105  
(Address)

10-7-11  
(Date of Signature)

Erle County Medical Center Corporation  
(Print name of Provider)

[Handwritten Signature]  
(Signature of Hospital Representative)

462 Grider Street  
Buffalo, New York 14215  
(Address)

10-7-11  
(Date of Signature)

NEW YORK NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFITS  
SATURN RADIOLOGY, PLLC



Name: **BERNARD JR, ROBERT**  
Med. Rec. #: **M001119365** Date of Birth: **06/12/1977** Age: **34**  
Visit #: **V00003224270** Insurance: **NO FAULT NO INFO**  
Service Date: **10/07/11** Service Time: **1834** Room:

**SATURN RADIOLOGY, PLLC**

462 Grider Street  
Buffalo, NY 14215  
Phone: 585-412-6147  
Fax: 585-412-6152

(For accidents occurring on or after 3/1/02)

I, **BERNARD JR, ROBERT**, ("Assignor") hereby assign to Saturn Radiology PLLC., ("Assignee") all rights, privileges and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The Assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained due to the motor vehicle accident which occurred on 10/07/11, not withstanding any other agreement to the contrary.

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH SUCH VIOLATION.

**BERNARD JR, ROBERT**  
(Print name of Patient)

(X) **VERBAL**  
(Signature of Patient)

**5 TERRY STREET**

10.7.11  
(Date)

**MIDDLEPORT, NY 14105**  
(Complete Address)

**Saturn Radiology, PLLC**  
(Print name of Provider)

[Handwritten Signature]  
(Signature of Hospital Representative)

462 Grider Street  
Buffalo, NY 14215

10.7.11  
(Date of Signature)



EMERGENCY DEPARTMENT NO-FAULT INFORMATION WORKSHEET



ERIE COUNTY MEDICAL CENTER CORPORATION

Name: **BERNARD JR, ROBERT**  
 Med. Rec. #: **N001119365** Date of Birth: **06/12/1977** Age: **34**  
 Visit #: **V00003224270** Insurance: **NO FAULT NO INFO**  
 Service Date: **10/07/11** Service Time: **1834** Room:

**A. Last Name, First Name, M.I. BERNARD JR, ROBERT**

Check if stamped and Registration Info sheet attached and continue with part B.

2. Birth Date <b>06/12/1977</b>	4. Address <b>5 TERRY STREET</b>
3. Phone #: <b>(716)479-1639</b>	City <b>MIDDLEPORT, NY</b> State <b>NY</b> Zip <b>14105</b>

**B. Is condition due to injury arising out of patient's employment?**

Yes  
 No

**C. Insurance Company**

Check if policyholder (driver / operator) is same as patient

Check one of the following boxes:

- Check if No-Fault Carrier Information is complete and entered into computer system
- Check if No-Fault Carrier Information is not complete (entered as PO7 / Self Pay / No-Fault)

If information was not complete, check the following that apply:

- NF-5 form and letter given to the patient to mail to ECMC Collections
- Patient unable to give information or accept form

2. Address of Insurance Company	3. Automobile Policy Number
4. Name of Policyholder	5. Address of Policyholder

**D. Investigating Police Agency**

- Amherst
- Cheektowaga
- Tonawanda
- Other
- Buffalo
- State Police
- West Seneca

2. Place of Accident **GRISWARD : 77 ROUTE**

3. Type of Vehicle:  
**2001 CHEVY BLAZER**  
 Bus or School Bus  Motorcycle  Boat  
 Automobile  Truck  Bicycle

4. Patient Operating Status:  
 Driver  Pedestrian  
 Passenger  Bicyclist

**E. Was patient a member of the policyholder's (driver's) household?**  
 (check yes if policyholder was the patient)

Yes  
 No

Police Report Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	2nd Request	Date:
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Memo:



# Eligibility Detail

Transaction Processed: Oct 7, 2011 8:24:29 PM

Patient Information		Primary Care Provider	
Member ID	YJP88050674101	Name	SFAHL, DAVID D.
Name	BERNARD JR, ROBERT J.	Address1	21 NORTH MAIN STREET
Address	5 TERRY ST	Address2	
City/State/Zip	MIDDLEPORT, NY 14105	City	MIDDLEPORT
Date of Birth	06/12/1977	State	NY
Gender	MALE	Zipcode	14105-1099
Group ID	00413211	Phone	(716)735-7774
		Fax	

Plan Benefit Detail			
Payer Name	BLUECROSS BLUESHIELD OF WESTERN NEW	Effective Date	08/01/2011
Plan Name	100+Y0S0-15225P90	Termination Date	12/31/9999
Plan Description	COMMUNITY BLUE HMO 104 PLUS \$25/ \$40 COPAY	Other Dates	
Additional Info		Contact Info	
<p>THIS PRODUCT DOES NOT REQUIRE A REFERRAL TO IN NETWORK/IN AREA SPECIALISTS.                      QUEST LAB REQUIRED.                      WELLNESS BENEFIT APPLIES.                      HEALTH CARE REFORM PREVENTATIVE SERVICES APPLIES. FOR BENEFIT DEALS VISIT                      WWW.WNYHEALTHENET.ORG AND CHOOSE 'LINKS' FROM THE NAVIGATION BAR.</p>			

## Plan Benefits

### Health Benefit Plan Coverage

CoPay	Coins	Ded	Limits	Ins Type	Time Period	Stop Loss	In Net	Dates	Cov Level	Other
		\$0.00		POS	Service Year		Y		Individual	
	30%			POS	Visit		N			
				POS		Individual: \$5000.00	N		Individual	
				POS	Remaining	Individual: \$5000.00	N		Individual	
		\$1000.00		POS	Service Year		N		Individual	
		\$1000.00		POS	Remaining		N		Individual	



CoPay Coins Ded Limits Ins Type Time Period Stop Loss In Net Dates Cov Level Other Benefit Disclaimer

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.;

CoPay	Coins	Ded	Limits	Ins Type	Time Period	Stop Loss	In Net	Dates	Cov Level	Other Benefit Disclaimer
				POS						Active Coverage
ORTHOTICS;										
\$0.00				POS	Visit		W			
ORTHOTICS;										
50%				POS	Visit		W			
ORTHOTICS;										
				POS						Active Coverage
DIAGNOSTIC MAMMOGRAMS;										
\$40.00				POS	Visit		Y			
DIAGNOSTIC MAMMOGRAMS;										
0%				POS	Visit		Y			
DIAGNOSTIC MAMMOGRAMS;										
\$0.00				POS	Visit		N			
DIAGNOSTIC MAMMOGRAMS;										
30%				POS	Visit		N			
DIAGNOSTIC MAMMOGRAMS;										
				POS						Active Coverage
BONE DENSITY;										
\$40.00				POS	Visit		Y			
BONE DENSITY;										
0%				POS	Visit		Y			
BONE DENSITY;										
\$0.00				POS	Visit		N			
BONE DENSITY;										
30%				POS	Visit		N			
BONE DENSITY;										

**General Benefits**

CoPay Coins Ded Limits Ins Type Time Period Stop Loss In Net Dates Cov Level Other Active Coverage

**Benefits**

- Amb Serv Center Facility
- Anesthesia
- Brand Name Prescription Drug
- Cardiac Rehabilitation

Chemotherapy  
 Chiropractic  
 Consultation  
 DME Purchase  
 DME Rental  
 Dental Care  
 Diagnostic Lab  
 Diagnostic Medical  
 Diagnostic X-Ray  
 Dialysis  
 Durable Medical Equipment  
 Emergency Services

CoPay	Coins	Ded	Limits	Ins Type	Time Period	Stop Loss	In Net	Dates	Cov Level	Other Active Coverage
-------	-------	-----	--------	----------	-------------	-----------	--------	-------	-----------	-----------------------

Family Planning  
 Flu Vaccination  
 Generic Prescription Drug  
 Gynecological  
 Gynecological/Obstetrical  
 Health Benefit Plan Coverage-COMMUNITY BLUE HMO 104 PLUS \$25/ \$40 COPAY  
 Home Health Care  
 Hospice  
 Hospital  
 Hospital - Ambulatory Surgical  
 Hospital - Emergency Accident  
 Hospital - Emergency Medical

CoPay	Coins	Ded	Limits	Ins Type	Time Period	Stop Loss	In Net	Dates	Cov Level	Other Active Coverage
				POS						
	0%			POS	Visit		W			
\$100.00				POS	Visit		W			

Hospital - Inpatient  
 Hospital - Outpatient  
 Immunizations  
 In-vitro Fertilization  
 Infertility  
 MRI/CAT Scan  
 Major Medical  
 Mammogram, High Risk Patient  
 Mammogram, Low Risk Patient  
 Maternity  
 Medical Care  
 Mental Health  
 Mental Health Facility - Inpatient  
 Mental Health Facility - Outpatient

Mental Health Provider - Inpatient  
Mental Health Provider - Outpatient  
Newborn Care  
Obstetrical  
Occupational Therapy  
Pediatric  
Pharmacy  
Physical Therapy  
Physician Visit - Home  
Physician Visit - Inpatient  
Physician Visit - Office  
Physician Visit - Office: Sick  
Physician Visit - Office: Well  
Physician Visit - Outpatient  
Podiatry  
Prosthetic Device  
Radiation Therapy  
Routine Physical  
Screening Laboratory  
Screening X-ray  
Second Surgical Opinion  
Skilled Nursing Care (SNC)  
Speech Therapy  
Substance Abuse  
Substance Abuse Facility - Inpatient  
Substance Abuse Facility - Outpatient  
Surgical  
Urgent Care  
Vision (Optometry)  
Well Baby Care

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**PHYSICIAN ORDER FOR BLOOD BANK SERVICES**



EMM COUNTY MEDICAL CENTER  
CORPORATION

MO01119385 10/07/11  
**BERNARD JR, ROBERT**  
 DOB: 06/12/1977 34 SEX: M  
 V00003224270

Patient Location F2#3 Extension # 416C

**ROUTINE ORDERS**

<input checked="" type="checkbox"/> <b>Type &amp; Screen (TS)</b> Hold: _____ units  <input type="checkbox"/> <b>Packed Red Cells (PC)</b> Transfuse: _____ units  <b>INDICATIONS:</b> <input type="checkbox"/> Hgb/Hct below 8.0/24.0 <input type="checkbox"/> Acute blood loss (>20%) <input type="checkbox"/> Chronic Anemia <input type="checkbox"/> Hgb below 9.0 (w/ symptoms, e.g. chest pain, respiratory insufficiency, fatigue, weakness) <input type="checkbox"/> Elderly, Hgb below 10 w/ symptoms <input type="checkbox"/> Cardiac pt. w/Hgb below 10 <input type="checkbox"/> Surgical procedure: _____ (specify) <input type="checkbox"/> Other: Enter Comment	<input type="checkbox"/> <b>Platelets (PL)</b> Transfuse: _____ units  (One Unit is one pheresis unit, equivalent to a pool of 5 concentrates)  <b>INDICATIONS:</b> <input type="checkbox"/> Microvascular hemorrhage in post cardiopulmonary bypass patient <input type="checkbox"/> Bleeding (microvascular) w/massive transfusions and count <100,000 <input type="checkbox"/> Platelet count <20,000/ $\mu$ L <input type="checkbox"/> Active bleeding <input type="checkbox"/> Prophylactic pre-op transfusion w/count <50,000 <input type="checkbox"/> Sepsis/DIC w/count <50,000 <input type="checkbox"/> Platelet dysfunction <input type="checkbox"/> Other: Enter Comment	<input type="checkbox"/> <b>Frozen Plasma (FP)</b> Transfuse: _____ units  <b>INDICATIONS:</b> <input type="checkbox"/> Bleeding w/INR>2 <input type="checkbox"/> PTT 1.5x normal <input type="checkbox"/> Reverse Warfarin effect <input type="checkbox"/> Coag factor _____ deficiency (in a pre-op or bleeding patient) <input type="checkbox"/> Massive transfusion in a patient w/coag abnormality <input type="checkbox"/> Microvascular hemorrhage in post cardiopulmonary bypass or trauma patient <input type="checkbox"/> Acute DIC <input type="checkbox"/> TTP <input type="checkbox"/> Other: Enter Comment
<input type="checkbox"/> <b>Cryoprecipitate (CRYO)</b> Transfuse: _____ pool(s)  Usual dose is 1-2 pools of 5 units ea. (~50cc total/pool)  <b>INDICATIONS:</b> <input type="checkbox"/> Fibrin Glue _____ units One unit = 10cc volume <input type="checkbox"/> Fibrinogen below 100 mg/dL <input type="checkbox"/> Factor XIII deficiency <input type="checkbox"/> Hemophilia <input type="checkbox"/> Von Willebrand's disease <input type="checkbox"/> Dysfibrinogenemia <input type="checkbox"/> Bleeding in massively transfused patient <input type="checkbox"/> Other: Enter Comment _____ #units		
<input type="checkbox"/> <b>Direct Antiglobulin (Coombs) Test (DAT)</b> <input type="checkbox"/> <b>Indirect Antiglobulin (Coombs) Test (IAT)</b>		

**RELATED ORDERS**

Transfusion Medications :  Pre-medicate with Acetaminophen \_\_\_\_\_ mg PO x 1  
 Pre-medicate with Diphenhydramine \_\_\_\_\_ mg \_\_\_\_\_ Route x 1  
 Post Transfusion  Between units Furosemide \_\_\_\_\_ mg IV x \_\_\_\_\_ dose(s)  
 Other :

Transfusion Length: \_\_\_\_\_ Units each over \_\_\_\_\_ Hours

Post-Transfusion Labs:

\*\*\*\*\* UNCROSSMATCHED BLOOD \*\*\*\*\*

**This section must be completed and the bottom of this form signed. In doing so, the party signing, in conjunction with the ordering physician/PA/NP, assumes responsibility for administration of the indicated units of blood knowing that compatibility testing has not been completed**

INDICATIONS:  Shock from anemia/blood loss  Other (specify) \_\_\_\_\_

Number of Units \_\_\_\_\_

**FOR BLOOD BANK USE ONLY**

Pt. ABORh \_\_\_\_\_ Unit(s) ABORh \_\_\_\_\_ Unit Number(s) \_\_\_\_\_

\*\*\*\*\* MASSIVE TRANSFUSION\*\*\*\*\*

**MASSIVE TRANSFUSION PROTOCOL**

<input type="checkbox"/> Verbal Order	Physician/PA/Nurse Practitioner _____	Date _____	Time _____	Name/Signature of RN _____
<input type="checkbox"/> Telephone Order	Physician/PA/Nurse Practitioner _____	Date _____	Time _____	Name/Signature of RN _____
<input type="checkbox"/> RN taking order wrote and read back content to MD for validation				
Physician/PA/Nurse Practitioner (Print) _____	Signature _____	Date <u>10/7</u>	Time <u>540P</u>	
RN Signature _____	Date/Time of Transcription _____	Consent on file: <input type="checkbox"/> YES <input type="checkbox"/> NO		

**ERIE COUNTY MEDICAL CENTER CORPORATION**

**462 GRIDER STREET  
BUFFALO, NEW YORK 14215  
716-898-3000  
www.ecmc.edu**

The Patient was given access to the following documents on Oct 7, 2011

**SUTURE CARE - Discharge Care, English**

I have received and understand the instructions in this handout.

X Rosemary L. Bernard  
Patient/Guardian's Signature

Patient's Name: BERNARD

AMM  
Caregiver's Signature

Caregiver's Name: AMM

10/07/11  
M001119365 NFNOINFO  
BERNARD JR, ROBERT  
DOB: 08/12/1977 34 SEX: M  
V00003224270 ER

**EMERGENCY DEPARTMENT - DISCHARGE INSTRUCTIONS**



Name: **BERNARD JR, ROBERT**  
 Med. Rec. #: **M001119365** Date of Birth: **06/12/1977** Age: **34**  
 Visit #: **V00003224270** Insurance:  
 Service Date: **10/07/11** Service Time: **1730** Room:

Check with your primary provider or prescribing specialist for regular medication dosages and continued appropriateness of medications.

Please give a copy of this information to your primary care provider

Take medications only as prescribed:		<input type="checkbox"/> Take following medicine(s) in addition to your regular medicine(s).	
		<input type="checkbox"/> Take following medicine(s) and make changes to your present medicine(s) as noted below.	
NO.	MEDICINE	INSTRUCTIONS	
MED. #1	<i>Zorbas 7.5/500</i>	<i>1 pill per pain as needed</i>	
MED. #2			
MED. #3			
MED. #4			

**Patient Return To Work/School**

- Return to Full Duty Return Date   /  /   No job modification necessary
- Return to Modified Activity Start Date   /  /   End Date   /  /   Modified duty described below:
- Off Work/School Start Date   /  /   End Date   /  /

**Modify Activity As Follows**

- Do Not** operate moving machinery/motor vehicles/bicycles  **Do Not** work above ground level (climbing ladders, elevated platforms, catwalks, etc.)
- No Pushing/Pulling/Lifting with arm/shoulder  Right  Left  No Flexion/Extension of elbow  Right  Left
- Limited Lifting/Carrying, not to exceed  10 lbs.  25 lbs.  50 lbs  No Bending/Twisting at  Waist  Neck
- Must have a sit down job  No Squatting/Kneeling

**Additional Instructions:** \_\_\_\_\_

Follow up Physician: *your doctor* Phone Number: \_\_\_\_\_

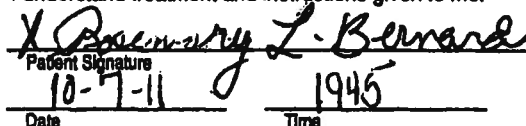
- Follow up only if not feeling better in \_\_\_\_\_ days  Must follow up within *5-7* days

**Return to ER if you have the following symptoms:**

*confusion, headache and any other concern*

  
 Physician/Nursing Personnel Signature

I understand treatment and instructions given to me.

  
 Patient Signature  
 Date *10-7-11* Time *1945*

**TRANSPORTATION APPROPRIATE FOR CONDITION**

- You have received emergency treatment at E.C.M.C. Follow the instructions carefully. If your condition continues to deteriorate, or unexpected symptoms develop, call the follow-up physician for advice or return to the Emergency Department for re-evaluation. Otherwise follow up as instructed. Call the doctor's office the next day for an appointment.
- If X-rays were taken, they were interpreted by an Emergency Physician while you were being treated in the E.D. These tests will be reviewed again by appropriate specialists the next day. You will be notified immediately in case of additional findings.



ELLS COUNTY MEDICAL CENTER CORPORATION

HISTORY AND PHYSICAL EXAMINATION - SURGERY/TRAUMA

Date 10 / 7 / 11 Time 5 : 20 am (pm)
Transfer from another hospital? Yes No

10/07/11 M001119365 BERNARD JR, ROBERT DOB: 08/12/1977 34 SEX: M V00003224270

Chief Complaint:

BACK PAIN

History of Present Illness:

34 yo M BEHEV DRIVER INVOLVED IN MVA - 45-55 MPH PT DROPPED ONE TIRE OFF TO THE SHOULDER AND OVER-CORRECTED VEHICLE BECAME TO ROLL 3 TIMES. MEREY FLEIGHT BROUGHT PT IN W/O AMS OR HYPOTENSIVE EPISODES EN ROUTE.

Past Medical / Surgical History:

Last Pap Smear \_\_\_/\_\_\_/\_\_\_ Unknown Last Mammogram \_\_\_/\_\_\_/\_\_\_ Unknown

PMH
chronic back pain
OPPIO ABUSE

PSM
O

Family History:

Father: X Alive \_\_\_ Deceased Reason for Death

Significant History:

Mother: X Alive \_\_\_ Deceased Reason for Death

Significant History:

Brothers and Sisters:

Table with 5 rows: Health Care Proxy, DNR, Limitation of Tx, Other limitations of Tx (specify), Living Will. Each row has checkboxes for Yes/No and a field for completion if 'No'.

**Occupational History:**

Employment:  Full Time  Part Time  Unemployed Occupation SHIFT WORKER

Education \_\_\_\_\_ Other \_\_\_\_\_

**Social History/Habits:**

ETOH  Tobacco #PPD 1 #Pk years \_\_\_\_\_ Illicit Drugs MARIJUANA

Other \_\_\_\_\_

Living Conditions \_\_\_\_\_

**Current Medications:** List medications on the Medication History & Disposition Form (ECMC form # 622487)  
Hydrocodone

**Allergies, Intolerances / Nature of Reaction:**

Medications NKDA Foods \_\_\_\_\_

Environmental \_\_\_\_\_ Reaction Noted \_\_\_\_\_

**Systems Review:**

General:

PAIN IN BACK

Genitourinary:  DYSURIA

Foley Catheter present on admission  Yes  No

Skin:

Musculoskeletal:

BACK PAIN WORSE  
THAN BASELINE

HEENT:

Neuropsychiatric:

Ø HA  
Ø BLEPHARITIS

Ø

Neck:

Endocrine:

POSTERIOR NECK PAIN

Ø

Cardiovascular:

Hematopoietic & Lymphatic:

Ø CP, PALPITATION

Ø

Gastrointestinal:

Menstrual:

Ø N/A

N/A

Pulmonary:

Ø SOB

10/07/11  
 M001119305 NFNOINFO  
 BERNARD JR, ROBERT  
 DOB: 08/12/1977 34 SEX: M  
 V00003224270 ER



**Initial Vital Signs:**

Temp: \_\_\_\_\_ Pain: Location UPPER BACK GCS: Eyes \_\_\_\_\_ Height \_\_\_\_\_  
BP: 130/98 Intensity (0-10 scale) 10/10 Motor \_\_\_\_\_ Weight \_\_\_\_\_ kg.  
P: 109 Intervention \_\_\_\_\_ Verbal \_\_\_\_\_ ( ) Intubated  
RR: 19 100% response (0-10 scale) \_\_\_\_\_ Total GCS 15

**Physical Examination:**

General: MODERATE PAINFUL DISTRESS

HEENT: PERAL, EOMI, EXTERNAL BLOOD OBSCURING @ CANAL.  
PUPILS SLUGGISH, & NASAL FX,

Neck: TRACHEA MIDLINE, & JVD,

Cardiovascular: RRA, S1 S2 normal

Pulmonary / Chest: CTA B/L, EQUAL RISE/FALL, & CLAVICULAR FX.

Gastrointestinal / Abdominal: SOFT, NT, ND,

Genitourinary: & BLOOD AT MEATUS, & SCROTAL HEMATOMA

Musculoskeletal: UPPER THORACIC & LOWER THORACIC TTP, & STEP OFFS / CROSS DEFORMITY

Neurological: CN II - XII GROSSLY INTACT, AA O X 3,

Integumentary / Pressure Wounds: STELLATE LAC @ FRONTAL ~ 1 CM DIAMETER.  
FULL THICKNESS

**Stage 1:** Skin Intact. Erythema. **Stage 2:** Partial Skin Loss. Shallow ulcer. **Stage 3:** Full thickness skin loss. **Stage 4:** Bone, muscles, tendon visible.

- 1. Location \_\_\_\_\_ Stage \_\_\_\_\_
- 2. Location \_\_\_\_\_ Stage \_\_\_\_\_
- 3. Location \_\_\_\_\_ Stage \_\_\_\_\_

**Required on all inpatients:**

**Pap Smear:**

(Required for Females 21 and over or if sexually active)

- Done within 3 years
- Declined
- Contraindicated
- Consult requested
- Performed

**Rectal Exam:**

- Performed
- Declined
- Contraindicated

**Breast Exam:**

- Re
- Di
- Di

**Sickle Cell Anemia:**

10/07/11  
NFNOINFO  
SEX: M  
ER

*good tone  
& good blood  
soft stool present*



**Laboratory and Radiologic Results:**

PT / PTT: 13.8 / 24.0 INR: 1.0

CK \_\_\_\_\_ LDH \_\_\_\_\_ AST \_\_\_\_\_ ALT \_\_\_\_\_ Amylase \_\_\_\_\_ Bill \_\_\_\_\_ Lactate \_\_\_\_\_

U/A: Dip +1- RBC \_\_\_\_\_

ABG: 7.53 54 119 20 Sat 92 % BE 5.2

ABG: \_\_\_\_\_ Sat \_\_\_\_\_ % BE \_\_\_\_\_

ABG: \_\_\_\_\_ Sat \_\_\_\_\_ % BE \_\_\_\_\_

CT/Pelvis Imp: NAD

CT / Head Imp: NAD

CT Abdomen Imp: NAD

CT Angio Site: \_\_\_\_\_ Imp: \_\_\_\_\_

Echo: \_\_\_\_\_ Date: \_\_\_\_\_ EF: \_\_\_\_\_

Extremities Imp: W

C/Spine XTL Imp: \_\_\_\_\_

⇒ Cleared Radiologically? Yes \_\_\_\_\_ No (circle) \_\_\_\_\_

Other: INSURANCE LIST

Clinical Clearance  
↓  
Remove Collar

Repeat XTL  
3 Views

CT, C-Spine  
Consult

**Diagnosis and Plan of Care:**

34 yo ♂ MVC RELATED TO OCCUPATION, @ LOC, SCALP LACERATION

- CT SPINE / HEAD / MAXILLOFACIAL
- CT-A CHEST
- CT ABD / PELVIS
- ANCEF / TETANUS
- OK to D/C home
- suture closed head lacer

M001119365 10/07/11  
**BERNARD JR, ROBERT**  
 DOB: 08/12/1977 34 SEX: M  
 V00003224270

I have reviewed the following:

H & P \_\_\_\_\_ Labs \_\_\_\_\_

EKG \_\_\_\_\_ CXR \_\_\_\_\_

May proceed with surgery \_\_\_\_\_

Signature of Attending Physician \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

[Signature] WILSON 10/7/11 6:24 PM  
 Resident Signature/Title of Examiner Date Time  
 Patient seen and examined with: None NP PA Resident  
 Agree with plan: Yes Partial

[Signature] 10/7/11 17:30  
 Attending Signature/Title of Examiner Date Time  
Charles E. Willes, III, MD

CONSENT - TREATMENT AND PAYMENT AGREEMENT



ERIE COUNTY MEDICAL CENTER CORPORATION

Name: BERNARD JR, ROBERT
Med. Rec. #: M001119365 Date of Birth: 06/12/1977 Age: 34
Vist #: V00003224270 Insurance: NO FAULT NO INFO
Service Date: 10/07/11 Service Time: 1834 Room:

AUTHORIZATION FOR TREATMENT: I authorize Erie County Medical Center Corporation (ECMCC) and its physicians and other healthcare providers to provide and administer, diagnostic procedures, medical/surgical treatment and perform such other diagnostic or therapeutic procedures as such physicians and other healthcare providers consider necessary for the emergency, inpatient, outpatient and follow up treatment of my condition. No physician, nurse, or other healthcare provider, or ECMCC employee has assured me that such treatment or procedure will be successful. It is acknowledged that the practice of medicine and surgery is not an exact science and that no guarantees have been made or implied as to the results of the treatment or examination at ECMCC. I understand that it is customary, absent emergency or extraordinary circumstances, that no substantial procedures are performed upon a patient unless and until he or she has had an opportunity to discuss them with the physician or other health care professional to his or her satisfaction. I understand that each patient has the right to consent, or to refuse consent, to any proposed course of treatment. Any tissues surgically removed may be examined and retained by ECMCC for medical, scientific or educational purposes or may be disposed of in accordance with customary practice. I understand and acknowledge that ECMCC is designated by New York State as a teaching hospital. As a teaching hospital, ECMCC has a mission to educate and train medical personnel. I understand that ECMCC staff and my Attending Physician will supervise all student involvement in my care. I understand that photographs, videotapes, digital, or other images may be recorded to document my care and I consent to this. I understand that ECMCC will retain the ownership rights to these photographs, video tapes digital, or other images, but I will be allowed access to view them or obtain copies. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in ECMCC's policy. Images that identify me will be released and or used outside the institution only upon written authorization from me or my legal representative.

AUTHORIZATION TO RELEASE INFORMATION: I consent that ECMCC and its physicians and other healthcare providers and employees may use and disclose protected health information contained in my record to any facility within the ECMCC Healthcare Network, to any other facility and to any insurance carrier, workers' compensation carrier, or private or governmental third party liable for payment for the services provided to me including an employer or self-funded group health plan. I consent that ECMCC and its physicians and other healthcare providers and employees may furnish information contained in my record to the physician or healthcare provider I have designated as my personal physician or healthcare provider and to any clinic or other facility that I have agreed will provide subsequent medical care. I further consent to the use and disclosure of my health information for training and educational purposes to students, residents and faculty physicians at universities and colleges affiliated with ECMCC. Such information is to be treated as confidential to the extent required by law.

ASSIGNMENT OF INSURANCE BENEFITS/MEDICAID: I want ECMCC to bill my insurance carrier or others who are financially liable for my care and direct that those payments for my care be made directly to ECMCC. I also give ECMCC the right to intervene in any lawsuit or other action brought by me, or on my behalf, to collect amounts due to ECMCC for services rendered to me. I assign all right to benefits, insurance proceeds, settlement payments or judgments to which I may be entitled for hospital services and for physician, professional and technical services related to diagnostic tests and/or procedures and treatments to ECMCC or to the physician or organization furnishing the services; and authorize ECMCC or such physician or organization to submit a claim to the insurance carrier for payment on my behalf. I appoint ECMCC to act as my agent in appealing any third party payment denials. I agree that any amounts not paid by insurance are my own responsibility. I further understand that physicians may function as independent practitioners and I will receive a separate bill for their services. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, shall be subject to civil penalty not to exceed \$5,000 and the value of the claim for each such violation. In order to determine my eligibility for Medicaid, I hereby authorize the ECMCC to make an application to Medicaid on my behalf.

PERSONAL VALUABLES: It is understood and agreed that money, jewelry, and other valuables should be left with ECMCC's Cashier for safekeeping and ECMCC shall not be liable for the loss of or damage to any money, jewelry, glasses, dentures, documents, fur garments, or other articles of value unless placed with the Cashier.

FINANCIAL AGREEMENT: In consideration for the services rendered or to be rendered to me (the patient), I agree to be individually responsible to pay my (the patient's) ECMCC account in accordance with the rates and terms of ECMCC. Should the account be referred to a collection agency or an attorney for collection, I shall pay reasonable attorneys' fees, costs and collection expenses. All delinquent accounts bear interest at 1 1/2 % per month.

PATIENT BILL OF RIGHTS: I have received a copy of the "Patients' Bill of Rights".

Date: 10-7-11
Signature: VERBAL
PATIENT OR AUTHORIZED REPRESENTATIVE
RELATIONSHIP/IDENTIFY IF CONSENT BY PHONE
Witness: [Signature]
RELATIONSHIP/IDENTIFY IF CONSENT BY PHONE

Personnel identifying patient/family as unable to sign: Reason unable to sign: BBF



CONSENT - TREATMENT AND PAYMENT AGREEMENT



ERIE COUNTY MEDICAL CENTER CORPORATION

Name: BERNARD JR, ROBERT
Med. Rec. #: M001119365 Date of Birth: 06/12/1977 Age: 34
Visit #: V00003224270 Insurance:
Service Date: 10/07/11 Service Time: 1730 Room:

AUTHORIZATION FOR TREATMENT: I authorize Erie County Medical Center Corporation (ECMCC) and its physicians and other healthcare providers to provide and administer, diagnostic procedures, medical/surgical treatment and perform such other diagnostic or therapeutic procedures as such physicians and other healthcare providers consider necessary for the emergency, inpatient, outpatient and follow up treatment of my condition. No physician, nurse, or other healthcare provider, or ECMCC employee has assured me that such treatment or procedure will be successful. It is acknowledged that the practice of medicine and surgery is not an exact science and that no guarantees have been made or implied as to the results of the treatment or examination at ECMCC. I understand that it is customary, absent emergency or extraordinary circumstances, that no substantial procedures are performed upon a patient unless and until he or she has had an opportunity to discuss them with the physician or other health care professional to his or her satisfaction. I understand that each patient has the right to consent, or to refuse consent, to any proposed course of treatment. Any tissues surgically removed may be examined and retained by ECMCC for medical, scientific or educational purposes or may be disposed of in accordance with customary practice. I understand and acknowledge that ECMCC is designated by New York State as a teaching hospital. As a teaching hospital, ECMCC has a mission to educate and train medical personnel. I understand that ECMCC staff and my Attending Physician will supervise all student involvement in my care. I understand that photographs, videotapes, digital, or other images may be recorded to document my care and I consent to this. I understand that ECMCC will retain the ownership rights to these photographs, video tapes digital, or other images, but I will be allowed access to view them or obtain copies. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in ECMCC's policy. Images that identify me will be released and or used outside the institution only upon written authorization from me or my legal representative.

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ASSIGNMENT OF INSURANCE BENEFITS/MEDICAID: I want ECMCC to bill my insurance carrier or others who are financially liable for my care and direct that those payments for my care be made directly to ECMCC. I also give ECMCC the right to intervene in any lawsuit or other action brought by me, or on my behalf, to collect amounts due to ECMCC for services rendered to me. I assign all right to benefits, insurance proceeds, settlement payments or judgments to which I may be entitled for hospital services and for physician, professional and technical services related to diagnostic tests and/or procedures and treatments to ECMCC or to the physician or organization furnishing the services; and authorize ECMCC or such physician or organization to submit a claim to the insurance carrier for payment on my behalf. I appoint ECMCC to act as my agent in appealing any third party payment denials. I agree that any amounts not paid by insurance are my own responsibility. I further understand that physicians may function as independent practitioners and I will receive a separate bill for their services. Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any material false information, shall be subject to civil penalty not to exceed \$5,000 and the value of the claim for each such violation. In order to determine my eligibility for Medicaid, I hereby authorize the ECMCC to make an application to Medicaid on my behalf.

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FINANCIAL AGREEMENT: In consideration for the services rendered or to be rendered to me (the patient), I agree to be individually responsible to pay my (the patient's) ECMCC account in accordance with the rates and terms of ECMCC. Should the account be referred to a collection agency or an attorney for collection, I shall pay reasonable attorneys' fees, costs and collection expenses. All delinquent accounts bear interest at 1 1/2 % per month.

PATIENT BILL OF RIGHTS: I have received a copy of the 'Patients' Bill of Rights'.

Date: 10.7.11

Signature: [Handwritten Signature]
PATIENT OR AUTHORIZED REPRESENTATIVE

Witness: [Handwritten Signature]

RELATIONSHIP/IDENTIFY IF CONSENT BY PHONE

Witness: \_\_\_\_\_

RELATIONSHIP/IDENTIFY IF CONSENT BY PHONE

Personnel identifying patient/family as unable to sign: Reason unable to sign: BBF



10/07/11  
 MO01119365  
**BERNARD JR, ROBERT**  
 DOB: 06/12/1977 34 SEX: M  
 VO0003224270

**TRAUMA ORDER FORM**



Ensure image transfer all copies.  
 ad, timed and signed.

PROMOTE SAFETY BY PREVENTING MEDICAL ERRORS. AVOID DANGER...US ABBREVIATIONS : USE THESE ALTERNATIVES			
Q.D. : write daily	U : write units	AU : write both ears	MS/MS04/MgS04 : write out drug name using trailing zero ie, 2.0 mg : write 2 mg
Q.O.D. : write every other day	IU : write International units	AD : write right ear	lack of leading zero ie, .2mg : write 0.2 mg
TIW : write 3 times weekly	ug : write micrograms	AS : write left ear	

**Emergency Department Trauma Orders**

- Cardiac Monitor
- Vital Signs every 5 minutes x4 until stable, then every 15 minutes x4, if stable, then every 30 minutes x4, if stable, then every 60 minutes until down graded

Neuro assessments every hour

\* If patient becomes unstable vital signs every 5 minutes until stable.

- Oxygen @ \_\_\_\_\_ liters/minute via \_\_\_\_\_  Vent Settings  
Mode \_\_\_\_\_ Rate \_\_\_\_\_  
T: \_\_\_\_\_ PEEP \_\_\_\_\_  
F:O2 \_\_\_\_\_

- IVF Lactated Ringers x 2 liters W/O , then Lactated Ringers @ \_\_\_\_\_ mL/hr

- Stat Labs : Trauma I Labs ( ABG, chem18, CBC, PT/PTT, Type + Screen, Urinalysis )

- CKMB/TropI ( separate tube )  Type + Crossmatch \_\_\_\_\_ units PRBC  
 Urine HCG ( if less than 55 y.o )

Trauma II Labs one hour p Trauma I Labs ( Chem 7, ABG, CBC )

- EKG  
 Foley Catheter  
 NG tube to low wall suction  
 Cervical Collar  
 Intake + Output, every hour

- Medications

- Ancef one gram IV x one  
 Gentamycin \_\_\_\_\_ mg IV x one  
 Vecuronium 10 mg IV every \_\_\_\_\_ hr(s) PRN agitation  
 Ativan 2 mg IV every \_\_\_\_\_ hr(s) PRN agitation  
 Tetanus and Diphtheria Toxoid 0.5 ml IM x one

**Pain Medication**

- Valium 1mg IV  
 Fofren 4mg IV  
 \_\_\_\_\_

- XRAYS :  portable chest CT :  head *Class I & II*  
 portable pelvis  abdomen/pelvis  
 portable c - spine  C - spine *CT facial bones*  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

For additional Xrays and/or CT's use additional Physician Order Form.

- Downgraded from 1:1 Nursing Status Time: \_\_\_\_\_

MD Signature: JRR Date: 10/7/11 Time: 5:40p

Scanned by : \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



**MEDICATION RECONCILIATION FORM**



Name: **BERNARD JR, ROBERT**  
 Med. Rec. #: **M001119365** Date of Birth: **06/12/1977** Age: **34**  
 Visit #: **V00003224270** Insurance:  
 Service Date: **10/07/11** Service Time: **1730** Room:

Allergies; Intolerances/Nature of Reaction: No Known Allerg

**INSTRUCTIONS: To initiate the History and Disposition process, list below all of the patient's medications prior to admission including Over the Counter, Vitamins, and Alternative or Herbal medications. New medications or medication changes should be written on admission orders.**

**DO NOT USE THESE DANGEROUS ABBREVIATIONS: U, IU µg, QD, QOD, TIW, AS, AD, AU, MS, MSO4, MgSO4, Trailing zero, Lack of leading zero.**

Source of Medication list (check all used):

- |  |   |
|--|---|
| <input type="checkbox"/> Patient Medication List     | <input type="checkbox"/> Previous discharge paperwork                   |
| <input type="checkbox"/> Patient/Family Recall       | <input type="checkbox"/> Medication Administration Record from Facility |
| <input type="checkbox"/> Pharmacy _____              | <input type="checkbox"/> Medications brought in from home               |
| <input type="checkbox"/> Primary Care Physician List | <input type="checkbox"/> Other _____                                    |

**CHECK HERE IF THIS IS AN ADDENDUM/REVISION OF A PREVIOUSLY COMPLETED MEDICATION LIST**

	Medication Name (write legibly)	Dose (i.e., mg, mcg, mEq)	Route (i.e., PO, NG, SC, IV)	Frequency	Indication	Last Dose Date/Time	Physician Orders	
							Continue on Admission	
1.							Yes	No
2.							Yes	No
3.							Yes	No
4.							Yes	No
5.							Yes	No
6.							Yes	No
7.							Yes	No
8.							Yes	No
9.							Yes	No
10.							Yes	No
11.							Yes	No

**DO NOT ELECTRONICALLY TRANSMIT (fax or scan) OR TRANSCRIBE WITHOUT MD/DO/NP/PA SIGNATURE**

Medication History Recorded By: \_\_\_\_\_ Date/Time Recorded: \_\_\_\_\_  
 Signature of MD/DO/NP/PA \_\_\_\_\_ Printed Name \_\_\_\_\_ Date/Time Recorded: \_\_\_\_\_  
 Signature of RN (for transcription or telephone order) \_\_\_\_\_ Date/Time Recorded: \_\_\_\_\_  
 Practitioner taking verbal order wrote and then read back content to MD for validation.  
 Physician Countersign of Telephone Order \_\_\_\_\_ Date/Time Recorded: \_\_\_\_\_

Reviewed on Transfer: By: \_\_\_\_\_ Date/Time Recorded: \_\_\_\_\_  
 Reviewed on Transfer: By: \_\_\_\_\_ Date/Time Recorded: \_\_\_\_\_  
 Reviewed on Transfer: By: \_\_\_\_\_ Date/Time Recorded: \_\_\_\_\_  
 Reviewed on Discharge: By: \_\_\_\_\_ Date/Time Recorded: \_\_\_\_\_

**File under Orders portion of Chart. DO NOT THIN FROM CHART.**

0622467 New: 9/1/06

MED.011



M001119365



V00003224270





**MEDICATION RECONCILIATION FORM – PAGE 2**



Name: **BERNARD JR, ROBERT**

Med. Rec. #: **M001119365** Date of Birth: **06/12/1977** Age: **34**

Visit #: **V00003224270** Insurance:

Service Date: **10/07/11** Service Time: **1730** Room:

**Admission:**

Instructions for proper use:

- 1.) A physician or mid-level provider should take as thorough a medication history as possible. Consultation with the primary care physician, pharmacy, and family members may be necessary to generate the most accurate medication list.
- 2.) Upon arrival to the Emergency Department or admission, the physician or mid-level provider responsible for the patient should carefully consider whether to continue each medication and indicate so by circling Yes or No.
  - a.) For medications that require dosage changes, the medication will be discontinued on this form, and the new dosage will be written on the admission order form.
  - b.) If the patient and/or family is unable to provide medication history information upon arrival to the Emergency Department or admission for any reason, the practitioner should indicate so on the form. Continued attempts will be made throughout the patient's stay to gather this information.
  - c.) If the indication for which the patient is taking the medication is unknown, write unknown in the indication column. Continued attempts will be made throughout the patient's stay to gather this information.
- 3.) Upon completion, the provider will draw a line under the last medication listed on the Medication Reconciliation Form and draw slashes through all blank spaces below that line in order to indicate that he/she is signing off only on the medications listed above the line and slash marks. The provider will sign and date the MD/DO/NP/PA signature line. This is now treated as a physician's order. The form is electronically transmitted (faxed or scanned) to pharmacy and filed in the Orders section of the chart. The Medication Reconciliation Form(s) must not be thinned from the chart.
- 4.) Admission orders should indicate. See Medication Reconciliation Form(s). All new medications to be started on admission will appear on the admission order form.
- 5.) The Initial History and Physical will indicate. See Medication Reconciliation Form(s) in the Medications area. If additional medication history is made available after the Medication Reconciliation Form has already been electronically transmitted (faxed or scanned) to pharmacy, the medication history may be updated by completing a second reconciliation form noting the addition or changes, and checking the Addendum/Revision box. This form will be initiated by whomever obtains the information. The provider will be notified of the information change in order to confirm the change. This addendum/revision form may also be used as an order if the physician wishes the medication to continue. This addendum will be stapled to the original form and must not be thinned.
- 6.) If the patient is taking more than 11 medications upon arrival to the Emergency Department or admission, the practitioner should write the additional medications on an additional Medication Reconciliation Form, noting that there were more than 11 medications and checking the Addendum/Revision box.
- 7.) If the provider is not physically present and must provide a verbal order, the practitioner taking the verbal order will check the box that states, Practitioner taking verbal order wrote and then read back content to MD for validation and the physician will countersign, date, and time the telephone order when able.

**Transfer to another service or level of care:**

- 8.) Upon transfer to another service or level of care, this form should be reviewed together with the Medication Administration Record. The provider should carefully consider whether each medication should be continued, resumed, or discontinued after the patient moves to another area within the hospital. The provider will sign the Medication Reconciliation Form(s) in order to indicate that he/she has reviewed the form together with the Medication Administration Record upon transfer.
- 9.) Nursing staff are to insure that medication reconciliation is completed prior to transfer.

**Discharge:**

- 10.) At discharge, this form should be reviewed together with the Medication Administration Record. The provider should carefully consider whether each medication should be continued, resumed, or discontinued after the patient leaves the hospital. All medications and instructions should also be recorded on the discharge paperwork. The provider will sign the Medication Reconciliation Form(s) in order to indicate that he/she has reviewed the form together with the Medication Administration Record upon discharge.
- 11.) Nursing staff are to insure that medication reconciliation is completed prior to discharge.
- 12.) If the patient is being discharged home, the provider will give a copy of the Discharge Form to the patient and instruct the patient to provide a copy for his/her primary care physician,
- 13.) If the patient is being discharged to another facility, e.g. skilled nursing facility, the provider will send a copy of the discharge form to the applicable facility.

Prohibited Abbreviation	Potential Problem	Preferred Term
U (for unit)	Misread as zero, four on cc	Write out "units"
Trailing zero (e. g. 1.0 mg)	Misread as 10 mg	Do not use trailing zeros after decimal point
IU (for International unit)	Mistaken as IV for intravenous or ten	Write out "International unit"
Q.D., Q.O.D. (any form)	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for an "I"	Write out "daily" and "every other day"
MS MSO4 MgSO4	Confused for one another	Write out "morphine sulfate" or "magnesium sulfate"
µg (for microgram)	Mistaken for mg (milligrams)	Write "mcg"
T.I.W. (for three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose.	Write "3 times weekly" or "three times weekly"
A.S., A.D., A.U.	Mistaken for OS, OD, OU, etc.	Write: "left ear", "right ear", or "both ears"
Lack of leading zero (e.g. .1 mg)	Misread as 1 mg or 11 mg	Always use a zero before a decimal

MED.011



M001119365



V00003224270



Comm. 2D-4

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10/07/11  
 M00119365  
**BERNARD JR, ROBERT**  
 DOB: 08/12/1977 34 SEX: M  
 V00003224270

**PATIENT CARE RECORD**



**NURSING ASSESSMENT OF SYSTEMS (DESCRIBE FINDINGS IN SUMMARY)**

**RESPIRATORY** *UNK*

SHALLOW RESPIRATIONS  SHORT OF BREATH  
 COUGH (Productive/Nonproductive)  PAIN  
 WHEEZING  STRIDOR  
 RALES / RHONCHI  DYSPNEA  
 CONGESTION  HYPERVENTILATION

**GENITOURINARY** *UNK*

INCONTINENCE (1)  BURNING  PAIN  
 RETENTION  URGENCY / FREQUENCY  ODOR  
 BLEEDING APPLIANCE: \_\_\_\_\_

**CARDIOVASCULAR / CIRCULATORY** *UNK HTN*

**PULSE**  
 THREADY  IRREGULAR  STRONG  
 PALPITATIONS  CHEST PAIN  RADIATING  
 DIAPHORESIS  FATIGUE

**EXTREMITIES**  
 CYANOSIS  COOL  DISCOLORED  
 EDEMA R L  PACEMAKER  HYPOTENSIVE  HYPERTENSIVE

**REPRODUCTIVE** *UNK*

PREGNANT  SEXUALLY ACTIVE  GENITAL DISCHARGE  
 STD EXPOSURE  PAIN  
 EDC \_\_\_\_\_ BIRTH CONTROL TYPE \_\_\_\_\_  
 G \_\_\_\_\_  SAFE SEX COUNSELING NEEDED  
 PARA \_\_\_\_\_ VAGINAL BLEEDING PADS/hr \_\_\_\_\_

**ORIENTATION / BEHAVIOR**

ANXIOUS  AGITATED/COMBATIVE  
 ALTERED MENTAL STATUS (4)  UNRESPONSIVE  
 LETHARGIC BUT ROUSABLE  LETHALITY RISK (4)

ORIENTED TO:  PERSON  PLACE  TIME

**NEUROLOGICAL**

DIZZY / FAINTING (1)  HEADACHE  
 WEAKNESS  SENSORY LOSS  
 TREMORS  GAIT IMPAIR.  
 PARALYSIS  MUSCLE PAIN

SEIZURE HISTORY (2) - SEIZURE PRECAUTIONS INITIATED

**MUSCULOSKELETAL**

ARTHRITIS  
 DEFORMITY (graph)  
 AMPUTATION  
 ALTERED ROM  
 PAIN

**SENSORY** *UNK*

**HEARING / SPEECH**  
 PAIN R L  DISCHARGE R L  HOH R L  DEAF R L  
 APHASIC SPEECH  NON-ENGLISH SPEAKING

**VISION**  
 LIMITED R L  BLIND R L  BLURRED R L  
 IRRITATION/DISCH R L  PAIN

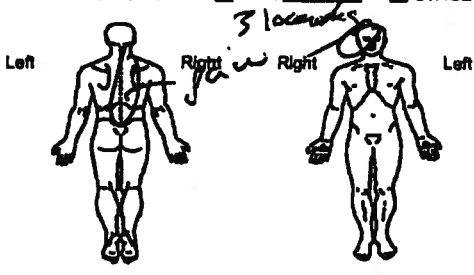
ACUITY (R) EYE \_\_\_\_\_  
 ACUITY (L) EYE \_\_\_\_\_

INTERPRETER WITH  YES  NO

PRIMARY LANGUAGE \_\_\_\_\_

**SKIN GRAPHIC BELOW** *UNK Back per*

DRY  MOIST  WOUND  RASH  ITCHING  
 PAIN  LACERATION / ABRASION  BURN DEGREE \_\_\_\_\_  
 ABNORMAL COLOR  ECCHYMOSSIS  
 PRESSURE ULCER PRESENT  SITE \_\_\_\_\_  STAGE \_\_\_\_\_



**ORAL / NASAL** *UNK*

BLEEDING  HOARSENESS  PAIN  
 RHINORRHEA  DENTAL PROBLEM  LESIONS  
 CONGESTION  DYSPHAGIA

**HABITS (CHECK AND DESCRIBE USE):**  DENIES

ALCOHOL  SMOKING  ILLICIT DRUGS  OTC DRUGS

**GASTROINTESTINAL** *UNK*

DISTENSION  PAIN  
 NAUSEA / VOMITING  BLEEDING  
 CONSTIPATION / DIARRHEA  COLOSTOMY / ILEOSTOMY  
 JAUNDICE  HEMORRHOIDS  
 FEEDING TUBE LAST BM \_\_\_\_\_

**HISTORY OF PHYSICAL / SEXUAL ABUSE / NEGLECT OR VIOLENCE**

YES  SUSPECTED  DENIED  ADVOCATE CALLED  
 GSW  STAB WOUND  911-NOTIFICATION  ADVOCATE ARRIVED

**ENDOCRINE** *UNK*

DIABETES  THYROID  
 INSULIN  HYPO  
 NON INSULIN  HYPER

**LEGAL PAPERS:**  9.41  9.45  22.08  BURN CARD COMPLETED

**IMMUNIZATIONS:**  UP TO DATE  DOES NOT KNOW

**FALL RISK ASSESSMENT:**

ANTICONVULSANTS (2)  
 BENZODIAZEPINES (1)

**GET-UP-AND-GO-TEST:**  
 Rise in single movement (1)  
 Pushes up - one attempt (2)  
 Pushes up - multiple attempts (3)  
 Unable to rise without assistance (4)

FALL ASSESSMENT SCORE: 2  RISK FOR FALL (score greater than 5)

**FAMILY NOTIFICATION:**  YES  PRESENT  COMING TO HOSPITAL  DECLINED BY PATIENT  UNABLE

PATIENT IDENTIFICATION BAND ON  CALL LIGHT GIVEN TO PATIENT  PATIENT SAFETY MEASURES IN PLACE

**SUMMARY OF ASSESSMENT FINDINGS:** *The patient has a laceration on the back approx 50 miles (UN) Belated driver hitting head & side on cement at the top*

REGISTERED NURSE SIGNATURE *[Signature]* TIME ASSESSMENT COMPLETED 1730



LABS	TIME	INITIAL	EKG GIVEN TO	TIME	INITIAL
TRAUMA LABS 1	1740	UP	1		
TRAUMA LABS 2					
T&C #	1740	UP	2		
CBC					
PT / PTT			Cardiac Monitor	1730	UP
CHEM 7					
CKMB / TROP	1740	UP	Pre-hosp Call Time: _____		
LFT			Trauma Team Page: _____		
AMY, LIP			Trauma Team Response: _____		
Ca, Mg, P04			Priority 1 Priority 2 Trauma consult Stroke Team		
ALB, TP			INTUBATION	VENTILATOR SETTINGS	
SERUM TOX			TIME	TIME	
ER AIS LABS			NASAL/ORAL	MODE	
			SIZE	TV	
			LIP LINE	RATE	
ABG	SITE		Placed by	FIO2	
1	Arterial	1740		PEEP	
2			CHEST TUBE		
			SIZE	TIME	INITIAL
CULTURES			SITE		
BLOOD					
GONORRHEA					
CHLAMYDIA			X-RAYS		
URINE			TRAUMA FILMS	1740	UP
			CREST		
URINE			ABDOMEN		
U/A					
URINE HCG +/-					
URINE TOX					
IND. WELL CATHETER					
STRAIGHT CATHETER					
			CT SCAN		
			HEAD		
			ABD/PELVIS		
TREATMENTS			OTHER STUDIES		
Ng			ULTRASOUND		
WOUND CARE			DOPPLER		
HEAT/COLD APP.			ANGIO		
SPLINT / SLING					
ACE WRAP					
CRUTCHES / CANE			DYSPHAGIA SCREEN		
BOX LUNCH			PASS / FAIL		

**GLASCOW COMA SCALE:**

**A - EYE OPENING**  
 4 - Opens eyes spontaneously  
 3 - Opens eyes to speech  
 2 - Opens eyes to pain  
 1 - No response

**B - MOTOR RESPONSE**  
 6 - Obeys commands  
 5 - Localized pain  
 4 - Moves away from pain appropriately  
 3 - Flexes extremities to pain  
 2 - Extends extremities to pain  
 1 - No response

**C - ORIENTATION**  
 5 - Oriented to person, place, time  
 4 - Confused, speaks clearly but not oriented  
 3 - Inappropriate words  
 2 - Incomprehensible sounds  
 1 - No verbal response

**PUPILS:**

● ● ● ● ● ● ● ● ● ●

1 2 4 6 8

**RESPONSES:**

B = Brisk C = Cataract  
 S = Sluggish F = Fixed  
 I = Intraocular Lens

**ALARM SETTINGS (m/dal):**

HR H (100) L (80)  
 SBP H (160) L (90)  
 DBP H (90) L (50)  
 MEAN H (80) L (60)

**PAIN INTERVENTION:**

M - Medication  
 R - Reposition  
 I - Ice  
 H - Heat  
 E - Elevation

**INTRAVENOUS INFUSIONS EMS IV FLUID VOLUME PTA**

START TIME	SITE	SIZE	#	Solution	Amt.	RATE mL/h	Amt. Infused	SIGNATURE	STOP TIME
9:24	RAC	16		0.9	500	calc		<i>[Signature]</i>	

**THERAPEUTIC INFUSIONS (IVPB, DRIPS)**

START TIME	SITE	MEDICATION	RATE mL/h	Amt. Infused	SIGNATURE	STOP TIME
10:10	RAC	ANALF	200	100	<i>[Signature]</i>	10:30

10/07/11  
 M001119365  
 BERNARD JR, ROBERT  
 DOB: 06/12/1977 34 SEX: M  
 V00003224270



ALLERGIES: Intolerance/Nature of Reaction: NKA

MEDICATION ADMINISTRATION				PO/IM/SQ/IV PUSH		EFFECT	VACCINE LOT#
TIME	MEDICATION	DOSE	ROUTE/SITE	INITIALS			
1915	Dilaudid	1mg	IV	MM			
1915	Zofran	4mg	IV	MM			
1915	Dilaudid	1mg	IV	MM			
1915	Fentanyl	0.5mg	IV	MM			
1903	Silamide	D. 5mg	IV	MM	10/10 → 10/10		
1920	Zofran	1mg	IV	MM			
1920	Dilaudid	1mg	IV	MM	10/10 → 8/10		
2000	Zofran	5mg	PO	MM	8/10 → 5C		

VITAL SIGNS				HEIGHT				WEIGHT			
TIME	1735	1745	1805	1815	1920						
INITIAL	VP	EM	MM	MM	MM						
TEMP.					98.8						
BP	132/90	124/82	114/72	126/80	119/82						
PULSE/HR	75	81	72	72	77						
CARDIAC RHYTHM	SR	SR	SR	SR	SR						
RESP. RATE	13	14	20	20	17						
SpO2	98	100	100	100	100						
OXYGEN	RA	RA	RA	RA	RA						
PAIN LOCATION	back	back	back	back	back						
INTENSITY (0-10)					10						
INTERVENTION					M						

NEUROLOGICAL ASSESSMENT											
A (EYE)	4	4									
B (MOTOR)	6	6									
C (ORIENTATION)	5	5									
GCS	15	15									
PUPILS R L	3/3										
RESPONSE R L	2/2										
SEIZURE PRECAUTIONS											
PO INTAKE											
URINE OUTPUT											
FLUID OUTPUT											

10/07/11  
 M00119385  
 BERNARD JR. ROBERT  
 DOB: 08/12/1977 34 SEX: M  
 V00003224270

RE-ASSESSMENTS (ENTRIES MUST HAVE LEGIBLE SIGNATURE, TITLE, TIME AND BE AGE SPECIFIC):

Abbott i-STAT  
 Ref Range  
 Na 146 mmol/L (135-143)  
 K 2.9 mmol/L (3.3-5.1)  
 Cl 107 mmol/L (96-108)  
 iCA 4.2 mg/dL (4.5-5.5)  
 (F 37-47)  
 TC02 27 mmol/L (19-30)

Ref Range  
 Gluc 129 mg/dL (65-95)  
 BUN 4 mg/dL (6-20)  
 Crea 1.0 mg/dL (0.7-1.2)  
 HCT 47% PCV (M 42-52)

1903 - pt medicated for pain. Surgeon  
 team to bedside during procedure  
 tolerating well.  
 (1920) documented care of patient. KSS c/o  
 pain relief - meds given. will monitor  
 for effect. Foley dc'd - awaiting dc p output  
 MM



RE-ASSESSMENTS (continued):

Lined area for re-assessments.

Health Teaching: Topic \_\_\_\_\_ Time: \_\_\_\_\_  
 Presented to:  patient  other \_\_\_\_\_ presented by: \_\_\_\_\_

INITIALS	LEGIBLE SIGNATURE	TITLE	INITIALS	LEGIBLE SIGNATURE	TITLE
<i>AW</i>	<i>M. Clark Heath</i>	<i>RN</i>	<i>KUM</i>	<i>Andrea Manaster</i>	<i>RN</i>

Chart verification by Charge Nurse \_\_\_\_\_ Time: \_\_\_\_\_ D: \_\_\_\_\_

10/07/11  
 M001119365  
 BERNARD JR, ROBERT  
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 V00003224270



**PERSONAL PROPERTY INVENTORY**



Name: **BERNARD JR, ROBERT**  
 Med. Rec. #: **M001119365** Date of Birth: **06/12/1977** Age: **34**  
 Visit #: **V00003224270** Insurance:  
 Service Date: **10/07/11** Service Time: **1730** Room:

Adaptive Devices		with Patient	None Present	Sent Home*	Clothing		with Patient	None Present	Sent Home*
	Glasses					Hat/Gloves			
	Contacts					Coat			
	U. Dentures					Dress/Skirt			
	L. Dentures					Shirt/Blouse			
Equipment	Partial					Sweater			
	Hearing Aid					Pants/Shorts			
	Walker					Belt/Suspenders			
	Wheelchair					<u>Underwear</u> /Socks	<u>cut</u>		
Label with Patient Name	Crutches					Shoes/Boots			
	Braces					Robe/Slippers			
	Cane					Wig/Hairpiece			
<u>SMOKER</u>	Prostheses			<u>IN SAFE</u>		Cell Phone/CD Player			
	O2 / BIPAP / Lifeline device					Other valuables not deposited			
Other	<u>WALLET</u>	<u>X</u>		<u>IN SAFE</u>	Other	<u>\$174.00</u>	<u>X</u>		<u>IN SAFE</u>

Initial Inventory done by J. Cooke Department ED

Patient / \*Patient Representative\* Signature: X

Date: 10.7.11 Time: 1737 Number of Property Bags: 1

Date: \_\_\_\_\_ Presence of property must be verified when transfer between care areas occurs and at discharge:  
 Transferring staff \_\_\_\_\_ Unit \_\_\_\_\_ Accepting staff \_\_\_\_\_ Unit \_\_\_\_\_  
 Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Presence of property must be verified when transfer between care areas occurs and at discharge:  
 Transferring staff \_\_\_\_\_ Unit \_\_\_\_\_ Accepting staff \_\_\_\_\_ Unit \_\_\_\_\_  
 Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Presence of property must be verified when transfer between care areas occurs and at discharge:  
 Transferring staff \_\_\_\_\_ Unit \_\_\_\_\_ Accepting staff \_\_\_\_\_ Unit \_\_\_\_\_  
 Comments: \_\_\_\_\_

620151

ADMLGL017

M001119365

V00003224270

**EMERGENCY DEPARTMENT - PHYSICIAN CHARGES**



**ERIC COUNTY MEDICAL CENTER CORPORATION**

<b>PATIENT</b>	<b>NAME</b> BERNARD JR, ROBERT		<b>REGISTRATION NUMBER</b> V00003224270		<b>MEDICAL RECORD NUMBER</b> M001119386	
	<b>SOCIAL SECURITY NO.</b>		<b>INS. PLAN</b>		<b>ARRIVAL TIME</b> 10/07/11 1730	
	<b>PRIMARY CARE PROVIDER</b>		<b>TELEPHONE</b>		<b>TRIAGE BY</b> MWEDEKIN	
	<b>CHIEF COMPLAINT</b> Head Injury		<b>ALLERGIES</b> No Known Allerg		<b>REFERRAL TIME</b> TRAUMA - 03	

CPT	DESCRIPTION	PRICE	CPT	DESCRIPTION	PRICE	CPT	DESCRIPTION	PRICE	CPT	DESCRIPTION	PRICE
<b>EMERGENCY DEPARTMENT SERVICES</b>			<b>Face, ears, eyelids, nose, lips, mucous membranes</b>			<b>INCISION DRAINAGE PACKING</b>			<b>EMERGENCY PROCEDURES</b>		
<b>EM HX &amp; EXAM</b>											
99281	Prob. Foc/Stfrwd		12051	2.5 cm or less		10060	Cathartic, cyst, paronychia, simple, single		31500	Intubation of Trachea	
99282	Expanded/Low Complex		12052	2.6 cm to 5.0 cm		10080	Pilonidal Cyst-Simple		31603	Tracheostomy	
99283	Expanded/Low-Mod Complex		12053	5.1 cm to 7.5 cm		10081	Complicated		31605	Cricothyroidotomy	
99284	Detailed/Mod Complex		12054	7.6 cm to 12.5 cm		10120	Subcut FB Simple		32551	Tube Thoracostomy	
99285	Compreh/High Complex		12055	12.6 cm to 20 cm		10121	Complicated		32160	Thoracotomy-Massage	
99291	Crit Care < 30 mins		12056	20.1 cm to 30 cm		10140	Hemostoma-Simple, Hemostoma Excision or fluid collection		33010	Pericardiotomy	
99292	Crit Care ea add 30 mins					10160	Punct Asp Abscess/Cyst of abscess, hemostoma, bulla, cyst		49080	Dx Peritoneal Lavage	
99053	After Hours		<b>REPAIR/COMPLEX Trunk</b>			48040	Ischio/Perirectal Abscess		43753	Gastric Intubation & Asp or lavage for the treatment	
<b>LACERATIONS/REPAIR REPAIR/SIMPLE</b>			13100	1.1 cm to 2.5 cm		48050	Perianal Abscess		51702	Urethral Cath	
Scalp, neck, axillae, external genitalia, trunk, extremities			13101	2.6 cm to 7.5 cm		58420	Bartholin's Gland		38420	Cutdown Venipunct < 1	
12001	2.5 cm or less		13102	5 cm or less		19000	Punct Asp Breast Cyst		38425	Cutdown Venipunct > 1	
12002	2.6 cm to 7.5 cm		<b>Scalp, arms, legs</b>			<b>FOREIGN BODY REMOVAL</b>			38556	CVP/Percut < 2 yrs	
12004	7.6 cm to 12.5 cm		13120	1.1 cm to 2.5 cm		69200	Ear/Auditory Canal		36600	Arterial Puncture (ABG)	
12005	12.6 cm to 20 cm		13121	2.6 cm to 7.5 cm		69210	Ear/Impacted Cerumen		36625	Arterial Line/Cutdown	
12006	20.1 cm to 30 cm		13122	5 cm or less		65205	Eye/Conjunct-Superfic		<b>MISCELLANEOUS PROCEDURES</b>		
Face, ears, eyelids, nose, lips, mucous membrane			Forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, feet			65210	Eye/Conjunct-Embed		23650	Closed Treatment Shoulder Dislocation	
12011	2.5 cm or less		13131	1.1 cm to 2.5 cm		65220	Corneal W/O Slit Lamp		23655	Closed Treatment Shoulder Dis w/Anes	
12013	2.6 cm to 5.0 cm		13132	2.6 cm to 7.5 cm		65222	Corneal w/Slit Lamp		23686	Closed Treatment Shoulder Dis w/fracture	
12014	5.1 cm to 7.5 cm		13133	5 cm or less		20520	Muscle-Simple		31505	Laryngoscopy, Indirect	
12015	7.6 cm to 12.5 cm		<b>Eyeids, nose, ears, lips</b>			20525	Muscle-Deep or Comp		43500	Gastrostomy w/exploration of foreign body removal	
12016	12.6 cm to 20 cm		13150	1.0 cm or less		42909	Pharynx		43780	Change of gastrostomy (G Tube)	
12017	20.1 cm to 30 cm		13151	1.1 cm to 2.5 cm		30300	Nose		45300	Proctosigmoidoscopy	
			13153	5 cm or less		45307	Rectum		45915	Disimpact Fecal Impact	
			<b>EXTERNAL THROMBOSED HEMORRHOID</b>			58999	Vagina		46600	Anoscopy	
			48320	Enucleation/Excision		<b>BURN TREATMENT</b>			82270	Lumbar Puncture	
<b>TREATMENT OF SUPERFICIAL WOUND DEHISCENCE</b>			<b>DEBRIDEMENT SKIN</b>			16000	Initial Treatment 1/No More Than Local Tmt		76804	Ultrasound Chest Limited	
12020	Simple closure		11042	Partial Thickness Subcutaneous		16020	W/O Anes. Small		93308	Lim. Ultrasound of Heart (echo)	
12021	with packing		11043	Full Thickness Subcut & Muscle		16025	W/O Anes Medium ex. whole face or extremity		76705	Lim. Ultrasound of Abd.	
<b>REPAIR/INTERMEDIATE</b>			<b>REPAIR/INTERMEDIATE</b>			16030	W/O Anes. Large ex. > one extremity		76815	Lim. US of patiel/Femal site, hot lead, Emer in Del Pkt	
Scalp, axillae, trunk, extremities			Scalp, axillae, trunk, extremities			<b>SPLINTS</b>			76830	Transvaginal US	
12031	2.5 cm or less		<b>NAILS</b>			29105	Long Arm Splint		76857	LM Pelvic US	
12032	2.6 cm to 7.5 cm		11720	Debridement of nails by any method: one to five		29125	Short Arm Splint		76080	U.S. Soft Tissue Abscess	
12034	7.6 cm to 12.5 cm		11721	Debridement of nails by any method: six or more		29130	Finger Splint Static		76937	U.S. Vascular Access	
12035	12.6 cm to 20 cm		11730	Avulsion-single		29505	Long Leg Splint		76775	Kidney or Aorta Limited	
12036	20.1 cm to 30 cm		11732	Ea. add'l nail plate		29515	Short Leg Splint		76512	Eye (B Scan)	
Neck, hands, feet, external genitalia			11740	Evac Subung Hematoma		<b>ARTHROCENTESIS</b>			87164	Wet Mount	
12041	2.5 cm or less		11760	Recon Nail Bed-Simple		20600	Small Joint/Bursa		<b>CONSCIOUS SEDATION - 1 PHYSICIAN</b>		
12042	2.6 cm to 7.5 cm		11762	Recon Nail Bed-Comp		20605	Intermed Joint/Bursa		99143	Cons Sed < 5	
12044	7.6 cm to 12.5 cm		<b>NOSE</b>			20610	Long Joint/Bursa		99144	Cons Sed > 5	
12045	12.6 cm to 20 cm		30000	Abscess Drainage		<b>P O R I STUDY</b>			<b>CONSCIOUS SEDATION - 2 PHYSICIANS</b>		
12046	20.1 cm to 30 cm		30901	Cautery-Unilat		3120F	EKG C.P.		99148	Cons Sed < 5	
			30903	Anterior Pack-Unilat		3028F	EKG Syncop		99149	Cons Sed > 5	
			30905	Posterior Pack-Init		2010F	Pneumonia Vital Signs		64402	Dental Nerve Block	
			30920	Fracture Treatment					41800	I & D Dental	
									36415	Blood Draw	
									36000	IV Start	

Miscellaneous Procedures

PHYSICIAN Pierce      DIAGNOSIS 959.01 8730

0622467 Rev. 7/11      7840      E8120



10/07/11  
 M001119385  
 BERNARD JR, ROBERT  
 DOB: 08/12/1977 34 SEX: M  
 V00003224270

EMERGENCY DEPARTMENT  
 Age:  
 Room:



1. Use BALL-POINT PENS or PRESS FIRMLY to ensure image transfer all copies.
2. All orders must be written in the metric system, dated, timed and signed.
3. List the indication for each medication ordered.

**Dangerous abbreviations : desired alternative**

Q.D. : write daily	U : write units	AU : write both ears	MS/MS04/MgS04 : write out drug name using trailing zero ie, 2.0 mg : write 2 mg
Q.O.D. : write every other day	IU : write international units	AD : write right ear	lack of leading zero ie, .2mg : write 0.2 mg
TIW : write 3 times weekly	ug : write micrograms	AS : write left ear	

DATE	TIME
2 pac	
2 packets of silver nitrate sticks	
o lead and plumb	

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

Practitioner taking order wrote and then read back content to MD for validation

MD Confirmation of Verbal/Telephone Order: Signature *[Signature]* Date: 10/7/11 Time: 5:45 PM

DATE	TIME
10/7/11 Dilaudid 0.5 mg IV x 1	

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

Practitioner taking order wrote and then read back content to MD for validation

MD Confirmation of Verbal/Telephone Order: Signature *[Signature]* Date: 10/7/11 Time: \_\_\_\_\_

DATE	TIME
Ativan 1mg IV x 1 spasms	
Dilaudid 1mg IV x 1 pain	
Lasix 5/500	

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

Practitioner taking order wrote and then read back content to MD for validation

MD Confirmation of Verbal/Telephone Order: Signature *[Signature]* Date: 10/7/11 Time: 1915

10/07/11  
 M00119385  
**BERNARD JR, ROBERT**  
 DOB: 06/12/1977 34 SEX: M  
 V00003224270



Age:  
 Room:

PROMOTE SAFETY BY PREVENTING MEDICAL ERRORS. AVOID DANGEROUS ABBREVIATIONS : USE THESE ALTERNATIVES			
Q.D. : write daily	U : write units	AU : write both ears	MS/MS04/MgS04 : write out drug name
Q.O.D. : write every other day	IU : write international units	AD : write right ear	using trailing zero ie, 2.0 mg : write 2 mg
TIW : write 3 times weekly	ug : write micrograms	AS : write left ear	lack of leading zero ie, .2mg : write 0.2 mg

10/7/11 PROCEUNE NOTE  
 700PM SUTURE REPAIR OF FACIAL LACERATION  
 PT REPAIRED W/ 6.0 PROLENE IN STERILE FASHION.  
 PT HAD 8 SUTURES PLACED IN (E) FRONTAL ALBA.  
 O CAL . PT STABLE AND DR WILES. PRESENT  
 FOR PROCDUNG. REMOVE SUTURES IN 5 DAYS.  
 PT NOTIFIED.

*[Signature]*  
 GLEASON



PATIENT	NAME <b>BERNARD JR, ROBERT</b>		REGISTRATION NUMBER <b>V00003224270</b>		MEDICAL RECORD NUMBER <b>M001119385</b>		
	SOCIAL SECURITY NO.		INS. PLAN		ARRIVAL TIME <b>10/07/11 1730</b>		
	PRIMARY CARE PROVIDER		PHONE		TRIAGE BY <b>MWEDEKIN</b>		
	ABX SVC		DR TYPE		TRIAGE TIME <b>10/07/11 1730</b>		
BIRTHDATE <b>06/12/1977</b>		AGE <b>34</b>		SEX <b>M</b>		ACUITY <b>2</b>	
ROOM <b>TRAUMA - 03</b>		REFFERAL TIME		EMERGENCY ATTENDING			

**CHIEF COMPLAINT**  
**Head Injury**

**ALLERGIES** No Known Allerg

**MEDICAL CONDITIONS**

**MEDICATIONS**

**TIME INIT ORDERS**

**PHYSICIAN'S ORDERS**

**PHYSICIAN**

**HISTORY** (Location, quality, severity, duration, timing, context, modifying factors, assoc. signs and symptoms)

*34 yo WM belted driver in rollover MVC. ? LOC; brought in by Mercy flight. swerved off road and over-compensated and rolled - 3, hit head on dash*

**PHYSICAL**

TEMP: 1 BP: 146/107 PULSE: 94 RESP: 21 RPR: 146/107/94

**PHYSICAL** (Detailed notes on exam: *Gen: mild distress, HEENT: PERRL, small lacer on forehead, CV: RRQ, 1S1S2, I&A: CTX, Abd: soft, NVD, Ext: no obvious deformities, Back: TTP over T3-T4, no step off*)

**PHYSICAL** (Detailed notes on exam: *Gen: mild distress, HEENT: PERRL, small lacer on forehead, CV: RRQ, 1S1S2, I&A: CTX, Abd: soft, NVD, Ext: no obvious deformities, Back: TTP over T3-T4, no step off*)

**DIAGNOSTIC TESTS**

*8 14.6 210 146/107/94 138/24*

*CT head/spine/face - not study*

*Head laceration*

**DIAGNOSIS**

**ADMITTING SERVICE:**

**TIME NOTIFIED:**

**ATTENDING:**

**CONSULTATION/PRIMARY PHYSICIAN**

**TIME CALLED/RESPONDED**

**SPECIAL INSTRUCTIONS:**

**PHYSICIAN/EXT/ST SIGNATURE**

**RECORDING**





EMERGENCY DEPARTMENT  
EMERGENCY SERVICE FACESHEET (Page 2 of 2)

Erie County Medical Center Corp.

P A T I E N T	NAME <b>BERNARD JR, ROBERT</b>		REGISTRATION NUMBER <b>V00003224270</b>		MEDICAL RECORD NUMBER <b>M001118365</b>		
	SOCIAL SECURITY NO.		INS. PLAN		ARRIVAL TIME <b>10/07/11 1730</b>		
	PRIMARY CARE PROVIDER		TELEPHONE		TRIAGE BY <b>MWEDEKIN</b>		
					TRIAGE TIME <b>10/07/111730</b>		
				BIRTHDATE <b>08/12/1977</b>		AGE <b>34</b>	
				SEX <b>M</b>		ACUITY <b>2</b>	
				ROOM <b>TRAUMA - 03</b>			

CHIEF COMPLAINT: **Head Injury**

ALLERGIES: **No Known Allerg**

LAST ER VISIT: ARRIVAL MODE: **Helicopter** EMS AGENCY/UNIT: TRAVEL LAST 2 WK: WHERE TO: ADMIT SERVICE:

DNR ORDER: FORM WITH PATIENT: BILL OF RIGHTS GIVEN TO PATIENT/FAMILY: TRANSFER IN: TRANSFER FROM: HEALTH CARE PROXY: HEALTH CARE PROXY AGENT: HOSPICE:

PROCEDURE NOTES: Reason:  Conscious sedation  RSI Intubation

TIME: **4:50 PM - Vitals Stable**

RE-EVALUATION: **etc benign**

CRITICAL CARE: **90-74 mins**

ATTENDING NOTE: **34yo ♂ rollover MVC - Head Inj.**

**DOC of ext / chest / abd / pelv - PAIN.**

**Vitals Stable**

**No Scalp Laceration - GCS 15**

**- vitals stable**

**- TD Trauma consult**

CONST	<input checked="" type="checkbox"/> Rev - Meas of at least 3 vs signs: <b>See the stellate</b>	GU	<input type="checkbox"/> NL - Ex. genit/vag	SOC. HX	MAR ST	M	D
	<input checked="" type="checkbox"/> NL - Gen appearance of patient		<input type="checkbox"/> NL - Urethra	TOB		N	H/O
EYES	<input checked="" type="checkbox"/> NL - Insp con/lids		<input type="checkbox"/> NL - Bladder	ETOW/SUB		N	H/O
	<input type="checkbox"/> NL - Exam pupila/irises		<input type="checkbox"/> NL - Cervix	NH		N	H/O
	<input type="checkbox"/> NL - Ophthalmoscopic exam		<input type="checkbox"/> NL - Uterus				
ENT	<input type="checkbox"/> NL - Ext insp ears/nose		<input type="checkbox"/> NL - Adnexa/parametria				
	<input type="checkbox"/> NL - Otoloscopic exam		<input type="checkbox"/> NL - Paip of nodes in 2+ areas:				
	<input type="checkbox"/> NL - Assess hearing		<input type="checkbox"/> NL - Neck				
	<input type="checkbox"/> NL - Nasal mucosa/septum/turb		<input type="checkbox"/> NL - Axillae				
	<input type="checkbox"/> NL - Lips/teeth/gums		<input type="checkbox"/> NL - Groin				
	<input type="checkbox"/> NL - Exam oropharynx		<input type="checkbox"/> NL - Other				
Neck	<input checked="" type="checkbox"/> NL - Exam neck <b>Q thp</b>		<input type="checkbox"/> NL - Exam gait/station				
	<input checked="" type="checkbox"/> NL - Exam thyroid		<input type="checkbox"/> NL - Exam joints/bones/muscles:				
Resp	<input checked="" type="checkbox"/> NL - Resp effort <b>Q thp</b>		<input type="checkbox"/> NL - Insp and/or palp				
	<input type="checkbox"/> NL - Percus chest <b>Q thp</b>		<input type="checkbox"/> NL - Range of motion				
	<input type="checkbox"/> NL - Palp chest		<input type="checkbox"/> NL - Stability				
	<input type="checkbox"/> NL - Aus lungs		<input type="checkbox"/> NL - Muscle strength/tone				
CV	<input checked="" type="checkbox"/> NL - Palp heart <b>Q thp</b>		<input type="checkbox"/> NL - Back				
	<input checked="" type="checkbox"/> NL - Aus heart		<input type="checkbox"/> NL - Pelvis				
	Exam of:		<input type="checkbox"/> NL - Insp skin/subQ tissue				
	<input type="checkbox"/> NL - carotid art		<input type="checkbox"/> NL - Palp skin/subQ tissue				
	<input type="checkbox"/> NL - abd aorta		Pressure/Ulcer <b>Y N</b>				
	<input type="checkbox"/> NL - femt art						
	<input type="checkbox"/> NL - pedal pulses						
	<input type="checkbox"/> NL - extrem - edema/varicosities						
Chest (Brsts)	<input type="checkbox"/> NL - insp breasts		Neuro	<input checked="" type="checkbox"/> NL - Test CN nerves			
	<input type="checkbox"/> NL - Palp breasts/axillae			<input type="checkbox"/> NL - DTR's			
GI (Abd)	<input checked="" type="checkbox"/> NL - Abd-masses/tender <b>soft mass</b>			<input checked="" type="checkbox"/> NL - Sensation			
	<input type="checkbox"/> NL - Liver/spleen						
	<input type="checkbox"/> NL - Hernia						
	<input type="checkbox"/> NL - Rectum						
	<input type="checkbox"/> NL - Stool occult blood						
GU	<input type="checkbox"/> NL - Scrotal contents		Psych	<input type="checkbox"/> NL - Desc judgment/insight			
	<input type="checkbox"/> NL - Penis			<input type="checkbox"/> NL - Brief assess MS:			
	<input type="checkbox"/> NL - Prostate			<input type="checkbox"/> NL - Orient to time/place/person			
				<input type="checkbox"/> NL - Recent/remote memory			
				<input type="checkbox"/> NL - Mood/affect			

Rev. 1/03 ED.002

SIGNATURE: *[Signature]*

M001118365

V00003224270

PT SEEN & DISCUSSED WITH RESIDENT / EXT-HPN RN/RS / PFSH / DX / RX REVIEWED / AGREED

**DEPARTMENT OF LABORATORY MEDICINE**



Name: **BERNARD JR, ROBERT**  
 Med. Rec. #: **M001119365** Date of Birth: **06/12/1977** Age: **34**  
 Visit #: **V00003224270** Insurance:  
 Service Date: **10/07/11** Service Time: **1730** Room:

**Provider Sites on-campus Include:**

Erie County Medical Center  
 Emergency Department  
 462 Grider Street  
 Buffalo, NY 14215

Erie County Medical Center  
 Ambulatory Care Department  
 (On-Site Clinics)  
 462 Grider Street  
 Buffalo, NY 14215

Erie County Medical Center  
 Immunodeficiency Department  
 462 Grider Street  
 Buffalo, NY 14215

**Provider Sites off-campus Include:**

ECMC Ambulatory Care Department  
 Cleve-Hill Family Health Center  
 1461 Kensington Avenue  
 Buffalo, NY 14215

**REFERENCE RANGES:**

<b>ANALYTE</b>	<b>REFERENCE RANGE</b>
Glucose	65-110 mg/dL
HCG Qualitative	Negative
Fecal Occult Blood (FOB)	Negative
Urine Qualitative	
pH	4.5-8
Protein	Negative
Glucose	Negative
Ketones	Negative
Bilirubin	Negative
Blood	Negative
Nitrate	Negative
Leukocytes	Negative
Specific Gravity	1.002 - 1.030
Urobilinogen	0.1 - 1 mg/dL
Color	Straw or Amber (Lt Yellow, Dark Yellow)
Appearance	Clear, Cloudy (alkaline urine)

620588

LAB.002



M001119365



V00003224270



462 Grider St., Buffalo, NY 14215 (716) 898-3000



MED REC: M001118365      REG DATE: 10/07/11      TIME: 1834      ACCT NO: V00003224270  
 SERVLOC: ER      ROOM & BED:      ACCOM:      FIN CLASS: 8P  
 PT STATUS: Emergency Room      ADMIT SOURCE: NON-HEALTH CARE FACI      ADM CLERK: SPELLEGR

**PATIENT INFORMATION**

PATIENT: BERNARD JR,ROBERT      BIRTHDATE: 06/12/1977      AGE: 34      SEX: M  
 ADDRESS: 5 TERRY STREET      MARTIAL ST: U UNKNOWN      RACE: WHITE  
 ADDRESS2:      RELIGION: NO INFO AVAIL      ETHNICITY:      LANGUAGE:  
 MIDDLEPORT,NY 14106      MDN NAME:      INTERPRETER REQUESTED:  
 PHONE: (716)479-1839      MOTHERS MDN NAME: NIA      ADVANCE DIRECTIVE:

**PHYSICIAN INFORMATION**

PRIMARY: STAHL,DAVID MD, (RF)      FAMILY:  
 ADMITTING:      OTHER:  
 ATTENDING: PIERCE,DAVID L MD

**EMPLOYMENT INFORMATION**

EMPLOYER: SIGMA MOTORS      OCCUPATION: MACHINIST  
 ADDRESS: 3 NORTH STREET      EMP PHONE: (716)735-3115  
 ADDRESS2:

**CONTACT INFORMATION**

NEXT OF KIN: ROSE,BOB      PERSON TO NOTIFY: ROSE,BOB  
 NOK ADDRESS: 3 EAST AVENUE      PERSON TO NOTIFY ADDR: 3 EAST AVENUE  
 NOK ADDRESS2:      MIDDLEPORT,NY 14106  
 MIDDLEPORT,NY 14106  
 NOK PHONE: (716)735-7584      PERSON TO NOTIFY PHONE: (716)735-7584

**GUARANTOR INFORMATION**

GUARANTOR NAME: BERNARD JR,ROBERT      GUARANTOR EMPLOYER: SIGMA MOTORS  
 GUARANTOR ADDRESS: 5 TERRY STREET      GUARANTOR EMPLOYER PHONE: (716)735-3115  
 GUARANTOR ADDRESS2:      RELATIONSHIP: 01 SELF / SAME  
 MIDDLEPORT,NY 14106  
 GUARANTOR PHONE: (716)479-1839

INSURANCE	POLICY	COVERAGE	SUBSCRIBER/ REFER TYPE	AUTH. NUMBER EFF / EXP DATE
-----------	--------	----------	---------------------------	--------------------------------

1 NO FAULT NO INFO	000		BERNARD JR,ROBERT	/
2 CB TRAD BLUE POS PO BOX 80,BUFFALO,NY 14240-0080 (716)882-2616	YJP86050874101		BERNARD JR,ROBERT	/
3				/
4				

POLICE INVESTIGATION: Y/N      UNIT NAME: \_\_\_\_\_      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_      INITIALS: \_\_\_\_\_  
 ADDRESS OF OCCURRENCE: \_\_\_\_\_  
 REASON FOR VISIT: MVC

Rev 7/10

M.GEN.003



M001118365



V00003224270



10/07/11  
NFNOINFO  
MO01119365  
BERNARD JR, ROBERT  
DOB: 08/12/1977 34 SEX: M  
V00003224270 ER

ON - EMERGENCY DEPARTMENT



Age:

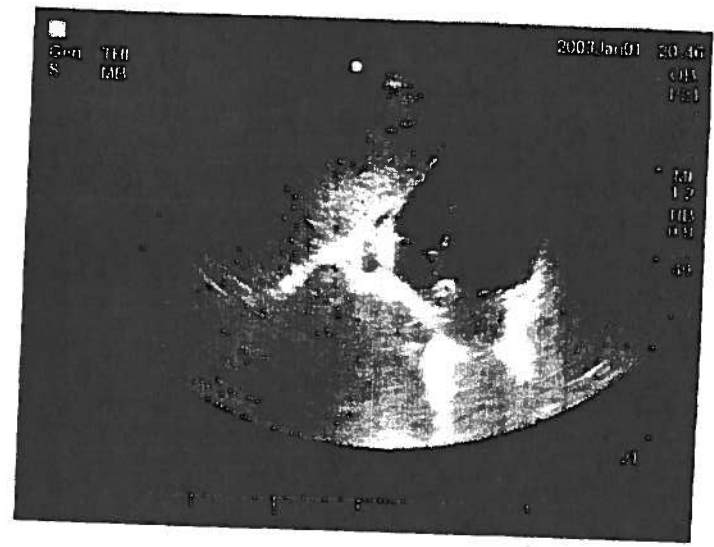
Room:

DATE/TIME: \_\_\_\_\_

Indication For Ultrasound:

- Blunt Trauma to Abdomen
- Penetrating Trauma to Abdomen
- Other: \_\_\_\_\_

- \_\_\_\_ (93308 & 76705) Heart & Abdomen - Limi
- \_\_\_\_ (76705) Abdomen - Limited (FAST - with other abdomen)
- \_\_\_\_ (93308) Heart (ECHO) - Limited
- \_\_\_\_ (76604) Chest
- \_\_\_\_ (76815) Pelvis - (Gravid) - Limited (Fetal location)
- \_\_\_\_ (76817) Transvaginal (OB) - Limited
- \_\_\_\_ (76857) Pelvic - (non-OB) - Limited
- \_\_\_\_ (76870) Scrotum & Contents
- \_\_\_\_ (76080) Soft Tissue Abscess
- \_\_\_\_ (76937) Evaluation for Central Line Placement
- \_\_\_\_ (76775) Kidney or Aorta - Limited
- \_\_\_\_ (76512) Eye (B-Scan)



Findings:

\_\_\_\_\_  
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\_\_\_\_\_

If additional images, attach to back of this form:



Erie County Medical Center Corp.

### Valuables Deposit Statement

10/07/11  
 M001119365  
**BERNARD JR, ROBERT**  
 DOB: 08/12/1977 34 SEX: M  
 V00003224270

#### SECTION 1: PATIENT DECLARATION- Completed for all patients at time of admission.

I understand that the Erie County Medical Center Corporation assumes no liability for the loss of personal property unless this property is deposited in the hospital's safe. I also understand that due to space limitations, the use of the hospital safe is limited to items of value as itemized in section 2.

Given my understanding of the above, I choose to:

- Deposit my valuables in the safe (Complete Section 2).
- Not deposit valuables in the safe and assume responsibility for them.
- Give my valuables to \_\_\_\_\_ (name/relationship).
- I have no valuables in my possession at this time nor will bring anything valuable to the hospital.
- Patient unable to sign due to \_\_\_\_\_ (reason).

I have read and understand the above statements.

Patient/Patient Representative Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION 2: DEPOSIT INFORMATION- Complete only if valuables are to be deposited in safe.

I am requesting that the items checked below be placed in an envelope, sealed, and placed in the hospital safe. The envelope will be returned to me, or my designee, in full and sealed. Return is limited to the hours between 9:00 a.m. and 5 p.m. on normal business days.

Keys (# )		Insurance cards	X
Wallet <b>2 CONTAINS</b>	Y	Drivers' license	XX
Purse/contents		Social Security card	Y
Cash (\$ <b>174.00 ONE HUNDRED SEVENTY FOUR</b> )	Y	Medications (# bottles)	
Jewelry (describe):		Other (describe): <b>SMOKER</b>	X

Patient/Patient Representative Signature: \_\_\_\_\_

Witness Signature: [Signature] Date: 10-7-11

Second Witness Signature: [Signature]

#### SECTION 3: RECEIPT/ RETURN OF PATIENT PROPERTY- Completed by Cashier's Office

- A. Receipt of envelope by Cashier's Office: (To be completed by cashier receiving envelope)  
 Cashier's Signature: \_\_\_\_\_ Date Envelope Received: \_\_\_\_\_
- B. Return of envelope to Patient/Patient Representative: (To be completed at time of return)  
 Patient/Patient Representative Signature: Rosemary L. Bernard  
 Cashier's Signature: Andrea Massaro RN Date Envelope Returned: 10-7-11

Original: Inside Property envelope  
 Pink: Patient's Copy

Gold: Cashier's copy (wrap around envelope)  
 Yellow: Patient's Medical Record



ERIE COUNTY MEDICAL CENTER  
HEALTHCARE NETWORK

462 Grider Street  
Buffalo, NY 14215

CONSULTATION REPORT

Name BERNARD JR,ROBERT  
MR# M001119365  
Room# 1908

Account# V00003224422  
DOB 06/12/1977  
Report# 1009-0002

---

DATE: 10/08/2011

REASON FOR REQUESTING CONSULT: (Not Dictated)

SERVICE REQUESTING CONSULT: (Not Dictated)

ATTENDING REQUESTING CONSULT / BEEPER NUMBER: (Not Dictated)

DICTATING PHYSICIAN'S NAME/BEEPER: Gregory J Castiglia MD

LOCATION: (Not Dictated)

PRIMARY CARE PHYSICIAN: (Not Dictated)

CONSULTANT / BEEPER NUMBER: Gregory J Castiglia MD

CONSULTANT SERVICE: Neurosurgery.

CHIEF COMPLAINT: (Not Dictated)

IMPRESSION: C6-C7 fracture dislocation with unilateral facet dislocation.

IDENTIFYING INFORMATION: (Not Dictated)

HISTORY OF PRESENT ILLNESS: Mr. Bernard is a 34-year-old gentleman with a history of a rollover MVA occurring on 10/07/2011. The patient was initially evaluated in the emergency room and initial scans were interpreted as negative and he was discharged to home. The patient awoke this morning, feeling tingling in his arms and legs. He went to remove an object from his truck, bending forward where he experienced significant worsening of his neck pain and felt his legs go limp. He has been unable to ambulate since that time. There is no history of incontinence. He complains of burning paresthesias in both arms. His blood pressure has been labile in the emergency room. The patient is currently awaiting MRI study of the cervical spine.

Upon review of his CT scan of the cervical spine from 10/07/2011, there appears to be a fracture of the left C6-C7 facet with perched C7 facet. There is no obvious canal hematoma seen.

MEDICATIONS: He is on no medications.

PAST MEDICAL/SURGICAL HISTORY: Mr. Bernard's past medical history is denied.

FAMILY HISTORY: Noncontributory.

CONSULTATION REPORT

Name BERNARD JR,ROBERT  
Report# 1009-0002

MR# M001119365

---

SOCIAL HISTORY: He smokes a pack of cigarettes per day. There is no history of alcohol use.

ALLERGIES: HE HAS NO KNOWN DRUG ALLERGIES.

REVIEW OF SYSTEMS: The patient denies any fevers or chills. He has no headaches. He has multiple facial abrasions and some blood accumulated around the right ear. He has no shortness of breath or chest pain. No extremity deformity is noted. PHYSICAL EXAMINATION: General: On examination, Mr. Bernard was seen in the trauma ER. He is alert, but anxious. Vital signs: Blood pressure is 96/50, heart rate 60s, respiratory rate 16, and O2 saturation 100%. He is wearing a cervical collar. His pupils are equal and reactive to light. He has multiple facial abrasions. He has significant weakness in the triceps, more so on the left than the right. The biceps strength was 4/5 bilaterally. His grip strength was diminished bilaterally as well. There is no motor voluntary response in the lower extremities. He has diminished pinprick sensation below the C7 dermatome. There is evidence of priapism. Plantar reflexes were upgoing bilaterally.

RADIOLOGY FINDINGS: (Not Dictated)

LABORATORY VALUES: Reviewed including white count of 14.4, hemoglobin 13.4. INR 1.1.

FINDINGS AND RECOMMENDATIONS: In summary, Mr. Bernard has a C6-C7 fracture, possible dislocation. He is awaiting urgent MRI of the cervical spine. We will admit him to the trauma ICU for observation, start him on IV Decadron 4 mg IV q.6 h. We will try to maintain his systolic pressure over 110 and keep his mean arterial pressures of 70 to 90. He may require pressors to maintain blood pressure control. We will continue to mobilize him in a cervical collar. He may require surgical stabilization for his fracture. He was otherwise felt to be in stable condition.

---

Gregory J Castiglia MD

Dictated By: Gregory J Castiglia MD

cc:  
Buffalo Neurosurgery Group

Transcription Voice ID: 21426191 Voice ID: 134258  
DD/DT: 10/08/2011 16:35:13 / 10/09/2011 00:00:09

Attn Physician: WILES, CHARLES E MD  
<Electronically signed by GREGORY J CASTIGLIA MD> 10/13/11 1302

CONSULTATION REPORT

Name BERNARD JR,ROBERT  
Report# 1009-0002

MR# M001119365

---

PC Physician: STAHL,DAVID MD, (RF)

Ref Physician:

Copies To: CASTIGLIA,GREGORY J MD; STAHL,DAVID MD, (RF); WILES,CHARLES E MD

~





# COUNTY OF ERIE

MICHAEL SIRAGUSA  
ERIE COUNTY ATTORNEY

MARK C. POLONCARZ

COUNTY EXECUTIVE  
DEPARTMENT OF LAW

MICHELLE PARKER  
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOTH  
SECOND ASSISTANT COUNTY ATTORNEY

January 10, 2012

Mr. Robert M. Graber, Clerk  
Erie County Legislature  
92 Franklin Street, 4th Floor  
Buffalo, New York 14202

Dear Mr. Graber:


In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Skarbek, Tadeusz vs Erie County Medical Center Corporation, County of Erie, et al.</i>
Document Received:	Order to Show Cause
Name of Claimant:	Tadeusz Skarbek
Claimant's attorney:	Marc C. Panepinto, Esq. Cantor, Lukasic, Dolce & Panepinto, PC 1600 Main Place Tower 350 Main Street Buffalo, New York 14202

Should you have any questions, please call.

Very truly yours,

MICHAEL SIRAGUSA  
Erie County Attorney

By:   
ANTHONY B. TARGIA  
Assistant County Attorney  
Anthony.Targia@erie.gov

ABT/mow  
Enc.

cc: Michael Siragusa, Erie County Attorney

At a Special Term of the Supreme Court held in and for the County of Erie at Buffalo, New York on the 4 day of ~~December, 2011~~

January 2012

Hon. JOSEPH R. GLOWNIA, J.S.C.  
Justice Presiding

STATE OF NEW YORK  
SUPREME COURT : COUNTY OF ERIE

PAID  
12/28/2011/ 10:26:33  
ERIE COUNTY CLERK  
RCPT # 11184306  
I 2011004967

TADEUSZ SKARBK

Petitioner,

v.

**ORDER TO SHOW CAUSE**

Index No. 2011 - 4967

ERIE COUNTY MEDICAL CENTER CORPORATION  
THE COUNTY OF ERIE  
LPCIMINELLI, INC.  
LPCIMINELLI CONSTRUCTION CORP.  
CONCEPT CONSTRUCTION

Respondents.

Upon reading the annexed Affirmation of Marc C. Panepinto, Esq., duly affirmed on the 22<sup>nd</sup> day of December, 2011, it is hereby

**ORDERED**, that Respondents ERIE COUNTY MEDICAL CENTER CORPORATION, THE COUNTY OF ERIE, LPCIMINELLI, INC., LPCIMINELLI CONSTRUCTION CORP. and CONCEPT CONSTRUCTION, show cause at a Special Term of the Supreme Court of New York to be held in and for the County of Erie at Part 6, ~~25 Delaware Avenue~~ 92 Franklin Street, Buffalo, New York on the 20<sup>th</sup> day of **January, 2012** at 9:30 a.m. / ~~p.m.~~ of that day or as soon thereafter as counsel can be heard, why an Order should not be granted compelling said Respondents to submit to pre-action discovery pursuant to CPLR §3102(c) and directing said Respondents to provide and produce the following:

- A copy of the contracts between ERIE COUNTY MEDICAL CENTER CORPORATION and THE COUNTY OF ERIE. regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER;
- A copy of the contracts between ERIE COUNTY MEDICAL CENTER CORPORATION and LPCIMINELLI, INC. and/or LPCIMINELLI CONSTRUCTION CORP. regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER;
- A copy of the contracts between ERIE COUNTY MEDICAL CENTER CORPORATION and CONCEPT CONSTRUCTION regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER;
- A copy of the contracts between THE COUNTY OF ERIE and LPCIMINELLI, INC. and/or LPCIMINELLI CONSTRUCTION CORP. regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER; and
- A copy of the contracts between THE COUNTY OF ERIE and CONCEPT CONSTRUCTION regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER;

**ORDERED**, that service of a copy of this Order and the papers upon which it is granted be sent by certified mail to the main place of business or residence of the respondents;

ERIE COUNTY MEDICAL CENTER CORP.  
462 Grider Street  
Buffalo, New York 14215

LPCIMINELLI CONSTRUCTION CORP.  
2421 Main Street  
Buffalo, New York 14214

THE COUNTY OF ERIE  
95 Franklin Street, 16th Floor  
Buffalo, New York 14202

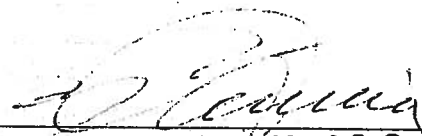
CONCEPT CONSTRUCTION  
2555 TRANSIT ROAD  
ELMA, NEW YORK 14059

LPCIMINELLI, INC.  
2421 Main Street  
Buffalo, New York 14214

on or before January 9, 2012, 2011, which shall be deemed good and sufficient service.

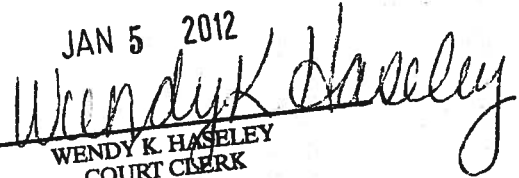
Responding papers, if any, shall be served upon the Court and Plaintiff's Counsel no later than January 18, 2012.

DATED: Buffalo, New York  
~~December~~ 5, 2011  
January 5, 2012

  
Hon. JOSEPH R. GLOWNIA, J.S.C. J.S.C.

GRANTED:

**GRANTED**

JAN 5 2012  
BY   
WENDY K. HASLEY  
COURT CLERK

STATE OF NEW YORK  
SUPREME COURT : COUNTY OF ERIE

---

TADEUSZ SKARBEK

Petitioner,

v.

ERIE COUNTY MEDICAL CENTER CORPORATION  
THE COUNTY OF ERIE  
LPCIMINELLI, INC.  
LPCIMINELLI CONSTRUCTION CORP.  
CONCEPT CONSTRUCTION

Respondents.

---

**AFFIRMATION**

Index No.

Marc C. Panepinto, Esq., an attorney duly admitted to practice law in the State of New York, affirms the following under penalty of perjury:

1. I am an attorney at law duly licensed to practice in the State of New York, am the attorney for the Petitioner, TADEUSZ SKARBEK, and that my firm has been retained to represent him for the injuries he sustained on February 25, 2011 . As such, I am fully familiar with the facts and circumstances herein.
2. Upon information and belief, on or about November 12, 2010 Petitioner TADEUSZ SKARBEK was employed by HERITAGE CONTRACT FLOORING, LLC, 29 Depot Street, Buffalo, New York 14206. LPCIMINELLI, INC., LPCIMINELLI CONSTRUCTION CORP. and/or CONCEPT CONSTRUCTION were the contractors and/or subcontractors on the project. During the course of his employment, TADEUSZ SKARBEK was lifting a 375 lb roll of linoleum tile onto a 2 wheeler. As he and a co-worker were standing it up, the roll shifted left and when the roll shifts left, he was caused to slip on drywall dust and garbage on the floor, sustaining serious personal injuries.

3. Upon information and belief, ERIE COUNTY MEDICAL CENTER CORPORATION, THE COUNTY OF ERIE, LPCIMINELLI, INC., LPCIMINELLI CONSTRUCTION CORP. and/or CONCEPT CONSTRUCTION, as owners and/or agents of the owner of the subject premises, did not provide a safe place to work for the claimant as mandated by the New York State Labor Law, and were further negligent, careless and reckless, which negligence, carelessness and recklessness in violation of the New York State Labor Law caused injury to the petitioner and resulting damages.

4. Pursuant to the authority of CPLR 3102(c), the Petitioner seeks the following disclosure from the respondents both "to aid in bringing an action" and "to preserve information":

- a) A copy of the contracts between ERIE COUNTY MEDICAL CENTER CORPORATION and THE COUNTY OF ERIE. regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER;
- b) A copy of the contracts between ERIE COUNTY MEDICAL CENTER CORPORATION and LPCIMINELLI, INC. and/or LPCIMINELLI CONSTRUCTION CORP. regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER;
- c) A copy of the contracts between ERIE COUNTY MEDICAL CENTER CORPORATION and CONCEPT CONSTRUCTION regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER;
- d) A copy of the contracts between THE COUNTY OF ERIE and LPCIMINELLI, INC. and/or LPCIMINELLI CONSTRUCTION CORP. regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER; and
- e) A copy of the contracts between THE COUNTY OF ERIE and CONCEPT CONSTRUCTION regarding the construction project which was ongoing on or about February 25, 2011 at the ERIE COUNTY MEDICAL CENTER;

5. This Motion for Pre-Litigation Discovery requests production of all documents and evidence, in whatever form maintained, materials relating to the above matter and further seeks an injunction directing respondents to preserve and not alter, dispose of, or destroy any of the information requested herein.

6. Upon information and belief, the information which Petitioner is seeking is kept in the usual and regular course of business by the Respondents.

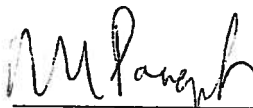
7. CPLR 3102(c) provides that "before an action is commenced, disclosure to aid in bringing an action may be obtained, but only by Court order." Assessment of the propriety of pre-litigation discovery lies within the broad discretion of the Court. *Urban v. Hooker Chemicals and Plastics Corp.*, 75 A.D.2d. 720 (4th Dept. 1980).

8. This pre-litigation discovery is necessary to determine and preserve facts surrounding the Petitioner TADEUSZ SKARBEEK's accident and to utilize the pre-litigation discovery process to identify any and all potential defendants.

9. Petitioner recognizes his obligation to bear the reasonable copying costs associated with this requested relief.

10. No prior application for the relief requested herein has been made.

Dated: Buffalo, New York  
December 22, 2011



---

**Marc C. Panepinto, Esq.**  
**CANTOR, LUKASIK, DOLCE & PANEPINTO**  
*Attorneys for Petitioners*  
1600 Main Place Tower  
350 Main Street  
Buffalo, New York 14202  
(716) 852-1888