

ROBERT N. GREENE

B. Sc, M.D., C.M., FRCS  
16 4TH STREET, MALONE, N.Y. 12953  
518-483-0977 Fax 518-483-6366

DISABILITY STATEMENT

Name Brian Smith Date 12/08/00

Off Work From 12/12/00 Until 1/31/2001

Return To Work \_\_\_\_\_

Light Duty \_\_\_\_\_ Full Duty \_\_\_\_\_

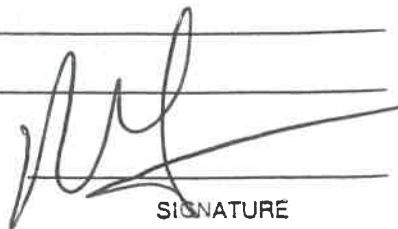
Restrictions \_\_\_\_\_

No Gym/Sports Until \_\_\_\_\_

May Participate In Gym/Sports \_\_\_\_\_

Restrictions \_\_\_\_\_



  
SIGNATURE

R. MITCHELL RUBINOVICH  
M.D., C.M., FRCS(c), DIP SPORT MED.  
16 4th STREET • MALONE, N.Y. 12953  
Phone: (518) 483-0977

DISABILITY STATEMENT

Name Brian Smith Date 12/29/00

Off Work From 12/29/00 Until 1/16/2001

Return To Work \_\_\_\_\_

Light Duty \_\_\_\_\_ Full Duty \_\_\_\_\_

Restrictions \_\_\_\_\_

No Gym/Sports Until \_\_\_\_\_

May Participate In Gym/Sports \_\_\_\_\_

Restrictions \_\_\_\_\_



  
SIGNATURE

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B. Sc, M.D., C.M., FRCS  
16 4TH STREET, MALONE, N.Y. 12953  
518-483-0977 Fax 518-483-6366

DISABILITY STATEMENT

Name Brian Smith Date 11-27-00

Off Work From \_\_\_\_\_ Until \_\_\_\_\_

Return To Work 11-30-2000

Light Duty ☒ Full Duty \_\_\_\_\_

Restrictions \_\_\_\_\_

No Gym/Sports Until \_\_\_\_\_

May Participate In Gym/Sports \_\_\_\_\_

Restrictions no repetitive movements

with hands or wrists eg typing

no driving, no combative maneuvers



RN/do

SIGNATURE

**ROBERT N. GREENE**

B. Sc, M.D., C.M., FRCSC  
16 4TH STREET, MALONE, N.Y. 12953  
518-483-0977 Fax 518-483-6366

**DISABILITY STATEMENT**Name Brian Smith Date 10/20/00

Off Work From \_\_\_\_\_ Until \_\_\_\_\_

Return To Work \_\_\_\_\_

Light Duty \_\_\_\_\_ Full Duty ☒

Restrictions \_\_\_\_\_

No Gym/Sports Until \_\_\_\_\_

May Participate In Gym/Sports \_\_\_\_\_

Restrictions \_\_\_\_\_



FL, Covington NY

SIGNATURE

**R. MITCHELL RUBINOVICH**

M.D., C.M., FRCSC(c), DIP SPORT MED.  
16 4th STREET • MALONE, N.Y. 12953  
Phone: (518) 483-0977

**DISABILITY STATEMENT**Name Brian Smith Date 11/08/00Off Work From 11/09/00 Until 11/30/00

Return To Work \_\_\_\_\_

Light Duty \_\_\_\_\_ Full Duty \_\_\_\_\_

Restrictions \_\_\_\_\_

104: Ulnar nerve entrapment

No Gym/Sports Until \_\_\_\_\_

May Participate In Gym/Sports \_\_\_\_\_

Restrictions \_\_\_\_\_



FL, Covington NY

SIGNATURE

R. MITCHELL RUBINOVICH  
M.D., C.M., FRCSC(c), DIP SPORT MED.  
16 4th STREET • MALONE, N.Y. 12953  
Phone: (518) 483-0977

**DISABILITY STATEMENT**Name Brian Smith Date \_\_\_\_\_Off Work From \_\_\_\_\_ Until Jan. 10, 2001

Return To Work \_\_\_\_\_

Light Duty XX Full Duty \_\_\_\_\_

Restrictions \_\_\_\_\_

No Gym/Sports Until \_\_\_\_\_

May Participate In Gym/Sports \_\_\_\_\_

Restrictions \_\_\_\_\_

SIGNATURE

R. MITCHELL RUBINOVICH  
M.D., C.M., FRCSC(c), DIP SPORT MED.  
16 4th STREET • MALONE, N.Y. 12953  
Phone: (518) 483-0977

**DISABILITY STATEMENT**Name Brian Smith Date 1/15/01

Off Work From \_\_\_\_\_ Until \_\_\_\_\_

Return To Work \_\_\_\_\_

Light Duty \_\_\_\_\_ Full Duty 1/15/2001

Restrictions \_\_\_\_\_

No Gym/Sports Until \_\_\_\_\_

May Participate In Gym/Sports \_\_\_\_\_

Restrictions \_\_\_\_\_



FL, Covington NY

SIGNATURE

**ANJNI BHAGAT, M.D.**

**Internal Medicine**

5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

10/5/18

Brian Smith off

work due to Medical

Issues on 10/3/18 10/4/18

and 9/30/18



# Village of Malone

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## TREASURER'S OFFICE

9/9/2018

Brian Smith – 207C

Dates: 12/1/2017 – 1/12/2018

Gross pay: \$35,218.40

Taxes to be requested back: (\$1,979.74)

Teamster Dues: (\$129.00)

2 Holidays due back to Village – Christmas & New Year's: (\$502.40)

Workman's Compensation paid Brian: (\$18,484.41)

24 Sick hours due back to Village – December & January: (\$753.60)

*\*\*18 hours of comp time: (\$565.20)*

Net pay Village already paid to Brian: (\$5,929.66)

**=Due to Brian Smith by Village - \$6,874.39**

While on 207C, Brian is due back the following time he was charged by the Village:

92 hours of Vacation

24 hours of Personal

48 hours of Comp

88 hours of Sick

When Brian returned to work in June he was given his annual time earned. Time determined he owes back to the Village because he was out on 207C:

129 hours of vacation

30 hours personal

Pending approval by Village Board, Brian will be cut a separate check next payday 9/25/18. The \$1,979.74 due back in taxes will be requested by the Village and could take many weeks to retrieve. This amount will be returned to Brian when received by Village.

*\*\*Attorney said to note that she is unsure if the union will grieve this amount being withheld. She said it isn't clear in the contract how the 6 hours of comp time works per pay period. She said she recommends withholding it but she wanted the board to know it could be grieved.*

Please let me know if you have any questions,



Kristine Lashway  
Village Treasurer



THE  
**University of Vermont**  
MEDICAL CENTER

UVM MEDICAL CENTER SPORTS MEDICINE  
PROGRAM - TILLEY  
Orthopedics and Rehabilitation  
192 Tilley Dr  
So Burlington VT 05403  
Dept: 802-847-6000

June 11, 2018

Brian M Smith  
Po Box 894  
Chateaugay NY 12920

To Whom It May Concern:

RE: Brian M Smith (DOB: 3/1/1971)

He will be able to return to work on 6/18/2018 with no restrictions.

I plan to see him again as needed.

Claude E Nichols, MD



## POLICE DEPARTMENT

Village of Malone  
2 Police Plaza  
Malone, New York 12953-1601

Christopher Premo  
Chief of Police

(518) 483-2424  
(518) 483-2426 fax  
Chiefpremo@malonepd.com

May 14, 2018

Brian M. Smith  
P.O. Box 894  
Chateaugay, New York 12920

Re: Independent Medical Examination scheduled for June 12, 2018 on Initial eligibility/continued eligibility for GML §207 Benefits

Dear Officer Smith:

Pursuant to the authority granted to the Village of Malone under General Municipal Law §207, you are hereby ordered to attend the Independent Medical Examination of Dr. Daniel L. Carr, scheduled for June 12, 2018 at 1:00 p.m.. The exam will occur at 2200 E. Genesee Street, Syracuse, New York 13210.

Please be advised that this exam has been rescheduled due to your failure to attend the previously scheduled exam. Your failure to attend this examination will not only result in further disciplinary action but will also result in the immediate denial of your GML 207-c benefits. This examination is scheduled for 1:00 p.m. You are ordered to arrive fifteen minutes early to this exam.

The purpose of this examination is to determine your initial eligibility/continued eligibility for General Municipal Law §207 Benefits and your ability to return to full or modified duty work. You are hereby advised that you have the opportunity to present any x-rays, CT scans, MRI studies, or other medical records or other documentation pertaining to your injury at this Independent Medical Examination. Furthermore, you have the right to explain your claim for benefits in detail to the Independent Medical Examiner.

If you have any questions, do not hesitate to contact me.

Sincerely yours,

Chris Premo  
Chief of Police



## POLICE DEPARTMENT

Village of Malone  
2 Police Plaza  
Malone, New York 12953-1601

Christopher Premo  
Chief of Police

(518) 483-2424  
(518) 483-2426 fax  
Chiefpremo@malonepd.com

April 10, 2018

Brian M. Smith  
P.O. Box 894  
Chateaugay, New York 12920

Re: Independent Medical Examination scheduled for May 7, 2018 on Initial eligibility/continued eligibility for GML §207 Benefits

Dear Sergeant Smith:

Pursuant to the authority granted to the Village of Malone under General Municipal Law §207, you are hereby ordered to attend the Independent Medical Examination of Dr. Daniel L. Carr, scheduled for May 7, 2018 at 1:00 p.m.. The exam will occur at 2200 E. Genesee Street, Syracuse, New York 13210.

The purpose of this examination is to determine your initial eligibility/continued eligibility for General Municipal Law §207 Benefits and your ability to return to full or modified duty work. You are hereby advised that you have the opportunity to present any x-rays, CT scans, MRI studies, or other medical records or other documentation pertaining to your injury at this Independent Medical Examination. Furthermore, you have the right to explain your claim for benefits in detail to the Independent Medical Examiner.

Please note that pursuant to General Municipal Law §207, your failure to attend, or obstruction of, this examination may suspend your right to compensation. Furthermore, your receipt of benefits under General Municipal Law §207-c may be terminated depending on the outcome of this exam. If benefits are terminated you will be afforded a full evidentiary hearing, should you file a timely request for same.

Sincerely yours,

Chris Premo  
Chief of Police

# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

Patient Name <b>BRIAN M. SMITH</b>	Date of Birth <b>03/01/1971</b>	Social Security Number <b>134-56-6668</b>
Patient Address <b>P.O. BOX 894, CHATEAUGAY, NEW YORK 12920</b>		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV\* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information, without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment and enrollment in a health plan or eligibility for health insurance benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**
7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:  
**VILLAGE OF MALONE POLICE DEPARTMENT, 2 POLICE PLAZA, MALONE, NY 12953-1601 AND/OR COUGHLIN & GERHART, LLP, P.O. BOX 2039, BINGHAMTON, NEW YORK 13902-2039**

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) \_\_\_\_\_ to (insert date) \_\_\_\_\_
- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: \_\_\_\_\_

Include: (Indicate by Initialing)

\_\_\_\_\_ **Alcohol/Drug Treatment**  
 \_\_\_\_\_ **Mental Health Information**  
 \_\_\_\_\_ **HIV-Related Information**

## Authorization to Discuss Health Information

(b) ☐ By initialing here \_\_\_\_\_ I authorize \_\_\_\_\_

Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
- ☒ Other: in connection with claim for 207 benefits

12. If not the patient, name of person signing form:

11. Date or event on which this authorization will expire:

**ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

  
**BRIAN M. SMITH**

Date: 2/13/18

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



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Patient Name <b>BRIAN M. SMITH</b>	Date of Birth <b>03/01/1971</b>	Social Security Number <b>134-56-6668</b>
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5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information:

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- ☐ Other: \_\_\_\_\_

Include: (Indicate by Initialing)

\_\_\_\_\_ **Alcohol/Drug Treatment**

\_\_\_\_\_ **Mental Health Information**

\_\_\_\_\_ **HIV-Related Information**

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Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

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- ☐ At request of individual
- ☒ Other: in connection with claim for 207 benefits

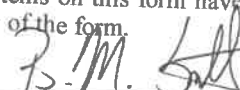
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**ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**

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All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.



**BRIAN M. SMITH**

Date:

**2/8/16**

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



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\_\_\_\_\_ Alcohol/Drug Treatment

\_\_\_\_\_ Mental Health Information

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Initials

Name of individual health care provider

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(Attorney/Firm Name or Governmental Agency Name)

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12. If not the patient, name of person signing form:

11. Date or event on which this authorization will expire:

**ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

**BRIAN M. SMITH**

Date: 2/8/18

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- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: \_\_\_\_\_

Include: (Indicate by Initialing)

\_\_\_\_\_ **Alcohol/Drug Treatment**

\_\_\_\_\_ **Mental Health Information**

\_\_\_\_\_ **HIV-Related Information**

## Authorization to Discuss Health Information

- (b) ☐ By initialing here \_\_\_\_\_ I authorize \_\_\_\_\_

Initials \_\_\_\_\_ Name of individual health care provider \_\_\_\_\_

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

## 10. Reason for release of information:

- ☐ At request of individual
- ☒ Other: in connection with claim for 207 benefits

## 11. Date or event on which this authorization will expire:

**ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**

## 12. If not the patient, name of person signing form:

## 13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

**BRIAN M. SMITH**

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5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:  
**VILLAGE OF MALONE POLICE DEPARTMENT, 2 POLICE PLAZA, MALONE, NY 12953-1601 AND/OR COUGHLIN & GERHART, LLP, P.O. BOX 2039, BINGHAMTON, NEW YORK 13902-2039**

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) \_\_\_\_\_ to (insert date) \_\_\_\_\_
- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: \_\_\_\_\_

Include: (Indicate by Initialing)

\_\_\_\_\_ Alcohol/Drug Treatment

\_\_\_\_\_ Mental Health Information

\_\_\_\_\_ HIV-Related Information

## Authorization to Discuss Health Information

(b) ☐ By initialing here \_\_\_\_\_ I authorize \_\_\_\_\_

Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

\_\_\_\_\_  
 (Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
- ☒ Other: in connection with claim for 207 benefits

12. If not the patient, name of person signing form:

11. Date or event on which this authorization will expire:

**ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

**BRIAN M. SMITH**

Date: \_\_\_\_\_

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

Patient Name <b>BRIAN M. SMITH</b>	Date of Birth <b>03/01/1971</b>	Social Security Number <b>134-56-6668</b>
Patient Address <b>P.O. BOX 894, CHATEAUGAY, NEW YORK 12920</b>		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE**, **MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV\* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information, without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment and enrollment in a health plan or eligibility for health insurance benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information:

Russell Jones N.P. 41 Feathers Drive, Plattsburgh NY 12901 Champlain Spine & Pain Mgmt

8. Name and address of person(s) or category of person to whom this information will be sent:  
**VILLAGE OF MALONE POLICE DEPARTMENT, 2 POLICE PLAZA, MALONE, NY 12953-1601 AND/OR COUGHLIN & GERHART, LLP, P.O. BOX 2039, BINGHAMTON, NEW YORK 13902-2039**

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) \_\_\_\_\_ to (insert date) \_\_\_\_\_
- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: \_\_\_\_\_

Include: (Indicate by Initialing)

\_\_\_\_\_ Alcohol/Drug Treatment

\_\_\_\_\_ Mental Health Information

\_\_\_\_\_ HIV-Related Information

Authorization to Discuss Health Information

(b) ☒ By initialing here *RJ* I authorize Russell Jones N.P. Champlain Spine & Pain Mgmt

Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
- ☒ Other: in connection with claim for 207 benefits

11. Date or event on which this authorization will expire:

**ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

B.M. Smith  
**BRIAN M. SMITH**

Date: 2/8/18

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

Patient Name <b>BRIAN M. SMITH</b>	Date of Birth <b>03/01/1971</b>	Social Security Number <b>134-56-6668</b>
Patient Address <b>P.O. BOX 894, CHATEAUGAY, NEW YORK 12920</b>		

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7. Name and address of health provider or entity to release this information:

Russell Jones, N.P. Champlain Spine and Pain Management - 4 Feathers Drive Plattsburgh

8. Name and address of person(s) or category of person to whom this information will be sent:

VILLAGE OF MALONE POLICE DEPARTMENT, 2 POLICE PLAZA, MALONE, NY 12953-1601 AND/OR COUGHLIN & GERHART, LLP, P.O. BOX 2039, BINGHAMTON, NEW YORK 13902-2039 NY 12901

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- ☐ Medical Record from (insert date) \_\_\_\_\_ to (insert date) \_\_\_\_\_
- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: \_\_\_\_\_

Include: (Indicate by Initialing)

\_\_\_\_\_ Alcohol/Drug Treatment

\_\_\_\_\_ Mental Health Information

\_\_\_\_\_ HIV-Related Information

**Authorization to Discuss Health Information**

(b) ☒ By initialing here BMS I authorize \_\_\_\_\_

Initials

Alice Hyde Medical Center - Russell Jones N.P.

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

\_\_\_\_\_  
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
- ☒ Other: in connection with claim for 207 benefits

12. If not the patient, name of person signing form:

11. Date or event on which this authorization will expire:

**ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Brian M. Smith  
BRIAN M. SMITH

Date: 2/08/18

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

Patient Name <b>BRIAN M. SMITH</b>	Date of Birth <b>03/01/1971</b>	Social Security Number <b>134-56-6668</b>
Patient Address <b>P.O. BOX 894, CHATEAUGAY, NEW YORK 12920</b>		

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7. Name and address of health provider or entity to release this information:  
Dr. Claude Nichols, 192 Tilley Drive, South Burlington, VT 05403 - UVM Center

8. Name and address of person(s) or category of person to whom this information will be sent:  
**VILLAGE OF MALONE POLICE DEPARTMENT, 2 POLICE PLAZA, MALONE, NY 12953-1601 AND/OR COUGHLIN & GERHART, LLP, P.O. BOX 2039, BINGHAMTON, NEW YORK 13902-2039**

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- ☐ Medical Record from (insert date) \_\_\_\_\_ to (insert date) \_\_\_\_\_
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Include: (Indicate by Initialing)

\_\_\_\_\_ Alcohol/Drug Treatment  
 \_\_\_\_\_ Mental Health Information  
 \_\_\_\_\_ HIV-Related Information

**Authorization to Discuss Health Information**

(b) ☒ By initialing here BMS I authorize \_\_\_\_\_

Initials

Dr. Claude Nichols

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

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 (Attorney/Firm Name or Governmental Agency Name)

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- ☐ At request of individual
- ☒ Other: in connection with claim for 207 benefits

12. If not the patient, name of person signing form:

11. Date or event on which this authorization will expire:

**ONE YEAR FROM THE DATE OF THIS AUTHORIZATION**

13. Authority to sign on behalf of patient:

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Brian M. Smith  
**BRIAN M. SMITH**

Date: 2/08/18

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



Robert E. Beloten  
Chair

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
100 BROADWAY - MENANDS  
ALBANY, NY 12241  
[www.wcb.state.ny.us](http://www.wcb.state.ny.us)

(866) 750-5157

**State of New York - Workers' Compensation Board**

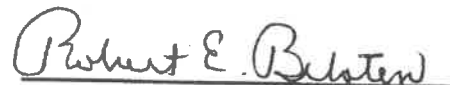
**In regard to Brian Smith, WCB Case #5070 4017**

**ORDER OF THE CHAIR**  
Health Provider's Authorization

*keep for your records*

Pursuant to WCL Section 13-a, 12 NYCRR 325-1.4, and 12 NYCRR 300.23(d), as the carrier / self-insured employer has not timely filed with the Board any denial of or objection to the authorization request by Marco R Berard on 10/26/2011 for left shoulder cuff repair possible subacromial decompression, possible acromial clavicular decompression, possible Bankart repair, possible SLAP repair and debridement. Plus post op therapy at 3 times per week for 6 weeks, is deemed authorized, and the carrier / self-insured employer is liable for the payment of these services.

This Order is final and is not subject to Section 23 of the New York State Workers' Compensation Law.

  
Robert E. Beloten  
Chair

By: Shane Rowe

Claimant - Brian Smith  
Social Security No. -  
WCB Case No. - 5070 4017  
Date of Accident - 01/02/2005  
District Office - Albany

Employer - Village of Malone Police Dept  
Carrier - Franklin County Self Ins Plan  
Carrier ID No. - W820005  
Carrier Case No. - SELF INSURED  
Date of Filing of this Decision - 12/12/2011

**ATENCION:**

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).



Robert E. Beloten  
Chair

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
100 BROADWAY - MENANDS  
ALBANY, NY 12241  
[www.wcb.state.ny.us](http://www.wcb.state.ny.us)  
(866) 750-5157

State of New York - Workers' Compensation Board

In regard to Brian Smith, WCB Case #5070 4017

**ORDER OF THE CHAIR**  
Health Provider's Authorization

*keep for your records*

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*Robert E. Beloten*  
Robert E. Beloten  
Chair

By: Shane Rowe

Claimant - Brian Smith  
Social Security No. -  
WCB Case No. - 5070 4017  
Date of Accident - 01/02/2005  
District Office - Albany

Employer - Village of Malone Police Dept  
Carrier - Franklin County Self Ins Plan  
Carrier ID No. - W820005  
Carrier Case No. - SELF INSURED  
Date of Filing of this Decision - 12/12/2011

ATENCION:  
Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).

EC-325(12/03)

\*\*\*\*\* AUTO \*\* MIXED ADC 300  
302 3 MB 1.170  
VILLAGE OF MALONE POLICE DEPT  
VILLAGE  
2 POLICE PLZ  
MALONE, NY 12953-1630

000302

11pgs



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## ATTENTION

Confidential Information enclosed.  
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,  
please call the phone number on the enclosed invoice.

This information has been disclosed to you from records that may be protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see 42 CFR § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at 42 CFR §§ 2.12(c)(5) and 2.65.

If the enclosed record pertains to HIV/AIDS, it has been disclosed to you from records whose confidentiality is protected by federal and, perhaps, state law, which prohibits you from making any further disclosure of such information without the specific consent of the person to whom such information pertains or as otherwise permitted by state law. A general authorization for this release of health or other information is not sufficient for this purpose.

This is confidential and privileged information. If it contains mental health information, it is for professional use only.



188394008



**Ciox Health**

P.O. Box 409822  
Atlanta, GA 30384-9822  
Fed Tax ID 58 - 2659941  
1-800-367-1500

Date

12/18/2017

Request ID #

0234187970

Ship to:

VILLAGE  
VILLAGE OF MALONE POLICE DEPT  
2 POLICE PLZ  
MALONE, NY 12953-1630

**Requested By:** VILLAGE  
**Patient Name:** SMITH BRIAN  
**DOB:** 030171

Records from:

ORTHOPAEDIC OUTPATIENT CENTER  
111 COLCHESTER AVE  
BURLINGTON, VT 05401-1473

Ciox Health is the largest provider of release of information(ROI) services and technology. We ensure the compliant exchange of protected health information for over 18,000 healthcare facilities nationwide. To learn more about our flexible ROI solutions, go to [www.CioxHealth.com](http://www.CioxHealth.com)

Get future medical records as soon as they are processed, by signing up for secure electronic delivery. Register at: [edelivery.cioxhealth.com](http://edelivery.cioxhealth.com)





POLICE DEPARTMENT  
Village of Malone  
2 Police Plaza  
Malone, New York 12953-1601

(518)-483-2424  
(518)-483-2426 FAX

Christopher J. Premo  
Chief of Police

DEC 14 2017

FACSIMILE TRANSMITTAL SHEET

To: UUM - Health Records From: Christopher Premo  
Att.

Date: 12/15/17

Case: Brian M. Smith 03/01/71

CONFIDENTIAL Yes ( ) No ( )

Medical records on Brian M. Smith from 11/01/17  
to present. Thanks

By: Chief Christopher Premo

1 Pages including cover page

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient or agent; you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address. Thank You

**AUTHORIZATION TO RELEASE CONFIDENTIAL PERSONAL HEALTH INFORMATION**

To: DR. Claude Elmer Nichols  
192 T.iley Drive, South Burlington, VT 05403

Patient: Brian M. Smith

Address: PO Box 894, Chateaugay, NY 12928

Date of Birth: 03/01/71

SSN: 134-56-6668

I, Brian M Smith, authorize any physician and/or nurse and/or EMS field provider who has attended me, or any hospital to which I have been confined, to release:

1. All health information and records including but not limited to any medical reports, medical records, test results, X-rays, X-ray reports, ambulance reports, paramedic reports, pre-hospital care records, billing records, narrative reports and any and all information which may be requested regarding my physical condition and treatment received with regard to an injury sustained on 8/4/17.

2. This authorization allows the release of all records covering the periods of healthcare from 8/4/17 to one year from the date of this authorization.

3. To the following recipients: (1) Village of Malone; (2) Coughlin & Gerhart, LLP.; (3) any health care provider who has provided or is providing care to me, or been retained to perform an independent medical examination of me; (4) any consultant or expert in a field of specialty who is retained to perform an independent assessment of the claim; (5) any governmental agencies which administer health care benefit programs; (6) the policyholder; (7) structured settlement brokers; and (8) to any employee, agent or contractor of any entity described in any of (1) through (5) above.

4. For the following purposes and uses without limitation: in connection with Performance of Duty Injury Sustained 8/4/17

5. I understand that my records may contain information relating to: (cross out and initial anything you do not want released)

(1) the presence of a communicable or venereal disease, including, but not limited to, hepatitis, syphilis, gonorrhea and Acquired Immunodeficiency Syndrome (AIDS);

(2) the results of tests for Human Immunodeficiency Virus (HIV);

(3) diagnosis, prognosis and/or treatment for alcohol, drug and/or substance abuse;

(4) diagnosis, prognosis and/or treatment for cancer;

(5) genetic information, including but not limited to the results of genetic tests and screenings; and

(6) psychiatric, psychotherapeutic and/or mental health diagnosis, prognosis and/or treatment.

Right to receive copy: I understand I have a right to receive a copy of this Authorization upon request.

Right to inspect and copy: I understand that I have a right to inspect and copy any records or information disclosed pursuant to this authorization.

Right to revoke: This Authorization may be revoked by delivering to each of the recipients a written notice of revocation. Withdrawal of consent does not affect any information disclosed prior to the written notice of withdrawal. My authorized representative has the same right to revocation I do.

Effective period, expiration date: This Authorization shall be effective for no more 365 days from the date of my signature. An additional authorization may be presented for signature after that date.

Disclosure: I understand that once the information listed above has been disclosed, it may be redisclosed by the recipient and the information may not be protected by Federal privacy laws or regulations.

A copy of this request form is as valid as the original.

Signed:

B. M. Smith

Date Signed:

8/25/17

## Visit Summary

### Reason for Visit

Shoulder Pain

### Diagnoses

Diagnosis	Comments
Left shoulder pain, unspecified chronicity - Primary	

### Allergies as of 11/6/2017

Reviewed On: 11/6/2017 By: Pelsor, Lynette M

Allergy	Noted	Reaction Type	Reactions
Chocolate Flavor	06/14/2010		Hives
Motrin [Ibuprofen]	06/08/2012		GI upset
Penicillins	06/14/2010		Hives

### Vitals

Most recent update: 11/6/2017 12:09 by Pelsor, Lynette M

HT	WT	BMI
175.3 cm (69")	97.5 kg (215 lb)	31.75 kg/m2

### BMI and BSA Data

Body Mass Index	Body Surface Area
31.75 kg/m <sup>2</sup>	2.18 m <sup>2</sup>

### Pain Information

No pain information on file

## Medications

### Medications the Patient Reported Taking

Medication	Disp	Refills	Start	End
------------	------	---------	-------	-----

#### ACETAMINOPHEN (TYLENOL EXTRA STRENGTH ORAL) (Taking)

Sig: Take 1,000 mg by mouth 3 times daily.  
Class: Historical Med  
Route: oral

#### AMLODIPINE BESYLATE (AMLODIPINE ORAL) (Taking)

Sig: Take by mouth 2 times daily.  
Class: Historical Med  
Route: oral

#### aspirin chewable 81 mg tablet (Taking)

Sig: Take 81 mg by mouth daily.  
Class: Historical Med  
Route: oral

#### atorvastatin (LIPITOR) 10 mg tablet (Taking)

Sig: Take 20 mg by mouth daily.  
Class: Historical Med  
Route: oral

#### esomeprazole (NEXIUM) 40 mg capsule (Taking)

Sig: Take 40 mg by mouth daily

## Medications (continued)

### Medications the Patient Reported Taking (continued)

	Disp	Refills	Start	End
--	------	---------	-------	-----

Class: Historical Med

Route: oral

**hydroCHLORothiazide (HYDRODIURIL) 25 mg tablet (Taking)**

Sig: Take 25 mg by mouth daily.

Class: Historical Med

Route: oral

**losartan (COZAAR) 100 mg tablet (Taking)**

Sig: Take 100 mg by mouth daily

Class: Historical Med

Route: oral

### Medications at Start of Encounter

	Disp	Refills	Start	End
--	------	---------	-------	-----

**ACETAMINOPHEN (TYLENOL EXTRA STRENGTH ORAL) (Taking)**

Sig - Route: Take 1,000 mg by mouth 3 times daily. - oral

Class: Historical Med

**AMLODIPINE BESYLATE (AMLODIPINE ORAL) (Taking)**

Sig - Route: Take by mouth 2 times daily. - oral

Class: Historical Med

**aspirin chewable 81 mg tablet (Taking)**

Sig - Route: Take 81 mg by mouth daily. - oral

Class: Historical Med

**atorvastatin (LIPITOR) 10 mg tablet (Taking)**

Sig - Route: Take 20 mg by mouth daily. - oral

Class: Historical Med

**esomeprazole (NEXIUM) 40 mg capsule (Taking)**

Sig - Route: Take 40 mg by mouth daily. - oral

Class: Historical Med

**hydroCHLORothiazide (HYDRODIURIL) 25 mg tablet (Taking)**

Sig - Route: Take 25 mg by mouth daily. - oral

Class: Historical Med

**losartan (COZAAR) 100 mg tablet (Taking)**

Sig - Route: Take 100 mg by mouth daily. - oral

Class: Historical Med

## Telephone Encounter Medications

### All Meds and Administrations

(There are no med orders for this encounter)

## All Orders

### ROTATOR CUFF REPAIR [154390598]

Electronically signed by: Nichols, Claude E, MD on 11/12/17 1347  
Smith, Brian M (MR#0013403837)

Status: Active  
Page 2



## All Orders (continued)

### ROTATOR CUFF REPAIR [154390598] (continued)

Mode: Ordering in Per Amb Visit Protocol mode

Communicated by: Palmer, Carol, RN

Ordering user: Palmer, Carol, RN 11/06/17 1330

Ordering provider: Nichols, Claude E, MD

Authorized by: Nichols, Claude E, MD

Frequency: 11/06/17 -

Diagnoses:

Left shoulder pain, unspecified chronicity [M25.512]

Questions:

Sig: for postoperative use

Print Script? No

## Clinical Lab Results

### Lab Results

No matching results found

### Microbiology Results

No matching results found

## Imaging Results

### Imaging Results

No matching results found

## ECG/Echo Results

### ECG/Echo Results

No matching results found

## Pathology Reports

### Pathology Reports

No matching results found

## All Visit Notes

### Progress Notes by Palmer, Carol, RN at 11/6/2017 11:30

Author: Palmer, Carol, RN

Service: Orthopedics

Author Type: Registered Nurse

Filed: 11/25/2017 13:07

Encounter Date: 11/6/2017

Status: Signed

Editor: Palmer, Carol, RN (Registered Nurse)

**Patient Education Topic:** PREOP: Left Shoulder Arthroscopy, Distal Clavicle Excision, Rotator Cuff Repair-TBS pending W/C approval

Method: Handout and Verbal

Taught to: Family and Patient

Barriers: None

Outcomes: verbalized understanding



**All Visit Notes (continued)**

**Progress Notes by Palmer, Carol, RN at 11/6/2017 11:30 (continued)**

Patient Education items provided at today's visit:

- Dr. Nichol's "things to do" sheet with pertinent dates, times, and contact numbers.
  - Pre-op Physical Packet
  - Patient Worksheet for pre-op phone call
  - Pre-op Advice
  - Dept. Of Anesthesia Consent Form (copy)
  - Surgery specific post-op information sheet
  - Cryo/Cuff Information Sheet
  - What to expect as an outpatient surgical patient
  - Fanny Allen Campus Info
  - Tylenol Protocol
  - Patient advised of need for DME postop and right to choice of DME vendor, pt chose Orthocare.
- Signature: Carol Palmer, RN

Electronically signed by Palmer, Carol, RN at 11/25/2017 13:07

**Progress Notes by Nichols, Claude E, MD at 11/6/2017 11:30**

Author: Nichols, Claude E, MD      Service: Orthopedics  
Filed: 11/25/2017 13:07      Encounter Date: 11/6/2017  
Editor: Nichols, Claude E, MD (Physician)

Author Type: Physician  
Status: Signed

**PROBLEM:** Left shoulder pain.

**SUBJECTIVE:** Mr Smith is here today to review his MR arthrogram. He continues to have discomfort in his arm. He complains of pain when there is any type of traction such as if he is lifting a carton of soda. Anything that pulls his arm downwards gives him pain. He has pain in both the anterior and to a lesser amount the posterior aspect of his shoulder.

**OBJECTIVE:** Examination of the left shoulder shows that he has pain with the sulcus sign. He also has tenderness anteriorly in the area of the rotator interval. He also has tenderness over the AC joint.

Review of the MR dated 11/01/2017 shows intact subscapularis, supraspinatus, infraspinatus and teres minor. Interestingly, there is soft tissue injury about the superior glenohumeral ligament. In comparison to his previous MR from 2012, there is a distinct difference. The appearance of the subscapularis appears to be very similar; however, the area of the rotator interval on the axial and sagittal images is quite different. This correlates nicely with Mr Smith's symptoms.

The anterior and posterior labrums appear to be intact. His biceps tendon is tenodesed in the bicipital groove. There is a suture anchor seen most clearly on the T1 weighted images from his previous surgery. There is no muscle atrophy. The humeral and glenoid articular surfaces appear to be well maintained.

**ASSESSMENT:** It appears as though Mr Smith may have a rotator interval lesion involving the coracohumeral and superior glenohumeral ligaments. He also has tenderness over the AC joint. I would like to review this with the radiologist before proceeding with any intervention. However, at this point, Mr Smith would like to at least get something tentatively scheduled.

**All Visit Notes (continued)**

**Progress Notes by Nichols, Claude E, MD at 11/6/2017 11:30 (continued)**

We discussed rotator interval repair with distal clavicle excision from the perspective of risks of infection, loss of motion, nerve and blood vessel damage and length of time for recovery. He understands and accepts this.

PLAN: He will talk to Carol Palmer today regarding scheduling rotator interval repair and distal clavicle excision. I will review his images with the musculoskeletal radiologist and contact Mr Smith if there is any change in our discussion.

Electronically signed by Nichols, Claude E, MD at 11/25/2017 13:07

**Encounter-Level Documents:**

There are no encounter-level documents.

**Order-Level Documents:**

There are no order-level documents.

**Encounter-Level E-Signatures:**

There are no encounter-level e-signatures.

**END OF REPORT**

University of Vermont  
MEDICAL CENTER

111 Colchester Avenue  
Burlington, VT 05401

**FL GUIDE LOCATION, ASPIRATION, INJECTION,  
BIOPSY (Order 845877.16)**

**Results**

Status: Final result  
(Collected: 11/1/2017 11:54)

**Order-Level Documents:**

There are no order-level documents.

**Report Narrative**

Exam/Technique: Fluoroscopically guided left shoulder injection for  
MR arthrography 11/1/2017 11:54 AM

Signs and Symptoms/Comments: M25.512-Pain in left shoulder-ICD-10;  
LEFT SHOULDER PAIN

Comparison: None

**Technique:**

After explaining the benefits, risks, and alternatives to the  
procedure, written and oral consent was obtained.

Smith, Brian M (MR#0013403837)

**Report Narrative (continued)**

The patient was placed in the supine position on the fluoroscopic table. Following sterile prep and drape of the left shoulder, local anesthesia was administered with 1% lidocaine. Under fluoroscopic guidance, a 22-gauge spinal needle was advanced into the left glenohumeral joint without incident. Once the position was confirmed with approximately 1 cc of Isovue 300, approximately 9 cc of a mixture of Magnevist, and normal saline was injected without incident.

The patient tolerated the procedure well; no immediate complications were seen. The patient left the department in stable condition to the MRI suite for MR exam.

**Findings/Impression:**

Successful fluoroscopically guided left glenohumeral joint injection without immediate complication.

I, Dr. Geeslin, was present for the critical portions of the procedure.

**Order: FL GUIDE LOCATION, ASPIRATION, INJECTION, BIOPSY (Order 84587716)**

Status: Final result  
(Collected: 11/1/2017 11:54)

**FL GUIDE LOCATION, ASPIRATION, INJECTION, BIOPSY [84587716]**

Electronically signed by: Edi, Rad Results In on 10/03/17 0937

Status: Completed

Ordering user: Edi, Rad Results In 10/03/17 0937

Authorized by: Nichols, Claude E, MD

Frequency: 10/03/17 0937 -

**END OF REPORT**

University of Vermont  
MEDICAL CENTER

11 Colchester Avenue  
Burlington, VT 05401

**MR EXTREMITY SHOULDER W CONTRAST (Order 84587715)**

Results

Status: Final result  
(Collected: 11/1/2017 12:04)

**Order-Level Documents:**

There are no order-level documents.

**Report Narrative**

**EXAM/TECHNIQUE:** Left MR EXTREMITY SHOULDER W CONTRAST with

intra-articular contrast 11/1/2017 12:04 PM

**INDICATION:** M25.512-Pain in left shoulder-ICD-10; LEFT SHOULDER PAIN

**COMPARISON:** MRI left shoulder from April 25, 2012

**FINDINGS:**

Acrromioclavicular joint: Mild AC joint degenerative changes with minimal subacromial bursal fluid.

Rotator cuff: Supraspinatus is intact without evidence of tearing.

There is mild supraspinatus tendinosis. Cystic changes at the insertion of the infraspinatus without discrete infraspinatus

Smith, Brian M (MR#0013403837)

**Report Narrative (continued)**

tearing. Mild infraspinatus tendinosis. Teres minor is intact. There is tendinosis (mild) of the subscapularis without discrete tearing.

Labrum: Fraying of the superior labrum beginning just posterior to the biceps labral anchor and extending anteriorly to involve the entire anterior superior quadrant (where in the labrum is markedly diminutive), likely related to degenerative tearing.

Biceps: Postsurgical changes of biceps tenodesis with anchor noted in the proximal humerus.

Bone/Cartilage: Normal marrow signal with the exception of cystic changes at the insertion of the infraspinatus. No evidence of cartilage defect.

Soft tissues: There is soft tissue scarring/synovitis in the anterior superior joint/rotator interval which may be related to prior biceps tenodesis.

**IMPRESSION:**

- \* Progression of labral tearing with fraying of the posterior superior labrum beginning just posterior to the biceps labral anchor and extending anteriorly with marked diminution of the anterior superior labrum, all likely due to progressive degenerative tearing.
- \* Mild supraspinatus and infraspinatus tendinosis without discrete tearing.
- \* Postsurgical changes of biceps tenodesis.
- \* There is intra-articular soft tissue scarring/synovitis in the anterior superior joint space/rotator interval which may be related to prior biceps tenodesis.

**Order: MR EXTREMITY SHOULDER W CONTRAST**  
**(Order: 84587715)**

Status: Final result  
(Collected: 11/1/2017 12:04)

**MR EXTREMITY SHOULDER W CONTRAST [84587715]**

Electronically signed by: Palmer, Carol, RN on 10/03/17 0937

Status: Completed

Ordering user: Palmer, Carol, RN 10/03/17 0937

Ordering provider: Nichols, Claude E, MD

Authorized by: Nichols, Claude E, MD

Frequency: 10/03/17 0937 -

**END OF REPORT**



Smith  
Dr. Nichols  
1-802-847  
5531

POLICE DEPARTMENT  
Village of Malone  
2 Police Plaza  
Malone, New York 12953-1601

(518)-483-2424  
(518)-483-2426 FAX

FACSIMILE TRANSMITTAL SHEET

To: UVM - Health Records From: Christopher Premo  
Att.

Date: 12/15/17

Case: Brian M. Smith 03/01/71

CONFIDENTIAL Yes ( ) No ( )

Medical records on Brian M. Smith from 11/01/17  
to present. Thanks

By: Chief Christopher Premo

1 Pages including cover page

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Copies To:  
Claimant:  
Carrier:  
Employer:  
Other:

Case #5070 4017  
Brian Smith  
Franklin County Self Ins Plan  
Village of Malone Police Dept  
CorVel Enterprise Comp, Inc.  
Alex C. Dell Esq.  
Fischer, Bessette & Muldowney  
MedRecovery Management

Village of Malone Police Dept  
2 Police Plaza  
Malone, NY 12953

### NOTICE TO INJURED WORKER

1. Any compensation due will be sent to you by check by the employer or insurance carrier.
2. Keep a careful record of the payments received in order that you may have evidence of payment or nonpayment in case of dispute.
3. Do not pay anything to anyone representing you. If you hire a lawyer or licensed representative, the fee will be set by a W.C. Law Judge. The fee will be deducted from your award and paid by separate check directly to the lawyer or licensed representative by the employer or the insurance carrier.
4. Except for Volunteer Firefighters' and Volunteer Ambulance Workers' claims, no lost wage benefits are paid for the first seven days of disability unless the disability extends beyond 14 days.
5. If your case was continued and the Judge directed that your benefits are to continue, the insurance company or self-insured employer must keep paying you until :
  - (a) you have another hearing and the Judge stops or changes your benefitsor
  - (b) your employer or insurance company has evidence that you have returned to work at regular pay or a report from your doctor stating you have no disability and submits this evidence to the Workers' Compensation Board.
6. If you wish to apply for administrative review of any part or all of the Judge's decision, your application must be in writing and received by the Board within 30 days of the filing date of this decision. The filing date is on the other side of this form in the lower right-hand corner. You may deliver your application in person to the District office or send it by mail.
7. If you have any further questions, you may contact your district office by mail or by telephone. The address of your district office is:

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
PO BOX 5205  
BINGHAMTON, NY 13902-5205

Phone Number: (877) 632-4996



Robert E. Beloten  
Chair

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
PO BOX 5205  
BINGHAMTON, NY 13902-5205  
[www.wcb.ny.gov](http://www.wcb.ny.gov)  
(877) 632-4996

State of New York - Workers' Compensation Board

In regard to Brian Smith, WCB Case #5070 4017

NOTICE OF DECISION

*keep for your records*

At the Workers' Compensation hearing held on 12/19/2013 involving the claim of Brian Smith at the Saranac Lake hearing location, Judge Geoffrey F. Wilk made the following decision, findings and directions:

AWARD : The employer or insurance carrier is directed to pay the following awards, less payments already made by the employer or carrier, for the periods indicated below, unless employer or carrier files an application within 30 days after the date on which the decision was duly filed and served.

	for disability over a period of		at rate	
weeks	from	to	per week	the sum of
6.8	12/1/2011	1/18/2012	\$400.00	\$2,720.00
- Temporary total disability.				
- Reimburse employer.				
11.4	1/18/2012	4/6/2012	\$400.00	\$4,560.00
- Temporary partial disability.				
- Reimburse employer.				
20.8	4/6/2012	8/30/2012	\$211.69	\$4,403.15
- Temporary partial disability.				
- Reimburse employer.				

FEES:

As lien on above award payable by separate check by carrier TO CLAIMANT'S REPRESENTATIVE OR ATTORNEY:

Sum of	To
\$900.00	Alex C. Dell Esq.

payable as as lien on reimbursement

\*\*\* Continued on next page \*\*\*

Claimant - Brian Smith  
Social Security No. -  
WCB Case No. - 5070 4017  
Date of Accident - 01/02/2005  
District Office - Albany

Employer - Village of Malone Police Dept  
Carrier - Franklin County Self Ins Plan  
Carrier ID No. - W820005  
Carrier Case No. - SELF INSURED  
Date of Filing of this Decision - 12/24/2013

ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).

**AUTHORIZATION TO RELEASE CONFIDENTIAL PERSONAL HEALTH INFORMATION**

To: Dr. Claude Elmer Nichols

192 Tilley Drive, South Burlington, VT 05403

Patient: Brian M. Smith

Address: PO Box 894, Chateaugay, NY 12920

Date of Birth: 03/01/71

SSN: 134-56-6668

Brian M. Smith, authorize any physician and/or nurse and/or EMS field provider who has attended me, or any hospital to which I have been confined, to release:

1. All health information and records including but not limited to any medical reports, medical records, test results, X-rays, X-ray reports, ambulance reports, paramedic reports, pre-hospital care records, billing records, narrative reports and any and all information which may be requested regarding my physical condition and treatment received with regard to an injury sustained on 8/4/17.

2. This authorization allows the release of all records covering the periods of healthcare from 8/4/17 to one year from the date of this authorization.

3. To the following recipients: (1) Village of Malone; (2) Coughlin & Gerhart, L.L.P.; (3) any health care provider who has provided or is providing care to me, or been retained to perform an independent medical examination of me; (4) any consultant or expert in a field of specialty who is retained to perform an independent assessment of the claim; (5) any governmental agencies which administer health care benefit programs; (6) the policyholder; (7) structured settlement brokers; and (8) to any employee, agent or contractor of any entity described in any of (1) through (5) above.

4. For the following purposes and uses without limitation: In connection with Performance of Duty Injury Sustained 8/4/17

5. I understand that my records may contain information relating to: (cross out and initial anything you do not want released)

(i) the presence of a communicable or venereal disease, including, but not limited to, hepatitis, syphilis, gonorrhea and Acquired Immunodeficiency Syndrome (AIDS);

(ii) the results of tests for Human Immunodeficiency Virus (HIV);

(iii) diagnosis, prognosis and/or treatment for alcohol, drug and/or substance abuse;

(iv) diagnosis, prognosis and/or treatment for cancer;

(v) genetic information, including but not limited to the results of genetic tests and screening; and

(vi) psychiatric, psychotherapeutic and/or mental health diagnosis, prognosis and/or treatment.

Right to receive copy: I understand I have a right to receive a copy of this Authorization upon request.

Right to inspect and copy: I understand that I have a right to inspect and copy any records or information disclosed pursuant to this authorization.

Right to revoke: This Authorization may be revoked by delivering to each of the recipients a written notice of revocation. Withdrawal of consent does not affect any information disclosed prior to the written notice of withdrawal. My authorized representative has the same right to revocation I do.

Effective period, expiration date: This Authorization shall be effective for no more 365 days from the date of my signature. An additional authorization may be presented for signature after that date.

Disclosure: I understand that once the information listed above has been disclosed, it may be redisclosed by the recipient and the information may not be protected by Federal privacy laws or regulations.

A copy of this request form is as valid as the original.

Signed:

B.M. Smith

Date Signed:

8/25/17



**Ciox Health**  
P.O. Box 409822  
Atlanta, GA 30384-9822  
Fed Tax ID 58 - 2659941  
1-800-367-1500

Date
10/31/2017
Request ID #
0230501410

**Ship to:**

CHIEF PREMO  
VILLAGE OF MALONE POLICE DEPT  
2 POLICE PLZ  
MALONE, NY 12953-1630

**Requested By:** VILLAGE OF MALONE PLOCE DEPT  
**Patient Name:** SMITH BRIAN M  
**DOB:** 030171

**Records from:**

ORTHOPAEDIC OUTPATIENT CENTER  
111 COLCHESTER AVE  
BURLINGTON, VT 05401-1473

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\*\*\*\*\*AUTO\*\*MIXED ADC 300  
292 4 MB 1.380  
VILLAGE OF MALONE POLICE DEPT  
CHIEF PREMO  
2 POLICE PLZ  
MALONE, NY 12953-1630

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17pgs



0017000292K0+\*

## ATTENTION

Confidential Information enclosed.  
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,  
please call the phone number on the enclosed invoice.

This information has been disclosed to you from records that may be protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see 42 CFR § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at 42 CFR §§ 2.12(c)(5) and 2.65.

If the enclosed record pertains to HIV/AIDS, it has been disclosed to you from records whose confidentiality is protected by federal and, perhaps, state law, which prohibits you from making any further disclosure of such information without the specific consent of the person to whom such information pertains or as otherwise permitted by state law. A general authorization for this release of health or other information is not sufficient for this purpose.

This is confidential and privileged information. If it contains mental health information, it is for professional use only.



185792554



POLICE DEPARTMENT  
Village of Malone  
2 Police Plaza  
Malone, New York 12953-1601

(518)-483-2424  
(518)-483-2426 FAX

Smith

mail to

13403837

5169145238

Christopher J. Pramo  
Chief of Police

FACSIMILE TRANSMITTAL SHEET

To: Dr. Claude Nichols

From: \_\_\_\_\_

Att: \_\_\_\_\_

RECEIVED

OCT 11 2017

Date: 10/05/17

ORTHOPAEDIC SPECIALTY  
CENTER

Case: \_\_\_\_\_

OCT 10 2017

CONFIDENTIAL Yes ( ) No ( )

Please return to Chief Pramo, 2 Police Plaza  
Malone, NY 12953

Thanks

By: Chief Pramo

2 Pages including cover page

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If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address. Thank You

## Visit Summary

### Reason for Visit

Shoulder Pain

### Diagnoses

Chronic left shoulder pain - Primary

Comments:

### Allergies as of 10/2/2017

Reviewed On: 10/2/2017 By: Pelsor, Lynette M

	Noted	Reaction Type	Reactions
Chocolate Flavor	06/14/2010		Hives
Motrin (Ibuprofen)	06/08/2012		GI upset
Penicillins	06/14/2010		Hives

### Vitals

Most recent update: 10/2/2017 8:20 by Pelsor, Lynette M

HT	WT	BMI
175.3 cm (69")	97.5 kg (215 lb)	31.75 kg/m <sup>2</sup>

### BMI and BSA Data

Body Mass Index	Body Surface Area
31.75 kg/m <sup>2</sup>	2.18 m <sup>2</sup>

### Pain Information

No pain information on file

## Medications

### Medications the Patient Reported Taking

	Disp	Refills	Start	End
--	------	---------	-------	-----

#### ACETAMINOPHEN (TYLENOL EXTRA STRENGTH ORAL) (Taking)

Sig: Take 1,000 mg by mouth 3 times daily.  
Class: Historical Med  
Route: oral

#### AMLODIPINE BESYLATE (AMLODIPINE ORAL) (Taking)

Sig: Take by mouth 2 times daily.  
Class: Historical Med  
Route: oral

#### aspirin chewable 81 mg tablet (Taking)

Sig: Take 81 mg by mouth daily.  
Class: Historical Med  
Route: oral

#### atorvastatin (LIPITOR) 10 mg tablet (Taking)

Sig: Take 20 mg by mouth daily.  
Class: Historical Med  
Route: oral

#### esomeprazole (NEXIUM) 40 mg capsule (Taking)

Sig: Take 40 mg by mouth daily



## Medications (continued)

### Medications the Patient Reported Taking (continued)

	Disp	Refills	Start	End
--	------	---------	-------	-----

Class: Historical Med

Route: oral

**hydroCHLORothiazide (HYDRODIURIL) 25 mg tablet (Taking)**

Sig: Take 25 mg by mouth daily.

Class: Historical Med

Route: oral

**losartan (COZAAR) 100 mg tablet (Taking)**

Sig: Take 100 mg by mouth daily.

Class: Historical Med

Route: oral

### Medications at Start of Encounter

	Disp	Refills	Start	End
--	------	---------	-------	-----

**ACETAMINOPHEN (TYLENOL EXTRA STRENGTH ORAL) (Taking)**

Sig - Route: Take 1,000 mg by mouth 3 times daily. - oral

Class: Historical Med

**AMLODIPINE BESYLATE (AMLODIPINE ORAL) (Taking)**

Sig - Route: Take by mouth 2 times daily. - oral

Class: Historical Med

**aspirin chewable 81 mg tablet (Taking)**

Sig - Route: Take 81 mg by mouth daily. - oral

Class: Historical Med

**atorvastatin (LIPITOR) 10 mg tablet (Taking)**

Sig - Route: Take 20 mg by mouth daily. - oral

Class: Historical Med

**esomeprazole (NEXIUM) 40 mg capsule (Taking)**

Sig - Route: Take 40 mg by mouth daily. - oral

Class: Historical Med

**losartan (COZAAR) 100 mg tablet (Taking)**

Sig - Route: Take 100 mg by mouth daily. - oral

Class: Historical Med

## Telephone Encounter Medications

### All Meds and Administrations

(There are no med orders for this encounter)

### All Orders

**hydroCHLORothiazide (HYDRODIURIL) 25 mg tablet [84587713]**

Electronically signed by: **Pelsor, Lynette M** on 10/02/17 0830

Ordering user: **Pelsor, Lynette M** 10/02/17 0830

Status: **Active**

Frequency: **DAILY** - Until Discontinued

Authorized by: **Provider, Historical, MD**

## Clinical Lab Results

### Lab Results

No matching results found

### Microbiology Results

No matching results found

## Imaging Results

### Imaging Results

No matching results found

## ECG/Echo Results

### ECG/Echo Results

No matching results found

## Pathology Reports

### Pathology Reports

No matching results found

## All Visit Notes

### Progress Notes by Nichols, Claude E, MD at 10/2/2017 8:15

Author: Nichols, Claude E, MD

Service: Orthopedics

Author Type: Physician

Filed: 10/29/2017 18:52

Encounter Date: 10/2/2017

Status: Signed

Editor: Nichols, Claude E, MD (Physician)

**PROBLEM:** Left shoulder pain.

**SUBJECTIVE:** Officer Smith is a 46-year-old police officer who injured his left shoulder on August 4th. He was wrestling with a person who was then tazed. Officer Smith then had to support the person's weight (approximately 185 pounds) with his left arm. At that time, he felt a little twinge and did not think much of it; however, over the ensuing 2 weeks, he noticed increasing pain. He tried to shoot his bow and found that he could not hold the bow with his left arm comfortably. It has since gotten worse. He was seen in the emergency room at Alice Hyde where radiographs were taken. He is here today for evaluation.

Mr Smith points to the posterior aspect of his shoulder, his chest and his arm as the source of discomfort. He describes it as a throbbing pain with burning into the arm. The pain radiates into the elbow as well. It bothers him when he hugs his children. He cannot do a push-up. He cannot push a Child Safe bottle cap to open it. He has pain with activities both above and below shoulder level. He has pain at night.

He denies any neck stiffness. He does have some numbness and tingling in his small and ring fingers. He has had an ulnar transposition in the past.

At the present time, he takes hydrocodone for the discomfort. He has had no physical therapy.

The rest of his past medical history, surgical history, medications, and allergies are noted in PRISM.

Smith, Brian M (MR#0013403837)

**All Visit Notes (continued)**

**Progress Notes by Nichols, Claude E, MD at 10/2/2017 8:15 (continued)**

**OBJECTIVE:** Examination of the left upper extremity shows a well-healed surgical incision from his previous biceps tenodesis performed by myself. Yergason's test shows excellent contraction of the muscle belly.

There is slight scapular lateralization. Active elevation is 150 with pain anteriorly, scapular abduction full with scapular pain.

External rotation is increased on the left side compared to his right, 60 degrees versus 50 degrees. Internal rotation is limited to S1. Lift-off test is painful. Abdominal press and bear hug tests are also painful with discomfort in the triceps. He has 5/5 scapular abductor strength with some mild discomfort. There is no pain with resisted external rotation.

There is tenderness over the lesser tuberosity. The greater tuberosity is less tender. There is local discomfort over the supraclavicular fossa. The AC joint and bicipital groove are nontender.

Range of motion of the cervical spine is full and pain free. His neurologic exam shows intact motor C6 through T1. There is slight decreased sensation to light touch in the ulnar nerve distribution consistent with his previous ulnar nerve transposition.

Radiographs taken on 09/08/2017 show a normal humeral acromial distance. There is no evidence of glenohumeral arthrosis. The AC joint is benign. There is no evidence of chest wall pathology.

**ASSESSMENT:** Mr Smith has increased external rotation in comparison to his contralateral right side, he has pain with subscapularis provocative maneuvers. He has a mechanism of injury. I suspect that he has a subscapularis injury. I think a reasonable way to approach this would be with imaging to assess if there is any structural damage and if there is, how significant it is. At that point, we can discuss operative versus nonoperative treatment options. He is in agreement with this.

**PLAN:** MR arthrogram, left shoulder. I will see him back after the study.

Electronically signed by Nichols, Claude E, MD at 10/29/2017 18:52

**Encounter-Level Documents - 10/02/2017:**

Questionnaires - Scan on 10/5/2017 10:14 (below)

Encounter-Level Documents - 10/02/2017: (continued)

THE  
University of Vermont  
MEDICAL CENTER

**SPORTS MEDICINE**

Orthopaedics and Rehabilitation  
192 Tilley Drive  
South Burlington, VT 05403  
802 847-BONE (2663)

MRN: 13403837  
Provider: Michael S  
Date: 10/2/17  
Time: 8:15

**PATIENT INFORMATION**

Patient's Name: Brian M. Smith Date of Birth: 03/01/71  
Phone: (518) 521-6303 Best time to call: Anytime  
Primary Care MD: Dr. Anjni Bhagat Referring MD: \_\_\_\_\_  
Address: East Main St Address: \_\_\_\_\_  
Malone NY 12953  
Phone: (518) 483-0705 Phone: \_\_\_\_\_

**PRESENT HISTORY**

Chief Complaint/Reason for today's visit? left shoulder Pain and Weakness  
What are your goals for today's visit? Diagnosis

How long have you had this problem? 8 weeks  
Is your problem the result of a specific injury? ☒ Yes ☐ No When was the injury? 9/4/17

What makes the problem worse (activities/positions)? Activity: Pulling Pushing  
Anything with elbow away from body arm extended  
What makes the problem better? rest

How would you rate your injured joint overall as a percentage of normal (0-100%) with 100% being a completely normal joint? 50/50

Does this problem interfere with sleep? ☒ Yes ☐ No

Is there a workers' compensation claim regarding this problem? ☒ Yes ☐ No  
Is there legal action regarding this problem? ☐ Yes ☒ No

Have you previously had surgery for this problem? ☐ Yes ☒ No  
If so, what surgery and who was the surgeon? \_\_\_\_\_

Did the surgery help? \_\_\_\_\_

Are you currently taking narcotic pain medication for this problem? ☒ Yes ☐ No  
If yes, which medication and how frequently? Hydrocodone 5/325

Who prescribes this medication? Urgent Care in Malone

Page 1 of 4



Encounter-Level Documents - 10/02/2017: (continued)

Have you had any injections for this problem?

☐ Yes ☒ No

If yes, who performed the injection and when?

Did it help?

Have you participated in physical therapy?

☐ Yes ☒ No

Where?

Did it help?

Other treatments? (i.e. bracing)

**MEDICAL HISTORY**

Please list any current medical problems or previous illnesses requiring hospitalization

Kidney Failure - 2013

Diverticulitis - 2014

Left Shoulder Bicep Tenodesis - 2012?

**SURGICAL HISTORY**

Surgery	Year	Complications
Left Shoulder	2012	
Right Shoulder	2010	
Left Knee	2005	
Left Ulnar Nerve Transplant	1999	
Right Ankle	1989	

**MEDICATIONS**

Please list your current medications including herbal supplements

Atorvastatin 20mg  
Losartan - 100mg Nexium 20mg, Amlodipine Besylate - 5mg  
Elm Aspirin, Hydrochlorothiazide 25mg Potassium - 20mg

Do you take any blood thinners (Coumadin, Plavix)?

☐ Yes ☒ No

If yes, list here:

Do you take oral contraceptives (birth control pills)?

☐ Yes ☒ No

If yes, list here:

**ALLERGIES TO MEDICATIONS (please list medication and reaction, if known)**

PCN - Hives

Do you have a latex allergy?

☐ Yes ☒ No

Encounter-Level Documents - 10/02/2017: (continued)

**FAMILY HISTORY**

	You?		Family?	
	Yes	No	Yes	No
Deep Venous Thrombosis (blood clots)		X		X
Bleeding problems		X		X
Inflammatory Arthritis (i.e. Rheumatoid Arthritis)		X	X	
Auto-immune disease (i.e. Lupus)		X		X
Connective Tissue Disorder (i.e. Marfan's, Ehler-Danlos)		X		X
Other orthopedic problems		X		X
Heart Disease?	X			X
Diabetes?		X	X	
		X		X

**SOCIAL HISTORY**

Occupation Police Officer

Currently working? ☒ Yes ☐ No  
If no, date last worked? \_\_\_\_\_

If you are a student:

School/Grade \_\_\_\_\_

Do you smoke?

- ☐ Yes, I've smoked \_\_\_\_\_ packs of cigarettes per day for \_\_\_\_\_ years.  
☐ Yes, I smoke cigars, pipe, or chew tobacco.  
☒ No, I have never smoked. No, I quit \_\_\_\_\_ years ago.

Do you drink alcohol?

If yes, how often?

- ☒ Yes ☐ No  
☐ Daily ☒ 1 or more times/week ☐ 1 or more times/month

What sports or exercises do you do?

Bowling, Walking

Current Height 5 ft 9 in

Weight 215 lbs.

**REVIEW OF SYSTEMS**

Are you currently, or have you ever had problems with:

**CONSTITUTIONAL**

Unexplained Weight Loss  
Night Sweats  
Fever

**EYES**

Wear Glasses or Contacts  
Infections  
Injuries

**EAR, NOSE, THROAT & MOUTH**

Hearing Loss  
Tinnitus (Ringing in the ears)  
Balance Disturbance  
Sinus Problems

**CIRCLE ONE**

YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒

☒ YES ☐ NO  
YES ☐ NO ☒  
YES ☐ NO ☒

YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒

**CARDIOVASCULAR**

Chest Pain or Angina  
Heart Murmur  
Heart Attack  
Blood Clots

**RESPIRATORY**

Asthma  
Chronic Cough  
Emphysema  
Shortness of Breath  
Pneumonia  
Lung Cancer  
Tuberculosis

**CIRCLE ONE**

YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒

YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒  
YES ☐ NO ☒

Encounter-Level Documents - 10/02/2017: (continued)

**REVIEW OF SYSTEMS (Continued)**

Are you currently, or have you ever had problems with:

<b>GASTROINTESTINAL</b>	<b>CIRCLE ONE</b>	<b>ENDOCRINE</b>	<b>CIRCLE ONE</b>
Nausea	YES <input type="radio"/> NO <input checked="" type="radio"/>	Diabetes	YES <input type="radio"/> NO <input checked="" type="radio"/>
Vomiting	YES <input type="radio"/> NO <input checked="" type="radio"/>	Requiring insulin?	YES <input type="radio"/> NO <input checked="" type="radio"/>
Colon Cancer	YES <input type="radio"/> NO <input checked="" type="radio"/>	Thyroid Disease / Disorder	YES <input type="radio"/> NO <input checked="" type="radio"/>
Stomach Ulcer	YES <input type="radio"/> NO <input checked="" type="radio"/>	Hormone Problems	YES <input type="radio"/> NO <input checked="" type="radio"/>
Hepatitis	YES <input type="radio"/> NO <input checked="" type="radio"/>	<b>HEMATOLOGIC/LYMPHATIC</b>	
<b>GENITOURINARY</b>		Anemia	YES <input type="radio"/> NO <input checked="" type="radio"/>
Urinary Tract Infections	YES <input type="radio"/> NO <input checked="" type="radio"/>	Hemophilia	YES <input type="radio"/> NO <input checked="" type="radio"/>
Kidney Stones	YES <input type="radio"/> NO <input checked="" type="radio"/>	Bleeding Tendencies	YES <input type="radio"/> NO <input checked="" type="radio"/>
<b>MUSCULOSKELETAL</b>		Persistent Swollen Glands / Lymph	YES <input type="radio"/> NO <input checked="" type="radio"/>
Broken Bones	<input checked="" type="radio"/> YES <input type="radio"/> NO	Blood Transfusion	YES <input type="radio"/> NO <input checked="" type="radio"/>
Back Pain	<input checked="" type="radio"/> YES <input type="radio"/> NO	If yes, when?	
Arm or Leg Pain	<input checked="" type="radio"/> YES <input type="radio"/> NO	Easy bleeding or bruising	YES <input type="radio"/> NO <input checked="" type="radio"/>
Joint Pain or Swelling	<input checked="" type="radio"/> YES <input type="radio"/> NO	Cancer	YES <input type="radio"/> NO <input checked="" type="radio"/>
Numbness	<input checked="" type="radio"/> YES <input type="radio"/> NO	<b>ALLERGIC/IMMUNOLOGIC</b>	
Osteoporosis	YES <input type="radio"/> NO <input checked="" type="radio"/>	Inhalant (Nasal) Allergies	YES <input type="radio"/> NO <input checked="" type="radio"/>
Instability / giving way / dislocation	YES <input type="radio"/> NO <input checked="" type="radio"/>	Immunologic Disorders	YES <input type="radio"/> NO <input checked="" type="radio"/>
Joint Stiffness	<input checked="" type="radio"/> YES <input type="radio"/> NO	<b>PSYCHIATRIC</b>	
Scoliosis	<input checked="" type="radio"/> YES <input type="radio"/> NO	Anxiety	YES <input type="radio"/> NO <input checked="" type="radio"/>
Spinal Conditions	<input checked="" type="radio"/> YES <input type="radio"/> NO	Depression	YES <input type="radio"/> NO <input checked="" type="radio"/>
<b>INTEGUMENTARY</b>		Other Psychiatric Disorder	YES <input type="radio"/> NO <input checked="" type="radio"/>
Skin Cancer	YES <input type="radio"/> NO <input checked="" type="radio"/>	<b>NEUROLOGICAL</b>	
Skin Ulcers	YES <input type="radio"/> NO <input checked="" type="radio"/>	Fainting Spells or "Blacking Out"	YES <input type="radio"/> NO <input checked="" type="radio"/>
Rashes	YES <input type="radio"/> NO <input checked="" type="radio"/>	Seizures	YES <input type="radio"/> NO <input checked="" type="radio"/>
		Arm or Leg Weakness	YES <input type="radio"/> NO <input checked="" type="radio"/>
		Stroke	YES <input type="radio"/> NO <input checked="" type="radio"/>
		Headaches	YES <input type="radio"/> NO <input checked="" type="radio"/>

The above information is accurate to the best of my knowledge.

Patient Signature

Date

I have reviewed the above information with the patient.

Provider Signature

Date

THE  
University of Vermont  
MEDICAL CENTER

111 Colchester Avenue  
Burlington, VT 05401

S PROSPECT HIM  
1 South Prospect St  
Burlington VT 05401

SMITH, BRIAN M  
MRN: 0013403837  
DOB: 3/1/1971, Sex: M  
Enc. Date: 10/02/17

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Encounter-Level Documents - 10/02/2017: (continued)

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Questionnaires - Scan on 10/5/2017 10:07 (below)

THE  
University of Vermont  
MEDICAL CENTER

MRN 0013403837  
Patient Name Smith, Brian  
Date of Birth 3/1/71

**MR Safety Questionnaire**

Please indicate if you have any of the following:

<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	HAVE YOU EVER HAD A PIECE OF METAL GET INTO YOUR EYE, IF SO WHEN?:
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	INJURY WITH METALLIC FRAGMENTS OR FOREIGN BODY
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	EYELID SPRING OR WIRE
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	ANEURYSM CLIP(S) OR ANEURYSM COILING
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	CARDIAC PACEMAKER, DEFIBRILLATOR, HEART VALVE PROSTHESIS, IF SO WHEN?:
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	ELECTRONIC IMPLANT OR DEVICE (I.E. PUMP OR STIMULATOR)
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	INTERNAL ELECTRODES OR WIRES
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	COCHLEAR, OTOLOGIC, HEARING AID(S) OR OTHER EAR IMPLANT
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	OTHER IMPLANTS?:
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	ANY TYPE OF PROSTHESIS (I.E. EYE, PENILE, LEG, ETC.) OTHER:
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	METALLIC STENT, COIL OR IVC FILTER
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	SHUNT (I.E. SPINAL OR INTRAVENTRICULAR)
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	VASCULAR ACCESS PORT AND/OR CATHETER
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	TISSUE EXPANDER (I.E. BREAST)
<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	ORTHOPEDIC HARDWARE (I.E. JOINT REPLACEMENT, PIN, WIRE, ETC.), IF SO WHERE?: <u>Right Ankle</u>
<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	MEDICATION PATCH ON SKIN
<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	TATTOO OR PERMANENT MAKEUP
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	BODY PIERCING JEWELRY
<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	DO YOU HAVE A HISTORY OF KIDNEY DISEASE - <u>Renal failure x1 - 2 Dialysis</u>
<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	DO YOU HAVE A HISTORY OF HIGH BLOOD PRESSURE
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	DO YOU HAVE A HISTORY OF DIABETES
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	DO YOU HAVE A HISTORY OF LIVER DISEASE
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	BREATHING PROBLEMS OR MOTION DISORDER
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	CLAUSTROPHOBIA? MEDS?: Yes or No

Office Use Only  
Creatinine          GFR          Date           
(If over 15mg/dl send pt to lab stat)  
Normal range: >18 years 0.8-1.3 mg/dl

2. Please provide your approximate weight: 215

3. Is there a chance that you are pregnant?

☐ YES ☒ NO DATE OF LMP?:

4. IUD, Diaphragm, or Pessary?

☐ YES ☒ NO

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of person completing form: Carol Palmer Date: 10/2/17

Form completed by?(Please circle) Patient / Relative / Nurse Carol Palmer RN OSC

Office use only in shaded area	
Form reviewed by:	RELATION TO PATIENT
MR Technologist: <u>MA</u> <u>RN</u> <u>Radiologist</u> <u>Other(Please state)</u>	

University of Vermont  
MEDICAL CENTER

111 Colchester Avenue  
Burlington VT 05401

S PROSPECT HIM  
1 South Prospect St  
Burlington VT 05401

SMITH, BRIAN M  
MRN: 0013403837  
DOB: 3/1/1971, Sex: M  
Enc. Date: 10/02/17

518 521 6303



University of Vermont  
MEDICAL CENTER

111 Colchester Avenue  
Burlington VT 05401

S PROSPECT HIM  
1 South Prospect St  
Burlington VT 05401

SMITH, BRIAN M  
MRN: 0013403837  
DOB: 3/1/1971, Sex: M  
Enc. Date: 10/02/17

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University of Vermont  
MEDICAL CENTER

111 Colchester Avenue  
Burlington VT 05401

S PROSPECT HIM  
1 South Prospect St  
Burlington VT 05401

SMITH, BRIAN M  
MRN: 0013403837  
DOB: 3/1/1971, Sex: M  
Enc. Date: 10/02/17

**Order-Level Documents:**

There are no order-level documents.

**Encounter-Level E-Signatures:**

There are no encounter-level e-signatures.

**END OF REPORT**



1-802-847-5531



**POLICE DEPARTMENT**  
**Village of Malone**  
**2 Police Plaza**  
**Malone, New York 12953-1601**

**(518)-483-2424**  
**(518)-483-2426 FAX**

**Christopher J. Premo**  
**Chief of Police**

**FACSIMILE TRANSMITTAL SHEET**

**To:** Dr. Claude Nichols **From:** Christopher Premo  
Att. Chief of Police

**Date:** 10/02/2017

**Case:**

**CONFIDENTIAL**      **Yes ( )**      **No ( )**

Please return to Chief Premo, 2 Police Plaza  
Malone, NY 12953

Thanks!

**By:** Chief Chris Premo

2 **Pages including cover page**

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient or agent; you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address. Thank You

**AUTHORIZATION TO RELEASE CONFIDENTIAL PERSONAL HEALTH INFORMATION**

To: DR. Claude Elmer Nichols  
192 T.iley Drive, South Burlington, VT 05403

Patient: Brian M. Smith  
Address: PO Box 894, Chateaugay, NY  
12920

Date of Birth: 03/01/71  
SS#: 134-56-6668

I, Brian M Smith, authorize any physician and/or nurse and/or EMS field provider who has attended me, or any hospital to which I have been confined, to release:

1. All health information and records including but not limited to any medical reports, medical records, test results, X-rays, X-ray reports, ambulance reports, paramedic reports, pre-hospital care records, billing records, narrative reports and any and all information which may be requested regarding my physical condition and treatment received with regard to an injury sustained on 8/4/17.

2. This authorization allows the release of all records covering the periods of healthcare from 8/4/17 to one year from the date of this authorization.

3. To the following recipients: (1) Village of Malone; (2) Coughlin & Gerhart, L.L.P.; (3) any health care provider who has provided or is providing care to me, or been retained to perform an independent medical examination of me; (4) any consultant or expert in a field of specialty who is retained to perform an independent assessment of the claim; (5) any governmental agencies which administer health care benefit programs; (6) the policyholder; (7) structured settlement brokers; and (8) to any employee, agent or contractor of any entity described in any of (1) through (5) above.

4. For the following purposes and uses without limitation: in connection with Performance of Duty Injury Sustained 8/4/17

5. I understand that my records may contain information relating to: (cross out and initial anything you do not want released)

~~(i) the presence of a communicable or venereal disease, including, but not limited to, hepatitis, syphilis, gonorrhea and Acquired Immunodeficiency Syndrome (AIDS);~~

~~(ii) the results of tests for Human Immunodeficiency Virus (HIV);~~

~~(iii) diagnosis, prognosis and/or treatment for alcohol, drug and/or substance abuse;~~

~~(iv) diagnosis, prognosis and/or treatment for cancer;~~

~~(v) genetic information, including but not limited to the results of genetic tests and screening; and~~

~~(vi) psychiatric, psychotherapeutic and/or mental health diagnosis, prognosis and/or treatment.~~

**Right to receive copy:** I understand I have a right to receive a copy of this Authorization upon request.

**Right to inspect and copy:** I understand that I have a right to inspect and copy any records or information disclosed pursuant to this authorization

**Right to revoke:** This Authorization may be revoked by delivering to each of the recipients a written notice of revocation. Withdrawal of consent does not affect any information disclosed prior to the written notice of withdrawal. My authorized representative has the same right to revocation I do.

**Effective period, expiration date:** This Authorization shall be effective for no more 365 days from the date of my signature. An additional authorization may be presented for signature after that date.

**Disclosure:** I understand that once the information listed above has been disclosed, it may be redisclosed by the recipient and the information may not be protected by Federal privacy laws or regulations.

A copy of this request form is as valid as the original.

Signed: B.M. Smith

Date Signed: 8/25/17



TILLEY DRIVE SPORTS AND TRAUMA  
MEDICINE  
Orthopedics Specialty Center  
192 Tilley Dr  
So Burlington VT 05403  
Dept: 802-847-2663

October 10, 2012

Brian M Smith  
6940 State Rte 374  
Po Box 894  
Chateaugay NY 12920

To Whom It May Concern:

RE: Brian M Smith (DOB: 3/1/1971)

He will be able to return to work on 11/26/2012 with no restrictions.

I plan to see him again as needed.

CLAUDE E NICHOLS, MD

Brian M Smith

MRN # 0013403837

10/10/2012



## Alice Hyde Orthopaedic & Sports Medicine Center

187 Park Street, Suite 2, Malone, NY 12953  
Office (518) 481-2790 • Fax (518) 481-2788

Marco R. Berard, M.D.  
Orthopaedic Surgeon

Dragos Macelar, M.D.  
Orthopaedic Surgeon

Richard P. Finch, P.A.

### WORK/SCHOOL NOTICE

Date: 2/22/12

Name of patient: Brian Smith

Patient is unable to attend work/school from 1/30/12 until 2/27/2012

☐ Return to work/school will be determined at next evaluation on 2/27/2012

☐ Authorization pending for \_\_\_\_\_

Patient may return to work/school on \_\_\_\_\_ ☐ Light duty ☐ Full duty

☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

If the above restrictions can not be met by the employer, then the patient is to be out of work until \_\_\_\_\_

Patient is unable to participate in gym/sports from \_\_\_\_\_ until \_\_\_\_\_

☐ Return to gym/sports will be determined at next evaluation on \_\_\_\_\_

Patient may participate in gym/sports on \_\_\_\_\_

☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

☐ Please allow patient to do walking during gym class.

☐ Please allow patient to do Physical Therapy exercises during gym class.

☐ Please allow patient to do upper body exercises during gym class.

☐ Please allow patient to do lower body exercised during gym class.

\*\* Return to normal activity on \_\_\_\_\_

Please allow patient to use: crutches/elevator/wheelchair/brace/backpack/cane/walker

Provider Signature \_\_\_\_\_

Marco Berard, MD/Dragos Macelar, MD/Rick Finch, PA/Marie Haggarty PA



F A X

**ahmc**

To: User Entered Recipient

Fax number: 94832426

**From:** DeBeer Riley, Julie

**Fax number:** 518-481-2788

Business phone:

Home phone:

Date & Time: 2/22/2012 10:49:24 AM

Pages: 2

Re: Work/School/Gym Notes

Alice Hyde Orthopedic and Sports Medicine Center  
187 Park Street, Suite 2  
Malone, NY 12953  
518-481-2790

WORK/SCHOOL NOTICE

Date: 2/27/2012

Name of patient: Smith, Brian M

Patient is unable to attend ☒ WORK ☐ SCHOOL  
from ☒ today or ☐ (date) \_\_\_\_\_  
until ☒ next visit or ☐ (date) \_\_\_\_\_

Patient is unable to participate in ☐ GYM ☐ SPORTS  
from ☐ today or ☐ (date) \_\_\_\_\_  
until ☐ next visit or ☐ (date) \_\_\_\_\_

Return to ☐ WORK ☐ SCHOOL  
☐ today or ☐ (date) \_\_\_\_\_ or ☐ will be determined at next visit.  
☐ Light duty ☐ Full duty  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_  
(If the above restrictions can not be met by the employer, then the patient is to be out of work  
until ☐ next visit or ☐ (date) \_\_\_\_\_)

Return to ☐ GYM ☐ SPORTS  
☐ today or ☐ (date) \_\_\_\_\_ or ☐ will be determined at next visit.  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

Please allow patient to do during gym class: ☐ walking  
☐ Physical Therapy exercises ☐ upper body exercises ☐ lower body exercises

Please allow patient to use: ☐ crutches ☐ walker ☐ cane ☐ brace  
☐ wheelchair ☐ elevator ☐ backpack

Notes: \_\_\_\_\_

Provider Signature

*R 71 PA c*

Marco Berard, MD/Dragos Macelar, MD/Rick Finch, PA/Marie Haggarty, PA

Alice Hyde Orthopedic and Sports Medicine Center  
187 Park Street, Suite 2  
Malone, NY 12953  
518-481-2790

WORK/SCHOOL NOTICE

Date: 1/18/2012

Name of patient: Smith, Brian M

Patient is unable to attend

☒ WORK

☐ SCHOOL

from ☒ today or ☐ (date) \_\_\_\_\_

until ☒ next visit or ☐ (date) 2/18/12

Patient is unable to participate in

☐ GYM

☐ SPORTS

from ☐ today or ☐ (date) \_\_\_\_\_

until ☐ next visit or ☐ (date) \_\_\_\_\_

Return to ☐ WORK

☐ SCHOOL

☐ today or ☐ (date) \_\_\_\_\_

or ☐ will be determined at next visit.

☐ Light duty ☐ Full duty

☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

(If the above restrictions can not be met by the employer, then the patient is to be out of work

until ☐ next visit or ☐ (date) \_\_\_\_\_

Return to ☐ GYM

☐ SPORTS

☐ today or ☐ (date) \_\_\_\_\_

or ☐ will be determined at next visit.

☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

Please allow patient to do during gym class: ☐ walking

☐ Physical Therapy exercises ☐ upper body exercises ☐ lower body exercises

Please allow patient to use: ☐ crutches ☐ walker

☐ cane

☐ brace

☐ wheelchair ☐ elevator ☐ backpack

Notes: \_\_\_\_\_

*RJ Mac*

Provider Signature

Marco Berard, MD/Dragos Macelar, MD/Rick Finch, PA/Marie Haggarty, PA

**Smith, Brian M.** 03/01/1971

1 of 1

Office/Outpatient Visit

**Visit Date:** Wed, Jan 18, 2012 08:40 am

**Provider:** Richard Finch, P.A. (Supervisor: Marco Berard, MD; Assistant: Julie DeBeer Riley, ROT/LPN)

**Location:** Orthopedic and Sports Medicine

## Patient Recommendations:

For Left Shoulder pain:

Continue physical therapy. Avoid strenuous physical sports and other activities that are prone to cause re-injury during recovery. Follow up with Dr. Berard.



THE  
University of Vermont  
MEDICAL CENTER

UVM MEDICAL CENTER SPORTS MEDICINE  
PROGRAM - TILLEY  
Orthopedics and Rehabilitation  
192 Tilley Dr  
So Burlington VT 05403  
Dept: 802-847-6000

December 1, 2017

Brian M Smith  
Po Box 894  
Chateaugay NY 12920

To Whom It May Concern:

RE: Brian M Smith (DOB: 3/1/1971)

Brian sustained a work-related left shoulder injury on 8/4/17 and requires surgery. Due to pain and limited function he is unable to perform his job duties.



Carol Palmer, RN  
For  
Dr. Claude Nichols, MD

VILLAGE OF MALONE  
14 ELM STREET  
MALONE, NEW YORK 12953  
(518) 483-6308

December 2, 2011

Mr. Brian Smith  
6940 State Route 374  
P.O. Box 894  
Chateaugay, New York 12920

RE: Section 207-c Benefits

Dear Brian:

The Village Board of Trustees have designated that your December 1, 2011 surgery due to a January 2, 2005 injury qualifies you for benefits under Section 207-c of the General Municipal Law (GML) for the period of time you are absent from your duties as a Police Officer.

Pursuant to GML Section 207-c you are entitled to only your full salary and medical treatment for the work-related injury or illness. You are not entitled to any contractual benefits, including health insurance. You are however, entitled to twelve (12) weeks of health insurance per the Family and Medical Leave Act (FMLA). After twelve (12) weeks, you may obtain health insurance from the Village after paying 100% of the cost.

Enclosed are the following FMLA documents:

1. Form WH-381 (Keep for your information)
2. Form WH-380-E (To be returned)

Please complete Section II of Form WH-380-E. Your Health Care Provider needs to complete Section III.

In order for the Village to determine whether your absence qualifies as FMLA leave, you must return completed Form WH-380-E by December 23, 2011.

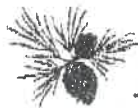
If you have any questions, please contact me at 483-6308.

Sincerely,

*Dorothy M. Maguire*

Dorothy M. Maguire  
Village Treasurer

Cc: Brent S. Stewart, Village Mayor  
Christopher Premo, Village Police Chief

**Alice Hyde Orthopaedic & Sports Medicine Center**

187 Park Street, Suite 2, Malone, NY 12953  
Office (518) 481-2780 • Fax (518) 481-2788

Marco R. Barard, M.D.  
Orthopaedic Surgeon

Dragos Macolaru, M.D.  
Orthopaedic Surgeon

Richard P. Finch, P.A.

**FAX TRANSMITTAL COVERSHEET****"Confidential Health Information May Be Enclosed"**

This facsimile may contain Protected Health Information that is of a sensitive and confidential nature. It is being faxed to you with the authorization of the patient or under circumstances where authorization is required. You are required to maintain this information in a secure and confidential manner and are prohibited from re-disclosing it without first obtaining the patient's consent or as otherwise permitted by law. Unauthorized re-disclosure may subject you to federal and state law penalties.

To: Chief Premo

From: \_\_\_\_\_

Fax: 483-2426

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Time: \_\_\_\_\_

Re: \_\_\_\_\_

Pages: \_\_\_\_\_

(Including Cover Page)

Verification of Receipt by: ☐ Phone Call ☐ E-Mail ☐ Pager ☐ Return Fax

**MESSAGE:**

"IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message."

Unit 483-2426

**Alice Hyde Orthopedic & Sports Medicine Center**187 Park Street, Suite 2, Maline, NY 12953  
Office (518) 481-2780 • Fax (518) 481-2788Marco R. Berard, M.D.  
Orthopaedic SurgeonDragos Macelar, M.D.  
Orthopaedic Surgeon

Richard P. Finch, PA

**WORK/SCHOOL NOTICE**Date: 11/28/11Name of patient: Brian SmithPatient is unable to attend work/school from Dec 1 until Dec 7  
☐ Return to work/school will be determined at next evaluation on \_\_\_\_\_☐ Authorization pending for \_\_\_\_\_Patient may return to work/school on \_\_\_\_\_  
☐ No restrictions or ☐ with the following restrictions: ☐ Light duty ☐ Full duty

If the above restrictions cannot be met by the employer, then the patient is to be out of work until \_\_\_\_\_

Patient is unable to participate in gym/sports from \_\_\_\_\_ until \_\_\_\_\_  
☐ Return to gym/sports will be determined at next evaluation on \_\_\_\_\_Patient may participate in gym/sports on \_\_\_\_\_  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

- ☐ Please allow patient to do walking during gym class.
  - ☐ Please allow patient to do Physical Therapy exercises during gym class.
  - ☐ Please allow patient to do upper body exercises during gym class.
  - ☐ Please allow patient to do lower body exercised during gym class.
- \*\* Return to normal activity on \_\_\_\_\_

Please allow patient to use: crutches/elevator/wheelchair/brace/backpack/cane/walker

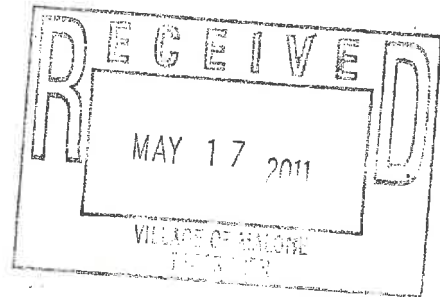
Provider Signature \_\_\_\_\_

Marco Berard, MD/Dragos Macelar, MD/Rick Finch, PA/Marie Haggarty PA



Office of the Civil Division  
**Franklin County Sheriff**

45 Bare Hill Road  
Malone, New York 12953  
Civil Phone 518-483-3349 OR 3529  
Fax 518-483-7930



DATE: May 17, 2011

EMPLOYER'S NAME: VILLAGE OF MALONE

EMPLOYEE'S NAME: BRIAN M. SMITH

**Contact Attorney if S.# is needed**

FILE NUMBER: 11000313

**Notice to Employer:**

Enclosed find an Income Execution naming your employee as the defendant in this action. Please commence deducting the amount required from the employee's earnings, to satisfy this Execution. If at the present time you are already honoring an execution sent to you, please place this one in line and once the first one is satisfied, please continue on with the next one in line.

In regards to the amount listed in the Execution, the following amounts will be collected:

Execution amount **\$2,037.20** Plus filing fees for First & Second Stage & mileage  
Fees and interest minus any payments  
Sheriff's Poundage 5 % of payment,  
Interest 9% annually computed daily from date of judgment: 3/29/2011  
Total as of this date **\$2,250.93**

The interest on the amount due begins to accumulate on the above date and is re-calculated on the declining balance as each payment is received. Because we have no way of knowing when payments will start, how often they will be sent, or the amounts to be sent, it is impossible to show in advance the exact amount that will be need to be collected to satisfy Execution.

**When you believe the Execution is close to being satisfied contact our office. DO NOT STOP DEDUCTIONS.** You are required to remit the deductions regularly and to make checks payable to the Franklin County Sheriff 's Office "CIVIL DIVISION", 45 Bare Hill Road Malone NY 12953 until we notify you the execution is satisfied. Each payment remitted by an employer shall include the NAME and ACCOUNT NUMBER on EACH REMITTANCE. **If the employee leaves your employment and is not expected to return within 90 days, or for any other reason you discontinue deductions, you must notify the Income Execution Unit in writing by mail or fax. Fax# is (518)483-7930.**

**Please contact our Civil Division Income Execution Unit at (518)483-3529 if you have any questions. If you fail to comply with requirements of this Income Execution, the judgment creditor may commence a proceeding against you for the accrued installments (CPLR S5231 (f)).**

**Please make all checks and money orders payable to:**

Franklin County Sheriff 's Office  
Attn: CIVIL DIVISION  
45 Bare Hill Road  
Malone NY 12953

Very Truly Yours,

Kevin A. Mulverhill  
Sheriff of Franklin County

SUPREME Court Of The State Of New York  
County Of FRANKLIN

Index #: 2010-988

PORTFOLIO RECOVERY ASSOCIATES, LLC

File #: 0811Y 235343 60

Judgment Creditor

**INCOME EXECUTION**

-against-

BRIAN SMITH

Judgment Debtor(s)

**THE PEOPLE OF THE STATE OF NEW YORK**

**TO THE ENFORCEMENT OFFICER, GREETING:**

A judgment was entered in the within court in favor of the Judgment Creditor and the particulars are as follows:

Entry Date	Court of Original Jurisdiction	Original Amount	Amount Due	Plus Interest from
03/29/11	SUPREME FRANKLIN	2037.20	2037.20	03/29/11

This execution is issued against: BRIAN SMITH

Whose last known address is: 6940 STATE ROUTE 374 CHATEAUGAY NY 12920

Originating Creditor: GE MONEY BANK

And who is receiving or will receive \$800 for each weekly pay period from the Employer. The Employer's name and address is:

MALONE VILLAGE POLICE DEPARTMENT  
2 POLICE PLAZA Malone NY 12953

TRANSCRIPTED WITH THE CLERK OF FRANKLIN COUNTY ON

**YOU ARE DIRECTED TO** satisfy the judgment with interest together with your fees and expenses, out of all monies now and hereafter due and owing to the Judgment Debtor from the Employer pursuant to CPLR 5231.

**DIRECTIONS TO JUDGMENT DEBTOR: YOU ARE NOTIFIED AND COMMANDED WITHIN 20 DAYS** to start paying to the Enforcement Officer serving a copy of this Income Execution on you, installments amounting to 10% (but no more than the Federal limits set forth in I. LIMITATIONS ON THE AMOUNT THAT CAN BE WITHHELD, below) of any and all salary, wages or other income, including any and all overtime earnings, commissions or other irregular compensation received or hereafter to be received from your Employer and to continue paying such installments on the judgment with interest and the fees and expenses of this Income Execution until the judgment is fully paid and satisfied, and if you fail to do so this Income Execution will be served upon the Employer by the Enforcement Officer.

**DIRECTIONS TO THE EMPLOYER: YOU ARE COMMANDED** to withhold and pay over to the Enforcement Officer serving a copy of this Income Execution on you: installments amounting to 10% (but no more than the Federal limits set forth in I. LIMITATIONS ON THE AMOUNT THAT CAN BE WITHHOLD below) of any and all salary, wages or other income, including any and all overtime earnings, commissions or other irregular compensation now or hereafter becoming due to Judgment Debtor until the judgment with interest and the fees and expenses of this Income Execution are fully paid and satisfied.

Dated: Apr 7, 2011

Representative: Ginny Rohde

Phone: 516 479-5906

Attorney for Judgment Creditor: Malen & Associates, p.c.  
123 Frost Street  
Westbury, NY 11590

By:   
Paul Mahler, Jeffrey Wolstein, Adam Hughes

**IMPORTANT STATEMENT**

This income execution directs the withholding of up to 10 percent of the judgment debtor's GROSS INCOME. In certain cases, however, state or federal law does not permit the withholding of that much of the judgment debtor's GROSS INCOME. The judgment debtor is referred to the New York Civil Practice Law and Rules 5231 and 15 United States Code 1671 ET SEQ.

**I. LIMITATIONS ON THE AMOUNT THAT CAN BE WITHHELD**

A. An income execution for installments from a judgment debtor's GROSS INCOME cannot exceed ten percent (10%) of the judgment debtor's GROSS INCOME.

B. If judgment debtor's WEEKLY DISPOSABLE EARNINGS are less than *the greater of thirty (30) times the current federal minimum wage (\$7.25\* per hour or \$217.50\*) or the New York State minimum wage (\$7.25\* per hour or \$217.50\*)* no deduction can be made from the judgment debtor's earnings under this income execution.

C. A judgment debtor's WEEKLY DISPOSABLE EARNINGS cannot be reduced below the amount arrived at by multiplying thirty (30) times *the greater of the current federal minimum wage (\$7.25\* per hour or \$217.50\*) or the New York State minimum wage (\$7.25\* per hour or \$217.50\*)* under this income execution.

D. If deductions are being made from a judgment debtor's EARNINGS under any orders for alimony, support or maintenance for family members or former spouses, and those deductions equal or exceed twenty-five percent (25%) of the judgment debtor's DISPOSABLE EARNINGS, no deduction can be made from the judgment debtor's earnings under this income execution.

E. If deductions are being made from a judgment debtor's EARNINGS under any orders for alimony, support or maintenance for family members or former spouses, and those deductions are less than twenty-five percent (25%) of the judgment debtor's DISPOSABLE EARNINGS, deductions may be made from the judgment debtor's earnings under this income execution. However, the amount arrived at by adding the deductions from earnings made under this execution to the deductions made from earnings under any orders for alimony, support or maintenance for family members or former spouses cannot exceed twenty-five percent (25%) of the judgment debtor's DISPOSABLE EARNINGS.

Pursuant to subdivision (l) of section fifty-two hundred five of this article, two thousand five hundred dollars of an account containing direct deposit or electronic payments reasonably identifiable as statutorily exempt payments, as defined in paragraph two of subdivision (l) of section fifty-two hundred five of this article, is exempt from execution and that the garnishee cannot levy upon or restrain two thousand five hundred dollars in such an account. An execution notice shall likewise state that pursuant to subdivision (i) of section fifty-two hundred twenty-two of this article, an execution shall not apply to an amount equal to or less than ninety percent of the greater of two hundred forty times the federal minimum hourly wage prescribed in the Fair Labor Standards Act of 1938 or two hundred forty times the state minimum hourly wage prescribed in section six hundred fifty-two of the labor law as in effect at the time the earnings are payable, except such part as a court determines to be unnecessary for the reasonable requirements of the judgment debtor and his or her dependents.

**NOTE: NOTHING IN THIS NOTICE LIMITS THE PROPORTION OR AMOUNT WHICH MAY BE DEDUCTED UNDER ANY ORDER FOR ALIMONY, SUPPORT OR MAINTENANCE FOR FAMILY MEMBERS OR FORMER SPOUSES.**

## II. EXPLANATION OF LIMITATIONS

### Definitions

**DISPOSABLE EARNINGS** - Disposable earnings are that part of an individual's earnings left after deducting those amounts that are required by law to be withheld (for example, taxes, social security and unemployment insurance, but not deductions for union dues, insurance plans, etc.)

**GROSS INCOME** - Gross income is salary, wages or other income including any and all overtime earnings, commissions and income from trusts, before any deductions are made from such income.

### ILLUSTRATIONS REGARDING EARNINGS:

If disposable earnings is:	Amount to pay or deduct from earnings under this income execution is:
(a) 30 times <i>the greater of</i> the federal minimum wage (\$217.50*) <i>or the New York State minimum wage</i> (\$217.50*) or less	No payment or deduction allowed.
(b) more than 30 times <i>the greater of</i> the federal minimum wage (\$217.50*) <i>or the New York State minimum wage</i> (\$217.50*) and less than 40 times federal minimum wage (\$290.00*) <i>or the New York State minimum wage</i> (\$290.00*)	The lesser of: the excess over <i>the greater of</i> 30 times the federal minimum wage (\$217.50*) <i>or the New York State minimum wage</i> (\$217.50*) in disposable earnings, or 10% of gross earnings.
(c) 40 times <i>the greater of</i> the federal minimum wage (\$290.00*) <i>or the New York State minimum wage</i> (\$290.00*) or more	The Lesser of: 25% of disposable earnings or 10% of gross earnings.

## III. NOTICE: YOU MAY BE ABLE TO CHALLENGE THIS INCOME EXECUTION THROUGH THE PROCEDURES PROVIDED IN CPLR 5231(i) and CPLR 5240.

If you think that the amount of your income being deducted under this income execution exceeds the amount permitted by state or federal law, you should act promptly because the money will be applied to the judgment. If you claim that the amount of your income being deducted under this income execution exceeds the amount permitted by state or federal law, you should contact your employer or other person paying your income. Further, YOU MAY CONSULT AN ATTORNEY, INCLUDING LEGAL AID IF YOU QUALIFY. New York State law provides two procedures through which an income execution can be challenged:

**CPLR 5231 (i) MODIFICATION.** At any time, the judgment debtor may make a motion to a court for an order modifying an income execution.

**CPLR 5240 MODIFICATION OR PROTECTIVE ORDER; SUPERVISION OF ENFORCEMENT.** At any time, the judgment debtor may make a motion to a court for an order denying, limiting, conditioning, regulating, extending or modifying the use of any post-judgment enforcement procedure including the use of income executions.

\*Based upon \$7.25 minimum hourly wage effective July 24, 2009 and the \$7.25 New York State minimum wage effective July 23, 2009. Recalculate and insert correct figures when the minimum hourly wage changes.

Note: *Italicized language was added in accordance with the revisions to CPLR § 5231(b) effective 1/1/09.*

### RETURN (FOR SHERIFF'S OR MARSHAL'S USE ONLY)

\_\_\_\_ Fully satisfied ..... 20.... \_\_\_\_ Unsatisfied

\_\_\_\_ Partially satisfied ..... 20...., \$.....

\_\_\_\_ Because I was unable to find the Garnishee (the Employer) within my jurisdiction I returned this Income Execution to Judgment

Creditor's Attorney on ..... 20 .....

**RECEIVED**

\_\_\_\_ Marshal, City of New York

\_\_\_\_ Sheriff, County of .....

\_\_\_\_ Constable of the \_\_\_\_ Town \_\_\_\_ Village of .....

Date and time received:

APR 19 2011

Chris I did not turn the muscle pull into Workers Comp. I specifically told them that it happened off duty. They even verified my BCBS info.

What exactly is the bill for? They did approve a MRI and Orthogram for my left shoulder but that's all I can think of. Those procedures were done at Alice Hyde. If it is for an ER visit tell her to return it. It is AHMC's mistake. Give Connie and Dolly my number if they have any questions. Would be much easier to solve and answer their questions. This weekend I will be most easily reached by cell as I will be in Sugar Shack.

As far as an entry we did not receive a call for service on that call. We simply responded to the call on the scanner to assist and as a just in case basis. AHMC confirmed everything was on the up and up. We did absolutely nothing. I can still do a report if you want.





# Alice Hyde Orthopaedic & Sports Medicine Center

187 Park Street, Suite 2, Malone, NY 12953  
Office (518) 481-2790 • Fax (518) 481-2788

Marco R. Berard, M.D.  
Orthopaedic Surgeon

Dragos Macelar, M.D.  
Orthopaedic Surgeon

Richard P. Finch, P.A.

## WORK/SCHOOL NOTICE

Date: 1/5/11

Name of patient: Brian Smith

Patient is unable to attend work/school from \_\_\_\_\_ until \_\_\_\_\_

☐ Return to work/school will be determined at next evaluation on \_\_\_\_\_

☐ Authorization pending for \_\_\_\_\_

Patient may return to work/school on 1/10/11

☒ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

☐ Light duty ☒ Full duty

If the above restrictions can not be met by the employer, then the patient is to be out of work until \_\_\_\_\_

Patient is unable to participate in gym/sports from \_\_\_\_\_ until \_\_\_\_\_

☐ Return to gym/sports will be determined at next evaluation on \_\_\_\_\_

Patient may participate in gym/sports on \_\_\_\_\_

☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

☐ Please allow patient to do walking during gym class.

☐ Please allow patient to do Physical Therapy exercises during gym class.

☐ Please allow patient to do upper body exercises during gym class.

☐ Please allow patient to do lower body exercised during gym class.

\*\* Return to normal activity on \_\_\_\_\_

Please allow patient to use: crutches/elevator/wheelchair/brace/backpack/cane/walker

Provider Signature \_\_\_\_\_

Marco Berard, MD/Dragos Macelar, MD/Rick Finch, PA/Marie Haggarty PA





**POLICE DEPARTMENT**  
Village of Malone  
2 Police Plaza  
Malone, New York 12953-1601

**Stephen J. Stone**  
Chief of Police

(518) 483-2424  
(518) 483-2426 fax  
mpdchief@westelcom.com

December 8, 2010

Sergeant Brian Smith

Re: **Rules and Regulations**

Sergeant Brain Smith

The village has been served with an Income Execution on you by the Franklin County Sheriff's Office. Attached to this memo is a copy of such execution. Such actions by you violate the Department Rules and Regulations, which are also part of the Malone Village Code. In particular you have violated:

Article 10.1 A member of the Department shall not violate either by commission or omission any of the following acts:

- 10.1.1 Conduct which brings discredit upon the department
- 10.29 Failure to pay a just indebtedness within a reasonable time
- 10.72 (10.69VC) Failure to submit a written report that he is under investigation by another law enforcement agency to the Chief of Police within 24 hours of becoming aware of such investigation.

You are to contact me in regards to the above listed violations. This letter will also serve as **memorandum of counseling** to the above listed violations. I realize such actions may not have been done intentionally but never the less; your actions have brought negative impact upon you and this department. I understand that this Execution is part of the restructuring of your financial and personal life. I trust that you are in the process of rectifying any further indebtedness; especially those involving local businesses or populace.

A copy of this letter will be placed in your department personal file to become part of your record for the time of execution is in place and 1 year after.

Chief Stephen J. Stone

# Village of Malone

Mayor Brent Stewart

Village Trustee, Lenora Richards  
Village Trustee, Susan Hafter

Village Trustee, Todd LePine  
Village Trustee, Dailon Patnode

November 23, 2010

Stephen Stone, Chief of Police  
Malone Village Police Department  
2 Police Plaza  
Malone, NY 12953

## RE: BRIAN M. SMITH EXECUTION

Dear Chief Stone:

We are in receipt of an income execution dated 11/23/2010 on the above named individual from the Franklin County Sheriff's Office.

According to our Malone Code under Police Regulations, Article X, Rules of Conduct (A) a member of the Department shall not violate, either by commission or omission any of the following acts: (29) Failure to pay a just indebtedness within a reasonable time and (69) Failure to submit a written report that he is under investigation by another law enforcement agency to the Chief of Police within 24-hours of becoming aware of such investigation.

This execution is between the above named individual and Capital One Bank in the amount of \$3892.08.

Please have a formal discussion with your employee and if you have any further questions, please do not to hesitate to contact our office.

Sincerely,



Brent S. Stewart  
Mayor

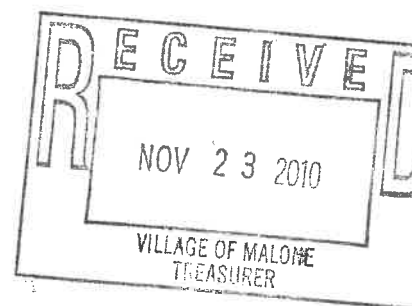
BSS/cad

Enclosure

Office of the Civil Division  
**Franklin County Sheriff**

45 Bare Hill Road  
Malone, New York 12953  
Civil Phone 518-483-3349 OR 3529  
Fax 518-483-7930

CC: Police Ch.  
Mayor



DATE: November 23, 2010

EMPLOYER'S NAME: VILLAGE OF MALONE

EMPLOYEE'S NAME: BRIAN M. SMITH

Contact Attorney if S.S# is needed

FILE NUMBER: 10001202

Notice to Employer:

Enclosed find an Income Execution naming your employee as the defendant in this action. Please commence deducting the amount required from the employee's earnings, to satisfy this Execution. If at the present time you are already honoring an execution sent to you, please place this one in line and once the first one is satisfied, please continue on with the next one in line.

In regards to the amount listed in the Execution, the following amounts will be collected:

Execution amount **\$3,300.98** Plus filing fees for First & Second Stage & mileage  
Fees and interest minus any payments  
Sheriff's Poundage 5 % of payment,  
Interest 9% annually computed daily from date of judgment: 10/21/2009  
Total as of this date **\$3,892.08**

The interest on the amount due begins to accumulate on the above date and is re-calculated on the declining balance as each payment is received. Because we have no way of knowing when payments will start, how often they will be sent, or the amounts to be sent, it is impossible to show in advance the exact amount that will be need to be collected to satisfy Execution.

**When you believe the Execution is close to being satisfied contact our office. DO NOT STOP DEDUCTIONS.** You are required to remit the deductions regularly and to make checks payable to the Franklin County Sheriff 's Office "CIVIL DIVISION", 45 Bare Hill Road Malone NY 12953 until we notify you the execution is satisfied. Each payment remitted by an employer shall include the NAME and ACCOUNT NUMBER on EACH REMITTANCE. **If the employee leaves your employment and is not expected to return within 90 days, or for any other reason you discontinue deductions, you must notify the Income Execution Unit in writing by mail or fax. Fax# is (518)483-7930.**

Please contact our Civil Division Income Execution Unit at (518)483-3529 if you have any questions. If you fail to comply with requirements of this Income Execution, the judgment creditor may commence a proceeding against you for the accrued installments (CPLR S5231 (f)).

Please make all checks and money orders payable to:

Franklin County Sheriff 's Office  
Attn: CIVIL DIVISION  
45 Bare Hill Road  
Malone NY 12953

Very Truly Yours,

Jack D. Pelkey  
Sheriff of Franklin County

STATE OF NEW YORK  
SUPREME COURT

COUNTY OF FRANKLIN

Index No. 2009-682

Capital One Bank (USA), N.A., formerly known as Capital One Bank

Judgment Creditor,

INCOME EXECUTION

against

Brian M. Smith

Judgment Debtors.

The People of the State of New York

TO THE ENFORCEMENT OFFICER\*,

GREETING:

A judgment was entered in the within court in favor of the Judgment Creditor and the particulars are as follows:

<u>Court of Original Entry</u>	<u>Entry Date</u>	<u>Original Amt.</u>	<u>Amount Due</u>	<u>Interest From</u>
SUPREME COURT	October 21, 2009	3,300.98	3,300.98	October 21, 2009

The Judgment was recovered against Brian M. Smith, and transcribed with the Clerk of Franklin County on October 21, 2009.

This execution is issued against BRIAN M SMITH, whose last known address is 6940 State Route 374, Chateaugay, New York 12920, and who is receiving or will receive \$290.00 or more each weekly pay period from the Employer. The Employer's name and address is:

VILLAGE OF MALONE  
14 Elm Street  
Malone, NY 12953

You are directed to satisfy the judgment with interest together with your fees and expenses, out of all monies now and hereafter due and owing to the Judgment Debtor from the Employer pursuant to CPLR § 5231.

**Directions to Judgment Debtor:** You are notified and commanded immediately, to start paying to the Enforcement Officer serving a copy of this Income Execution on you, installments amounting to 10% (but no more than the Federal limits) of any and all salary, wages or other income, including any and all overtime earnings, commissions, or other irregular compensation received or hereafter to be received from your Employer and to continue paying such installments until the judgment with interest and the fees and expenses of this Income Execution are fully paid and satisfied and if you fail to do so within 20 days this Income Execution will be served upon the Employer by the Enforcement Officer.

**Directions to the Employer:** You are commanded to withhold and pay over to the Enforcement Officer serving a copy of this Income Execution on you: installments amounting to 10% (but no more than the Federal limits) of any and all salary, wages or other income, including any and all overtime earnings, commissions or other irregular compensation now or hereafter becoming due to Judgment Debtor until the judgment with interest and the fees and expenses of this Income Execution are fully paid and satisfied.

Dated: October 28, 2010

Joseph M. Shur, Esq.  
Relin, Goldstein & Crane, LLP  
Attorneys for Judgment Creditor  
28 East Main Street, Suite 1800  
Rochester, NY 14614  
(585) 325-6202

\*The Enforcement Officer is the Sheriff, Marshal of the City or Constable of the Town or Village authorized by law to enforce income executions.  
**Return (for Sheriff's or Marshal's use only)**

- ☐ Fully satisfied \_\_\_\_\_, 2010 ☐ Unsatisfied
- ☐ Partially satisfied \_\_\_\_\_, 2010 \$ \_\_\_\_\_
- ☐ Because I was unable to find the Garnishee (the Employer) within my jurisdiction I returned this Income Execution to Judgment Creditor's Attorney on \_\_\_\_\_, 2010

Date and time received

RECEIVED

Sheriff/Marshal

09-00784-0

NOV 2 2010

FRANKLIN COUNTY  
CIVIL DEPARTMENT



### Important Statement

This income execution directs the withholding of up to 10 percent of the judgment debtor's gross income. In certain cases, however, state or federal law does not permit the withholding of that much of the judgment debtor's gross income. The judgment debtor is referred to New York Civil Practice Law and Rules § 5231 and 15 United States Code § 1671 *et seq.*

#### I. Limitations on the amount that can be withheld

- A. An income execution for installments from a judgment debtor's gross income cannot exceed ten percent (10%) of the judgment debtor's gross income.
- B. If a judgment debtor's weekly disposable earnings are less than thirty (30) times the current federal minimum wage (\$7.25\* per hour, or \$217.50\*) or state minimum wage (\$7.25\*\* per hour, or \$217.50\*\*) no deduction can be made from the judgment debtor's earnings under this income execution.
- C. A judgment debtor's weekly disposable earnings cannot be reduced below the amount arrived at by multiplying thirty (30) times the current federal minimum wage (\$7.25\* per hour, or \$217.50\*) or state minimum wage (\$7.25\*\* per hour, or \$217.50\*\*) under this income execution.
- D. If deductions are being made from a judgment debtor's earnings under any orders for alimony, support or maintenance for family members or former spouses, and those deductions equal or exceed twenty-five percent (25%) of the judgment debtor's disposable earnings, no deduction can be made from the judgment debtor's earnings under this income execution.
- E. If deductions are being made from a judgment debtor's earnings under any orders for alimony, support or maintenance for family members or former spouses, and those deductions are less than twenty-five percent (25%) of the judgment debtor's disposable earnings, deductions may be made from the judgment debtor's earnings under this income execution. However, the amount arrived at by adding the deductions from earnings made under this execution to the deductions made from earnings under any orders for alimony, support or maintenance for family members or former spouses cannot exceed twenty-five percent (25%) of the judgment debtor's disposable earnings.

**Note:** Nothing in this notice limits the proportion or amount which may be deducted under any order for alimony, support or maintenance for family members or former spouses.

#### II. Explanation of limitations

##### Definitions

**Disposable Earnings** – Disposable earnings are that part of an individual's earnings left after deducting those amounts that are required by law to be withheld (for example, taxes, social security and unemployment insurance, but not deductions for union dues, insurance plans, etc.)

**Gross Income** – Gross income is salary, wages or other income, including any and all overtime earnings, commissions, and income from trusts, before any deductions are made from such income.

##### Illustrations regarding earnings:

If disposable earnings are:

Amount to pay or deduct from earnings under this income execution is:

- (a) 30 times the greater of the federal minimum wage (\$217.50\*) or the state minimum wage (\$217.50\*\*) or less
- (b) more than 30 times the greater of the federal minimum wage (\$217.50\*) or the state minimum wage (\$217.50\*\*) and less than 40 times the greater of the federal minimum wage (\$290.00\*) or the state minimum wage (\$290.00\*\*)
- (c) 40 times the greater of the federal minimum wage (\$290.00\*) or the state minimum wage (\$290.00\*\*) or more

No payment or deduction allowed.

The lesser of: the excess over the greater of 30 times the federal minimum wage (\$217.50\*) or the state minimum wage (\$217.50\*\*) in disposable earnings, or 10% of gross earnings.

The lesser of: 25% of disposable earnings or 10% of gross earnings.

#### III. Notice: You may be able to challenge this income execution through the procedures provided in CPLR § 5231(I) and CPLR § 5240.

If you think that the amount of your income being deducted under this income execution exceeds the amount permitted by state or federal law, you should act promptly because the money will be applied to the judgment. If you claim that the amount of your income being deducted under this income execution exceeds the amount permitted by state or federal law, you should contact your employer or other person paying your income. Further, YOU MAY CONSULT AN ATTORNEY, INCLUDING LEGAL AID IF YOU QUALIFY. New York State law provides two procedures through which an income execution can be challenged.

**CPLR § 5231 (i) Modification.** At any time, the judgment debtor may make a motion to a court for an order modifying an income execution.

**CPLR § 5240 Modification or protective order: supervision of enforcement.** At any time, the judgment debtor may make a motion to a court for an order denying, limiting, conditioning, regulating, extending or modifying the use of any post-judgment enforcement procedure, including the use of income executions.

#### IV. Notice: CPLR § 5230

Pursuant to subdivision (1) of section fifty-two hundred five of this article, two thousand five hundred dollars of an account containing direct deposit or electronic payments reasonably identifiable as statutorily exempt payments, as defined in paragraph two of subdivision (1) of section fifty-two hundred five of this article, is exempt from execution and that the garnishee cannot levy upon or restrain two thousand five hundred dollars in such an account.

Pursuant to subdivision (i) of section fifty-two hundred twenty-two of this article, an execution shall not apply to an amount equal to or less than ninety (90%) percent of the greater of two hundred forty times the federal minimum hourly wage prescribed in the Fair Labor Standards Act of 1938 or two hundred forty times the state minimum hourly wage prescribed in section six hundred fifty-two of the labor law as in effect at the time the earnings are payable, except such part as a court determines to be unnecessary for the reasonable requirements of the judgment debtor and his or her dependents.

\*Based upon \$7.25 minimum wage effective July 24, 2008. Recalculate and insert correct figures when the minimum wage changes.

\*\*Based upon \$7.25 New York State minimum wage effective July 24, 2009. Recalculate and insert correct figures when the minimum wage changes.





## Alice Hyde Orthopaedic & Sports Medicine Center

167 Park Street, Suite 2, Malone, NY 12953  
Office (518) 481-2790 • Fax (518) 481-2798

Marco R. Berard, M.D.  
Orthopaedic Surgeon

Dragos Macclanu, M.D.  
Orthopaedic Surgeon

Richard F. Finch, P.A.

### WORK/SCHOOL NOTICE

Date: 7-13-10

Name of patient: Brian Smith

Patient is unable to attend work/school from \_\_\_\_\_ until \_\_\_\_\_

☐ Return to work/school will be determined at next evaluation on \_\_\_\_\_

☐ Authorization pending for \_\_\_\_\_

Patient may return to work/school on 7-13-10 ☐ Light duty ☒ Full duty

☒ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

If the above restrictions can not be met by the employer, then the patient is to be out of work until \_\_\_\_\_

Patient is unable to participate in gym/sports from \_\_\_\_\_ until \_\_\_\_\_

☐ Return to gym/sports will be determined at next evaluation on \_\_\_\_\_

Patient may participate in gym/sports on \_\_\_\_\_

☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

☐ Please allow patient to do walking during gym class.

☐ Please allow patient to do Physical Therapy exercises during gym class.

☐ Please allow patient to do upper body exercises during gym class.

☐ Please allow patient to do lower body exercised during gym class.

\*\* Return to normal activity on \_\_\_\_\_

Please allow patient to use: crutches/elevator/wheelchair/brace/backpack/cane/walker

Provider Signature \_\_\_\_\_

Marco Berard, MD/Dragos Macclanu, MD/Rick Finch, PA

**F A X**

**Alice Hyde Orthopedic &  
Sports Medicine Center**

187 Park Street, Suite 2  
Malone, NY 12953  
Phone: 518-481-2790  
Fax: 518-481-2788

**"Confidential Health Information May Be Enclosed"**

This facsimile may contain Protected Health Information that is of a sensitive and confidential nature. It is being faxed to you with the authorization of the patient or under circumstances where authorization is required. You are required to maintain this information in a secure and confidential manner and are prohibited from re-disclosing it without first obtaining the patient's consent or as otherwise permitted by law. Unauthorized re-disclosure may subject you to federal and state law penalties.

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To: STEPHEN STONE  
Fax number: 94832426  
  
From: Huckle, Mary L  
Fax number: 518-481-2788  
Business phone:  
  
Date & Time: 7/14/2010 3:39:10 PM  
Pages: 2  
Re: Work/School/Gym Notes

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**IMPORTANT WARNING:** This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message.

# Alice Hyde Orthopedic & Sports Medicine Center

187 Park Street, Suite 2

Malone, NY 12953

Phone: 518-481-2790 Fax: 518-481-2788

## Appointment Reminder

Brian has been scheduled for an appointment  
with Dr. McLara on July 27 at 1:40.

If you have any questions, concerns, or need to reschedule your  
appointment, please call 481-2790.

- ☒ No x-ray required prior to this appointment.
- ☐ Please go to admitting at Alice Hyde Medical Center 1 to 2 days prior  
to this appointment to have an x-ray.
- ☐ Please go to admitting at Alice Hyde Medical Center in 10 days to  
have an x-ray.
- ☐ Please go to Alice Hyde Medical Center AS SOON AS POSSIBLE to  
have an x-ray.

*If you are unable to keep your appointment, kindly call 24 hours before.*

\*\*\* Thank You \*\*\*

Alice Hyde Orthopedic and Sports Medicine  
187 Park Street, Suite 2  
Malone, NY 12953-1220  
(518)481-2790

WORK/SCHOOL NOTICE

Date: 06/29/2010

Name of patient: Smith, Brian M

Patient is unable to attend ☐ WORK ☐ SCHOOL  
from ☐ today or ☐ (date) \_\_\_\_\_  
until ☐ next visit or ☐ (date) \_\_\_\_\_

Patient is unable to participate in ☐ GYM ☐ SPORTS  
from ☐ today or ☐ (date) \_\_\_\_\_  
until ☐ next visit or ☐ (date) \_\_\_\_\_

Return to ☒ WORK ☐ SCHOOL  
☒ today or ☐ (date) \_\_\_\_\_ or ☐ will be determined at next visit.  
☒ Light duty ☐ Full duty  
☐ No restrictions or ☒ with the following restrictions: sedentary; no driving  
(If the above restrictions can not be met by the employer, then the patient is to be out of work  
until ☒ next visit or ☐ (date) \_\_\_\_\_

Return to ☐ GYM ☐ SPORTS  
☐ today or ☐ (date) \_\_\_\_\_ or ☐ will be determined at next visit.  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

Please allow patient to do during gym class: ☐ walking  
☐ Physical Therapy exercises ☐ upper body exercises ☐ lower body exercises

Please allow patient to use: ☐ crutches ☐ walker ☐ cane ☐ brace  
☐ wheelchair ☐ elevator ☐ backpack

Notes: \_\_\_\_\_



Provider Signature

Marco Berard, MD/Dragos Macelaru, MD/Rick Finch, PA/Marie Haggarty, PA

Alice Hyde Orthopedic and Sports Medicine  
187 Park Street, Suite 2  
Malone, NY 12953-1220  
PHONE: (518)481-2790 FAX: (518)481-2788

### REHABILITATION REQUEST

☒ Physical Therapy

☐ Occupational Therapy

Date: 6/29/2010

Patient Name: Smith, Brian M Date of Birth: 3/1/1971

Diagnosis: 719.46 Knee pain

729.5 Right Leg pain

844.8 Right Sprains and strains of knee and leg

726.61 Right Pes anserinus bursitis

E927.9 Unspecified overexertion and strenuous and repetitive movements or loads

E849.0 Injury or poisoning occurring in home

E001.0 Activities involving walking, marching and hiking

E000.9 Unspecified external cause status

☒ Evaluate and Treat

☐ Continue Present Program

☐ Aquatic Therapy

Surgery/Treatment: \_\_\_\_\_

Notes: \_\_\_\_\_

Restrictions: \_\_\_\_\_ ☐ None

Frequency:

☐ 2 times a week

☐ 3 times a week

☒ Other-3 times a  
week for 2 weeks  
than 2 times a  
week times 2 weeks

For weeks months



Signature:



Alice Hyde Orthopedic and Sports Medicine  
187 Park Street, Suite 2  
Malone, NY 12953-1220  
(518)481-2790

WORK/SCHOOL NOTICE

Date: 06/10/2010

Name of patient: Smith, Brian M

Patient is unable to attend ☐ WORK ☐ SCHOOL  
from ☐ today or ☐ (date) \_\_\_\_\_  
until ☐ next visit or ☐ (date) \_\_\_\_\_

Patient is unable to participate in ☐ GYM ☐ SPORTS  
from ☐ today or ☐ (date) \_\_\_\_\_  
until ☐ next visit or ☐ (date) \_\_\_\_\_

Return to ☒ WORK ☐ SCHOOL  
☒ today or ☐ (date) \_\_\_\_\_ or ☐ will be determined at next visit.  
☐ Light duty ☐ Full duty  
☐ No restrictions or ☒ with the following restrictions: sedentary only  
(If the above restrictions can not be met by the employer, then the patient is to be out of work  
until ☒ next visit or ☐ (date) July 8

Return to ☐ GYM ☐ SPORTS  
☐ today or ☐ (date) \_\_\_\_\_ or ☐ will be determined at next visit.  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

Please allow patient to do during gym class: ☐ walking  
☐ Physical Therapy exercises ☐ upper body exercises ☐ lower body exercises

Please allow patient to use: ☐ crutches ☐ walker ☐ cane ☐ brace  
☐ wheelchair ☐ elevator ☐ backpack

Notes: \_\_\_\_\_



Provider Signature

Marco Berard, MD/Dragos Macelar, MD/Rick Finch, PA/Marie Haggarty, PA

**Smtih, Brian M.** 03/01/1971

Office/Outpatient Visit

**Visit Date:** Thu, Jun 10, 2010 11:08 am

**Provider:** Dragos Macelar, MD (Assistant: Julie DeBeer Riley, LPN)

**Location:** Orthopedic and Sports Medicine

1 of 1

### Patient Recommendations:

For Right Sprains and strains of knee and leg:

Continue your pain medication until your symptoms improve. Continue using your ambulation aid until your symptoms improve. Use ice until your symptoms improve. Use heat until your symptoms improve. Compression is recommended until your symptoms improve. Schedule a follow-up visit in 4 weeks.

### APPOINTMENT INFORMATION:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time: 3:00 AM ☒ PM Date: July 8

☐ No x-ray required prior to this appointment

☐ Please go to admitting at Alice Hyde Medical Center 1 to 2 days prior to this appointment to have an x-ray.

☐ Please go to admitting at Alice Hyde Medical Center in 10 days to have an x-ray.

If you are unable to keep your appointment, kindly call 24 hours before.

Thank you -

Alice Hyde Orthopedic & Sports Medicine Center  
518-481-2790 WORK STATUS: sedentary work

**Alice Hyde Medical Center  
Emergency Department**

133 Park St.  
Malone, NY 12953  
(518) 483-3000

**Brian Smith**

**Tue 06/08/2010**

**WORK RELEASE FORM**

This notice verifies that the above named employee was seen and treated in our emergency department on the above printed date. The employee will be able to return to work on \_\_\_\_\_.

Notes/Restrictions:

out of work until released by his doctor

These restrictions apply through \_\_\_\_\_.

After this date, the employee should be able to participate in all work duties.

**NOTE: If the symptoms continue and the employee is unable to perform the full duties of their job by this date; please advise the employee to follow up with the referral physician for further evaluation.**

MD SIGNATURE

PATIENT COPY





COUNTY OF FRANKLIN  
Department of Social Services

Telephone: (518) 483-6770

Fax: (518) 483-6785

355 West Main Street, Malone, New York 12953

LESLEY B. LYON  
Commissioner

March 17 2008

Chief Stephen Stone  
Malone Village Police  
2 Police Plaza  
Malone, NY 12953

Dear Employer :

Mr. ~~Mrs~~ Brian Smith, SS # 134-56-6668  
has applied to become a foster parent with the Franklin County Department of Social Services. The department is requesting the following employment information for the above named individual for the background check. A release of information signed by the employee is enclosed. Please return the requested information as soon as possible in the enclosed envelope.

Date of Hire : March 3<sup>rd</sup> 1995

Job Title : Police Officer


Salary/Hourly rate of pay : \$22.63

Hours worker per week : 84 per 2 week period

Normal work shift : Sunday Rotating night to day shifts - 12 hour shifts, Monday                     ,  
Tuesday                     , Wednesday                     , Thursday                     ,  
Friday                     , Saturday                     

Three on - two off - two on - three off - two on - two off Repeat cycle  
Disciplinary Actions (explain) :  
Aug 2004 letter of reprimand with loss of leave time for failure to file  
paper work with court.

Sincerely,

  
Chief of Police

  
Richard Onufer  
Homefinder



COUNTY OF FRANKLIN

## Department of Social Services

Telephone: (518) 483-6770

Fax: (518) 483-6785

Court House, Malone, New York 12953

LESLEY B. LYON

Commissioner

### RELEASE OF INFORMATION

I, Brian M. Smith, give my  
consent to the Franklin County Department of Social Services to request pertinent  
information from my employer, physician, clergyman, law enforcement agencies, or any  
person deemed necessary, who might be helpful in the evaluation of my application to be  
an adoptive parent.

Brian M. Smith

1-18-2008

Date



## Stephen J. Stone

---

**From:** Abraham Doney [ADoney@troopers.state.ny.us]  
**Sent:** Wednesday, July 18, 2007 7:06 PM  
**To:** mpdchief@verizon.net  
**Subject:** Re: Ptlm Smith

I will reach out for him tonight 7/18

Thanks for the opportunity to assist him Abe Doney -----Original Message-----

From: "Stephen J. Stone" <mpdchief@verizon.net>

To: Abraham Doney <ADoney@troopers.state.ny.us>

Sent: 7/18/2007 2:27:25 AM

Subject: Ptlm Smith

Abe:

I recently talked to you when you put on a presentation at my Supervisor School in Watertown, NY last month. I had spoken to you during a break about Patrolman Brian Smith and his situation. I requested that you make contact with him to see if you could be of any assistance to him.

You asked if I could make contact with Brian first to see if he would be receptive to a phone call from you. I have since done this and he seemed more than willing to have you contact him. This was about a week ago.

He has since asked if I was able to make contact with you and seems, more than ever, looking forward to speaking with you. I am asking that if you have time could you please call him either at home at 518-497-3413 or at the station at 518-483-5997 (non recorded line). He will be working 6am until 6 pm 7/18 and 7/19. He will then be on off 7-20 thru 7-22. Thanks in advance for any assistance you can provide.

Craig J Collette Assistant Chief

Malone Village Police Department

This e-mail, including any attachments, may contain highly sensitive and confidential information. It is intended only for the individual(s) named. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.

**PTLM. BRIAN M. SMITH**

181 Pikeville Road  
Burke, NY 12917  
518-483-8189  
bntsmith@verizon.net

June 22, 2006

**Dear Malone Village Board Members,**

The accompanying resume is in response to the openings for Police Sergeant at the Malone Village Police Department. I strongly would like to be considered for one of these positions.

I am now in my 12<sup>th</sup> year of dedicated employment at the Malone Village Police Department. In those years, I have consistently exceeded the standards of performance in the department. I have grown from a young wide eyed patrol officer that thought he new it all, to a person that is always looking for a better way, has patience, understanding and who can get people to do what I need without telling them their going to do it. These changes have helped me grow and become the Police Officer that I am today. Some of these very changes are what led to my developing suspects and information needed to solve and ultimately bring convictions to those involved in the desecration of \$196,000 worth of headstones in the Morningside Cemetery in August of 2003.

My dedication to my profession and the Malone Police Department has been demonstrated time and time again over the years. There have been occasions that I have put my own personal safety aside and at times sacrificed my family life to benefit the Police Department. In 2003, because of my dedication and work ethic I was tasked with starting a K-9 program at the Malone Police Department. I raised all of the money to completely fund the start of the program along with free pager service for the life of the program. Then due to staffing issues I arranged shift swaps and used my own vacation time so I could attend the 16 weeks of training.

I have a vast knowledge and experience in a number of police related tasks. I have handled fatal accidents, suicides, pursuits, near deadly force encounters, narcotic cases, life saving efforts, written search warrants & directed their execution, among others along with the day to day duties at the Police Department. I not only have my accrued knowledge to contribute but I have emotional insight to assist my peers through high stress incidents because I have been there and have the scars to prove it.

In closing, I would like to say that over the past couple of years I have spent a lot of time as acting shift supervisor. As such I have demonstrated my ability to run a shift, make command decisions and lead those working with me. I am dedicated to what I do as well as to the Malone Police Department. I am hopeful that I am given an opportunity to share my experiences with those officers who are eager to learn and lead them to a safe and successful career.

Sincerely,



Ptlm. Brian M. Smith

## PTLM. BRIAN M. SMITH

181 Pikeville Road  
Burke, NY 12917  
Phone: (518) 483-8189  
Email: bntsmith@verizon.net

**OBJECTIVE:** To obtain the position of Police Sergeant of the Malone Village Police Department

### **QUALIFICATIONS:**

I have 11 years of dedicated service in the Malone Police Department. I am passionate about my work and I am self motivated. I am knowledgeable in police work and have placed in the top 2 every time I have taken the Police Sergeants exam. During the last 2 years I have acted as the shift supervisor quite frequently. I have met this task with open arms and have excelled. Even with the added responsibilities of shift supervisor I have maintained my own high standards of production in my Patrolman's duties and as a K-9 Handler.

### **EDUCATION:**

1989-1991 Paul Smith's College, Paul Smith's NY

1985-1989 Regents Diploma, Franklin Academy High School, Malone, NY

### **EMPLOYMENT:**

1995-present

Malone Village Police Department

**Patrolman**

Duties Include:

- Responding to complaints made to the Village of Malone Police Department
- Investigation of traffic accidents
- Enforcement of NYS Vehicle and Traffic Laws
- Enforcement of the NYS Penal Law
- Completing all essential paperwork and forwarding it appropriately
- Member of the Franklin County Narcotics Task Force
- Member of the Malone Police Department Narcotics Team
- Maintaining the Malone Village Police Department K-9 Search Records
- Maintaining the Malone Village Police Department K-9
- As the Malone Village Police K-9 Handler I have had the unique opportunity of performing K-9 searches and other K-9 functions for the United States Customs and Border Protection Agency, Border Patrol, I.C.E., Franklin County Narcotics Task Force, New York State Police, New York State Department of Corrections, Franklin County Public Safety, Tupper Lake Police Department, St.Regis Mohawk Tribal Police Department and the Malone Police Department.
- Preparing and administering testimony in Grand Jury, Franklin County Supreme Court, Family Court and Village Court

1992-1995

Cleyn & Tinker International

**Lead Hand**

**Duties Included:**

- Supervision of the weavers, mechanics and weavers helpers on my shift
- Quality control of all products coming off my shift
- Aligning the order of all fabric warps in order of urgency
- Quality of all materials before entering the manufacturing process
- Completion of all necessary paperwork and duty logs

**EDUCATION**

1985-1989

Franklin Academy High School

Malone, NY

Graduated with a Regents Diploma in Mathematics

1989-1991

Paul Smith's College

Paul Smith's, New York

Majored in Land Surveying

**POLICE TRAINING**

- Basic Course of Police Officers
- Radar Operator Certification
- NY Statewide Police Information Network Basic Course
- Breathalyzer Operator Certification
- Judgmental Firearms Training
- Oleoresin Capsicum Basic Examination
- Problem Solving & Project Planning
- Courtroom Testimony & Demeanor Training
- Law Enforcement Bicycle Patrol Course
- Datamaster Certification
- Investigating the Domestic Violence Call
- Police Narcotics Detection Canine 5 Week Course
- Police Patrol & Tracking Canine 10 Week Course
- Highway Drug Investigations
- Community Oriented Policing
- Sexual Harassment Prevention

## **INSERVICE TRAINING**

- SWAT-Slow Deliberate Searches
- Winning Courtroom Confrontations
- SWAT-Shooting Range/Lifts & Assists
- Disturbance Resolution
- Children Who Witness Domestic Violence
- Use of Force Decision Making
- SWAT-Symunitions
- Winning Armed Confrontations
- Undercover Drug Clubs
- Use of Force Policy

## **AWARDS & CITATIONS**

- Service Ready Award - 1996
- Top D.W.I. Officer - 1997, 1998, 1999 & 2005
- Meritorious Service Award - 1999
- Drug Buster Award - 2002
- Rotary Club Heroic Action Award - 2004
- Life Saving Award - 2004
- Canine Service Award - 2005
- 10 Years of Dedicated Service - 2005
- Franklin County D.A.'s Traffic Safety Law Enforcement Award - 2006
- Letters of Commendation - 8



**Alice Hyde Orthopaedic & Sports Medicine Center**187 Park Street, Suite 2, Malone, NY 12953  
Office (518) 481-2790 • Fax (518) 481-2788Marco R. Berard, M.D.  
Orthopaedic SurgeonDragos Macelar, M.D.  
Orthopaedic Surgeon

Richard P. Finch, P.A.

**WORK/SCHOOL NOTICE**Date: 1/23/08Name of patient: Brian Smith

Patient is unable to attend work/school from \_\_\_\_\_ until \_\_\_\_\_

☐ Return to work/school will be determined at next evaluation on \_\_\_\_\_☐ Authorization pending for \_\_\_\_\_Patient could return to work if the following accommodations can be met:  
\_\_\_\_\_Patient may return to work/school on 1/23/08 ☐ Light duty ☒ Full duty  
☒ No restrictions or ☐ with the following restrictions: \_\_\_\_\_Patient is/unable to participate in gym/sports from \_\_\_\_\_ until \_\_\_\_\_  
☐ Return to gym/sports will be determined at next evaluation on \_\_\_\_\_Patient may participate in gym/sports on \_\_\_\_\_  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

- ☐ Please allow patient to do walking during gym class
- ☐ Please allow patient to do Physical Therapy exercises during gym class.
- ☐ Please allow patient to do upper body exercises during gym class.
- ☐ Please allow patient to do lower body exercised during gym class.

Please allow patient to use: crutches/elevator/wheelchair/brace/backpack/cane/walker

Provider Signature MB  
Marco Berard, MD/Dragos Macelar, MD/Rick Finch, PA



# Alice Hyde Orthopaedic & Sports Medicine Center

187 Park Street, Suite 2, Malone, NY 12953  
Office (518) 481-2790 • Fax (518) 481-2788

Marco R. Berard, M.D.  
Orthopaedic Surgeon

Dragos Macelararu, M.D.  
Orthopaedic Surgeon

Richard P. Finch, P.A.

## WORK/SCHOOL NOTICE

Date: 1/15/08

Name of patient: Brian Smith

Patient is unable to attend work/school from 1/15/08 until 1/22/08

☐ Return to work/school will be determined at next evaluation on \_\_\_\_\_

☐ Authorization pending for \_\_\_\_\_

Patient may return to work/school on \_\_\_\_\_ ☐ Light duty ☐ Full duty  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

If the above restrictions can not be met by the employer, then the patient is to be out of work until \_\_\_\_\_

Patient is unable to participate in gym/sports from \_\_\_\_\_ until \_\_\_\_\_

☐ Return to gym/sports will be determined at next evaluation on \_\_\_\_\_

Patient may participate in gym/sports on \_\_\_\_\_  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

- ☐ Please allow patient to do walking during gym class.
- ☐ Please allow patient to do Physical Therapy exercises during gym class.
- ☐ Please allow patient to do upper body exercises during gym class.
- ☐ Please allow patient to do lower body exercised during gym class.

\*\* Return to normal activity on \_\_\_\_\_

Please allow patient to use: crutches/elevator/wheelchair/brace/backpack/cane/walker

Provider Signature MB  
Marco Berard, MD/Dragos Macelararu, MD/Rick Finch, PA

**Alice Hyde Orthopaedic & Sports Medicine Center**167 Park Street, Suite 2, Malone, NY 12953  
Office (518) 481-2790 • Fax (518) 481-2788Marco R. Berard, M.D.  
Orthopaedic SurgeonDragos Macelar, M.D.  
Orthopaedic Surgeon

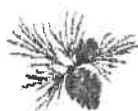
Richard P. Finch, P.A.

**FAXED**  
12/19/07**WORK/SCHOOL NOTICE**Date: 12/19/07Name of patient: Brian SmithPatient is unable to attend work/school from 12/24/07 until 1/17/08  
☐ Return to work/school will be determined at next evaluation on 1/16/08☐ Authorization pending for \_\_\_\_\_Patient could return to work if the following accommodations can be met:  
\_\_\_\_\_  
\_\_\_\_\_Patient may return to work/school on \_\_\_\_\_ ☐ Light duty ☐ Full duty  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_Patient is unable to participate in gym/sports from \_\_\_\_\_ until \_\_\_\_\_  
☐ Return to gym/sports will be determined at next evaluation on \_\_\_\_\_Patient may participate in gym/sports on \_\_\_\_\_  
☐ No restrictions or ☐ with the following restrictions: \_\_\_\_\_

- ☐ Please allow patient to do walking during gym class.
- ☐ Please allow patient to do Physical Therapy exercises during gym class.
- ☐ Please allow patient to do upper body exercises during gym class.
- ☐ Please allow patient to do lower body exercised during gym class.

Please allow patient to use: crutches/elevator/wheelchair/brace/backpack/cane/walker

Provider Signature \_\_\_\_\_  
Marco Berard, MD/Dragos Macelar, MD/Rick Finch, PA

**Alice Hyde Orthopaedic & Sports Medicine Center**

187 Park Street, Suite 2, Malone, NY 12953  
Office (518) 481-2790 • Fax (518) 481-2788

Marcu R. Berard, M.D.  
Orthopaedic Surgeon

Dragos Madefaru, M.D.  
Orthopaedic Surgeon

Richard P. Finch, P.A.

**FAX TRANSMITTAL COVERSHEET****"Confidential Health Information May Be Enclosed"**

This facsimile may contain Protected Health Information that is of a sensitive and confidential nature. It is being faxed to you with the authorization of the patient or under circumstances where authorization is required. You are required to maintain this information in a secure and confidential manner and are prohibited from re-disclosing it without first obtaining the patient's consent or as otherwise permitted by law. Unauthorized re-disclosure may subject you to federal and state law penalties.

**To:****From:****Fax:****Date:****Phone:****Time:****Re:****Pages:**(Including Cover Page)**Verification of Receipt by:** Phone Call    E-Mail    Pager    Return Fax**MESSAGE:**

**"IMPORTANT WARNING:** This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message."



Donna Ferrara  
Chair

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
100 BROADWAY - MENANDS  
ALBANY, NY 12241  
[www.wcb.state.ny.us](http://www.wcb.state.ny.us)  
(866) 750-5157

**State of New York - Workers' Compensation Board**  
**In regard to Brian Smith, WCB Case #5070 4017**

**ADMINISTRATIVE DECISION**

*keep for your records*

Based upon the information we have received regarding the work-related injury of Brian Smith on 01/02/2005 while working for Village of Malone Police Dept, the Workers' Compensation Board makes the following findings and directions:

**DECISION**

The claimant Brian Smith had a work related injury to the neck and both shoulders.

Necessary related medical care is authorized. This decision is based upon the Insurance Carrier/Employer's acceptance of this claim or issue. No further action is planned by the Board at this time.

If you object to part or all of this decision, please state your reasons on the back of this form and return it to the district office address listed above (keep a copy for your records). Based on the reason for your objection, there may be a modified proposed decision, a conciliation meeting or a hearing. Unless your objection is received within 30 days of the date of filing of this notice, the decision will become final on the 9th day of October, 2007.

Claimant - Brian Smith  
Social Security No. -  
WCB Case No. - 5070 4017  
Date of Accident - 01/02/2005  
District Office - Albany

Employer - Village of Malone Police Dept  
Carrier - Franklin County Self Ins Plan  
Carrier ID No. - W820005  
Carrier Case No. -  
Date of Filing of this Decision - 09/06/2007

**ATENCION:**

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).





Donna Ferrara  
Chair

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
100 BROADWAY - MENANDS  
ALBANY, NY 12241  
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## State of New York - Workers' Compensation Board

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**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**

**Internal Medicine**  
5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

5/4/07

Brian Smith  
3/1/71

Pt. is unable  
to work 5/1/07 to  
5/7/07 due to work  
related medical problems.

ABhagat-

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**

**Internal Medicine**  
5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

5/4/07

Brian Smith  
3/1/71

Pt. is able to  
return to work on  
5/7/07 with restrictions  
of limited driving  
and limited typing.

ABhagat-

483-2426

ANJNI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
Internal Medicine

5 Clay Street  
Malone, NY 12953  
Phone (518) 483-0705  
Fax (518) 483-1375

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT MR MRS. Brian Smith

\_\_\_\_\_ WAS SEEN BY ME FOR

\_\_\_\_\_ HE SHE IS ABLE UNABLE  
TO WORK. 3/30/07 to 5/1/07

REMARKS: due to work related  
medical problems

ABhagat-

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
Internal Medicine

5 Clay Street  
Malone, NY 12953  
Phone (518) 483-0705  
Fax (518) 483-1375

3/16/07

TO WHOM IT MAY CONCERNTHIS IS TO CERTIFY THAT MR. Brian Smith\_\_\_\_\_  
WAS SEEN BY ME FOR\_\_\_\_\_  
HE/SHE IS ABLE/UNABLE  
TO WORK: 3/1/07 to 3/30/07REMARKS: due to work related  
medical reasons.  
\_\_\_\_\_  
\_\_\_\_\_ABhagat-



ANJANI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
Internal Medicine

5 Clay Street  
Malone, NY 12953  
Phone (518) 483-0705  
Fax (518) 483-1375

3/2/07

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT MR. Brian Smith

WAS SEEN BY ME FOR

HE SHE IS ABLE UNABLE  
TO WORK. 3/2/07 to 3/15/07

REMARKS: due to work related  
medical reasons

CBhagat-

483-2424

ANJNI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
PETER SCARPELLI, RPAC  
Internal Medicine

5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

Brian Smith  
3/1/71

Off work 2/10/07  
to 3/1/07 due to  
work related medical  
reasons.

ABhagat-

ANJNI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
PETER SCARPELLI, RPAC  
Internal Medicine

5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

1/12/07

Brian Smither

Off work till

2/10/07 due to work  
related injury

ABhagat

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
Internal Medicine

5 Clay Street  
Malone, NY 12953  
Phone (518) 483-0705  
Fax (518) 483-1375

1/10/07

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT MR. Brian Smith

\_\_\_\_\_ WAS SEEN BY ME FOR

HE SHE IS ABLE UNABLE

TO WORK.

1/10/07 - 1/12/07 due  
to work related injury.

REMARKS:

Has appointment on  
1/12/07 and a further  
decision will be  
made.

*Bhagat*

fax - 405-2726

ANJANI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
PETER SCARPELLI, RPAC  
Internal Medicine

5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

1/5/07

Brian Smith

Pt. is unable to  
work on 12/10/06 to  
1/10/07 due to a job  
related injury.

Abigail



ANJNI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
Internal Medicine

5 Clay Street  
Malone, NY 12953  
Phone (518) 483-0705  
Fax (518) 483-1375

12/8/06

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT MR./MRS.

Brian Smith

\_\_\_\_\_ WAS SEEN BY ME FOR

HE / SHE IS ABLE / UNABLE

TO WORK.

12/10/04 to 1/10/07

REMARKS:

due to medical  
reasons.

*Signature*

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
**Internal Medicine**

5 Clay Street  
Malone, NY 12953  
Phone (518) 483-0705  
Fax (518) 483-1375

11/10/06

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT MR./MRS.

Brian Smith

\_\_\_\_\_ WAS SEEN BY ME FOR

\_\_\_\_\_ ☒ HE / SHE IS ABLE ☐ UNABLE

TO WORK.

11/10/06 to 12/10/06

REMARKS:

due to medical  
problems.

Bhagat

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
**PETER SCARPELLI, RPAC**  
**Internal Medicine**

5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

10/25/06

Brian Smith off  
work till 11/10/06

Bhagat

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
**PETER SCARPELLI, RPAC**  
**Internal Medicine**

5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

10/18/06

Brian Smith will  
be off work 10/6/06  
to 10/27/06 due to  
pain in the neck  
related to work  
injury of 7/24/06

Brian —

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
**Internal Medicine**

5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

10/8/06

Brian Smith will be off  
work from 10/6/06 to  
10/27/06 due to medical  
problems

ABhagat



1. Agency MALONE POLICE DEPARTMENT		2. Div/Precinct New York State		3. ORI NY0162400		5. Case No. 108-5382		6. Incident No. 21171	
7,8,9. Date Reported (Day, Date, Time) MONDAY 07/24/2006 20:53				10,11,12. Occurred On/From (Day, Date, Time) MONDAY 07/24/2006 20:53				13,14,15. Occurred To (Day, Date, Time)	
16. Incident Type DISTURB.-DISORDERLY CONDUCT/DISTURBANCE						17. Business Name			
19. Incident Address (Street Name, Bldg. No., Apt. No.) 36 DUANE STREET									
20. City/State/Zip MALONE NEW YORK 12953-0000									
21. Location Code (TSLED) MALONE VILLAGE 1724				23. No. of Victims 3		24. No. of Suspects 1		26. Victim also Complainant?	
Location Type STREET									

22.OFF. No.	LAW	SECTION	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE	CTS
1.	PL	120.05	03	D	F	2	C	ASLT W/INT CAUS PHYS INJURY TO OFFICER/FIREMAN/EMT	2
2.	PL	190.25	01	A	M	2	C	CRIM IMPERS ANOTHR PERS W/INT	1
3.	PL	195.05		A	M	2	C	OBSTRUCT GOVERNMENTL ADMIN 2ND	1
4.	PL	205.30		A	M	0	C	RESISTING ARREST	1

### ASSOCIATED PERSONS

25. TYPE	Name (Last, First, Middle, Title)	DOB	Street Name Bldg., Apt.No., City, State, Zip	Res Phone Bus Phone
COMPLAINANT	LAROCQUE, KATHERINE, A	05/08/1967	RT 37 WESTVILLE NY 00000-0000	(518)481-6419
LAW ENFORCEMENT OFFICER	COLLETTE, CRAIG A/C, J	01/25/1966	2 POLICE PLAZA MALONE NY NY	(518)483-2424
LAW ENFORCEMENT OFFICER	SMITH, BRIAN PTL, M	03/01/1971	2 POLICE PLAZA MALONE NY 12953	(518)483-2424
LAW ENFORCEMENT OFFICER	CRAWFORD, MICHAEL PTL, R		MVPD MALONE NY 12953-0000	
SUSPECT	LAROCQUE, BRADLEY, M	08/09/1988	RT 37 WESTVILLE NY	(518)483-4957
SUSPECT	LAROCQUE, BRADLEY, M	08/09/1988	RT 37 WESTVILLE NY	(518)483-4957

COPY

## SUSPECT

Person ID # 9128	34. Type SUSPECT	35. Name (Last, First, Middle) LAROCQUE, BRADLEY, M				
37. Apparent Condition			38. Address (Street Name, Bldg., Apt. No., City, State, Zip) RT 37 WESTVILLE NY			
39a. Home Phone (518)483-4957	39b. Work Phone	40. Social Security	41. DOB 08/09/1988	42. Age 17	43. Gender MALE	44. Race WHITE
45. Ethnicity NOT HISPANIC	46. Skin MEDIUM	47. Occupation				
48. Height 5ft. 5in.	49. Weight 130lbs.	50. Hair BLACK	51. Eyes BROWN		52. Glasses YES	53. Build NORMAL
54. Employer/School			55. Employer Address MALONE NY 12953-0000			
56. Scars/Marks/Tattoos /Description TATTOO OF A CROSS ON UPPER LFT SHOULDER						

36. Alias/Nickname/Maiden Name

Last Name	First Name	MiddleName

## PROPERTY

58. Name LAROCQUE, BRADLEY M		Property Status SEIZED	
Property Type CLOTHES/FURS		Make or Model / Drug	
Serial No.	Qty/Measure	Value	
Description Red hooded sweat shirt.			

Total Property Value :                      \$0.00

## NARRATIVE

Date of Action	Date Written	Officer Name & Rank
07/24/2006	07/24/2006	FITZPATRICK, DEBORAH (DISPATCHER)
Narrative		
<p>Caller states fight in progress at 36 Duane Street; Ptrl Smith and Crawford and A/C Collette respond; drf</p> <p>Spoke with Kathy at the scene. She stated that she had called the station for assistance in getting Brad from a house on Duane Street. Patrols were tied up with a burglary and would be responding to that when they were free. Kathy was advised by Officer Smith that she would have to make an attempt to get Brad on her own. Kathy attempt to get Brad and when she pulled in front of the house, (Across from Taxi stand-former Carl Russell residence 52 Duane?) she saw Brad there with a beer in his hands. She grabbed him and attempted to get him in the vehicle to bring him home. He resisted and pulled away and fled the area running south. Kathy stated she did not have her glasses so she could not tell which way he went after he left her south bound. She stated that he has been missing since Friday but she did not report this then because she is not a cop caller. She stated she wanted our assistance in detaining Brad and getting him home if he causes her problems. Advised her that I would have our patrol look for him. She stated that he was wearing a red hood shirt. Ptlm Smith and Crawford were advised. CJC</p> <p>After arrest Brad was brought back to the station for decontamination. He refused to be placed under the direct spray of water, expressing a fear of not being able to see and being cover in water. He was decon'ed by wetting a paper towel and blotting the spray off his face. He was also allowed to rinse hi mouth with water.</p> <p>Photos taken of Injuries to Ptlm Smith- Bump to left top of head, lower lip swelling and discoloration- cut to left leg. Photos also obtained to injury to Ptlm Crawford. Same consisted of bruise and abrasion to left forearm. Photos taken with evidence</p>		

camera at the station and with digital camera.

• Photos also taken of injury to Brad Larocque. Same consisted of small scratches on right shoulder and bump to right top of head. Photos also taken of back to show no injury to same. Video tape of Brad in holding cell was also taken and secured as evidence. On same he was read his miranda warnings at 2255 hrs. After this he waived his right to a attorney and told his side of the story. I advised him this would be documented and the Chief advised. Same done by the securing of the video tape and this report. On same he admits to running from his mother tonight, being away all weekend, giving Officer Crawford the wrong name and running from police. Officer Crawford and Smith's narratives to follow. CJC

That on 07/24/06 I was working the night shift (8PM- 4AM). I was returning to the station at about 8:50 PM when A/C Collette informed me that there was a possible altercation in progress at 36 Duane St. Ptlm. Smith, A/C Collette, and myself responded. When I arrived there were no signs of an altercation taking place. I was approached by Kathy Luckette and she said her son Brad had just got into an argument with her when she tried to get him to go home. She said he took off headed south on Duane St. She said he was wearing a red hoodie and baggy jeans. A/C Collette stayed to interview her, and I left in marked unit 702 to try and locate Brad.

As I was traveling North on Catherine St. at about 9:00 PM, I noticed Brad walking near the intersection with Mill St. with a girl wearing a dark shirt jeans, and dark long hair, when he saw me he dropped the red sweatshirt near the intersection. I turned around and stopped to speak with Brad in the IBC parking lot. I got out of my car and asked him what is going on. I also asked him if he was Brad Larocque, he told me his name was not Brad. When I asked him what his name was he said Michael Dresser, with a DOB of 08/09/1988. I knew it was Brad because I have dealt with him on other occasions. I asked him why he would not go home with his mother, and he said he did not know what I was talking about. Because he was Michael Dresser. I advised Brad that if he was giving me a false name he was going to be arrested.

At this point A/C Collette and Ptlm. Smith arrived as back up. When they exited the car and started to approach Brad and myself, Brad said don't fucking touch me get the fuck away from me. Brad then started to back away from us, and then took off running south on Catherine St. Ptlm. Smith was able to grab a hold of Brad, at which point he began to resist being placed in handcuffs. Myself and A/C Collette assisted Ptlm. Smith and we were able to place Brad in handcuffs.

As a result of Brad resisting I received multiple scrapes and a about one inch cut to my left forearm.

#### MRC

As A/C Collette and I were arriving I could see that Brad was keeping his distance from Crawford. Brad has run from me before. I told A/C as we pulled up that Brad was going to run. When we got out of the car and started to approach Brad told us to stay the fuck away from him and not to fuck'n touch him. He began to back away from us. I stopped where I was and A/C Collette continued around behind Brad but kept his distance until he was behind him. As Collette began to close the distance Brad took off running in my direction. I ran across the street to intersect him and tackled him. When we fell to the pavement our momentum rotated us so that I landed on my back, striking my head on the pavement. A/C Collette and Ptl. Crawford followed quickly. After a brief struggle and some pepper spray we were able to secure Brad in handcuffs. Brad was then transported to the station by A/C Collette and Crawford.

Bradley was arraigned by Judge Lamitie and held in FCJ on \$7000 cash bail. He is to return to court on August 15, 2006.

As a result of this incident I have sustained an abrasion and swelling to the back of my head. I have discoloration and swelling to the lower right side of my face under my bottom lip. I have discoloration to my left forearm, abrasions to my right elbow and a cut to my left knee area. My neck and head ache. My left shoulder blade aches and burns severely.

Closed/BMS

### ADMINISTRATIVE

74. Inquiries	75. NYSPIN Message No.	76. Complainant Signature	
77. Reporting Officer Signature (Include Rank) PATROLMAN BRIAN SMITH	78. ID No. 6668	79. Supervisor Signature (Include Rank) ASST CHIEF CRAIG COLLETTE	80. ID No. 2515
81. Status ARREST - ADULT	82. Status Date 07/24/2006	83. Notified/TOT	
			Solvability Total 0

**STATE OF NEW YORK - WORKERS' COMPENSATION BOARD**

**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. W820005	WC POLICY NO.	DATE OF ACCIDENT 7/24/2006	EMPLOYEE'S S.S. NO. 134 56 6668
1. (a) EMPLOYER'S NAME VILLAGE OF MALONE		1. (b) EMPLOYER'S MAILING ADDRESS 16 ELM STREET, MALONE, N.Y. 12953		1. (c) OSHA CASE/FILE NO.	
1. (d) LOCATION (If Different From Mailing Address)		1. (e) NATURE OF BUSINESS (Principal Products, Services, etc.) MUNICIPALITY		1. (f) NYS U.I. EMPLOYER REG. NO.	
2. (a) INSURANCE CARRIER FRANKLIN COUNTY SELF-INSURANCE PLAN			2. (b) CARRIER'S ADDRESS COURT HOUSE, MALONE, NY 12953		
3. (a) INJURED EMPLOYEE (First, M.I., Last) Brian M. Smith			3. (b) ADDRESS (Includes No. & Street, City, State, Zip & Apt. No.) 6940 State Route 374 Chateaugay NY 12920		
INJURY	4. (a) ADDRESS WHERE ACCIDENT OCCURRED Catherine St. Malone NY		4. (b) COUNTY Franklin		4. (c) WAS ACCIDENT ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. TIME OF ACCIDENT 9:00 PM	5. (b) DEPT. WHERE REGULARLY EMPLOYED Malone Police Dept	5. (c) DATE STOPPED WORK BECAUSE OF THIS INJURY/ILLNESS N/A		5. (d) WAS EMPLOYEE PAID IN FULL FOR DAY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	6. SEX M	6. AGE 35	6. OCCUPATION (Specific job title at which employed) Police Officer		
	11. (a) AVERAGE EARNINGS PER WEEK? \$846.40		11. (b) TOTAL EARNINGS PAID DURING 52 WEEKS PRIOR TO DATE OF ACCIDENT (Include bonuses, overtime, value of lodging, etc.) \$55,119.67		
NATURE OF INJURY	12. (a) PART OR FULL TIME EMPLOYEE? Full Time		12. (b) INJURED EMPLOYEE'S WORK WEEK (Indicate days of week usually worked) Varies Monday - Sunday		
	13. NATURE OF INJURY AND PART(S) OF BODY AFFECTED Lower Back & Upper Back - Neck, Head		14. (a) DID YOU PROVIDE MEDICAL CARE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. (b) IF YES, WHEN? Scheduling an appointment.
	15. (a) NAME AND ADDRESS OF DOCTOR Dr. Anji Bhagat Main St. Malone NY 12953		15. (b) NAME AND ADDRESS OF HOSPITAL		
	16. (a) HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. (b) IF YES, GIVE DATE 7/25/2006		16. (c) AT WHAT WEEKLY WAGE? \$846.40
CAUSE OF ACCIDENT	NOTE: FORM C-11 MUST BE FILED EACH TIME THERE IS A CHANGE IN EMPLOYMENT STATUS				
	17. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Tackled a fleeing suspect.				
	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.) Dove & tackled fleeing suspect. Initially catch him with left hand & arm as he was running. landed on pavement with suspect on top of me. landed on my back striking my head on the pavement.				
FATAL CASES	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 straining, the thing (s) he was lifting, pulling, etc. suspect fleeing & pavement				
	20. (a) DATE OF DEATH	20. (b) NAME AND ADDRESS OF NEAREST RELATIVE		20. (c) RELATIONSHIP	
PREPARATION	DATE EMPLOYER/SUPERVISOR FIRST KNEW OF INJURY 7/24/2006		DATE OF THIS REPORT 8/03/2006		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 Dorothy M. Maguire & Brian Smith		B. TITLE Treasurer		TELEPHONE NUMBER & EXTENSION 518-483-6308
	C. IF REPORT PREPARED BY THIRD PARTY, COMPANY NAME AND ADDRESS				
	D. THIRD PARTY CONTACT NAME				
					TELEPHONE NUMBER & EXTENSION

C-2 (5-97)

C-2

C-2

C-2

C-2

C-2

**STATE OF NEW YORK - WORKERS' COMPENSATION BOARD**

**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		7/24/2006	
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) Brian M. Smith			(b) ADDRESS (Includes No. & Street, City, State, Zip & Apt. No.) 6940 State Route 374, Chateaugay NY 12920		
ACCIDENT INJURED NATURE OF INJURY	(a) ADDRESS WHERE ACCIDENT OCCURRED Catherine St. Malone NY		(b) COUNTY Franklin		(c) WAS ACCIDENT ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. TIME OF ACCIDENT AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> 9:00	6. DEPT. WHERE REGULARLY EMPLOYED Malone Police Dept	7. (a) DATE STOPPED WORK BECAUSE OF THIS INJURY/ILLNESS N/A		(b) WAS EMPLOYEE PAID IN FULL FOR DAY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	8. SEX M	9. AGE 35	10. OCCUPATION (Specific job title at which employed) Police Officer		
	11. (a) AVERAGE EARNINGS PER WEEK? \$846.40		(b) TOTAL EARNINGS PAID DURING 52 WEEKS PRIOR TO DATE OF ACCIDENT (Include bonuses, overtime, value of lodging, etc.)		
	12. (a) PART OR FULL TIME EMPLOYEE? Full Time		(b) INJURED EMPLOYEE'S WORK WEEK (Indicate days of week usually worked) Varies Monday - Sunday		
	13. NATURE OF INJURY AND PART(S) OF BODY AFFECTED Lower Back & Upper Back - Neck, Back of Head		14. (a) DID YOU PROVIDE MEDICAL CARE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No case #		(b) IF YES, WHEN?
	15. (a) NAME AND ADDRESS OF DOCTOR		(b) NAME AND ADDRESS OF HOSPITAL		
	16. (a) HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		(b) IF YES, GIVE DATE 7/25/2006		(c) AT WHAT WEEKLY WAGE? \$846.40

**NOTE: FORM C-11 MUST BE FILED EACH TIME THERE IS A CHANGE IN EMPLOYMENT STATUS**

17. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using)

Tackled a fleeing suspect.

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.)

Dove & tackled fleeing suspect. Initially catch him with left hand & arm as he was running. landed on pavement with suspect on top of me. landed on my back striking my head on the pavement.

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 straining, the thing (s) he was lifting, pulling, etc.

suspect fleeing & pavement

FATAL CASES	20. (a) DATE OF DEATH		(b) NAME AND ADDRESS OF NEAREST RELATIVE		(c) RELATIONSHIP
	DATE EMPLOYER/SUPERVISOR FIRST KNEW OF INJURY 7/24/2006		DATE OF THIS REPORT 8/03/2006		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 Brian M. Smith			B. TITLE Patrolman	TELEPHONE NUMBER & EXTENSION (518) 483-2424
	C. IF REPORT PREPARED BY THIRD PARTY, COMPANY NAME AND ADDRESS				
PREPARATION	D. THIRD PARTY CONTACT NAME				
	TELEPHONE NUMBER & EXTENSION				

C-2 (5-97)

C-2

C-2

C-2

C-2

C-2



01-02-05

361

- 4394 0400 Hrs Z Fountain on Duty RDF
- 4395 0700 Hrs Stone on Duty H
- 4396 1145 Hrs on Duty C
- 4397 1145 Hrs Sutton on Duty R
- 4398 1150 Hrs Russell on Duty H
- 4399 1200 Hrs Z Fountain off Duty PT # 13336, 13337, 13338 RDF
- 4400 1200 Hrs Stone off Duty H
- 4401 1240 Hrs Public Safety call from 701 Ave.  
Road conditions. DW ADDED Q
- 4402 1305 Hrs Juvenile call from James Boyer  
off 23 Branch St Q
- 4403 1340 Hrs Public Safety call from Chue Fountain  
on Franklin St Q
- 4404 1400 Hrs Accident call from Franklin County  
911 E. Main St RD 101 NYSP Q
- 4405 1420 Hrs Accident call via scanner  
E. Main St / Henry Drive No Duty Q
- 4406 1440 Hrs Z Fountain on Duty RDF
- 4407 1440 Hrs Public Safety call from Shuler  
McCabe & Ramsey St Q
- 4408 1430 Hrs Public Safety call from Franklin Co  
911 Q
- 4409 1440 Hrs Z Fountain on Duty DF
- 4410 1441 Hrs C. Fountain on Duty Q
- 4411 1445 Hrs Kemp on Duty S
- 4412 1450 Hrs - Aid-Assist Citizen call from Mary  
Garrard of Springfield Dr. DF

4413 2000 hrs

Smith off duty (Fell injured upper back)

JP

4414 2000 Hrs

RUSSELL off duty

JP

4415 2000 Hrs. - ALARM ACTIVATION AT CHARTER ONE BANK  
320 WEST MAIN ST., MALONE

DF

4416 2015 Hrs. - LOCK OUT - CALL FROM NICKY WILDER AT  
K MART - WEST MAIN ST.

DF

4417 0400 Hrs

Curtis off duty

JP

4418 0400 HRS

Kemp off duty ARRESTED MARK C.

WILSON 28 OF MASSENA WARRANT 1CT ISSUE BAD CHECK  
ARR. BY SIMMS PLED GUILTY

JP

4419 0400 Hrs.

D. Fankhauser off duty

DF

C

CALLS: 10

ALARM - 1

Juvenile - 1

Public Safety - 4

ACCIDENT - 2

Lock out - 1

A&amp;D - 1

ARREST: 1

Wilson, Mark C. m/28 malone Bad Check

PARKING: 3

13336, 13337, 13338

COPY

1. Agency MALONE POLICE DEPARTMENT		2. Div/Precinct New York State		3. ORI NY0162400		5. Case No. 105-4408		6. Incident No. 13025	
7,8,9. Date Reported (Day, Date, Time) SUNDAY 01/02/2005 19:31			10,11,12. Occurred On/From (Day, Date, Time) SUNDAY 01/02/2005 19:31			13,14,15. Occurred To (Day, Date, Time)			
16. Incident Type ROAD-ICY/SNOWY					17. Business Name				
19. Incident Address (Street Name, Bldg. No., Apt. No.) THROUGHOUT VILLAGE AS WELL AS OUTSIDE									
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
COMPLAINANT	FRAN CO 911 DISPATCH		BARE HILL RD MALONE NY 12953-0000	(518)483-1211 (518)483-3040
LAW ENFORCEMENT OFFICER	SMITH, BRIAN PTL, M	03/01/1971	2 POLICE PLAZA MALONE NY 12953	(518)483-2424

### NARRATIVE

Date of Action	Date Written	Officer Name & Rank
01/02/2005	01/02/2005	MARLOW, VERNON (ASST CHIEF)
Narrative		
<p>comp called and reported that Franklin County 911 has determined that the road conditions throughout Franklin County have gotten to the point of being so treacherous that they have called for a State of Emergency locally.....Only emergency use of the road ways will be permitted until aprx 2200hrs date/vnm</p> <p>While placing flares in the intersection of Finney Blvd and West Main Street there came a point that I crossed the parking lot of Eckers going back to my car. The entire surface of the the roadway, sidewalks and parking lots were ice covered. As I was crossing the parking lot I fell landing on my left side. I tried to break my fall using my left arm. When I landed I felt a sharp burning sensation in my upper back area and under my shoulder blade. This pain was continuous throughout the remainder of the shift.</p> <p style="text-align: right;">BMS</p>		

### ADMINISTRATIVE

74. Inquiries		75. NYSPIN Message No.		76. Complainant Signature	
77. Reporting Officer Signature (Include Rank) PATROLMAN BRIAN SMITH		78. ID No. 6668		79. Supervisor Signature (Include Rank)	
80. ID No.					
81. Status PENDING INVESTIGATION		82. Status Date 01/02/2005		83. Notified/TOT	
					Solvability Total 0

ANJINI BHAGAT, M.D.  
INTERNAL MEDICINE

24 FOURTH STREET, SUITE 1  
MALONE, NY 12953

(518) 483-0765

DEA # BB 1304283  
LIC # 171773-1

NAME

Brian Smither

ADDRESS

AGE

DATE

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R

JUL 15 2002

Can or want to

fall duty

7/16/02

ABhagat

THIS PRESCRIPTION WILL BE FILLED GENERICALLY  
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW

Refill \_\_\_\_\_ times

NR \_\_\_\_\_ Label \_\_\_\_\_



Dispense As Written

2DIM5028006

Malone Village Police Department  
2 Police Plaza  
Malone, New York 12953

**AUTHORIZATION FOR MEDICAL, SCHOOL, OR FINANCIAL RECORDS OR  
CREDIT REPORT**

Approximate date of incident/accident 07/07/02

I, Brian M. Smith (or parent/guardian) \_\_\_\_\_ Hereby,

authorize Alice Hyde Medical Center

(Name of Hospital, Doctor, School, Bank, Credit Bureau, Firm or person in the  
business of making credit reports, or insurance carriers)

At Fourth Street, Malone, NY 12953  
(Address)

To furnish the Malone Police Department, through their representatives with all information in the possession of the above institution, business, school or person, that relates to me, including disciplinary measures, should the possessor of the records be a school. I further authorize the Malone Police Department to provide these records to any necessary Justice Court, Superior Court or District Attorney's Office in relation to a police investigation. I further stipulate that this authorization is valid for only one year from the date this form is signed and that a photostatic copy or other forms of reproduction shall be considered as effective and valid as the original.

\*NOTE: Person under  
18 Years of age  
must have parent  
or guardian sign this form

Brian M. Smith / Date 07/07/02  
2 Police Plaza  
Malone NY 12953  
(Mailing address)

03/01/71  
(Date of Birth)

Witness: Rtm S. J. Stone Address: Malone Village Police

**MALONE POLICE DEPARTMENT**  
**INCIDENT REPORT**

COMPLAINANT: Unit 704 (Smith) CASE# 22-D-5534  
ADDRESS: MVPD Radio  
PHONE: LOG:3094  
RECEIVED: STK DATE/TIME: 07-07-02@0125hrs  
  
OFFENSE: Motor Veh (ATV F.T.C.) DATE/TIME: Currently  
LOCATION: S.bound on Goodman Rd  
ASSIGNED: Smith  
SUSPECT:

---

NYSPIN ☐ YES ☐ NO  
JUVENILE ENTRY ☐ YES ☐ NO

Unit 701 advised VIA radio he had a yellow ATV which was failing to comply headed out of town on the Goodman Rd. The following is the chronological order of events:

0125hrs Unit 704 advised he had a yellow ATV failing to comply headed out of town on the Goodman Rd., upon request speed was reported at 50MPH.

0127hrs Unit 704 advised he passed the Thomas Rd. still on the Goodman Rd, upon request speed was reported at 60MPH.

0129hrs Tpr Parent was contacted via telephone, she then contacted BP unit B10 for backup.

0130 Unit 701 (Merrick) advised from Sunoco telephone the description is a white male, tall plaid shirt, beard/mustache (grayish, brownish, blond in color).

0133 Unit 704 advised he had 1 subject in custody in Teboville and he (704) had sustained a burn to his leg.

0134 Unit 704 requested 701 present at his location and he needed next available tow.

0137 SP SGT Rosenfield advised he would be en route to their location to assist with securing the ATV till tow arrived. Recore towing notified.

0148 Unit 701 advised 10-8 with Smith and 10-29 with one and SP will secure ATV and Unit 704. 701 advised to prep for Pepper Spray decontamination.

Prior to Patrols return to station Ptl Stone was notified of the situation and asked to come to station at 701's request. Upon 701 arrival at station subject (Daniel Garland) was immediately taken to the eye-wash decontamination station and rinsed his face/eyes for several minutes. He was then placed in the holding cell with moist paper towels for continued decon. Upon Ptl



Stone's arrival the ATV a yellow 650cc Bombardier 4-wheeler was dropped off by Recore towing and secured in the garage. The bill for same service is attached to this CR. Ptl Smith was transported to the ER by 701 for evaluation of his burn, photo's were taken of same by 701. Ptl Stone advised Chief Moll of the current situation. STK

I was on Williams Street at the intersection of East Main Street. I was watching traffic and some young adults in the Texaco Parking Lot. I heard a what I thought was a motorcycle start up off to my left. I saw a yellow racing type four wheel that appeared to be coming from the Sunoco. He came my way and headed Easterly out of Town. I radioed the station that I had a fail to comply and that the four wheeler was turning southerly onto the Porter Road. For further details see the attached copy of my supporting deposition. As a result of this incident I was treated for 1<sup>st</sup> degree burns to a 10cm x 15cm area on the back of my left leg and a 1cm x 3cm area of 2<sup>nd</sup> degree burns. I also have cuts & abrasions to my left hand and wrist, contusion to my right forearm and pain in my right knee. Garland was charged with Reckless Endangerment in the Second Degree, Assault in the Second Degree, Resisting Arrest, Speed in Zone, Unregistered ATV, Uninsured ATV, Operating a ATV on a Restricted Highway and Fail to Comply. He was arraigned before Judge Simays and held in FCJ \$2500 cash bail.

Closed/BMS

STATE OF NEW YORK : COUNTY OF FRANKLIN  
JUSTICE COURT : VILLAGE OF MALONE

The People of the State of New York  
against

SUPPORTING DEPOSITION

*Daniel T. Garland (d.o.b. 01/26/79)*

Defendant

I, Ptl. B.M. Smith, am a police officer in the Village of Malone, New York, and by this supporting deposition make the following allegation of fact in connection with an accusatory instrument filed with this court against the above named defendant:

I would like to state that on July 7, 2002 in the early morning hours I was working patrol duties in the Village of Malone. At about 1:25am I was on Williams Street at the intersection with East Main Street. I was sitting watching traffic on East Main Street and some young adults that were in the parking lot of Texaco. It was about this time that I heard a motorcycle type engine start to my left. I looked to my left and saw a yellow all terrain vehicle (ATV) that appeared to have come out of the Sunoco parking lot.

The ATV came onto East Main Street and headed in my direction. As the ATV was passing by me I activated my emergency lights and siren. The ATV accelerated and continued Easterly on Main Street towards Agway Energy Products. I radioed the Malone Village Police Department base that I was behind a yellow ATV East bound on East Main Street and its operator was failing to comply. The ATV was traveling at about 52MPH.

The operator slowed and turned right onto the Porter Road. I continued following the ATV. When he reached the end of the Porter Road he turned right onto the Goodman Road. He continued Southerly on the Goodman Road. As I was passing the Thomas Road I again radioed in my location and direction of travel.

As the ATV was approaching the intersection with the Teboville Road he slowed dramatically. I pulled along side of the ATV and he stopped and pulled my patrol car to the shoulder to try and prevent him from taking off again. I got out of my car and approached the ATV. I grabbed the operator by the shoulders and shouted at him to get off the ATV and onto the ground. I felt his muscles tense and he took off accelerating to about 20-30MPH dragging me. I reinforced my hold on the driver so that I would not fall off the moving ATV. I shouted at the driver a number of times to stop and continued on dragging me behind him.

He continued Southerly onto the Teboville Road. While he was dragging me I burned my left leg on the exhaust of the ATV. As I struggled to hang on I also caught my left leg in the left rear tire twice only to pull it back and have it burned on the muffler again. All I could do was hang on and continue to shout at the operator to stop. I was in extreme fear or serious physical injury if not death should I fall off the moving ATV. After about 150 yards the ATV slowed. I grabbed my Pepper Spray and sprayed the operator in the face. I got no response from the driver. Finally after continually pulling on the operator and ordering him off he got off. He was directed to the ground and placed into handcuffs. The defendant was then transported back to the Malone Village Police Station where he was processed.

As a result of the defendants actions I have sustained 1<sup>st</sup> and 2<sup>nd</sup> degree burns to my left leg. I have pain in my right knee, cuts and abrasions to my left arm and a contusion to my right forearm.

The foregoing factual allegations are based upon personal knowledge of the complainant (and upon information and belief, the sources of complainant's information and belief being,

Wherefore, Complainant prays that be dealt with pursuant to law.

False statements made in the foregoing instrument are punishable as a class A Misdemeanor pursuant to Section 210.45 of the Penal Law. Accordingly and with notice of the foregoing, I hereby affirm that the foregoing statements of facts are true under penalty of law this: 7<sup>th</sup> Day of July, 2002..

COMPLAINANT: *Ptl. B.M. Smith*

**ALICE HYDE MEDICAL CENTER  
EMERGENCY DEPARTMENT**

**PATIENT WORK STATUS/SCHOOL  
DISCHARGE INFORMATION SHEET**

ST. JOHNS HOSPITAL  
L. 100  
3/01/71 H  
455  
-483-0122 ER  
PIKEVILLE PUR  
SELF INS PLAN 0000  
BLUE CROSS OF KY

H007506  
000440045  
07/07/02

NAME OF PATIENT:

DATE OF SERVICE:

7/7/02

OFF WORK UNTIL:

LIMITED DUTY UNTIL:

cleared by Dr. Blumgart

**IF LIMITED DUTY DEFINE**

**WORK LIMITATIONS**

x if restricted:

☒ No lifting greater than 20 lbs.

☒ No repetitive bending, twisting, squatting.

☒ No pushing, pulling over 20 lbs.

☒ No prolonged standing

☐ No prolonged sitting.

☐ No reaching with \_\_\_\_\_.

☐ Must wear splint or guard on \_\_\_\_\_.

☐ No climbing ladders or numerous stairs.

☐ Other \_\_\_\_\_

☐ Comments \_\_\_\_\_

REFERRED TO:

Dr. Blumgart

**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

Paul H. Mc  
AHHA Authorized Signature

PATIENT EDUCATION AND DISCHARGE INSTRUCTIONS  
ALICE HYDE MEDICAL CENTER - EMERGENCY DEPARTMENT

Malone, New York (518) 483-3000

NOTICE: Your evaluation and treatment in our Emergency Department may only be a first step in your path to feeling better. If at any time your condition worsens or you are concerned about your condition call your regular doctor or return to the Emergency Department. If you had an X-ray or lab tests done today the report from the Emergency Department is a preliminary one.

If needed you may be called back by us or your regular doctor about any new findings on the X-ray and/or lab tests. You may be given further instructions at that time.

Your Provider today was Finch PA MD

Wound Care (cuts, abrasions, burns, etc.)

- ☒ Keep dressings clean and dry  
Despite the greatest of care wounds can become infected  
If your wound becomes red, swollen, drains pus or has red streaks, or feels more painful instead of less as days go by, you must have the wound rechecked  
Sutures out in \_\_\_\_\_ days  
You received a tetanus (DT) shot today

Fever Control

Fever can be part of a serious or not serious illness. Watch yourself or child for additional problems such as confusion, listlessness, extreme fatigue, lack of interest in eating or drinking, decreasing activity level or becoming worse in any way. If fever is not gone after 2 days or you are worse in anyway recheck with your doctor or return to the Emergency Department.

\_\_\_\_\_ Increase your fluids - juice, water, etc.  
Acetaminophen (Tylenol, Tempra, etc.) are good for reducing fever and feeling better from the aches of a fever illness.  
Acetaminophen dose for the patient should be \_\_\_\_\_ mgs. every 4 to 5 hours

Which is \_\_\_\_\_ dropperfuls / tsps syrup / chewables  
(circle one)

Acetaminophen

Dropperful  
80mg / 0.8ml



Suspension  
Liquid or  
Elixir  
160mg / 5ml



Chewable  
Tablets  
80 mg Tabs



Junior  
Chewables  
160 mg. Tabs



Over age 12 use adult doses

Specific Instructions

Medications: Take Silvadene cream to burn 1 x daily  
Loracet 1 every 4hrs pain  
motrin 800mg ~~2x~~ every 8hrs with food

This medication you have been given may cause drowsiness - if it does do not drive or operate heavy or dangerous equipment while taking this medication. Also, many medications can interfere with Birth Control Pills. Use an alternative form of birth control while taking medications given to you from our department.

Followup with / Obtain further care from Bhagat next week at \_\_\_\_\_  
within \_\_\_\_\_. Please call within the next 24 hours to arrange your appointment.

Other instructions \_\_\_\_\_

I hereby acknowledge receipt and understanding of these instructions and additional handouts. I understand that I have had emergency treatment only and my condition may require further evaluations and treatment. I will arrange further care as outlined above. I understand and agree that copies of the records from this visit will be sent to my doctor as listed by me on this record.

Staff sign J. Harrison Date: 7/6/02 Sign. of Patient/Legal Rep. [Signature]

ER-13 1-30-98

**ALICE HYDE MEDICAL CENTER**

EMERGENCY DEPT. 133 PARK ST.  
PHARMACY DEPT. REG. #11238

MALONE NY (518) 483-3000  
DEA #AH3520269

**MARIE HAGGARTY RPA-C**

NYS Lic. No. 005121 DEA No. MH0902622

**PAT JOHNSTON RPA-C**

NYS Lic. No. 002026 DEA No. MJ0833966

**ROBERT STOUT RPA-C**

NYS Lic. No. 008568 DEA No. MS1032680

**GENEVIEVE SWITZ RPA-C**

NYS Lic. No. 004141 DEA No. MS0630120

**RICHARD FINCH RPA-C**

NYS Lic. No. 003854 DEA No. MF0890752

**DAVID GRIFFIN RPA-C**

NYS Lic. No. 005850 DEA No. MG0494447

**LOUISE TICHENOR RPA-C**

NYS Lic. No. 066623

**CHRISTIAN LAMARRE, M.D.**

NYS LIC. No. 210033

DEA # BL5509661

NAME

*Briony Smith*

AGE

ADDRESS

DATE

*12/9/14*

*Strict light duties  
until 12/16/14*

Refill

Times

Maximum

Daily Dose

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



**DISPENSE AS WRITTEN**

## STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

COPY

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

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WCB CASE NO. (If Known)	CARRIER CASE NO.	CARRIER CODE NO.	WC POLICY NO.	DATE OF ACCIDENT	EMPLOYEE'S S.S. NO.
		W820005		8-27-00	134-56-6668
1. (a) EMPLOYER'S NAME Village of Malone (Police Dept)		(b) EMPLOYER'S MAILING ADDRESS 2 Park Place, Malone, NY 12953			(c) OSHA CASE/FILE NO.
(d) LOCATION (If Different From Mailing Address)		(e) NATURE OF BUSINESS (Principal Products, Services, etc.) Law Enforcement			(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) Brian M. Smith			(b) ADDRESS (Includes No. & Street, City, State, Zip & Apt. No.) 181 Pikeville Road, Burke NY 12917		
ACCIDENT	4. (a) ADDRESS WHERE ACCIDENT OCCURRED Duane Street		(b) COUNTY Franklin		(c) WAS ACCIDENT ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. TIME OF ACCIDENT 0205 AM PM	6. DEPT. WHERE REGULARLY EMPLOYED Police Department	7. (a) DATE STOPPED WORK BECAUSE OF THIS INJURY/ILLNESS Have not had to stop work		(b) WAS EMPLOYEE PAID IN FULL FOR DAY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
INJURED	8. SEX Male	9. AGE 29	10. OCCUPATION (Specific job title at which employed) Police Officer		
	11. (a) AVERAGE EARNINGS PER WEEK? \$680		(b) TOTAL EARNINGS PAID DURING 52 WEEKS PRIOR TO DATE OF ACCIDENT (Include bonuses, overtime, value of lodging, etc.) \$39,500		
NATURE OF INJURY	12. (a) PART OR FULL TIME EMPLOYEE? Full		(b) INJURED EMPLOYEE'S WORK WEEK (Indicate days of week usually worked) Rotating Shift Work to Equal 40 hours		
	13. NATURE OF INJURY AND PART(S) OF BODY AFFECTED Pain, lack of full motion and strength in left elbow.		14. (a) DID YOU PROVIDE MEDICAL CARE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(b) IF YES, WHEN?
	15. (a) NAME AND ADDRESS OF DOCTOR		(b) NAME AND ADDRESS OF HOSPITAL		
	16. (a) HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		(b) IF YES, GIVE DATE 08-27-00		(c) AT WHAT WEEKLY WAGE? \$680
CAUSE OF ACCIDENT	NOTE: FORM C-11 MUST BE FILED EACH TIME THERE IS A CHANGE IN EMPLOYMENT STATUS				
	17. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Chasing, apprehending and restraining a attempted suicide victim.				
	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.) I was chasing a attempted suicide victim down a river bank in the dark. I fell as I was running down the bank when I tripped on some brush. I then landed on some rocks. I caught the victim in the river. I did not notice the pain until after I had said victim in handirons. I also had a 1/4" stick stuck in my right leg about 1/2". I had cuts and abrasions to my face, arms, legs and head in addition to the pain in my elbow.				
FATAL CASES	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. Uncertain if it was the impact of the fall or the victim struggling against me.				
	20. (a) DATE OF DEATH	(b) NAME AND ADDRESS OF NEAREST RELATIVE			(c) RELATIONSHIP
PREPARATION	DATE EMPLOYER/SUPERVISOR FIRST KNEW OF INJURY 8-27-00		DATE OF THIS REPORT 9-28-00		IF FORM IS SUBMITTED BY EMPLOYER, COMPLETE A & B BELOW
	A. EMPLOYEE PREPARING FORM OR SUPPLYING INFORMATION TO THIRD PARTY Patrolman Brian M. Smith		B. TITLE Police Officer TELEPHONE NUMBER & EXTENSION 518-483-2424		
	C. IF REPORT PREPARED BY THIRD PARTY, COMPANY NAME AND ADDRESS				
	D. THIRD PARTY CONTACT NAME TELEPHONE NUMBER & EXTENSION				

C-2 (5-97)

C-2

C-2

C-2

C-2

C-2



Injury Date: 8-27-00  
Worked 2 months worked w/<sup>no</sup> problems

10-13-00 Dr. Bhargava possible  
tendonitis - no limitations

10-20-00 Dr. Green's Exam  
OFF Full Duty  
does not allow  
light duty  
orders Nerve Conduction  
study

11-15-00 Test conducted  
left ulnar nerve  
entrapment  
require surgery

11-17-00 Sent in paperwork  
Dorkness comp.  
Once - approval  
Schedule surgery

From day of surgery  
4 to 6 weeks  
out of work

- 4832 2356 hrs Cr. Trespass call from Z-bar  
9-A-2299 owner Terri Pepin, Catherine St c/r m
- 4833 0030 hrs disorderly call from Jere Cayea  
Front St 25 Rennie St - drunk person lying in c/r m  
roadway, patrol found no one in the area no c/r
- 4834 0110 hrs Unauthorized Use of M/V comp from  
22-C-162 Tim Lane 86 Webster St c/r m
- 4835 0150 hrs Hit + Run call from Jennifer Bessette  
22-A-3941 of 1 Leonard Rd, Malone c/r m
- 4836 0205 hrs. ATTEMPTED Suicide Call from  
LE-310 Brandon Snyder at 54 Duane street. c/r ALM
- 4837 0250 hrs disorderly call from Z-bar Terri  
20-A-6384 Pepin on Am. Vly. parking lot c/r m
- 4838 0255 hrs Weapons Possession call from James  
13-A-92 Buckson 57 Park St c/r
- 4839 0335 hrs Crim. Mischief call from Tina Debych of 744  
7-A-5454 Depot St Ap 9 Burke at Webster Manor c/r m
- 4840 0400 hrs Smith off Duty - scratches and abrasions  
to head, face, right and left lower legs and knees. Further  
have pain in the back of lower left leg. Arrested 17 yoa  
Male of Malone and the N.Y.S. M.H.L. TOT Abie  
Hyde E.R. (BM) (BM) (BM)

**ANJANI BHAGAT, M.D.**

**Internal Medicine**

16 Fourth St.

Malone, N.Y. 12953

(518) 483-0705

10-13-00

Re: Brian Smith

Dr. David Luskowski of (C)  
elbow reveals possible  
Tendons secondary to  
injury. No limitation  
at this time but ex-  
cess of (L) arm/elbow could  
cause increase in pts  
pain/symptoms. Orthopedic  
evaluation 10-20-00

Thank you

CB

ANJANI BHAGAT, M.D.  
PATRICK M. JOHNSTON, RPA-C

2020-4

VILLAGE OF MALONE POLICE DEPT.

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

TO: CHIEF MOLL ADDRESS: \_\_\_\_\_  
DATE: 10-18-00 SUBJECT: Left Elbow Injury

Please find the attached Initial Evaluation of my injury. You will note that I have a appointment on 10-20-00 with Dr. Green. I will keep you informed of any observations and or recommendations he has. I will make sure that he does this in writing for you.

SIGNED: Ptln. B. M. Smith

VILLAGE OF MALONE POLICE DEPT.

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

TO: Chief Moll ADDRESS: \_\_\_\_\_  
DATE: 10-20-00 SUBJECT: Workman's Comp - Nerve Conduction Test

I called Dr. Greene's office and they stated that we can secure approval over the phone for the test. They further stated that they would like to do the test to check for the seriousness of the injury and get me treatment as soon as possible because of the pain and the possibility of further damage.

Village Office said to contact the Personel Office at Franklin County, 481-1676. They handle the Comprehensive Insurance.

SIGNED: Ptln. B. M. Smith

# ***MALONE VILLAGE POLICE***

*"Star of the North"*

2 Park Place  
Malone, N.Y. 12953

Gerald K. Moll  
Chief of Police

(518)483-2424  
(518)483-2426  
mpdchief@slie.com

To: All Supervisors

Ref: Ptl. Smith

Please take notice that Ptl. Smith has been returned to light duty by his Physician until further notice. His restrictions are as follows:

No repetitive movements with hands or wrists eg; long periods of typing  
(He should be able to type out the heading on a CR but should notify you if that is not possible)

No Driving on patrol

No combative measures

His condition places him on desk duty.

The duties of all Officers working Ptl. Smith's shift will follow the same guidelines as if working with Ptl. LaChance.

Chief Moll

ROBERT N. GREENE

B. Sc, M.D., C.M., FRCSC

16 4TH STREET, MALONE, N.Y. 12953

518-483-0977

Fax 518-483-6366

DISABILITY STATEMENT

Name

Robert Smith

Date

11-27-00

Off Work From

Until

Return To Work

11-30-2000

Light Duty

Full Duty

Restrictions

No Gym/Sports Until

May Participate In Gym/Sports

Restrictions No Repetitive Movements

with hands or wrists eg typing



no driving, no computer use

Rg/ds

SIGNATURE



ROBERT N. GREENE

B. Sc, M.D., C.M., FRCSC

16 4TH STREET, MALONE, N.Y. 12953

518-483-0977

Fax 518-483-6366

DISABILITY STATEMENT

Name Brian Smith Date 12/08/00

Off Work From 12/12/00 Until 1/31/2001

Return To Work \_\_\_\_\_

Light Duty \_\_\_\_\_ Full Duty \_\_\_\_\_


Restrictions \_\_\_\_\_

No Gym/Sports Until \_\_\_\_\_

May Participate In Gym/Sports \_\_\_\_\_

Restrictions \_\_\_\_\_



  
SIGNATURE

**Robert N. Greene**

B.Sc., M.D., C.M., FRCSC

---

Dec. 29 at 9:00

16 4th Street  
Malone, N.Y. 12953  
518-483-0977  
Fax 518-483-6366

Orthopedic Surgery  
Sports Medicine  
Arthroscopic Surgery  
Joint Reconstruction  
Wrist Surgery

This follow up appt. will be with  
Dr. Robinovich.

## ROBERT N. GREENE

B. Sc. M.D. C.M. FRCSC

16 4TH STREET, MALONE, N.Y. 12853

518-483-0577

Fax 518-483-6366

## DISABILITY STATEMENT

Name

Brian Smith

Date

11-27-00

Off Work From

Until

Return To Work

11-30-2000

Light Duty

Full Duty

Restrictions

No Gym/Sports Until

May Participate In Gym/Sports

Restrictions

no repetitive movements

with hands or wrists eg typing



no driving, no combative measures

RG/dw

SIGNATURE

~~R. MITCHELL RUBINOVICH~~  
M.D., C.M., FRCS (c), Dip Sport Med.  
Orthopedic Surgeon

Robert N. Greene  
B.Sc., M.D., C.M. FRCSC  
Orthopedic Surgeon

## FAX TRANSMISSION COVER SHEET

This facsimile message may be confidential and may contain privileged information intended ONLY for the use of the individual or company named. If the reader is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, please immediately notify us by telephone so that we may arrange for the return of the original message to us. Thank you.

PLEASE DELIVER THE FOLLOWING FAX MESSAGE:

TO: Chief Moll

FROM: Office of Dr. Greene

DATE: 11-27-00

FAX NUMBER: 483 2426

THE TOTAL NUMBER OF PAGES TRANSMITTED EXCLUDING THIS PAGE:

IF THERE IS A TRANSMISSION ERROR, PLEASE CALL 518-483-0977.

ADDITIONAL INFORMATION:

OUR FAX NUMBER: 518-483-6366

164<sup>th</sup> Street, Malone, NY 12953 (518) 483-0977

## HOLD HARMLESS AGREEMENT


Re: Police Canine (K-9)

To the Village of Malone Police Department:

I, Officer Brian M. Smith, of the Malone Police Department agrees to fully indemnify, save, and hold harmless the Village of Malone, the Malone Police Department and all of its officers, agents, officials, and employees from and against any and all liability of any type whatsoever, including but not limited to, any and all damages, expenses, causes of action, lawsuits, claims, penalties, fines assessments or judgments relating to, arising out of or occurring in connection with the police canine, Benny. This canine is retired, decommissioned and turned over to me, Officer Smith, for personal use and care. As of January 23, 2007, the Police canine, Benny, is no longer affiliated with or the responsibility of the Malone Police Department.


Accepted and agreed to by:

Date: 2-09-07

  
\_\_\_\_\_  
Officer Brian M. Smith  
Village of Malone Police Department


Accepted and agreed to by:

Date: 2-09-07

  
\_\_\_\_\_  
Stephen J. Stone, Chief of Police  
Village of Malone Police Department

Accepted and agreed to by:

Date: 2-7-2007

  
\_\_\_\_\_  
Brent Stewart, Mayor  
Village of Malone



WAYNE E. BENNETT  
SUPERINTENDENT

STATE OF NEW YORK  
NEW YORK STATE POLICE  
TROOP "B" HEADQUARTERS  
1097 NEW YORK STATE ROUTE 86  
P.O. BOX 100  
RAY BROOK, NEW YORK 12977-0100

PETER W. PERSON  
TROOP COMMANDER

Letter of Appreciation

March 20, 2005

Mr. Ronald E. Reyome  
Chief of Police  
Malone Village Police Department  
2 Park Place  
Malone, New York 12953

Dear Chief Reyome:

I would like to take this opportunity to express my appreciation to Malone Village Police Officer Brian M. Smith during the arrest of Terry R. Snyder and Jaime A. Snyder, in the town of Westville, Franklin County, New York.

On January 26, 2005, at approximately 3:00 a.m., SP Malone received a report of a citizen following a vehicle operated by a suspected burglar. New York State Police patrols, United States Border Patrol Agents and Malone Village Police responded to the area. Patrol Agent Richard W. Parker initiated a traffic stop on the suspect vehicle with the assistance of Patrol Agent Joseph E. Sanford and Malone Village Police Officer Brian M. Smith. State Police personnel responded to the scene and took custody of the subject. A second suspect, who was discovered lying in the snow, to avoid detection, was also apprehended and turned over to State Police custody. Further investigation resulted in both subjects admitting to their involvement in the burglary. In addition to committing the aforementioned burglary, they also admitted committing seven other burglaries of area businesses and civic organizations.

As a result of this investigation Terry R. Snyder was charged with two counts of Burglary in the second degree, twelve counts of Burglary in the third degree, Attempted Grand Larceny, Possession of Burglar's Tools and Petit Larceny. Jaime A. Snyder was arrested for Burglary in the second degree and two counts of Burglary in the third degree.

The timely response of Officer Smith was instrumental in the apprehension of both subjects. I am always pleased to learn of successful investigations resulting from interagency cooperation. The Malone Village Police and New York State Police have always enjoyed a close working relationship, which will continue for years to come.

It is my pleasure to congratulate Officer Smith on his exemplary performance, while assisting members of the New York State Police.

With kind personal regards, I remain.

Peter W. Person, Major  
Troop Commander





## POLICE DEPARTMENT

Village of Malone  
2 Police Plaza  
Malone, New York 12953-1601

(518) 483-2424  
fax (518) 483-2426

Ronald Reyome  
Chief of Police

October 16, 2004

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

Subj: Letter of Commendation

Chief Reyome;

As you are aware on October 12<sup>th</sup> 2004 there was a reported escape from the Franklin County Public Safety Building. This incident involved two inmates that had been incarcerated within this facility for various violations of the law up to and including double homicide.

Within minutes of the reported escapes there were in excess of one hundred law enforcement personnel from every agency within the county deployed within the immediate area. Among those involved were Ptlm BRIAN SMITH and his partner K-9 "Benny" along with two former members of the Malone Police Department.

Officer SMITH placed his partner K-9 "Benny" on the track of the two fugitives from the point of escape. Neither Ptlm SMITH or his partner allowed the extremely difficult and treacherous environment to divert them from their assignment.

This team remained focused and diligent regardless of the distractions and obstacles presented. This man-hunt continued for miles in and out of thickets, brush and corn fields with the end result being the apprehension by Ptlm SMITH and K-9 "BENNY" of both escapees within just a few miles of the facility.

Given the severity of the offenses that the two fugitives have been accused of the actions of Ptlm BRIAN SMITH and K-9 "Benny" preserved the sense of security and safety that we in the North Country expect on a daily basis.

Having been a K-9 handler for several years I am obviously aware of the standards required to become a successful team with your partner. Those standards and dedication can only be properly tested during an actual event for which the team has been training. Without hesitation I am pleased to report that this team performed remarkably given the time frame and the difficulty of the circumstances.

It is with these standards in mind that I submit this letter of commendation for Ptlm BRIAN SMITH and his partner K-9 "Benny" and request that proper acknowledgment be placed in their personnel file so that they may receive the accolades that they so justly deserve.

  
VERNON N MARLOW JR  
Asst/Chief                      MIVPD



## **POLICE DEPARTMENT**

**Village of Malone  
2 Police Plaza  
Malone, New York 12953-1601**

**(518)-483-2424  
(518)-483-2426 FAX**

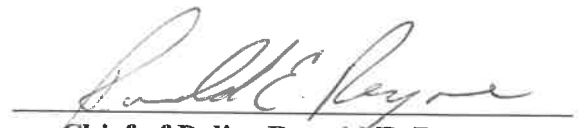
**Ronald Reyome  
Chief of Police**

### **Department Policy**

**Ref: Use Of Confiscated Narcotics For K-9 Training**

**Date: 05/02/04**

1. Designated confiscated narcotics for K-9 detector training will be stored in the locked evidence room.
2. The narcotics will ONLY be made available to the K-9 Patrol Officer.
3. All Narcotics will be weighed and logged out on the sign out sheet before leaving the evidence room. Further they will be weighed again upon returning them. Both of these entries will be verified by the Chief of Police or the Detective.
4. Upon leaving the station the narcotics will be in a sturdy container and when not being actively used in a training exercise will be secured in a locked patrol vehicle.
5. During training exercises at no time will any narcotics be left unattended in the training area.
6. Should there for any reason be narcotics lost during a training session a written explanation will be forwarded to the Chief of Police.

  
**Chief of Police Ronald E. Reyome**

# POLICE PERSONNEL RECORD

Name Brian M. Smith

Address 181 Pikeville Rd. Burke NY

Date of Birth Mo. 03 Day 01 Year 71

Marital Status Married

No. Dependents 4

Date of Appointment 04-03-95 Phone

Civil Service Exam Passed on

Promotional Exam Passed on

Service Pistol Serial No.

Date	Personal Data	Date	Personal Data
04-03-95	Appointed Patrolmans position	10-13-00	Dr. Bhagat memo possible tendenitus no restrictions
05-25-95	Request to work part time at Cleyn & Tinker	10-20-00	Dr. Green memo placing Officer Off Full Duty
05-13-95	Injured during training	11-30-00	Dr. Green allowed Officer to return to light duty
06-30-95	Completed Basic Training	12-12-00	Surgery to left elbow
12-08-95	NYSPII Training	01-16-01	Returned to full duty
07-06-95	Radar Training	06-09-01	Request to work parttime for Brian McKee
01-26-96	Breat Test Training	09-19-01	Domestic Violence Training
09-23-97	Judgement Training		
05-27-98	Commendation letter from A/C Reyome		
06-30-98	Counseling memo based on citizens personnel comp.		
12- -98	Top DWI Officer for 1998		<b>Physical Fitness Test:</b>
06-02-99	Meritorious Award for saving young mans life	11-08-01	Unable to perform due to injury
05-18-99	Courtroom testimony training		
05-24-99	Complete Bike Patrol Training		
09-16-99	Removed property from station without permission or auth.		
12-14-99	Data Master Training		
12-17-99	Top DWI Officer for 1999		
03-20-00	Memo for failing to follow dept. policy		
03-28-00	Counseling memo from Sgt. Fountain failure to complete work		
08-27-00	Injured while taking subject into custody No loss of work		
	Put in Workmans Comp. claim two months later		



**POLICE DEPARTMENT**  
**Village of Malone**  
**Detective Division**  
**2 Police Plaza**  
**Malone, New York 12953-1601**

**Ronald Reyome**  
**Chief of Police**

(518)-483-2424  
(518)-483-2426 FAX

**Craig J Collette**  
**Detective**

To: Chief Ronald E. Reyome

Date: September 6, 2004

Ref: Letter of Commendation

Chief:

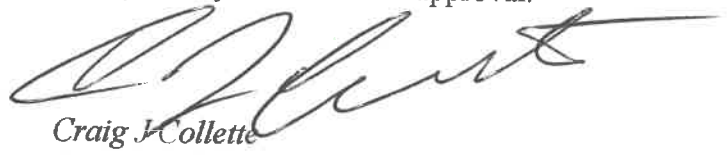
On Monday August 30, 2004 I was called into work to investigate an industrial accident at Collins Feed Store located at 245 Elm Street. As part of that investigation I discovered the following.

At approximately 1808 Hrs our department received a call for assistance from Franklin County Fire Control. The caller stated that a man had been trapped under a load of feed at Collins Feed at 245 Elm Street. The call was dispatched to Officers James Russell and Brian Smith. Upon the arrival of both officers they discovered that Randy Decker, while unloading a tractor trailer load of feed, had somehow become trapped under approximately 20 tons of feed. This was in the area of the feed unloading bin. Fellow employees of Randy's, along with Officer Russell and Smith, began to dig Randy out from under the feed. They were joined a short time later by members of the Malone Callfireman. After several minutes of intense digging they were able to located Randy Decker. At that time Randy was unresponsive and was not breathing. CPR was administered and Randy was transported to the Alice Hyde Emergency Room. Officers Russell and Smith then secured the scene and began their investigation.

I would like to this opportunity to commend these two officers for their quick response and action taken in an attempt to save the life of Randy Decker. Even though Mr. Decker expired a day later from his injuries this should not detract from the gallant effort put forth by these two officers. Officer Russell and Smith took control of a highly stressful and emotional situation, provided life saving assistance and then were required to continue their Police investigation.

The dedication and professionalism shown by these two officers that day was second to none. I, for one, am very proud to say that these two officers serve the residents of the Village of Malone and would like to commend them for their action.

Respectfully submitted for approval.

A handwritten signature in black ink, appearing to read 'Craig J. Collette', with a long horizontal flourish extending to the right.

Craig J. Collette  
Detective- Malone Village Police



## POLICE DEPARTMENT

Village of Malone

2 Police Plaza

Malone, New York 12953-1601

(518)-483-2424  
(518)-483-2426 FAX

**Chief Gerald K. Moll**  
Chief of Police

To: A/C Ronald Reyome  
From: Ptl. Brian M. Smith  
RE: Rescue Call @ 12 Elbow Street on 8/21/02 @ 1530hrs

On August 21, 2002 at about 1530hrs I heard a rescue call via the scanner at 12 Elbow Street for a elderly female patient possible heart attack and unresponsive. Ptl. Dean Fountain, Ptl. David Merrick and I all responded to the rescue call.

We arrived on scene within seconds. We had with us a Laerdal HeartStart FR2 Defibrillator. We were shown inside the house by her son to the livingroom area.

Once inside we found Joyce Riley in obvious distress and unresponsive. She was cyanotic, no respirations, I could not get a pulse. Ptl. Fountain and I began CPR while Ptl. Merrick readied the Defibrillator. I did the rescue breaths with the use of a CPR mask and Ptl. Fountain did chest compressions. We attached the electrode pads to Joyce and the defib analyzed Joyce's heart rhythm and it advised we administer a shock. The instrument was charged and a shock was administered. The defib then advised us to continue CPR.

We continued CPR until the Malone Call Firemen arrived. Once they arrived Fireman Russell brought in a CPR board and we placed that under neath Joyce. Ptl. Fountain and I continued CPR while the Firemen attached their Defibrillator and put her on a board to carry her out to the stretcher. Joyce was carried to the Ambulance and transported to Alice Hyde Medical Center.

Shortly thereafter I was notified by Fireman John Russell that our efforts had been successful. Further that Mrs. Riley was going to be sent to Burlington to the Fletcher Allen Hospital.

On 9/03/02 I spoke with Joyce and she is recovering very well. She had stint put in as she had a blockage. She can now walk up stairs and go outside. She is very great full for our help and checking on her. She will be celebrating her 66 birthday on 9/17/02.

*Ptl. B.M. Smith*  
Ptl. B.M. Smith





**POLICE DEPARTMENT**  
**Village of Malone**  
**2 Police Plaza**  
**Malone, New York 12953-1601**

(518)-483-2424  
(518)-483-2426 FAX

**Ronald Reyome**  
**Chief of Police**

August 26, 2003

To: Chief Ronald E. Reyome &  
Malone Village Board

From: Ptl. Brian M. Smith

RE: Sergeant Interviews

To whom it may concern :

I first would like to thank you for your consideration and the opportunity to interview for the position of Sergeant. However I would like to respectfully decline my interview. I feel this interview would only serve to go through the motions per our contract. Ptl. Dean Fountain is a fourteen year veteran of this department and is undoubtedly the lead candidate for the vacant Sergeants position. Ptl. Fountain has contributed immensely to this department through his position as Juvenile Aid Officer and as the D.A.R.E. Officer. He brings credit to himself, his profession and to the Malone Police Department. Dean is respected by his peers and will make a fine Sergeant.

Thank-You,

*Ptl. B.M. Smith*

Ptl. Brian M. Smith

August 31<sup>st</sup> 2003

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

Subj: Letter of Commendation(s)

Chief Reyome;

On August 11<sup>th</sup> 2003 in the early morning this department received a complaint of vandalism that once completely investigated totaled over \$200,000.00 in damages.

Within the short period of less then two weeks the investigation was successfully completed and several young males were charged with numerous felonies.

While the conclusion of this case will result in little restitution it underlines the professionalism and the pride of the officers assigned.

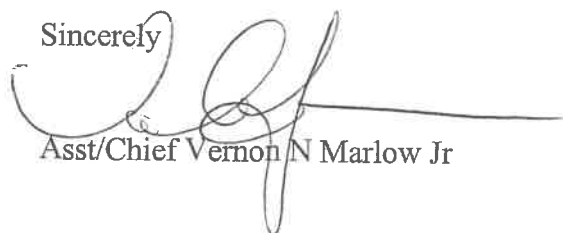
Patrolman BRIAN SMITH and Patrolman CHRISTOPHER PREMO should be commended on their efforts as well as their abilities to obtain information and develop credible leads that eventually greatly assisted in the conclusion of this investigation. Without their personal and professional knowledge of their patrol area it is doubtful that this case would have been concluded in such a positive manner.

Patrolman DAVID MERRICK was the initial lead investigator at the time of the report and presented himself as such throughout the investigation. Faced with a devastating assignment and an almost impossible task he persevered undaunted. Patrolman MERRICKS commitment to bringing this case to conclusion and apprehending the individual(s) responsible was never in doubt.

Through Patrolman MERRICKS efforts as mentioned earlier several young men were apprehended and are presently awaiting the outcome of their charges. Patrolman MERRICKS professionalism and dedication with respect to this investigation should serve well to inspire others.

It is with great pride that I respectfully submit Patrolmen DAVID MERRICK, BRIAN SMITH and CHRISTOPHER PREMO for recognition of a job well done and I am sure greatly appreciated by the families and the public touched by this incident.

Sincerely



Asst/Chief Vernon N Marlow Jr

**MALONE POLICE DEPARTMENT  
PATROLMAN EVALUATION REPORT**

EMPLOYEE NAME Ptl. Brian Smith DATE 11/28/98

EVALUATION PERIOD: FROM: November 1997 TO: November 1998

EVALUATED BY: A/C Ronald E. Reyome

ASSIGNMENT DURING EVALUATION PERIOD Patrol Duties

INSTRUCTIONS: Carefully evaluate employee's work performance in relation to current job requirements. Circle rating box to indicate the employee's performance. Indicate N/A if not applicable. Rating of outstanding, improvement needed and unsatisfactory require supportive details.

**RATING IDENTIFICATION**

O - OUTSTANDING - Performance is exceptional in all areas and is recognizable as being far superior to others.  
G - GOOD - Results clearly exceed most position requirements. Performance is of high quality and is achieved on a consistent basis.  
A - AVERAGE - Competent and dependable level of performance. Meets performance standards of the job.  
I - IMPROVEMENT NEEDED - Performance is deficient in certain areas. Improvement is necessary.  
U - UNSATISFACTORY - Result are generally unacceptable and require immediate improvement.  
N/A - Not applicable or too soon to rate/

CATEGORIES	RATINGS
1. Knowledge and Use and Care of Equipment/Work Area	O G <u>A</u> I U N/A
2. Following Instructions	O <u>G</u> A I U N/A
3. Compliance W/Rules and Regulations Manual	O G <u>A</u> I U N/A
4. Knowledge of Criminal Law, VTL, CPL, Municipal Codes and other pertinent laws	O <u>G</u> A I U N/A
5. Knowledge of Community Events/ Crime Patterns	O G <u>A</u> I U N/A
6. Driving Skills/Vehicle Maintenance	O G A I U <u>N/A</u>
7. Response Time to Calls	O G <u>A</u> I U N/A
8. Report Writing	O G <u>A</u> I U N/A

9. Problem Solving/Decision Making	O (G) A I U N/A
10. Ability to Work Without Supervision/Motivation	O (G) A I U N/A
11. Performance under Pressure	O (G) A I U N/A
12. V&T Enforcement	O (G) A I U N/A
13. Officer Safety	O (G) A I U N/A
14. Human Relations/Impartiality	O G A (I) U N/A
15. Use of Radio	O (G) A I U N/A
16. Courtesy to the Public/Telephone Courtesy	O G (A) I U N/A
17. Interview and Interrogation	O G (A) I U N/A
18. Communication Skills	O (G) A I U N/A
19. Service to the Public	O G (A) I U N/A
20. Ability to Get Along With Fellow Officers	O (G) A I U N/A
21. Investigative Skills/ Processing Crime Scenes	O (G) A I U N/A
22. Teamwork	O (G) A I U N/A
23. Appearance	O (G) A I U N/A
24. Attitude/Self Image	O (G) A I U N/A
25. Punctuality/Attendance	O G (A) I U N/A
26. Accepts Constructive Criticism	O G (A) I U N/A

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### EVALUATION NARRATIVE COMMENTS

ALL ratings other than average or good require a narrative comment. It shall start with the Category Number of the Category you are commenting on, followed by the comment. Additional pages are to be added as needed.

#### 12) V&T Enforcement

Ptl. Smith's DWI arrest (25) and Utt's (145) are tops in the Department. Ptl. Smith does work mostly the night shift which gives him more opportunity for DWI's, but he does take full advantage of this. He is very proactive and is willing to stop vehicles for minor infractions, which many times just lead to verbal warnings, but also many of these stops have led to good arrest.

EMPLOYEE'S COMMENTS: NOTE: Signature below indicates employee has reviewed this evaluation and does not necessarily signify agreement.

Agree with Evaluation ☒ Disagree with Evaluation ( )

Narrative \_\_\_\_\_

If there is a disagreement on a rating given, the employee will first discuss the matter with the evaluator and if the issue cannot be resolved he/she will then be able to refer the matter to the Chief.

Ptl. B.M. Smith 1-3-99  
Signature of Employee/Date

I certify that the above is to the best of my knowledge and accurate and unbiased summary of the ability and efficiency of the above officer. This report has been reviewed with the rated employee.

McDonald E. Payne  
Evaluator's Signature

1/3/99  
Date Reviewed

### ADDITIONAL NARRATIVE

#### 14) Human Relations/Impartiality

Ptl. Smith needs to be a little more tactful and show more patience when dealing with certain individuals. He is normally very professional with people, but there are times when he is abrupt and loses his patience.

#### \*\*NOTE

Ptl. Smith received a letter of commendation from myself for his efforts in saving a young man's life, who had tried to commit suicide.

*At. Ronald E. Payne 1/3/99*  
Evaluator's Signature/Date





U.S. Department of Justice  
Immigration and Naturalization Service  
Swanton Border Patrol Sector Headquarters

SWB 100/17-C

155 Grand Avenue  
Swanton, Vermont 05488

March 7, 2002

Mr. Gerald K. Moll, Chief  
Malone Village Police Department  
2 Police Plaza  
Malone, New York 12953-1601

Dear Chief Moll:

On February 18, 2002, there was sensor activity indicating an entry into the U.S. near Constable, New York. Border Patrol Agents Andrew and Bomba responded and encountered a vehicle that didn't belong in the area. The vehicle was stopped and, after an interview, the subject was released. Canine Alan indicated the presence of narcotic odor in the vehicle; however, no contraband was located. A short time later, a subject was located on foot in the same area and was in possession of approximately 14½ pounds of marijuana. A link was made between the two, and lookouts for the suspect vehicle were put out to the local law enforcement agencies. Malone Police Officer Brian Smith, who overheard the transmission on the scanner, immediately began to patrol the area motels and hotels and located the vehicle. Officer Smith stopped the suspect vehicle and contacted the Border Patrol for further instructions.

On February 24, 2002, Border Patrol Agent Bomba had been working information on an individual who was believed to be bringing contraband into the U.S. from Canada. Agent Bomba solicited information from the local law enforcement agencies. Immediately after receiving the request, Officer Smith contacted the Burke Border Patrol station and again relayed information. The information was crucial to the apprehension of the subject, seizure of approximately 1.06 pounds of marijuana and the seizure of another vehicle.

In both cases, it was Officer Smith's dedication, professionalism and persistence that resulted in the arrests of the subjects and marijuana and vehicles seized. Please convey our appreciation to Officer Smith. It is diligence to duty such as he has displayed that enables the camaraderie between our agencies to thrive. Please don't hesitate to contact us for assistance. We look forward to working together in the future.

Sincerely,

Paul E. Conover  
Chief Patrol Agent



**POLICE DEPARTMENT**  
**Village of Malone**  
**2 Park Place**  
**Malone, New York 12953-1601**

(518) 483-2424  
(518)-483-2426 FAX

**Chief Gerald K. Moll**  
**Chief of Police**

**To: Chief Moll**

**From: Ptlm. Brian M. Smith**

**Date: 06-09-01**

**RE: Extra Part Time Employment**

I have recently spoken with Brian McKee and he has offered me an opportunity for part time employment. As per our department policy I am requesting permission to accept his offer.

At this time I do not have any details as to what my duties will be. Unquestionably my first responsibilities will be to this department.

I appreciate any consideration that you might give this matter.

**Thank-You**

A handwritten signature in dark ink, appearing to read "Ptlm. Brian M. Smith", with a long horizontal line extending to the right.

**Ptlm. Brian M. Smith**