

VILLAGE OF MALONE POLICE DEPT.

2 PARK PLACE
MALONE, NEW YORK 12953
(518) 483-2424

TO: CHIEF REYOME ADDRESS: MPD
DATE: 2-4-04 SUBJECT: PTL. PICKREIGN - INJURY

DUE TO THE FACT THAT OFFICER PICKREIGN INJURED HIS
KNEE TONIGHT, PTL. RUSSELL WAS CALLED IN FOR SHIFT
COVERAGE AT 0100 HRS. ON 2/5/04.

SIGNED: SGT. FANTAU

TELEPHONE: (518) 483-0705

DEA NO. BK 6787139
NYS LIC. NO. 001101

VIKRAMJEET KUMAR, M.D.

INTERNAL MEDICINE

5 CLAY STREET MALONE, NEW YORK 12953

NAME Robert Pickersay AGE 25 DATE 2/5/04
ADDRESS _____

Robert may be excused from
work for 1 week and return
to work 2/12/04

Refill 0 Times

MAXIMUM
DAILY DOSE _____

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW.

☐

DISPENSE AS WRITTEN

TELEPHONE: (518) 483-0705

DEA NO. BK 6787139
NYS LIC. NO. 001101

VIKRAMJEET KUMAR, M.D.

INTERNAL MEDICINE

5 CLAY STREET MALONE, NEW YORK 12953

NAME Robert Pickersay AGE _____

ADDRESS _____ DATE 2/9/04

Off work for 2 weeks due
to strain of @ leg from injury.
Back to work 2/23/04

Refill _____ Times

MAXIMUM
DAILY DOSE _____

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW.

☐

DISPENSE AS WRITTEN

February 14, 2004

TO: Chief Ronald Reyome
FROM: Asst/Chief Vernon N Marlow Jr

Ref: Ptlm Robert Pickreign (sick leave abuse as well as various violations of the
Departments Rules/Regulations)

Chief Reyome:

Attached file contains copies of Incident Report filed by Sgt DEAN FOUNTAIN pertaining to an alleged injury sustained by Ptl ROBERT PICKREIGN while on duty. It further contains a voluntary statement from same supervisor in furtherance of aforementioned report combined with Sgt FOUNTAINS conversation with Ptlm PICKREIGN along with the supervisors observations of the night in question.

In addition this packet contains Ptlm PICKREIGNS statement of the events leading up to mentioned injury. It further possesses statements from fellow officers JAMES RUSSELL, SCOTT MULVERHILL, BRIAN SMITH and a civilian member of the community SHARON MARSHALL.

Additional documentation are as follows: photocopy of page #432 of Police Log Book #103 (with special attention to entry # 5084), two (2) separate prescription sheets from Dr VIKRAMJEET KUMAR M.D. dtd 02/05/04 - 02/09/04 both indicating injury to Ptlm PICKREIGN as well as excusing the patient from work for up 02/24/04, one (1) Alice Hyde Medical Center Emergency Room Discharge Sheet pertaining to Ptl PICKREIGNS visit on 02/05/04 with no apparent indication of any sickness, illness or injury or any miscellaneous comments.

After reviewing all documentation provided and speaking with all witnesses only one issue is clear. According to all medical reports there is most certainly an injury to Ptlm PICKREIGNS leg. The question remaining is the actual "time frame" and cause of said injury.

There is Ptlm PICKREIGNS signed affidavit along with his oral admissions to all wh inquired as to his version of the events.

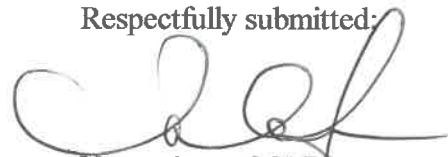
There are very compelling and adamant statements from his fellow officers along with a civilian member of the community that reveal that Ptlm PICKREIGN showed obvious signs of the reported injury as early as the previous day as well as into the morning hours of the day in question.

This investigator further interviewed the owner/operator of the vehicle that Ptlm PICKREIGN indicated having stopped at the time of sustaining his injury. This owner/operator recalls being stopped but does not recall witnessing anything toward what Ptlm PICKREIGN reports about being injured. It is interesting that this witness can recall the contact and event clearly but can not assist in Ptlm PICKREIGN'S claim.

In light of all previously mentioned documentation and interviews it is this investigators conclusion that the injury reported by Ptlm PICKREIGN dated 02/04/04 at about 9:34PM has not been convincingly proven as reported.

Ptlm. PICKREIGN should be made aware of this investigation and instructed to present himself along with council of his choice before the Chief of Police to answer disciplinary charges as well as any criminal action that may result from this inquiry.

Respectfully submitted:



VERNON N MARLOW JR
Asst/Chief of Police MVPD

VOLUNTARY STATEMENT

STATE OF NEW YORK
COUNTY OF FRANKLIN

PAGE 1
TIME STARTED: 6:45am

DATE: 2/10/04 PLACE: Malone Police Dept.

I, Sgt. Dean Fountain, am [REDACTED]
[REDACTED]

My occupation is a Police Officer and education is 14 years.

That on Wednesday 2/4/04 I was at work at the Malone Police Department and was the supervisor for night shift which is from 8pm to 4am. Also on duty with me for this shift was Patrolman Scott Mulverhill and Patrolman Robert Pickreign. While I was on desk duty at about 9:34pm, Ptl. Pickreign radioed the police station, saying that he had initiated a traffic stop on West Main Street. I entered the license plate number that he gave me into the NYSPIN computer and found that the car that he had stopped was registered to Craig Rowe of North Bangor, NY.

After reporting back in service from the traffic stop, Officer Pickreign returned to the police station. As he walked into the lobby I could see that he was obviously limping. Once he was inside the office I inquired as to what happened to him and he said that he blew his knee out on the traffic stop and was pointing to and rubbing his right knee, complaining of pain. He added that when he was getting back into the patrol car his feet slipped on the snow and he hit his knee against the floor board of the car. In looking at his uniform pants I didn't see any dirt or salt from where they would have come in contact with the car. Officer Mulverhill also told me that earlier in the day he had talked to Sharon Marshall the manager of Sunoco on East Main Street in Malone and she had asked him why Officer Pickreign was limping.

Ptl. Pickreign asked Officer Mulverhill for some Tylenol or aspirin and then went back out on patrol after I advised him to keep me aware of how his knee is.

At approximately 10:57pm we had an alarm activation at North Country Candy on Elm Street in Malone and I noticed that Ptl. Pickreign was limping there. I again asked him about the condition of his knee and shortly after clearing from the alarm call, I saw him again. It was at this time that he stated he was going to the Emergency Room to get his knee checked. After approximately 45 minutes I went to the ER to check on his condition and he was in the x-ray department. The PA on duty in the ER was Pat Johnson and he told Ptl. Pickreign that according to the x-ray nothing was broken.

I returned to the station and contacted Officer Russell and directed him to come in early as he was scheduled to work morning shift starting at 4am. An entry was made in the blotter as well as a Incident Report completed in SJS and I left a copy in the Chief's box for Chief Reyome

I have read this statement (had this statement read to me) consisting of _2_ Page(s) and the facts contained herein are true and correct. I have also been told and I understand that making a false written statement is punishable as a class A Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Affirmed under penalty of Law this 10th Day of February, 2004.

Witness: *Chief Ronald E. Ferguson*

Witness: *Sgt. 567. [Signature]*

Page 2 of 2 Page(s)

Time ended: 7:22am

VOLUNTARY STATEMENT

STATE OF NEW YORK
COUNTY OF FRANKLIN
DATE: 02/05/04

PAGE 1
TIME STARTED:
PLACE: 2 Police Plaza Malone, NY

I, James Russell, am [REDACTED]
My address is [REDACTED]
My occupation is Police Officer and education is 12yrs

I would like to state that on the morning of 02/03/04, I was departing the Police station to go on patrol when I saw Ptlm Robert Pickreign walking towards the man door of the garage. He was walking stiff legged and I asked him what happened. He replied that he twisted his ankle but that it would be alright. I didn't ask him how or which ankle he injured and he didn't say how it happened. He continued into the station via the garage and I went on patrol.

On 02/05/04, at about 1:15 AM, I was called into work by Sgt Dean Fountain due to Ptlm Pickreign being hurt on the job. I asked Sgt Fountain what happened and he stated that Ptlm Pickreign had fell getting back into the patrol car after a traffic stop and hurt his leg.

When I got to work, Ptlm Pickreign came into the locker room and I asked him what happened and he stated that when he was getting back into the patrol car he fell and hurt his knee. I asked him what the hospital had told him and he stated that he may have cartilage damage. Nothing else was discussed and I went out to the front desk to start my tour of duty.

I have read this statement (had this statement read to me) consisting of _1_ Page(s) and the facts contained herein are true and correct. I have also been told and I understand that making a false written statement is punishable as a class A Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Affirmed under penalty of Law this 5th Day of February 2004.

Witness: *Chief Ronald E. Payne*
Signed: *[Signature]*
Page of Page(s)
Time ended:

VOLUNTARY STATEMENT

STATE OF NEW YORK
COUNTY OF FRANKLIN
DATE:February 5, 2004

PAGE 1 of 2
TIME STARTED: 7:58 PM
PLACE: Malone Village Police Department

I, Scott M. Mulverhill [REDACTED]
My address is [REDACTED]
My occupation is Police Officer and education is 13 years .

I would like to state that on February 4th, 2004 at about 12:00 PM I was at the Sunoco Mini Mart located on East Main Street. While at the Sunoco , I had a conversation with the manager Sharon Marshall who had asked me if I knew what had happened to Robert Pickreign who I am partners with at work. I advised Sharon that I did not know what happened to Robert and asked why and she told me that on the last date she had observed Robert limping out of the Post Office and across the street from same. Sharon stated that she thought Robert had gotten hurt at work and thought I would know if he did and I told her that I did not believe that he did.

At 8:00 PM this same date I arrived at work for the night shift and was working this shift with Sgt. Dean Fountain and Ptl. Robert Pickreign. I do not remember talking to Robert when I arrived as I had people at the station to provide statements on a complaint I was handling. After having taken the statement I was in the communications room and I believe it was somewhere around 9:20 PM and Ptl. Pickreign radioed in a traffic stop and then asked for a license check on the operator of the vehicle and the subject was a Craig Rowe. Sgt. Fountain gave Ptl. Pickreign the info and shortly after he cleared from the traffic stop.

At some point within the next hour , Ptl. Pickreign came back to the station and was in the processing room doing a weekly calibration on the DataMaster. I entered the room and observed Ptl. Pickreign rubbing his right knee area and I asked him what happened . Ptl. Pickreign then told me that he had fallen onto his ass when he got out of the patrol vehicle on his earlier traffic stop. I looked at Ptl. Pickreign’s uniform and same did not have any dirt or salt nor were they wet and at that time he told me that he did not fall all the way and caught himself on the door of the patrol vehicle but hit his knee on the door frame. After speaking with Ptl. Pickreign I advised Sgt. Fountain that I thought it was weird that Ptl. Pickreign had stated he was injured during his traffic stop and was now limping as Sharon Marshall had told me that she had witnessed him limping the day before. Ptl. Pickreign had left the station and Sgt. Fountain then went out on patrol and a short time later Ptl. Pickreign returned and was limping and stated he was in significant pain and asked for tylenol and I gave him some asprin and he then stated that he was going to go to the ER if his leg did not feel better at the end of our shift. A short time later Sgt. Fountain returned and I advised him what Ptl. Pickreign advised me and around 12:30 am Ptl. Pickreign went to the ER and returned and Ptl. Russell had to be called in to replace Ptl. Pickreign.

I have read this statement (had this statement read to me) consisting of 2 Page(x) and the facts contained herein are true and correct. I have also been told and I understand that making a false written statement is punishable as a class A Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Affirmed under penalty of Law this 5th Day of February, 2004.

Witness: *Chief David E. Ryan*

Signed: *Al Scott M. Mulvihill*

Witness:

Page 2 of 2 Page(s)
Time ended: 8:16 PM

VOLUNTARY STATEMENT

STATE OF NEW YORK
COUNTY OF FRANKLIN
DATE: 02/09/04 PLACE: 2 Police Plaza, Malone, NY.

PAGE 1
TIME STARTED: 8:35PM

I, Ptl. Brian M. Smith, am [REDACTED] [REDACTED] My
occupation is Police Officer and education is 14years.

I have been asked by Chief Ronald Reyome and Asst. Chief Vernon Marlow to provide this statement.

On Tuesday, February 3, 2004 at about 08:45 I stopped at the Malone Village Police Station to pick up my pay check as it was pay day. I then went across the street to the North Franklin Federal Credit Union to make my deposit. I parked almost directly in front of the main doors. When I entered the Credit Union I exchanged greetings with Sharon Marshall who was at the first teller window as you walk in. I then went to the last teller window and made my deposit and then left the Credit Union.

I walked out and opened the door to my vehicle and got in. As I was getting ready to back from my parking space I checked my mirrors for and traffic behind me. When I did this I saw a co-worker by the name of Robert A. Pickreign walking Easterly in the parking. He was obviously limping and in a lot of pain. He was grimacing as he was walking and taking small steps. I backed out and waved to him but he seemed very distracted with his leg and did not see me. He walked to his white van and was opening the door as I was pulling away.

On Thursday February5, 2004 in the morning hours I stopped at the station. While I was there I was told that Mr. Pickreign had hurt his leg last night at work and had to go home. It was a few minutes later that Chief Ronald Reyome came in and asked me about what I saw at the Credit Union on the 3rd of February, 2004. I related the above information to him and he told me that he was going to want a statement from me when I returned to work after my regular days off.

I have read this statement consisting of 1 Page and the facts contained herein are true and correct. I have also been told and I understand that making a false written statement is punishable as a class A Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Affirmed under penalty of Law this 9th Day of February 2004.

Witness: 
Witness:

Signed: 

Page 1 of 1 Page
Time ended: 9:15PM

VOLUNTARY STATEMENT

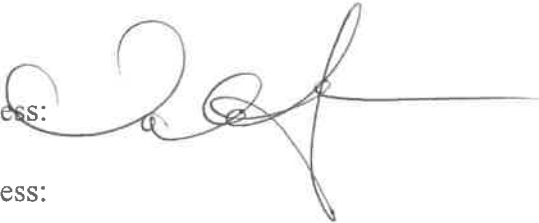

STATE OF NEW YORK
COUNTY OF FRANKLIN
DATE:02/09/004 PLACE:Malone Police Department

PAGE 1
TIME STARTED:

I, Sharon A Marshall
My address is
My occupation is Manager and education is

I would like to state that on February 3rd 2004 at about 9:30AM (Tuesday morning) I had just completed my deposit run to North Franklin Credit Union located at the corner of Washington Street and East Main Street. I was leaving the parking lot driving onto Washington Street making a right hand turn. I noticed Robert Pickreign coming down the side stairs of the Post Office onto Washington Street. What caught my eye was that he was getting down the stairs with great difficulty as he was limping and favoring one of his legs and leaning onto the railing of the stairs for assistance.
As I continued onto Washington Street toward Main Street it was obvious that he was in a great deal of pain as he was hobbling across Washington Street toward the Credit Union parking lot.
Roberts physical impairment was very obvious and concerning to me as I was worried as to how he might have injured himself.

I have read this statement (had this statement read to me) consisting of _1_Page(s) and the facts contained herein are true and correct. I have also been told and I understand that making a false written statement is punishable as a class A Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.
Affirmed under penalty of Law this 9th Day of February 2004.

Witness: 
Witness: 
Signed: Sharon A. Marshall
Page of Page(s)
Time ended:

EMPLOYER'S REPORT OF WORK-RELATED ACCIDENT/OCCUPATIONAL DISEASE

Send this notice directly to the Chair, Workers' Compensation Board at the address shown on the reverse side within ten (10) days after an accident occurs. ANSWER ALL QUESTIONS FULLY. A copy should also be provided to or retained by your workers' compensation insurance carrier.

Failure to timely file Form C-2, as required by Section 110 of the Workers' Compensation Law, is a misdemeanor punishable by a fine of not more than \$1,000. In addition, the Board or Chair may impose a penalty of up to \$2,500.

TYPEWRITER PREPARATION IS STRONGLY RECOMMENDED - INCLUDE ZIP CODE IN ALL ADDRESSES-EMPLOYEE'S S.S.NO. MUST BE ENTERED BELOW

WCB CASE NO. (If Known)	CARRIER CASE NO.	CARRIER CODE NO.	WC POLICY NO.	DATE OF ACCIDENT	EMPLOYEE'S S.S. NO.
		W820005		2/11/2004	
1. (a) EMPLOYER'S NAME VILLAGE OF MALONE		(b) EMPLOYER'S MAILING ADDRESS 16 ELM STREET, MALONE, N.Y. 12953		(c) OSHA CASE/FILE NO.	
(d) LOCATION (If Different From Mailing Address)		(e) NATURE OF BUSINESS (Principal Products, Services, etc.) MUNICIPALITY		(f) NYS U.I. EMPLOYER REG. NO.	
2. (a) INSURANCE CARRIER FRANKLIN COUNTY SELF-INSURANCE PLAN		(b) CARRIER'S ADDRESS COURT HOUSE, MALONE, NY 12953			
3. (a) INJURED EMPLOYEE (First, M.I., Last) Robert Pickreign					
4. (a) ADDRESS WHERE ACCIDENT OCCURRED West Main Street, Malone	(b) COUNTY Franklin		(c) WAS ACCIDENT ON EMPLOYER'S PREMISES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	5. TIME OF ACCIDENT AM 8:20M	8. DEPT. WHERE REGULARLY EMPLOYED Police	7. (a) DATE STOPPED WORK BECAUSE OF THIS INJURY/ILLNESS 2/11/2004	(b) WAS EMPLOYEE PAID IN FULL FOR DAY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. SEX Male	9. AGE 39	10. OCCUPATION (Specific job title at which employed) Patrolman			
12. (a) PART OR FULL TIME EMPLOYEE? Full-time		(b) INJURED EMPLOYEE'S WORK WEEK (Indicate days of week usually worked) Shift work			
13. NATURE OF INJURY AND PART(S) OF BODY AFFECTED Injury to right knee		14. (a) DID YOU PROVIDE MEDICAL CARE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		(b) IF YES, WHEN? 2/11/2004	
15. (a) NAME AND ADDRESS OF DOCTOR Pat Johnson, PA c/o Alice Hyde Medical Center		(b) NAME AND ADDRESS OF HOSPITAL Alice Hyde Medical Center Malone, New York			
16. (a) HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		(b) IF YES, GIVE DATE 2/25/2004		(c) AT WHAT WEEKLY WAGE? same	
NOTE: FORM C-11 MUST BE FILED EACH TIME THERE IS A CHANGE IN EMPLOYMENT STATUS					
CAUSE OF ACCIDENT	17. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Entering patrol unit following a traffic stop, slipped on ice and fell against vehicle striking knee.				
	18. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened and how it happened. Please use separate sheet if necessary.) See 17.				
	19. OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE, e.g., the machine employee struck against or which struck him/her, the vapor or poison inhaled or swallowed, the chemical that irritated his/her skin. In cases of strains, the thing (s)he was lifting, pulling, etc. police vehicle				
FATAL CASES	20. (a) DATE OF DEATH	(b) NAME AND ADDRESS OF NEAREST RELATIVE		(c) RELATIONSHIP	
PREPARATION	DATE EMPLOYER/SUPERVISOR FIRST KNEW OF INJURY 2/12/2004		DATE OF THIS REPORT 3/2/2004		IF FORM IS SUBMITTED BY EMPLOYER, COMPLETE A & B BELOW. IF FORM IS SUBMITTED BY THIRD PARTY, COMPLETE A, B, C & D BELOW.
	A. EMPLOYEE PREPARING FORM OR SUPPLYING INFORMATION TO THIRD PARTY Elizabeth J. Bessette		B. TITLE Malone Village Clerk		TELEPHONE NUMBER & EXTENSION 518-483-4570
	C. IF REPORT PREPARED BY THIRD PARTY, COMPANY NAME AND ADDRESS				
	D. THIRD PARTY CONTACT NAME TELEPHONE NUMBER & EXTENSION				

ATTENDING DOCTOR'S REPORT AND
CARRIER/EMPLOYER BILLING FORMSTATE OF NEW YORK
WORKERS' COMPENSATION BOARDSERVICES PROVIDED UNDER WCB
MANAGED CARE PILOT PROGRAM?

YES

NO

48 HR.
INITIAL15 DAY
INITIAL45 DAY
PROGRESSSEE ITEM 1 ON REVERSE FOR
FILING INSTRUCTIONS

PHYSICIAN

PODIATRIST

CHIROPRACTOR

WCB CASE NO.

CARRIER CASE NO. (IF KNOWN)

DATE OF INJURY

& TIME

ADDRESS WHERE INJURY OCCURRED (CITY, TOWN OR VILLAGE)

INJURED
PERSON

(First Name)

(Middle Initial)

(Last Name)

ADDRESS (Include Apt. No.)

EMPLOYER

INSURANCE
CARRIERSUPER-
VISING
PHYSICIAN
(If any)Indicate days of week &
times (AM or PM) when
you are available to
testify.If treatment was under the VFBL or VAWBL show as "Employer" the liable political subdivision and check one: ☐ VFBL ☐ VAWBL

If you have filed a previous report, setting forth a history of the injury, enter its date and complete items 3-23. If not, complete ALL items.

1. How did injury occur? Give source of information. If an occupational disease, include occupational history and date of onset of related symptoms.

2. If there is any history of evidence of pre-existing injury, disease or physical impairment, describe specifically.

3. Dates of examinations on which this report is based: 2/5/04 Date of your first treatment 2/4/04 Has patient reached maximum medical improvement? No

4. Describe treatment rendered and planned future treatment. If X-rays were taken, so indicate. If patient was hospitalized give name/location of hospital and dates of hospitalization. If authorization is required (see items 4 & 5 on reverse), attach request and check box: ☐ Yes ☒ No5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? YES ☐ NO ☒ If "yes" describe:6. First day of disability, if known: 2/4/04 7. Is patient working? YES ☐ NO ☒ 8. Is patient disabled from regular duties or work? YES ☐ NO ☒ If "yes" disability is: TOTAL ☐ PARTIAL ☐9. FOR SCHEDULE LOSS TO EXTREMITY Enter percentage loss or loss of use and Part of 10. Can patient do any type of work? YES ☐ NO ☒ If "yes" describe work capacity:11. Was the occurrence or occupational history described above (or in your previous report which gave this information) the competent producing cause of the injury or disease and disability (if any) sustained? YES ☒ NO ☐

12. Diagnosis or nature of disease or injury (Relate items 1,2,3 or 4 to item 13E by line.) Enter code and describe nature of injury.

1. 844.9 3. L. 2. 729.5 4. L.

13. A B C D (USE WCB CODES) E F G H I

From Dates of Service To Place of Leave Procedures, Services or Supplies (Explain Unusual Circumstances) Diagnosis Code \$ Charges Days or Units COB Zip Code Where Service was Rendered

MM DD YY MM DD YY Service Blank CPT/HCPCS MODIFIER

02 05 04 02 05 04 11 99213 1,2 80.00 1 12953

INJURED WORKER SHOULD NOT

PAY THIS BILL

14. Federal Tax I.D. Number 15. Patient's Account No. 16. Total Charge 17. Amt. Pd. (Carrier Use Only) 18. Bal. Due (Carrier Use Only)

112905144 WC 8573 \$ 80.00

19. WCB Rating Code 20. WCB Authorization No. 21. Doctor's Name, Address & Phone Number 22. Doctor's Billing Name, Address & Phone Number

CIM 171773-1 Anjni Bhagat, M.D.P.C. 518-483-0705

5 Clay Street Malone NY 12953

518-483-0705 Anjni Bhagat, M.D.P.C.

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5 Clay Street Malone NY 12953

ALICE HYDE MEDICAL CENTER
EMERGENCY DEPARTMENT

PATIENT WORK STATUS/SCHOOL
DISCHARGE INFORMATION SHEET

F. CASE 1001, RGLERT 1021576
L. W. 218 102630357
Y 10/21/64 M 02/25/04
513-483-6793 ER
43 RENNIE ST HALCME NY
SELF INS PLAN 089582495

NAME OF PATIENT:	
DATE OF SERVICE:	2-5-04
OFF WORK UNTIL:	2-6-04
LIMITED DUTY UNTIL:	
IF LIMITED DUTY DEFINE	WORK LIMITATIONS
x if restricted:	
<input type="checkbox"/> No lifting greater than _____ lbs.	
<input type="checkbox"/> No repetitive bending, twisting, squatting.	
<input type="checkbox"/> No pushing, pulling over _____ lbs.	
<input type="checkbox"/> No prolonged standing	
<input type="checkbox"/> No prolonged sitting.	
<input type="checkbox"/> No reaching with _____.	
<input type="checkbox"/> Must wear splint or guard on _____.	
<input type="checkbox"/> No climbing ladders or numerous stairs.	
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Comments _____	
REFERRED TO: Dr. L. L. L.	
SCHOOL LIMITATIONS	
PATIENT SHOULD BE EXCUSED FROM ALL GYM ACTIVITIES UNTIL:	
(may resume gym as of this date if asymptomatic)	
PATIENT WILL NEED TO TAKE THE FOLLOWING MEDICATIONS INCLUDING WHILE AT SCHOOL	
1)	_____ TIMES A DAY FOR _____ DAYS. Name of Medication
2)	_____ TIMES A DAY FOR _____ DAYS. Name of Medication
3)	_____ TIMES A DAY FOR _____ DAYS. Name of Medication
AHHA Authorized Signature	

1. Agency MALONE POLICE DEPARTMENT		2. Div/Precinct	New York State INCIDENT REPORT	3. ORI NY0162400	5. Case No. 103-5082	6. Incident No. 7746
7,8,9. Date Reported (Day, Date, Time) THURSDAY 02/05/2004 00:29		10,11,12. Occurred On/From (Day, Date, Time) WEDNESDAY 02/04/2004 21:34		13,14,15. Occurred To (Day, Date, Time) WEDNESDAY 02/04/2004 21:34		
16. Incident Type SPECIAL REPORT			17. Business Name			
19. Incident Address (Street Name, Bldg. No., Apt. No.) WEST MAIN ST						
20. City/State/Zip MALONE NEW YORK 12953-0000						
21. Location Code (TSLED) MALONE VILLAGE 1724		23. No. of Victims 0	24. No. of Suspects 0	26. Victim also Complainant?		
Location Type STREET						

ASSOCIATED PERSONS

25. TYPE	Name (Last, First, Middle, Title)	DOB	Street Name Bldg., Apt.No., City, State, Zip	Res Phone Bus Phone
PERSON REPORTING	PICKREIGN, ROBERT, A			

NARRATIVE

Date of Action	Date Written	Officer Name & Rank
02/05/2004	02/05/2004	FOUNTAIN, DEAN (SERGEANT)
Narrative		
Ptl. Pickreign had a car stop at 21:34 HRS and same was on West Main Street with Craig Rowe of North Bangor being the operator. When he went back in service he returned to the station limping and reported injuring his right knee when getting back into the patrol car. The injury continued to bother him and he went to the ER for medical attention. Due to his condition I called Officer Russell in early as he is working mornings. Ptl. Pickreign stated that he slipped getting back into the car and struck his knee on the car./DJF		

ADMINISTRATIVE

74. Inquiries		75. NYSPIN Message No.		76. Complainant Signature	
77. Reporting Officer Signature (Include Rank) SERGEANT DEAN FOUNTAIN		78. ID No. 5466	79. Supervisor Signature (Include Rank) SERGEANT DEAN FOUNTAIN		80. ID No. 5466
81. Status PENDING INVESTIGATION		82. Status Date 02/05/2004		83. Notified/TOT	
					Solvability Total 0

5074 1920 hrs inter person comp from Steven Bryan
2nd St on E Main St - unable to locate

5075 1945 hrs Mulvihill on duty

5076 1945 hrs Pickens on duty

5077 1945 Hrs. d. Fantau on duty

5078 2000 Hrs KEMP off duty PT# 13248, 14232

5079 2005 hrs Cox off duty

5080 2057 hrs Alarm activation @
N. Country CanDy call from Moon Valley

5081 2336 hrs Alarm Activation @ N. Country
CanDy call from Moon Valley

5082 2400 Hrs. - SPECIAL REPORT AT STATION FROM
PTL. ACKREIGN - UNIT 701

5083 0145 Hrs Russell on duty (extra)

5084 0155 Hrs Pickens off duty (injury)

5085 0400 Hrs. d. Fantau off duty

5086 0400 hrs Mulvihill off duty

5087 0400 Hrs Russell off duty

CALLS: 11

PD/AA - 1

MOTOR VEHICLE - 2

Filing False Workman's Comp Claim

On February 4, 2004, you reported that you injured your leg while on duty. Is that correct?

On February 7, 2004 you gave me a voluntary statement as to what had occurred. Is that correct and is this the statement that you gave me?

Do you see anything incorrect about your statement? (night shift)

With the changes is this statement correct and truthfull?

Explain in detail how you injured your leg.

So it occurred after the traffic stop when you were getting back into the car, is that correct?

So you had no problems with your leg during the actual traffic stop?

Have you ever injured that leg before?

How was your leg when you arrive to work on February 4, 2004?

Did you have any problems with it prior to reporting to work that day?

On February 4, 2004 did you report to your Supervisor Sgt. Fountain that you injured your leg while getting back into the car after a traffic stop? Were you being truthful when you advised him of that?

Later on the same night you went to the Alice Hyde Hospital Emergency Room, correct? You advised hospital personnel that you injured your leg while working is that correct? Did you tell them how it happened?

On Feb 4th 5th logged out a 0155 hrs. with an injury
Correct? Is this a true copy of the log?

On Feb 5, 2004 you came in the station and reported to me that you would be off of work at least until the 12th of February. I asked you how it happened and you informed me that after a traffic stop you were getting back into and you slipped and fell, hitting your leg against the car. Causing you to have a crack tibia. His this correct?

Were you being truthful when you advised me of this?

Did your leg bother you on February 3rd the day before your returned to work on the 4th?

So you weren't limping?

On February 5, 2004 you went to your physician Dr. Kumar, is this correct? Did you advise Dr. Kumar that you injured your leg while at work?

You gave me a copy of a NYS Workers Compensation Board billing form that was completed at your physicians office. Is this the report?

Was this filled out by you or by the personnel at the physician's office?

Is this your initials at the bottom of the page?

Did you contact anyone from the Workman's Compensation Board?

Did you contact anyone at the Village Office regarding your workers comp claim?

Is this the form that was filled out?

Have you contacted any other Government type agency or other physicians regarding your injury? If so who?

I have three eye witnesses saying that on Tuesday the 3rd of February you were limping and were in obvious pain. Do you deny this?

Why would these people make this up?

So your saying that you were not hurt at all until after the traffic stop 21:34 hrs. Is this correct?

When you got to work on the night of the 4th of February you put your uniform on and went out on patrol is that correct?

What did you do when you first went on patrol?

Did you stop anywhere prior to your stop at 21:34hrs?

Did you stop at Sunoco that night for coffee prior to the stop?

Were you limping or did your leg bother you when you went into the store?

Are you aware that Sunoco has video surveillance at their store?

I have that video tape from the store on the night of February 4th. You walked into the store at approximately 2019hrs. Over an hour before you alleged that you were injured. It shows you walking into the store with a obvious limp. Can you explain this?

To: Chief Ronald Reyome
From: Assistant Chief Vernon N Marlow Jr

Ref: Violations of Rules/Regulations by Ptlm Robert Pickreign
Contained within packet dated February 14, 2004

Discredit Upon Department violation section 10.1.1
Knowingly Make False Report violation section 10.1.20
Insubordination - instructed by Chief of Police to review the
Departments Rules and Regulations did so and failed to obey same.

Additionally there appears to be violations of the following Penal
Laws:

175.35 - Offering False Instrument for Filing E-Felony
175.10 - Falsifying Business Record 1st degree E-Felony
195.20 - Defrauding the Government E-Felony
195.00 - Official Misconduct A- Misdemeanor
210.40 - Making a False Written Statement A-Misdemeanor


Asst/Chief Vernon N Marlow Jr