



MICHAEL SIRAGUSA
COUNTY ATTORNEY

COUNTY OF ERIE

MARK C. POLONCARZ

COUNTY EXECUTIVE

DEPARTMENT OF LAW

GA

MICHELLE PARKER
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY TOTH
SECOND ASSISTANT COUNTY ATTORNEY

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

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

2D-4

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MICHAEL SIRAGUSA
ERIE COUNTY ATTORNEY

COUNTY OF ERIE

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:

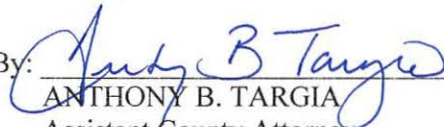
In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

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,

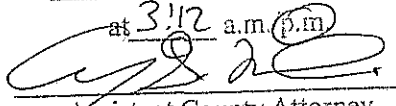
MICHAEL SIRAGUSA
Erie County Attorney

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 as 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.

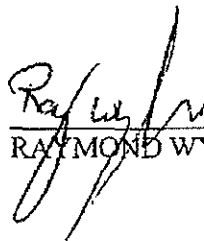
DATED: Williamsville, New York
 December 8, 2011


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:

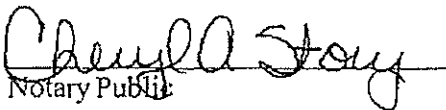
Wyoming

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. 01ST6D10005
Notary Public, State of New York
Qualified in Erie County
My Commission Expires July 5, 2014



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>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 Sean C. Zora on
the 14 day of Nov, 20 11
at 1:10 a.m./p.m.

Kelly Brunkowski
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
9th day of November, 2011


NOTARY PUBLIC


ALINE POWELL

Sworn to before me this
9th 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
9th 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
9th 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

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95 FRANKLIN STREET, ROOM 1634, BUFFALO, NEW YORK 14202 - PHONE: (716) 858-2200 - WWW.ERIE.GOV

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 ~~a~~ 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.

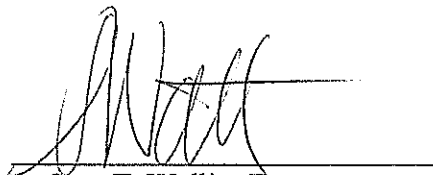
6. That the said injuries were occasioned solely and wholly as a result of the negligence of the TOWN OF CHEEKTOWAGA , COUNTY OF ERIE, ERIE COUNTY WATER AUTHORITY, BUFFALO SEWER AUTHORITY and ERIE COUNTY DIVISION OF

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.

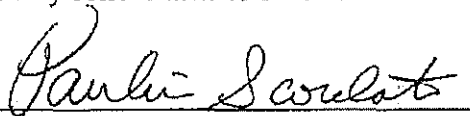
DATED: Williamsville, New York
October 20~~th~~ 2011



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

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95 FRANKLIN STREET, ROOM 1634, BUFFALO, NEW YORK 14202 - PHONE: (716) 858-2200 - WWW.ERIE.GOV

**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 Joshua Rame on
the 16th day of December 20 11
at 10:53 a.m. p.m.
Lesette M. Keppeler
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

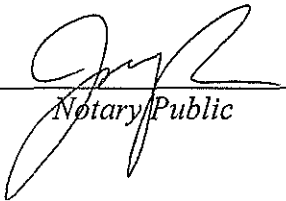
STATE OF NEW YORK)
COUNTY OF ERIE) ss.:

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 16th
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:

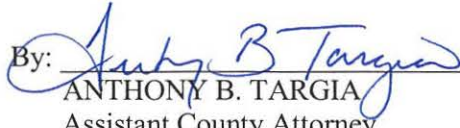
In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

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

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95 FRANKLIN STREET, ROOM 1634, BUFFALO, NEW YORK 14202 - PHONE: (716) 858-2200 - WWW.ERIE.GOV

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.

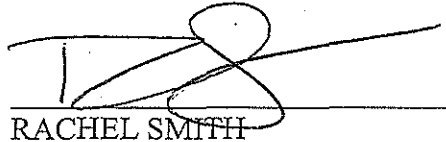
6. The Claimant was free of any and all negligence or fault in connection with the incident out of which this instant claim arose.

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.

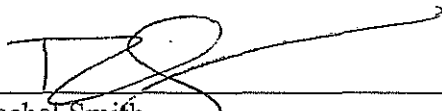
Dated: Buffalo, New York
November 11, 2011


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 11th 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

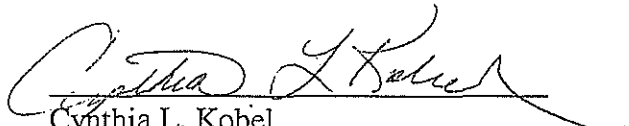
STATE OF NEW YORK)
)SS.:
COUNTY OF ERIE)

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 14th 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
14th day of November, 2011.


Notary Public

Doc # 351027.1

JANE M. KUBACKI
No. 01KU4858388
Notary Public, State of New York
Qualified in Erie County
My Commission Expires July 16, 20 14



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:

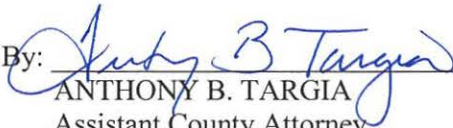
In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>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

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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.

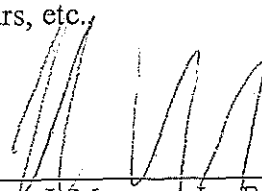
9. A copy of our client's completed no-fault application is enclosed.

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

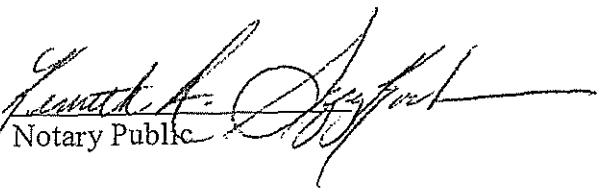
STATE OF NEW YORK :
COUNTY OF ERIE : ss.
CITY OF BUFFALO :

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 12th
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



MICHAEL SIRAGUSA
ERIE COUNTY ATTORNEY

COUNTY OF ERIE

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>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,

vs.

NOTICE OF CLAIM

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.

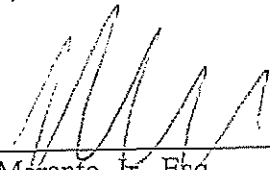
9. A copy of our client's completed no-fault application is enclosed.

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

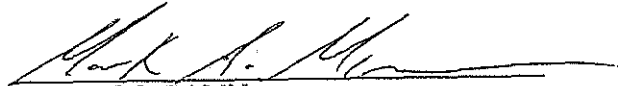
Buffalo, New York 14202

(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 8th
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



MICHAEL SIRAGUSA
ERIE COUNTY ATTORNEY

COUNTY OF ERIE

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:

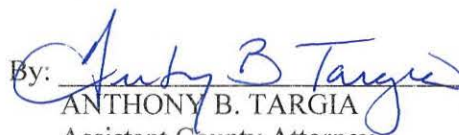
In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>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

STATE OF NEW YORK

COURT OF CLAIMS

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 communicate 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, 16th Floor
Buffalo, New York 14202
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COUNTY OF ERIE
Jeremy A. Colby, Esq., County Attorney
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Buffalo, New York 14202
716.858.2200

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

ERIE COUNTY MEDICAL CENTER CORPORATION
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Buffalo, New York 14215
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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

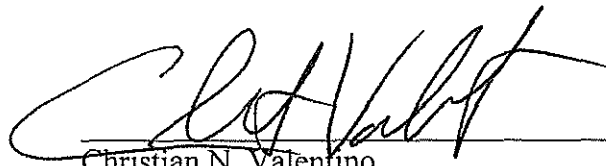
ROACH, BROWN, McCARTHY, & GRUBER, P.C.
John P. Danieu, Esq.
1920 Liberty Building
424 Main Street,
Buffalo, New York 14202-3619
716.852.0400

ATTORNEY VERIFICATION

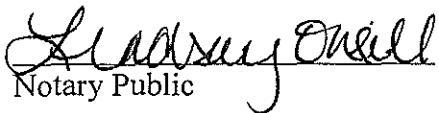
STATE OF NEW YORK)
COUNTY OF MONROE) ss.:

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

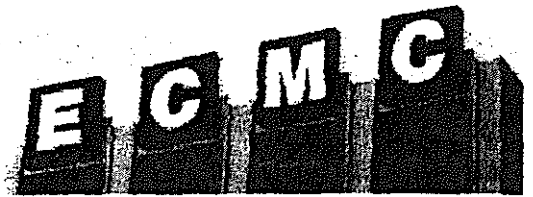

Christian N. Valentino

Sworn to before me this
29th 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: 10/07/11 - 10/08/11 - 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:

ERIE COUNTY MEDICAL CENTER HEALTHCARE NETWORK

813 Erie County Home

5. The purpose of disclosure is:

RLB
(initials)

Request of the individual who is the subject of the record or his/her personal representative

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
Print Name of Patient or Personal Representative

11-17-11
Date

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

Franklin, mscw
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:

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:

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:

Bernard JR, Robert

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

ⓘ 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

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Earlier
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Later
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Graph
My Data

Cancel
X

Save
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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 Sources

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 & 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

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My Data

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Bernard JR, Robert

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

Allergy/AdvReac: No Known Allergies

Laboratory - Coagulation

Selected Visit

Lifetime Summary

Hematology

Coagulation

Urine

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

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



Bernard JR, Robert

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

Allergy/AdvReac: No Known Allergies

Laboratory - Blood Gas

Selected Visit

Lifetime Summary

Hematology

Coagulation

Urinex

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

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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



Bernard JR, Robert

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

Allergy/AdvReac: No Known Allergies

Laboratory - Chemistry

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 17:30	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

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Other Reports

Care Trends

Care Activity

History

Summary

Encounters

Referrals

Discharge

Orders

Document

Med Reconciliation

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My Data

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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

Client: ECMC HEALTHCARE NETWORK

Med Rec: M001119365

Location: ER

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

Room-Bed:

Printed: 11/17/11

Account: V00003224270

Dr: PIERCE, DAVID L MD

Time: 1108

Status: DEP ER

Sub Dr:

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:

Printed: 11/17/11

Account: V00003224270

Dr: PIERCE, DAVID L MD

Time: 1108

Status: DEP ER

Sub Dr:

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

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 (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

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:

Printed: 11/17/11

Account: V00003224270

Dr: PIERCE, DAVID L MD

Time: 1108

Status: DEP ER

Sub Dr:

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

Client: ECMC HEALTHCARE NETWORK

Med Rec: M001119365

Location: ER

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

Room-Bed:

Printed: 11/17/11

Account: V00003224270

Dr: PIERCE, DAVID L MD

Time: 1108

Status: DEP ER

Sub Dr:

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
ANTIBODY SCREEN

O POS
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

10-7-11
(Date of Signature)

MIDDLEPORT, NY 14105
(Address)

Erle County Medical Center Corporation
(Print name of Provider)

[Signature]
(Signature of Hospital Representative)

462 Grider Street

10-7-11
(Date of Signature)

Buffalo, New York 14215
(Address)

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



ERIE COUNTY MEDICAL CENTER
CORPORATION

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)

462 Grider Street
Buffalo, NY 14215

[Handwritten Signature]
(Signature of Hospital Representative)

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

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

☒ Other

☐ Amherst

☐ Cheektowaga

☐ Tonawanda

☐ Buffalo

☐ State Police

☐ West Seneca

2. Place of Accident

GRISWOLD : 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

☐ Yes

☐ No

Date:

2nd Request

Date:

Memo:



Eligibility Detail

Transaction Processed: Oct 7, 2011 6:24:29 PM

Patient Information

Patient Information

Member ID YJP88050674101
 Name BERNARD JR, ROBERT J.
 Address 5 TERRY ST
 City/State/Zip MIDDLEPORT, NY 14105
 Date of Birth 06/12/1977
 Gender MALE
 Group ID 00413211

Primary Care Provider

Name STAHL, DAVID D.
 Address1 21 NORTH MAIN STREET
 Address2
 City MIDDLEPORT
 State NY
 Zipcode 14105-1099
 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**

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.

Plan Benefits

Health Benefit Plan Coverage

CoPay	Colns	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.;

				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
-------	-------	-----	--------	----------	-------------	-----------	--------	-------	-----------	-----------------------

0%

\$100.00

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



ERIE COUNTY MEDICAL CENTER
CORPORATION

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

Patient Location ED#3

Extension # 4166

ROUTINE ORDERS

<input checked="" type="checkbox"/> Type & Screen (TS) Hold: _____ units <input type="checkbox"/> Packed Red Cells (PC) Transfuse: _____ units INDICATIONS: <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"/> Platelets (PL) Transfuse: _____ units (One Unit is one pheresis unit, equivalent to a pool of 5 concentrates) INDICATIONS: <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/ μ 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"/> Frozen Plasma (FP) Transfuse: _____ units INDICATIONS: <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"/> Cryoprecipitate (CRYO) Transfuse: _____ pool(s) Usual dose is 1-2 pools of 5 units ea. (~50cc total/pool) INDICATIONS: <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"/> Direct Antiglobulin (Coombs) Test (DAT) <input type="checkbox"/> Indirect Antiglobulin (Coombs) Test (IAT)
--	--	--	---

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 _____	Time _____
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>Zorba 7.5/500</i>	<i>1 pill po q 4 hours 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, ataxia, any other concern

[Signature]
 Physician/Nursing Personnel Signature

I understand treatment and instructions given to me.

X Rosemary L. Bernard
 Patient Signature
10-7-11 *1945*
 Date Time

☐ 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.



ERIN 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

Chief Complaint:

BACK PAIN

History of Present Illness:

34 Yr ♂ BELTED DRIVER INVOLVED IN MVA ~ 45-55 MPH
PT DROPPED ONE TIRE OFF TO THE SHOULDER AND OVER-CORRECTED
VEHICLE REPORTED TO ROLL 3 TIMES. MEREY FLIGHT BROUGHT
PT IN W/O AMS OR HYPOTENSIVE EPISODES EN ROUTE.

Past Medical / Surgical History:

Last Pap Smear / / Unknown Last Mammogram / / Unknown

PMH
~~NO~~
Chronic back pain
OPIOID ABUSE

PSH
Ø

Family History:

Father: X Alive Deceased Reason for Death

Significant History:

Mother: X Alive Deceased Reason for Death

Significant History:

Brothers and Sisters:

Advanced Directives

Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", does patient wish to complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
DNR	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", does patient wish to complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limitation of Tx	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", does patient wish to complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other limitations of Tx (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", does patient wish to complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Occupational History:

Employment: X 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 # 622467)

Hydrocodone

Allergies, Intolerances / Nature of Reaction:

Medications NLDA Foods

Environmental Reaction Noted

Systems Review:

General:

PAIN IN BACK

Genitourinary: Ⓟ DYSURIA

Foley Catheter present on admission ☐ Yes ☒ No

Skin:

Musculoskeletal:

BACK PAIN WORSE
TIAN BASELINE

HEENT:

Ⓟ HA
Ⓟ BLURRED

Neuropsychiatric:

Ⓟ

Neck:

POSTERIOR NECK PAIN

Endocrine:

Ⓟ

Cardiovascular:

Ⓟ CP PALPITATION

Hematopoietic & Lymphatic:

Ⓟ

Gastrointestinal:

Ⓟ N/V

Menstrual:

N/A

Pulmonary:

Ⓟ S/S

10/07/11
NFNOINFO
M001119385
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, BOMI, EXTERNAL BLOOD OBSCURING @ CANAL.
PUPILS SLUGGISH, & NASAL FX,

Neck: TRACHEA MIDLINE, & JVD,

Cardiovascular: RRR, 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 - VII GROSSLY INTACT, AA OX3,

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:

- (X) Performed
() Declined
() Contraindicated

Breast Exam:

- () Re M001119365
D: BERNARD JR, ROBERT
() D: DOB: 06/12/1977 34 SEX: M
V00003224270 ER

Sickle Cell Anemia:

10/07/11
NFNOINFO
SEX: M
ER



*Good time
& good blood
soft stool present*

Laboratory and Radiologic Results:

PT / PTT 13.8 / 24.0 INR 1.0

CK LDH AST ALT

U/A: Dip +/+ RBC

ABG: 7.53 34 119 28 Sat 99 % 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: INJURY LIST

Clinical Clearance
↓
Remove Collar

Repeat XTL 3 Views
CT C-Spine Consult

Diagnosis and Plan of Care:

34 yr MUC BLOATED & COECTION, @ LOC SCALP LACERATION

- CT SPINE / HEAD / MAXILLOFACIAL

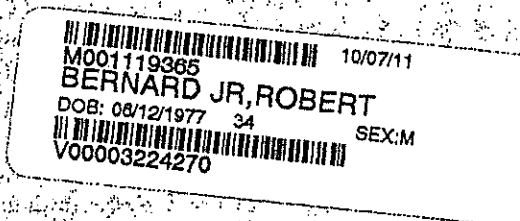
- CT-A CHEST

- CT-MAD / PELVIS

- ANCEF / TETANUS

- OK to DIC hand

- suture closed head lacs



I have reviewed the following:

H & P Labs

EKG CXR

May proceed with surgery

Signature of Attending Physician

Date

Time

Charles E. Wilge, III, MD
Resident Signature/Title of Examiner

Date 10/7/11

Time 6:20 PM

Patient seen and examined with: None NP PA Resident

Agree with plan: Yes Partial

Charles E. Wilge, III, MD
Attending Signature/Title of Examiner

Date 10/7/11

Time 1730



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: **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: <u>10-7-11</u>	Signed: <u>VERBAL</u>
Witness: <u>[Signature]</u>	PATIENT OR AUTHORIZED REPRESENTATIVE
Witness: <u>[Signature]</u>	RELATIONSHIP/IDENTIFY IF CONSENT BY PHONE
Personnel identifying patient/family as unable to sign:	Reason unable to sign:
	<u>BBF</u>



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.

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.

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

Date: 10.7.11

Signed: [Signature]

PATIENT OR AUTHORIZED REPRESENTATIVE

Witness: [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.
dated, timed and signed.



PROMOTE SAFETY BY PREVENTING MEDICAL ERRORS. AVOID DANGER. USE 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

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 Diptheria Toxoid 0.5 ml IM x one

Pain Medication

- ☐ Hydromorphone 1mg IV
☐ Fentanyl 4mg IV
☐ _____

- XRAYS : ☒ portable chest
☒ portable pelvis
☐ portable c - spine
☐ Other: _____

- CT : ☒ head Chest CT IV
☒ abdomen/pelvis
☒ c - spine CT facial bones
☐ Other: _____

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

- ☐ Downgraded from 1 : 1 Nursing Status Time: _____

MD Signature: [Signature]

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: _____

0622467 New: 9/1/06

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

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

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

PATIENT CARE RECORD



ERIE COUNTY MEDICAL CENTER
CORPORATION

NURSING ASSESSMENT OF SYSTEMS (DESCRIBE FINDINGS IN SUMMARY)

RESPIRATORY

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

CARDIOVASCULAR / CIRCULATORY

PULSE

- ☐ THREADY
☐ IRREGULAR
☐ STRONG

EXTREMITIES

- ☐ CYANOSIS
☐ COOL
☐ DISCOLORED
☐ EDEMA R L
☐ PACEMAKER
☐ HYPOTENSIVE
☐ HYPERTENSIVE

ORIENTATION / BEHAVIOR

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

ORIENTED TO: ☒ PERSON ☒ PLACE ☒ TIME

SENSORY

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 _____

INTERPRETER WITH ☐ YES ☐ NO ACUITY (L) EYE _____

PRIMARY LANGUAGE _____

ORAL / NASAL

- ☐ BLEEDING ☐ HOARSENESS ☐ PAIN
☐ RHINORRHEA ☐ DENTAL PROBLEM ☐ LESIONS
☐ CONGESTION ☐ DYSPHAGIA

GASTROINTESTINAL

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

ENDOCRINE

- ☐ DIABETES ☐ THYROID
☐ INSULIN ☐ HYPO
☐ NON INSULIN ☐ HYPER

GENITOURINARY

- ☐ INCONTINENCE (1) ☐ BURNING ☐ PAIN
☐ RETENTION ☐ URGENCY / FREQUENCY ☐ ODOR
☐ BLEEDING ☐ APPLIANCE:

REPRODUCTIVE

- ☐ PREGNANT ☐ SEXUALLY ACTIVE ☐ GENITAL DISCHARGE
LMP _____ ☐ STD EXPOSURE ☐ PAIN
EDC _____ BIRTH CONTROL TYPE _____
G _____ ☐ SAFE SEX COUNSELING NEEDED
PARA _____ VAGINAL BLEEDING PADS/hr _____

NEUROLOGICAL

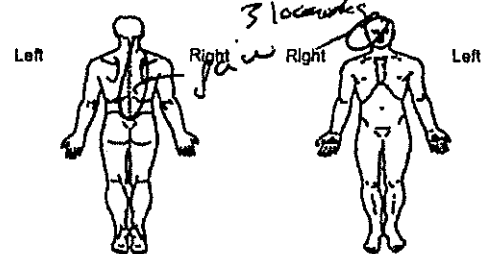
- ☐ DIZZY / FAINTING (1) ☒ HEADACHE
☐ WEAKNESS ☐ SENSORY LOSS
☐ TREMORS ☐ GAIT IMPAIR.
☐ PARALYSIS ☐ MUSCLE PAIN
☐ SEIZURE HISTORY (2) - SEIZURE PRECAUTIONS INITIATED

MUSCULOSKELETAL

- ☐ ARTHRITIS
☐ DEFORMITY (graph)
☐ AMPUTATION
☐ ALTERED ROM
☐ PAIN

SKIN GRAPHIC BELOW

- ☐ DRY ☐ MOIST ☐ WOUND ☐ RASH ☐ ITCHING
☐ PAIN ☐ LACERATION / ABRASION ☐ BURN DEGREE _____
☐ ABNORMAL COLOR ☐ ECCHYMOSIS
☐ PRESSURE ULCER PRESENT ☐ SITE _____ ☐ STAGE _____



HABITS (CHECK AND DESCRIBE USE):

- ☒ ALCOHOL ☒ SMOKING ☐ ILLICIT DRUGS ☐ OTC DRUGS

HISTORY OF PHYSICAL / SEXUAL ABUSE / NEGLECT OR VIOLENCE

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

LEGAL PAPERS: ☐ 9.41 ☐ 9.45 ☐ 22.09 ☐ BURN CARD COMPLETED

IMMUNIZATIONS: ☐ UP TO DATE ☒ DOES NOT KNOW

FALL RISK ASSESSMENT:

- ANTICONSULSANTS (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:

PT is volunter with approx 50 mile (H)
Belted driver left hand side on car seat pt is LOP

REGISTERED NURSE SIGNATURE

[Signature]

TIME ASSESSMENT COMPLETED

1730



ALLERGIES: Intolerance/Nature of Reaction: NKA

MEDICATION ADMINISTRATION				PO/IM/SQ/IV PUSH			EFFECT	VACCINE LOT#
TIME	MEDICATION	DOSE	ROUTE/SITE	INITIALS				
1745	Dilaudid	1mg	IV	AMM				
1815	Dilaudid	1mg	IV	AMM				
1845	Dilaudid	1mg	IV	AMM				
1903	Dilaudid	P. Sm	IV	AMM	10/10 → 10/10			
1920	Dilaudid	1mg	IV	AMM				
1920	Dilaudid	1mg	IV	AMM	10/10 → 8/10			
2000	Dilaudid	5mg	PO	AMM	8/10 → 5C			

VITAL SIGNS				HEIGHT				WEIGHT			
TIME	735	1745	1805	1815	1920						
INITIAL	IP	K	M	R	AMM						
TEMP.					98.8						
BP	134/90	124/84	114/76	132/80	149/82						
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	3/3									
RESPONSE R L	4/4	4/4									
SEIZURE PRECAUTIONS											
PO INTAKE											
URINE OUTPUT											
FLUID OUTPUT											

10/07/11
M001119385
BERNARD JR, ROBERT
DOB: 05/12/1977 34 SEX: M
V00003224270

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

Abbott i-STAT
Na 146 mmol/L (135-143)
K 2.9 mmol/L (3.3-5.1)
Cl 107 mmol/L (96-108)
iCA 4.4 mg/dL (4.5-5.5)
(F 37-47)
TCO2 27 mmol/L (19-30)

Ref Range
Gluc 127 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
exam & bedside returning face pt
tolerating well.
(1920) documented care of patient. KSS c/o
pain 10/10 - meds given. will monitor
for effect. Foley in d - awaiting DC p outu
AMM

[illegible]

Time:

presented by:

D:

THE UNIVERSITY OF CHICAGO

PERSONAL PROPERTY INVENTORY



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:

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					Underwear/Socks	CUT		
Label with Patient Name	Crutches					Shoes/Boots			
	Braces					Robe/Slippers			
	Cane					Wig/Hairpiece			
Smoker	Prosthesis			IN SAFE		Cell Phone/CD Player			
	O2 / BIPAP / Lifeline device					Other valuables not deposited			
Other	WALLET	X		IN SAFE	Other	\$174.00	X		IN SAFE

Initial Inventory done by J. Cooke

Department ED

Patient / *Patient Representative* Signature: X

Date: 10.7.11

Time: 1747

Number of Property Bags: 0

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

ADM1GL017

M001119365

V00003224270

E C M C

PATIENT	NAME BERNARD JR,ROBERT		REGISTRATION NUMBER V00003224270		CORPORATION MEDICAL RECORD NUMBER M001119365		
	SOCIAL SECURITY NO.		INS. PLAN		ARRIVAL TIME 10/07/11 1730		TRAGE BY MWEDEKIN
							REFERRAL TIME
	PRIMARY CARE PROVIDER		TELEPHONE		BIRTHDATE 06/12/1977		AGE 34
					SEX M		ACUITY 2
CHIEF COMPLAINT Head Injury		ALLERGIES No Known Allerg				ROOM TRAUMA - 03	
						PROSTHEIS WITH PATIENT:	

CPT	DESCRIPTION	PRICE	CPT	DESCRIPTION	PRICE	CPT	DESCRIPTION	PRICE	CPT	DESCRIPTION	PRICE
EMERGENCY DEPARTMENT SERVICES EM HX & EXAM			Face, ears, eyelids, nose, lips, mucous membranes			INCISION DRAINAGE PACKING			EMERGENCY PROCEDURES		
99281	Prob. Foo/Stnfw		12051	2.5 cm or less		10060	Cutaneous, cryt, paronychia, simple, single		31500	Intubation of Trachea	
99282	Expanded/Low Complex		12052	2.6 cm to 5.0 cm		10061	Complicated or Multiple		31603	Tracheostomy	
99283	Expanded/Low-Mod Complex		12053	5.1 cm to 7.5 cm		10080	Pilonidal Cyst-Simple		31805	Cricothyroidotomy	
99284	Detailed/Mod Complex		12054	7.6 cm to 12.5 cm		10081	Complicated		32551	Tube Thoracostomy	
99285	Compreh/High Complex		12055	12.6 cm to 20 cm		10120	Subcut FB Simple		32160	Thoracotomy-Massage	
99291	Crit Care < 30 mins		12058	20.1 cm to 30 cm		10121	Complicated		33010	Pericardiocentesis	
99292	Crit Care ea add 30 mins					10140	Hemostoma-Simple, Hemostoma Serosa or fluid collection		49080	Dx Peritoneal Lavage	
99053	After Hours					10180	Punct Asp Abscess/Cyst of abscess, hematoma, bulla, cyst		43753	Gastric Intubation & Asp or lavage for the treatment	
LACERATIONS/REPAIR REPAIR/SIMPLE			REPAIR/COMPLEX Trunk			48040			51702		
Scalp, neck, axillae, external genitalia, trunk, extremities			13100			46050			36420		
			13101			58420			36425		
			13102			19000			36555		
			13122			FOREIGN BODY REMOVAL			36558		
12001	2.5 cm or less		Scalp, arms, legs			69200			36600		
12002	2.6 cm to 7.5 cm		13120			69210			36625		
12004	7.6 cm to 12.5 cm		13121			65205			MISCELLANEOUS PROCEDURES		
12005	12.6 cm to 20 cm		13122			65210			23850		
12006	20.1 cm to 30 cm		Forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, feet			65220			23855		
Face, ears, eyelids, nose, lips, mucous membrane			13131			65222			23865		
12011	2.5 cm or less		13132			20520			31505		
12013	2.6 cm to 5.0 cm		13133			20525			43500		
12014	5.1 cm to 7.5 cm		Eyelids, nose, ears, lips			42809			43780		
12015	7.6 cm to 12.5 cm		13150			30300			45300		
12016	12.6 cm to 20 cm		13151			45307			45915		
12017	20.1 cm to 30 cm		13153			58999			46600		
			EXTERNAL THROMBOSED HEMORRHOID			BURN TREATMENT			62270		
TREATMENT OF SUPERFICIAL WOUND DEHISCENCE			46320			16000			76604		
			DEBRIDEMENT SKIN			16020			93308		
12020	Simple closure		11042			16025			76705		
12021	with packing		11043			16030			76815		
REPAIR/INTERMEDIATE Scalp, axillae, trunk, extremities			Full Thickness Subcut & Muscle			SPLINTS			76830		
12031	2.5 cm or less					29105			76857		
12032	2.6 cm to 7.5 cm					29125			76890		
12034	7.6 cm to 12.5 cm					29130			76937		
12035	12.6 cm to 20 cm					29505			76775		
12036	20.1 cm to 30 cm					29515			76512		
			NAILS			ARTHROCENTESIS			87184		
			11720			20600			92950		
			11721			20605			CONSCIOUS SEDATION - 1 PHYSICIAN		
			11730			20610			89143		
			11732			3120F			99144		
			11740			3120F			CONSCIOUS SEDATION - 2 PHYSICIANS		
			11760			3120F			99148		
			11762			3028F			99149		
			30000			2010F					
			30901						64402		
			30903						41800		
			30905								
			30920								

DIAGNOSIS 959.01 - 8730

ADM.BIL.005

MO01110365

V00003224270

10/07/11
M001119365
BERNARD JR, ROBERT
DOB: 06/12/1977 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
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

DATE	TIME
2 pac	
2 packets of silver nitrate sticks	
e. leucob. please	

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: 545

DATE	TIME
10/7/11 Dilated 0.5 mg 10x1	

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 10x1 spasm	
Diluted 0.5 mg 10x1 pain	
Lorazepam 5/5000	

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

ES



ERIE COUNTY MEDICAL CENTER
CORPORATION

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

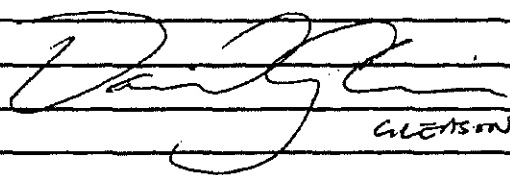
PT REPAIRED W/ 6-0 PROLENE IN STERILE FASHION.

PT HAD 2 SUTURES PLACED IN (B) FRONTAL AREA.

OCAL. PT STABLE AND DR WILES. PRESENT

FUR PROCEUNE. REMOVE SUTURES IN 5 DAYS.

PT NOTIFIED.


GLEASON





Erie County Medical Center Corp.

EMERGENCY DEPARTMENT
EMERGENCY SERVICE FACESHEET (Page 1 of 2)

PATIENT	NAME BERNARD JR, ROBERT		REGISTRATION NUMBER V00003224270		MEDICAL RECORD NUMBER M001119365	
	SOCIAL SECURITY NO.		INS. PLAN		ARRIVAL TIME 10/07/11 1730	
	PRIMARY CARE PROVIDER		PHONE		TRIAGE BY MWEDEKIN	
	ABS SVC		DR TYPE		BIRTHDATE 08/12/1977	
				AGE 34		SEX M
				ACUITY 2		ROOM TRAUMA - 03

CHIEF COMPLAINT Head Injury	ALLERGIES No Known Allerg	EMERGENCY ATTENDING
---------------------------------------	-------------------------------------	---------------------

MEDICAL CONDITIONS	TIME INIT ORDERS	PHYSICIAN'S ORDERS	TIME IN
--------------------	---------------------	--------------------	---------

TIME SEEN am - d	TRIAGE NURSE ASSESSMENT PT DIRECT TO ROOM 3 MERCY FLIGHT S/P MVC	<input type="checkbox"/> Hx/PFSH linked due to: <input type="checkbox"/> Mental Status <input type="checkbox"/> Critical Illness <input type="checkbox"/> Nonverbal (Pulse) Other: <input type="checkbox"/> Additional history from: <input type="checkbox"/> Old records <input type="checkbox"/> Family <input type="checkbox"/> EMS <input type="checkbox"/> Transfer/Hx
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(1, 1, 1, 4, 4)

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

34yo WM belted driver in vehicle
MVE, 2 LOC; brought in by Mercy
Flight, swerved off road and over-
compensated and rolled - 3, hit
head on dash

LAST TETNUS

see Trauma
sheet

(0, 0, 0, 1, 2)

PMH:

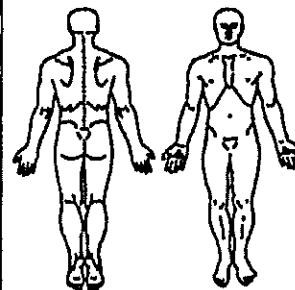
FAM. HX

SOC. HX

MAR ST	M	S	D
TOB	Y	N	H/O
ETOH/SUB	Y	N	H/O
NH	Y	N	H/O

PHYSICAL	TEMP	B/P	PULSE	RESP	PULSE OX	PAIN LOCATION	PAIN SEVERITY
----------	------	-----	-------	------	----------	---------------	---------------

Gen: mild distress
HEENT: PERRL, small lacer on forehead
CV: RRR, S1S2
Lungs: CTX @
Abd: soft, NVD @ BS
Ext: no obvious deformities
Back: TSP over T3-T4, no step off

**DIAGNOSTIC TESTS**
 PATIENT FECAL OCCULT RESULTS POS / NEG
 Pos. Control: +/- Neg. Control: +/-

14.6
8 210 146/107/46
2.4/27/1 129 138/24
CT head/c spine/face > not study
dent/abd/pelvis > not study

CHART COMPLETE

☐ NOT SEEN & DISCUSSED WITH ATTEND, SW - RN
☐ RN ROS / PFSH / DX / RX REVIEWED & AGREED
DIAGNOSIS

① Head laceration

ADMITTING SERVICE :

TIME NOTIFIED :

ATTENDING :

CONSULTATION /
PRIMARY PHYSICIANTIME CALLED /
RESPONDED**SPECIAL INSTRUCTIONS:**

PHYSICIAN/EXT/ST SIGNATURE

ED ATTENDING

Rev. 7/11
ED.001

M001119365

V00003224270



EMERGENCY DEPARTMENT
EMERGENCY SERVICE FACESHEET (Page 2 of 2)

Erle County Medical Center Corp.

PATIENT	NAME BERNARD JR, ROBERT		REGISTRATION NUMBER V00003224270		MEDICAL RECORD NUMBER M001119365		
	SOCIAL SECURITY NO.		ARRIVAL TIME 10/07/11 1730		TRIAGE BY MWEDEKIN		
	INS. PLAN		TRIAGE TIME 10/07/11 1730		REFERRAL TIME		
	PRIMARY CARE PROVIDER		TELEPHONE		BIRTHDATE 06/12/1977		
				AGE 34	SEX M	ACUITY 2	ROOM TRAUMA - 03

CHIEF COMPLAINT
Head Injury

ALLERGIES
No Known Allerg

LAST ER VISIT:	ARRIVAL MODE: Helicopter	EMS AGENCY/UNIT:	TRAVEL LAST 2 WK:	WHERE TO:
LAST ADMIT DATE:	LAST DISCHARGE DATE:	ADMIT PHYSICIAN:	ADMIT SERVICE:	
DNR ORDER:	FORM WITH PATIENT:	BILL OF RIGHTS GIVEN TO PATIENT/FAMILY:	TRANSFER IN:	TRANSFER FROM:
LIMITATION OF TREATMENT:	RECEIVED HIPAA NOTICE OF PRIVACY PRACTICES:	HEALTH CARE PROXY:	HEALTH CARE PROXY AGENT:	HOSPICE:

PROCEDURE NOTES <input type="checkbox"/> Conscious sedation	Reason:	TIME 4:55 PM	RE-EVALUATION Vitals Stable the burger.	CRITICAL CARE 30-74 mins 75-104 mins 105-134 mins 135-164 mins 165-194 mins
<input type="checkbox"/> personally supervised the procedures as noted above.				

ATTENDING NOTE: 34yo male rollover MVC - Head Inj.
DLOC 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: <input checked="" type="checkbox"/> NL - Gen appearance of patient	GU	<input type="checkbox"/> NL - Ex. genit/vag <input type="checkbox"/> NL - Urethra <input type="checkbox"/> NL - Bladder <input type="checkbox"/> NL - Cervix <input type="checkbox"/> NL - Uterus <input type="checkbox"/> NL - Adnexa/parametria	SOC. HX	MAR ST	M O D
EYES	<input checked="" type="checkbox"/> NL - Insp con/lids <input checked="" type="checkbox"/> NL - Exam pupils/irises <input checked="" type="checkbox"/> NL - Ophthalmoscopic exam	Lymph	<input type="checkbox"/> NL - Palp of nodes in 2+ areas: <input type="checkbox"/> NL - Neck <input type="checkbox"/> NL - Axillae <input type="checkbox"/> NL - Groin <input type="checkbox"/> NL - Other	TOB	Y N	HWO
ENT	<input type="checkbox"/> NL - Ext insp ears/nose <input checked="" type="checkbox"/> NL - Otoloscopic exam <input checked="" type="checkbox"/> NL - Assess hearing <input checked="" type="checkbox"/> NL - Nasal mucosa/septum/turb <input checked="" type="checkbox"/> NL - Lips/teeth/gums <input checked="" type="checkbox"/> NL - Exam oropharynx	Muscl/skel	<input checked="" type="checkbox"/> NL - Exam gait/station <input checked="" type="checkbox"/> NL - Exam joints/bones/muscles: <input checked="" type="checkbox"/> NL - Insp and/or palp <input checked="" type="checkbox"/> NL - Range of motion <input checked="" type="checkbox"/> NL - Stability <input checked="" type="checkbox"/> NL - Muscle strength/tone <input checked="" type="checkbox"/> NL - Back <input checked="" type="checkbox"/> NL - Pelvis	ETOH/SUB	Y N	HWO
Neck	<input checked="" type="checkbox"/> NL - Exam neck <input checked="" type="checkbox"/> NL - Exam thyroid	Skin	<input checked="" type="checkbox"/> NL - Insp skin/subQ tissue <input checked="" type="checkbox"/> NL - Palp skin/subQ tissue	NH	Y N	HWO
Resp	<input checked="" type="checkbox"/> NL - Resp effort <input checked="" type="checkbox"/> NL - Percuss chest <input checked="" type="checkbox"/> NL - Palp chest <input checked="" type="checkbox"/> NL - Aus lungs	Neuro	Pressure Ulcer Y N	Stage	Location	
CV	<input checked="" type="checkbox"/> NL - Palp heart <input checked="" type="checkbox"/> NL - Aus heart	Psych	<input checked="" type="checkbox"/> NL - Test CN nerves <input checked="" type="checkbox"/> NL - DTR's <input checked="" type="checkbox"/> NL - Sensation	Curt		
	Exam of: <input type="checkbox"/> NL - carotid art <input type="checkbox"/> NL - abd aorta <input type="checkbox"/> NL - feml art <input checked="" type="checkbox"/> NL - pedal pulses <input checked="" type="checkbox"/> NL - extrem - edema/varicostiles		<input type="checkbox"/> NL - Desc judgment/insight <input type="checkbox"/> NL - Brief assess MS: <input checked="" type="checkbox"/> NL - Orient to time/place/person <input checked="" type="checkbox"/> NL - Recent/remote memory <input type="checkbox"/> NL - Mood/affect	Lace Repair		
Chest (Brsts)	<input type="checkbox"/> NL - Insp breasts <input type="checkbox"/> NL - Palp breasts/axillae		Level 1 Problem Focused 1 BA or System Levels 2&3 Exp Prob Focused 2-4 BA or Systems Level 4 Detailed 5-7 BA or Systems Level 5 Comprehensive 8 or more Systems	5-13		
GI (Abd)	<input checked="" type="checkbox"/> NL - Abd-masses/tender <input checked="" type="checkbox"/> NL - Liver/spleen <input checked="" type="checkbox"/> NL - Hemia <input checked="" type="checkbox"/> NL - Rectum <input checked="" type="checkbox"/> NL - Stool occult blood		PT SEEN & DISCUSSED WITH RESIDENT / EXT-HPI R/R/D/S / PFSH / DX / RX REVIEWED / AGREE			
GU	<input type="checkbox"/> NL - Scrotal contents <input type="checkbox"/> NL - Penis <input type="checkbox"/> NL - Prostate					

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:

ANALYTE	REFERENCE RANGE
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



ERIE COUNTY MEDICAL CENTER
CORPORATION

MED REC: M001119365	REG DATE: 10/07/11	TIME: 1834	ACCT NO: V00003224270
SERV/LOC: ER	ROOM & BED:	ACCOM:	FIN CLASS: SP
PT STATUS: Emergency Room	ADMIT SOURCE: NON-HEALTH CARE FACI		ADM CLERK: SPELLEGR
PATIENT INFORMATION			
PATIENT: BERNARD JR,ROBERT	BIRTHDATE: 08/12/1977	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)479-1639	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	PERSON TO NOTIFY PHONE: (716)735-7584		
NOK 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)479-1639			
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	YJP86050674101	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



M001119365



V00003224270



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

DN - EMERGENCY DEPARTMENT



Age:

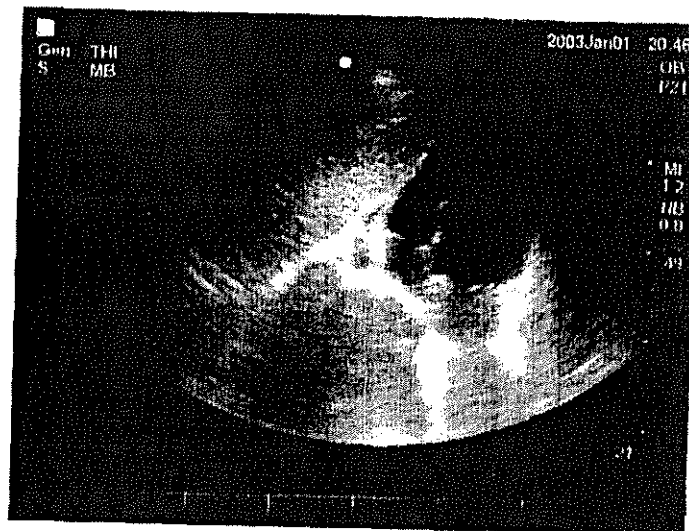
Room:

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)
- ____ (33308) 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:

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: 06/12/1977 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 <u>2</u> <u>CONTENTS</u>	X	Drivers' license	X
Purse/contents		Social Security card	X
Cash (\$ <u>174.00</u> <u>ONE HUNDRED SEVENTY FOUR</u>)	X	Medications (# bottles)	
Jewelry (describe):		Other (describe): <u>SMOKES</u>	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

~



MICHAEL SIRAGUSA
ERIE COUNTY ATTORNEY

COUNTY OF ERIE

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, Lukasik, 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.

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

Respondents.

ORDER TO SHOW CAUSE

Index No.

2011-4967

Upon reading the annexed Affirmation of Marc C. Panepinto, Esq., duly affirmed on the 22nd
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 20th 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 ~~December 9, 2011~~, which shall be deemed good and sufficient service.

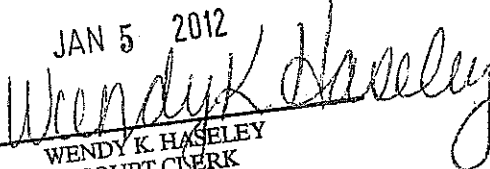
Responding papers, if any, shall be
served upon the Court and Plaintiff's Counsel no
later than January 18, 2012.

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


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

GRANTED:

GRANTED

JAN 5 2012
BY 
WENDY K. HASELEY
COURT CLERK

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

TADEUSZ SKARBEK

AFFIRMATION

Petitioner,

Index No.

v.

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

Respondents.

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.

7

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